Nearly 75 percent of new emerging or re-emerging diseases that affect humans are zoonotic (originated in animals). The persistence of H5N1 avian influenza and emergence of H1N1 pandemic influenza exemplify the potential for a new zoonotic pathogen to emerge and spread across the globe. USAID is addressing these threats through its pandemic preparedness, H5N1, and Emerging Pandemic Threats (EPT) programs.

To strengthen national-level pandemic preparedness capacity throughout Africa and Asia, USAID has convened planning exercises, including national-level table-top simulations involving civilian and military leaders. The result has enhanced national pandemic preparedness plans for more than 28 countries.

H5N1 avian influenza remains a pandemic threat with a high mortality rate in humans. USAID’s support contributed to a decrease in the number of countries with H5N1— from 53 in 2006 to 6 endemic countries in 2010. The key to this success has been a drop from 14 to 3 days in the median time from the start of a poultry outbreak to its lab confirmation.

USAID’s EPT Program seeks to detect and respond to dangerous pathogens in animals before they become a threat to public health. The EPT Program developed predictive models to target surveillance, trained more than 300 professionals in wildlife pathogen surveillance in 20 countries, distributed a universal positive control for testing 10 viral families, and discovered more than 40 new viral pathogens, many of which are being further analyzed to determine their ability to cause disease in people.

Additionally, the EPT Program is working with the U.S. Centers for Disease Control and Prevention (CDC), international organizations, and host country laboratories in 20 countries to build linkages between human and animal health laboratories, enhance speed of disease diagnosis, facilitate rapid sharing of laboratory findings, and identify policies that advance detection of zoonotic diseases with pandemic potential.

The EPT Program, as part of its commitment to building local capacity, developed regional networks in Africa and Southeast Asia involving more than 25 schools of Veterinary Medicine and Public Health, which will result in graduates better able to address future emerging disease threats through a “One Health” approach.

USAID, with assistance from CDC, has also been instrumental in supporting outbreak response efforts through commodity procurement and logistical and technical assistance to host governments in responding to zoonotic outbreaks.

**H1N1 Pandemic 2009 Virus**

In FY 2009, USAID programmed $80 million to address the H1N1 virus. USAID’s efforts directly supported the deployment of more than 70 million doses of the H1N1 vaccine and related ancillary materials (syringes, needles, etc.) to more than 60 countries across Africa and Asia.

USAID, in coordination with CDC, supported the development of a global laboratory network that monitored the impact of the H1N1 virus as it spread around the world, with a special focus on upgrading the surveillance and laboratory capacities of 26 countries in West and Central Africa and Central and South America, where such capacities were previously non-existent.

USAID also supported heightened community-level readiness to mitigate, through non-pharmaceutical interventions, the effects of the pandemic virus in 28 countries in Africa and Asia through a coalition of the International Federation of Red Cross Societies, U.N. partners, military authorities, the private sector, and nongovernmental organizations.