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## Broadening the Focus in Armenia

Despite the fact that all the neighboring countries reported H5N1 outbreaks (Georgia, Turkey and Azerbaijan) and human deaths (Turkey and Azerbaijan), Armenia is the only country in the region that has not reported any case of Avian Influenza. A series of natural mitigating features combined with quick government response and commitment helped the country to stay free of H5N1.

### Responding to the Crisis

Armenia was quite quick to respond to the global threat of avian influenza. The country instituted an inter-ministerial task force which was mandated to respond to any emergency situation, to implement a communications strategy and to coordinate between various government agencies.

While many activities of the task force were sporadic and ad-hoc, it was quite effective in ensuring coordination between government agencies and in quickly implementing necessary safeguards, including a ban on imports, surveillance at the border posts and communication with the public. In addition, the task force was effective in preparing the Government's program of measures against HPAI, which served as the basis for donor support.

### Context

Armenia has certain mitigating natural features that may explain the lack of an H5N1 outbreak. It is not an attractive destination for migratory birds, and much of the country is under snow from December to February during which time household poultry are kept indoors and have little opportunity for mixing with other household flocks or wild birds.

In addition, there are no significant bird markets, as typically found in South-East Asian countries, where the virus could persist. The country is small and has only about 900 villages, many of which are relatively isolated. Borders with Turkey and

Azerbaijan are closed and there are few road or rail entry border points between Georgia and Iran.

*The risk of avian influenza remains an ongoing concern but outbreaks of African Swine Fever (ASF) and concurrent zoonotic diseases such as brucellosis are deemed to be of equal relevance.*



Armenia was able to quickly mobilize resources from various donors including FAO, USAID and the World Bank (AHIF, PHRD, IDA), among others to support its national Highly Pathogenic Avian Influenza (HPAI) Program. The program developed between the Government and the Bank was customized to the Armenian situation and, importantly, was harmonized with USAID's support which was planned to bridge finance the avian influenza activities while the World Bank support was being mobilized.

Support provided by the AHI Facility has complemented activities supported by other donors. The main objectives of Armenia's Avian Influenza Preparedness Project are the upgrading of laboratory facilities to improve preparedness, the procurement of essential field equipment and vehicles to address disease outbreaks, and the design of state-of-the-art disease control facilities. The laboratory, which is designed to cover the entire South Caucasus region, will be the first line of defense in stopping zoonotic diseases, such as anthrax, tuberculosis, foot and mouth disease, and brucellosis, which can easily spread from animals to humans. Armenia now has improved diagnostic and reference laboratory facilities supported by the project. Recent outbreaks of SARS, H1N1 and other zoonotic illnesses illustrates how rapidly new diseases can spread worldwide. Armenia's location at the crossroads of Europe and Asia makes it particularly vulnerable.

The animal health component of the project has improved laboratory networks at both the central and regional levels as well as enhancing the surveillance and disease monitoring system. There are about 870 veterinarians based in communities and the probability of detection of an outbreak of HPAI at village level is fairly high. The veterinary services have been able to utilize the semi-private community veterinarians and state inspectors as part of the major surveillance effort. In addition, extension efforts appear to have created a high awareness of the dangers of H5N1 at the community/village level.

Laboratory renovations are nearing completion, with a target date of end-May 2010. Other outcomes include completion of the participatory disease surveillance training. For the human health component, renovation/construction for the safety, quality, productivity (SQP) renovations are also completed.



The project included review of existing legislation and organizational arrangements and the provision of technical assistance and training that have been complemented by Government investments and which provide guidance for potential follow-on actions. This has included a strategy for reform of animal health services, including a national brucellosis control program and upgrading of the veterinary faculty (located at Ganja).

#### *Key Data*

*Grant Amount: \$2.0 million*

*Disbursement: (to end March 2010):  
\$2.0 million*

*Closing Date: July 2010*

#### Expanding support to emerging threats

The risk of avian influenza remains an ongoing concern but outbreaks of African Swine Fever (ASF) and concurrent zoonotic diseases such as brucellosis are deemed to be of equal relevance and are now a high priority for the Government. The project was restructured in September 2008 to include these emerging threats and the

resources and response approach developed under the HPAI project were effectively mobilized to deal with the ASF outbreak.

#### Looking Forward

During the project mid-term review in February 2008 it was acknowledged that Armenia is now better prepared for an outbreak of avian influenza and other diseases than it had been prior to the project. This was particularly apparent in the response to the recent outbreak of African swine fever, where the Armenian authorities were able to implement measures that limited the spread of the disease to only few regions.

In achieving its objectives, the grant has also provided a direction for future investments, for example the development of a strategy for improvement of Armenia's veterinary and food safety systems and the management of emerging infectious diseases. This has prepared the basis for a follow-up project which will incorporate these lessons learned and which addresses the "One Health" agenda through scaling up of the brucellosis control program country-wide.