Avian Influenza in Indonesia
Participatory Disease Surveillance & Response

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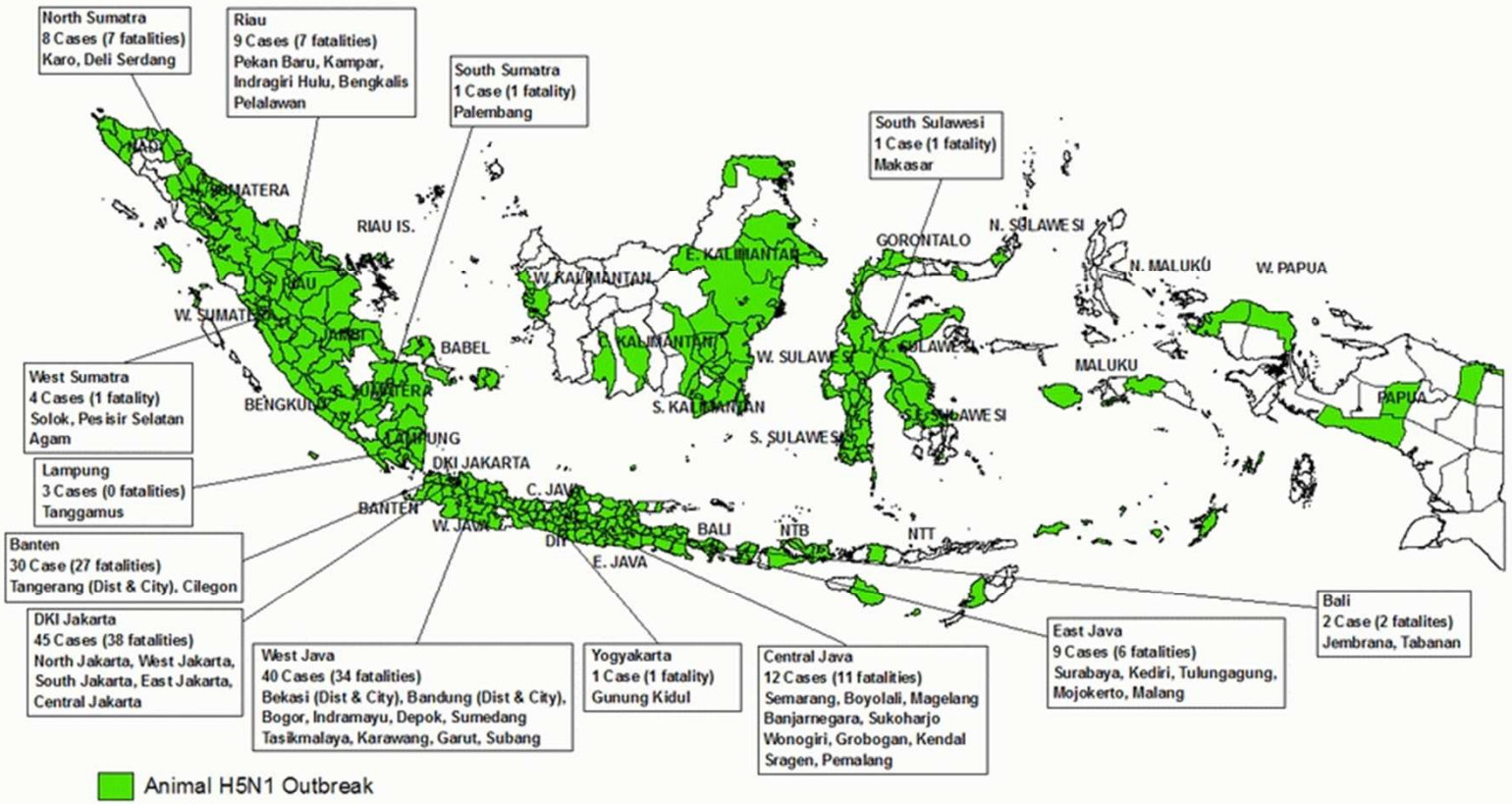
H5N1 avian influenza animal outbreaks and human cases Indonesia 1 January 2004 - 6 May 2010



Indonesia – 171 confirmed human cases and 141 deaths *Status as of 6 May 2010*

Worldwide – 520 confirmed human cases and 307 deaths

Source: WHO at 9 Feb. 2011

National Strategic Work Plan (2006)

- Campaign Management Unit (CMU)
- Enhancement of HPAI control in animals
- Surveillance and epidemiology
- Laboratory services
- National animal quarantine services
- Legislation and enforcement
- Public communications
- Research and development
- Industry restructuring.

International support

- US$138 million disbursed of a total commitment of US$175 million*
- UN organisations working with Indonesian national and regional governments, mainly
- Food and Agriculture Organization in the front line
- Disease surveillance, movement controls, vaccination, socio-economic studies, public communications, market chain ‘restructuring’.

*Source: “Animal and Pandemic Influenza: A Framework for Sustaining Momentum” (International Ministerial Conference on Animal and Pandemic Influenza 20-21 April 2010 Hanoi, Vietnam)

Participatory Disease Surveillance & Response Programme

- Focus on free-ranging village or ‘backyard’ poultry
- Delivery from 2005 to May 2009 - US$23 million - 74% of FAO HPAI-related spending*
- 2006 to mid-2008 - 2,000+ veterinarians and para-veterinarians, 177,300+ surveillance visits, 6,011 outbreaks detected in 324 districts
- Now covers 71,547 villages in 85% of Indonesia’s 448 districts and municipalities
- December 2010 - surveillance activities in 1,662 villages

*Source: Independent Evaluation of FAO’s Participatory Disease Surveillance and Response Programme in Indonesia, FAO July 2009

Off-target?

- “Results emerging from the programme and other sources indicate that sectors other than the backyard poultry sector play critical roles in the dynamics and maintenance of HPAI in Indonesia.”
- “… it has become apparent that the focus on the backyard poultry in Sector 4 may not be relevant to the control of HPAI, even if the measures that PDSR teams are undertaking were made more effective.”
- “It appears from emerging data that Sector 4 probably represents the sentinel victim of infection, rather than the ‘engine room’ of HPAI dynamics.”

Source: Independent Evaluation of FAO’s Participatory Disease Surveillance and Response Programme in Indonesia, FAO July 2009.

Why the ‘backyard’ focus?

- ‘Pro-poor’ biases
- Institutional biases
- Complex emergency situation

‘Pro-poor’ biases

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- Humans living with poultry at risk
- Diseases emerge from poor, ‘backward’ places.

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- ‘Sector 1’ classification defined as ‘biosecure’.

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- Politically complex situation: ‘viral sovereignty’.

Conclusion

- Technical and scientific groups responding to infectious animal diseases, especially zoonoses, must critically examine biases provoked by donors, client groups, and their own institutional cultures.

Final positive notes

- HPAI kept on the agenda – in villages and ministries
- Relations with national and regional governments improved
- Commitment and importance demonstrated
- The beginnings of a much needed strengthening of veterinary services
- Shortcomings identified by an internal review.

Acknowledgements:

Charnoz O. and Forster P. (2011 in press) The Global Health Impact of Local Power Relations: Fragmented Governance, Big business and Organisational Bias in Indonesian Animal Health Policies; Paris, AFD

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