



Disposal area for depopulated poultry; Bhutan.

## RAPID RESPONSE

From October 2008 to September 2010, the CMC-AH deployed 17 missions in response to 14 emergency disease events. For both well known and unknown threats, the CMC-AH has proven its capacity this biennium to meet government needs for response assistance.

### TRACKING CRITICAL EVENTS

Numerous events tracked over the past two years have not required rapid mission deployment. For those situations requiring alternative assistance, the CMC-AH has strengthened its information links and decision making processes to help provide the most effective type of support.

### UNEXPLAINED CATTLE MORTALITY IN COTE D'IVOIRE

When an upsurge in cattle deaths with no known cause hit Cote d'Ivoire in November 2008, the CMC-AH helped authorities investigate. Including a national epidemiologist with intimate knowledge of the country, the CMC-AH team worked with authorities to collect samples from suspect animals for urgent testing.

Efforts helped clarify the multi-disease problem and identify several of the TADs involved. The CMC-AH team then strengthened local capacities to deal with future emergencies through recommendations tailored to the Ivorian context.

### IDENTIFYING THE MOST APPROPRIATE ASSISTANCE

When GLEWS noted an upsurge of Rift Valley fever (RVF) in South Africa in March 2010, FAO began tracking the situation on a daily basis. Nearby Namibia had been free of the disease for some 25 years, so when infected sheep were found on the border with Botswana, the Government shipped samples for laboratory testing and requested FAO's help.

The CMC-AH gathered FAO animal health experts to plan the most appropriate type of support. Rather than deploying a full, rapid response team, FAO sent three subject-matter experts to a high-level consultation in Namibia on prevention and response strategies. The CMC-AH remained on alert and continued planning for a possible mission until handing over to FAO's Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases.

FAO engaged with the authorities to best understand their technical needs. The experts then helped the

Namibian veterinary services design strategies to mitigate the RVF threat in light of the upcoming rainy period and expected increase of disease-carrying mosquitoes. Subsequent and swift actions by the Government resulted in the protection of human lives.

Grazing cows; Philippines.



Veterinarians restrain cattle for sampling; Côte d'Ivoire.



MAP OF MISSIONS



**Avian influenza**

**HPAI – Highly Pathogenic Avian Influenza**  
4 countries [Bhutan [2], Lao People's Democratic Republic, Nepal [2] People's Republic of China]  
6 missions  
13 team members  
61 days in the field



**Other zoonoses**

**Rabies**  
1 country [Indonesia]  
1 mission  
3 team members  
12 days in the field

**Pandemic (H1N1) 2009 virus**  
1 country [Mexico]  
1 mission  
8 team members  
22 days in the field

**Brucellosis**  
1 country [Fiji]  
1 mission  
2 team members  
13 days in the field



**Other TADs**

**ASF – African swine fever**  
6 countries [Belarus, Benin, Burkina Faso, Côte d'Ivoire, Ghana, Togo]  
3 missions  
8 team members  
82 days in the field

**PTV – Porcine teschovirus**  
1 country [Haiti]  
1 mission  
4 team members  
14 days in the field

**Multiple TADs**  
1 country [Democratic Republic of Congo]  
1 mission  
1 team member  
46 days in the field



**Investigation**

**Multiple TADs**  
1 country [Côte d'Ivoire]  
1 mission  
2 team members  
15 days in the field



**Unknown impacts**

**ASF – African swine fever**  
5 countries [Benin, Burkina Faso, Côte d'Ivoire, Ghana, Togo]  
1 mission  
1 team member  
61 days in the field

**Multiple TADs**  
2 countries [Côte d'Ivoire, Democratic Republic of Congo]  
2 missions  
7 team members  
61 days in the field

**ERV – Ebola Reston virus**  
1 country [Philippines]  
2 missions  
13 team members  
23 days in the field

**Pandemic (H1N1) 2009 virus**  
1 country [Mexico]  
1 mission  
8 team members  
22 days in the field

## HPAI HITS BHUTAN FOR THE FIRST TIME

When Bhutan experienced its first outbreak of HPAI in February 2010, authorities requested FAO assistance to: review control activities already underway; assess the risk of future HPAI introduction; and examine equipment and cost requirements. The CMC-AH deployed an epidemiologist in March 2010 to support

the Government's efforts, which included undertaking control operations on difficult-to-traverse terrain.

Following up on mission recommendations, the CMC-AH provided personal protective equipment, sprayers and rapid test kits; facilitated sample shipment; and promoted cross-border linkages. The Centre also deployed a second mission in late May 2010 to build laboratory capacities and strengthen subregional cooperation. All mission costs, equipment and provisions were supported by the United States Agency for International Development (USAID) through FAO's Global Programme for HPAI Prevention and Control.



HPAI control operations; Bhutan.

## CMC-AH MISSIONS, October 2008 – September 2010

No.	Date	Country	Disease	Focus
1	4–13 October 2008	Lao People's Democratic Republic	HPAI	Assessment and market analysis
2	4–18 November 2008	Côte d'Ivoire	Unknown	Epidemiologic investigation and assessment
3	12–23 December 2008	Indonesia	Rabies	Vaccination and communication
4	9–16 January 2009	Philippines	ERV	Assessment and response
5	3–17 February 2009	Nepal	HPAI	Assessment and response
6	10–24 February 2009	Togo	ASF	Assessment, response and strategy development
7	24 April – 8 May 2009	Philippines	ERV	Follow up: surveillance and control
8	28 April – 27 June 2009	West Africa	ASF	Follow up: regional strategy development
9	29 April – 20 May 2009	Mexico	Pandemic (H1N1) 2009	Assessment and response
10	2–15 June 2009	Haiti	PTV	Assessment, response and communication
11	22 July – 3 August 2009	Fiji	Brucellosis	Assessment and response
12	8–19 September 2009	People's Republic of China	HPAI	Scientific collaboration
13	11 January – 25 February 2010	Democratic Republic of Congo	Multiple TADs	Assessment, response and control strategies
14	9–20 March 2010	Nepal	HPAI	Assessment and response
15	21–27 March 2010	Bhutan	HPAI	Assessment and response
16	2–7 May 2010	Belarus	ASF	Assessment and response
17	17–21 May 2010	Bhutan	HPAI	Follow up: laboratory training

## ADDRESSING A MULTI-DISEASE CRISIS

Conflict, soaring food prices, climate change and many other factors have all created severe challenges for the Democratic Republic of Congo. The animal health situation has been particularly affected. As a result, in early 2010 the national authorities faced a sudden and critical rise in TAD-related animal mortalities.

Requesting assistance with at least six different disease threats, including foot-and-mouth disease and rabies, the CMC-AH deployed an expert team focused on understanding the epidemiologic, socio-economic and market-chain elements of the emergency. The key goal was to work with the Government to set a process in motion aimed at improving overall animal health in

the country. Through field analysis and consultation, the team helped the authorities lay the foundation for a much-needed animal health programme to address disease in a holistic manner. The CMC-AH also generated follow-up project concepts to build on the Government's ongoing efforts.



Slaughterhouse;  
Democratic Republic of Congo.



Personal protection equipment;  
Côte d'Ivoire.



Sampling activities at an outbreak site come to a close; Philippines.

## THE ROAD AHEAD

### DEDICATED RESPONSE CAPACITY

The past two years have reaffirmed the need to maintain a dedicated and capable CMC-AH. Influenza viruses reasserted their pandemic potential, and new and old TADs continued to strike at livestock and livestock-related livelihoods. Coming upon its fifth year of existence, the CMC-AH has continued to play a fundamental role in the fight against TADs as a dedicated facility for global, rapid response support.

Emergency management principles have become more widely embraced than ever before, and the need to apply these principles to animal health has become evident and accepted. Countries and agencies experiencing the challenges of major animal disease outbreaks have seen that ad hoc or part-time approaches risk mounting inadequate responses. Experience has shown that a dedicated capability is required to successfully reduce disease spread, safeguard livestock, protect human health and support vulnerable livelihoods.

The CMC-AH has continued to meet disease challenges, employing proven emergency management practices in the Centre's own activities and encouraging member countries to strengthen emergency response capabilities in their own national and regional contexts.

### MAINTAINING MOMENTUM

Adapting to disease developments and country requests, the Centre has broadened the assistance it offers. The CMC-AH has expanded its portfolio of support to fill gaps in national and regional capacities, including taking on multiple disease threats, investigating unknown disease situations and providing region-wide assistance.

Partnerships have become more important than ever to CMC-AH work, especially at the animal-human-environment interface. The Centre has strengthened existing partnerships over the past two years and drawn on new relationships for added expertise. In addition, the CMC-AH has developed new tools to support internal requirements for efficient operations and new services to meet the external needs of member nations.

### PLANNING FOR THE NEXT CHALLENGE

TAD crises have devastating impacts on some of the most vulnerable people on earth. As the CMC-AH approaches its fifth year of existence, FAO and partners have taken stock of their established record of assistance. With continued donor support, the CMC-AH will maintain and build its capacity to plan and provide rapid response support for tomorrow's critical disease emergencies.



FAO/D. Harjil



FAO/D. Behar

(Above) Cross-border movement of live poultry; Nepal.  
(Below) Backyard poultry; Togo.



FAO/E. Christy

Stray dogs on Bali; Indonesia.

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#### **DONOR SUPPORT**

This biennium the CMC-AH has assisted countries threatened by HPAI and other TADs with support from the Governments of: Canada, the Federal Republic of Germany, the French Republic, the Kingdom of Sweden, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

#### **CONTACT**

Crisis Management Centre – Animal Health  
Food and Agriculture Organization of the United Nations  
Viale delle Terme di Caracalla  
00153 Rome, Italy  
Room C644  
Tel: +39 06 5705 6006  
Fax: +39 06 5705 4941  
E-mail: [cmc-ah@fao.org](mailto:cmc-ah@fao.org)  
Web site: [www.fao.org/emergencies/programmes/CMC-AH](http://www.fao.org/emergencies/programmes/CMC-AH)

The Crisis Management Centre – Animal Health (CMC-AH) is a primary facility of the Food and Agriculture Organization of the United Nations (FAO) and World Organisation for Animal Health (OIE) for animal disease emergency response. A combined effort of FAO's Animal Health and Emergency Operations Services within the Emergency Centre for Transboundary Animal Disease Operations (ECTAD), the CMC-AH unites FAO's extensive technical and operational expertise with that of OIE, the World Health Organization (WHO) and other international, national and local partners.

With the support of its generous donors, the CMC-AH provides technical and operational assistance to help affected governments assess situations on the ground and develop immediate solutions to help prevent or stop disease spread. CMC-AH efforts also represent the first step toward broader assistance. Working to facilitate the transition from immediate, emergency assistance to longer-term support both in the field and at FAO headquarters, the CMC-AH initiates resource mobilization and project proposal formulation efforts for affected countries and regions.