

**The Pandemic Preparedness Forum  
3 December 2009**

**Theme: One World One Health**

Chair: Annu Lehtinen, Regional Avian and Human Influenza Coordinator (UNSIC), Head of the UNSIC Asia-Pacific Regional Hub

Organizations Present:

1. ADPC
2. FAO/ECTAD
3. Kenan Institute Asia
4. IFRC
5. Nestle
6. TNS
7. UNICEF
8. UNSIC
9. WFP
10. World Vision

**Welcome address:**

- Review of meeting agenda
- Introductions by participants
- Round-table announcements: organizational updates on API activities

**14:15** Project updates:

**WFP:** Reported plans to organize activities related to ICT and logistics. It will report further on this when it secures funding.

**FAO:** Two back-to-back regional meetings are scheduled to take place shortly in the World Reference Centre for Highly Pathogenic Avian Influenza in Geelong, Australia. The meetings are related to two FAO regional projects. The first project is based on the surveillance of H1N1 in pigs in ASEAN countries. The meeting on this project will bring together experts from the field and labs to harmonize surveillance diagnostic tests as well as surveillance sampling frames. The second project focuses on the molecular epidemiology of H5N1 across all Asian countries. The meeting on this project will discuss methods of sampling poultry population in different sectors and difference epidemiology environments, to provide a greater understanding of the evolution of H5N1 in different systems. This will identify how to more effectively target disease control programmes and how to better use appropriate vaccines in different countries.

**TNS:** Reported on a new mobile phone panel surveillance system which TNS recently set up in Nepal. A recommendations report will be produced which will be later shared with the group.

**UNSIC:** Provided an update on the International Ministerial Conference on Avian and Pandemic Influenza (IMCAPI) which takes place from 19-21 April in Hanoi. The conference is being hosted by the Government of Vietnam, sponsored by the EC and US, and supported by a number of UN agencies. Coordination is being provided by UNSIC. The conference, entitled 'The

International Ministerial Conference on Animal and Pandemic Influenza: The Way Forward', will encompass a one day technical evidence-based meeting followed by a two day ministerial political meeting. The technical workshop will focus on summarizing the evidence-base for political discussions. It will identify the key elements for the eradication of HPAI H5N1, identify the critical elements of pandemic readiness and response, and provide options for addressing the emerging health threats at the animal/human interface. The two day ministerial session will review progress on global responses to influenza with pandemic potential. It will also pave the way forward for the eradication of HPAI H5N1 and ensure the readiness for influenza pandemics. It is envisaged that a conference statement will be produced at IMCAPI which will affirm the political commitment to proceed beyond 2010.

**ADPC:** Briefed participants on the upcoming ADPC-organised Zoonotic Diseases Curriculum Workshop which is scheduled to take place on 8 December. The workshop will identify the scope for a comprehensive curriculum on zoonotic disease in the context of One World One Health.

**14:26** Presentation by Regional Manager, ECTAD/FAO Regional Office, Subhash Morzaria

**'Contributing to One World, One Health: A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface'**

Please see PDF of presentation slides

**15:10 Q&A**

Comment: FAO suggested beginning a regular discussion on One World One Health-related initiatives to create a catalogue of work, which can be presented at the IMCAPI technical meeting.

Q: Under the framework of One World One Health, can you clarify the scope of the viruses under discussion in this framework?

A: There is a clear global recognition that influenza viruses are a priority as they have the potential to cause a pandemic with a wide ranging impact. Therefore, a significant investment needs to be made in prevention of an emergence/pandemic. In relation to whether NEPS and SARS are being addressed under this framework, they are not because they have not shown to have potential pandemic characteristics. One World One Health does not focus on the vertical disease-by-disease control, but rather focuses on cross-cutting issues and trends which are responsible for drivers of emergence. The One World One Health framework will also engage a number of partners including forestry, wildlife, ecosystems health organisations and the private sector.

Q: How much progress has been made in identifying hotspots in the GMS?

A: Identifying hotspots is an ongoing work-in-progress. Cross-border country studies began earlier in 2009, which saw a shift from country-focus to regional focus. It was understood that a better understanding of the trade routes, market systems and value chains was necessary. A number of cross-border points have been identified in the GMS and several key points have emerged. For example, there is a large informal trade of 'spent hens' from China into Vietnam, which was not recorded as a trade in the past. This has a major implication as to where disease control is targeted. FAO is trying to set up socio-economic approaches to address this. In another example, studies have been completed at the cross-border between Laos and China. In this case there is a political issue where the Government of Laos has agreed to settle 50,000

Chinese families in northern Laos. These families are introducing duck farming systems to Laos. FAO is investigating how to help support the new duck-farming system in a bio-secure system. In addition, a huge amount of trade takes place between the forest borders joining India and Bangladesh. The trade drivers in this area are vulnerable to infection. FAO is just beginning to identify hot spots of HPAI. This understanding will enable it to target the endemic zones in its disease control programme for HPAI more effectively.

Q: How is the economic impact of emerging infectious diseases estimated and how are the visual impacts of the pandemic weighed up against the risk of the pandemic?

A: The economic/social impacts are complex issues. For example, the methodology for measuring the economic impact of foot and mouth disease in the UK took into account the loss of animals due to culling, the cost of rehabilitation of the livestock sector, the more peripheral social impact due to the fact the population refrained from consuming meat, the reduction in tourism, the external image of the UK. With regards to determining the socio-economic impact for a pandemic, this is taken on existing data from previous pandemics. The World Bank and Asian Development Bank have a significant amount of data on SARS, for example. However, most of the technical health agencies have not invested in this type of data, even though it is being increasingly required to justify funding.

Q: What is meant by strategic research? Now that the focus is more regionalized, what is the impact on strategic research and what would an organisation such as FAO like to see in the future?

A: In the context of FAO and WHO, strategic research is research which generates product for immediate application to control a disease. It looks at the underlining issues of the virus to prevent the next wave of the disease. An example of strategic (operational) research in Vietnam is the application of a massive vaccination programme to control disease in poultry. As result there has been a significant reduction in the transmission of the disease to humans. FAO is conducting operation research, looking at areas where disease is present and where vaccination is conducted. It is investigating what is happening to the virus dynamic in order to enable a vaccination exit strategy.

Another example of strategic research is the research being conducted to identify hotspots. FAO has a scientific paper which shows the factors which work together to show a hotspot. However, the additional factors that create hotspots are not yet fully understood. If these can be identified then more effective targeting can be conducted on the countries/regions were emergence of the virus may occur.

Q: How well are countries and governments in Asia embracing the One World One Health concept and how are they identifying it as the direction for the future?

A: At the regional level there is greater awareness. For example, ASEAN +3 has already officially endorsed an emerging infectious diseases group. In addition, in FAO projects in the region, the topic of emerging infectious diseases is raised by national governments on a regular basis. However, this is not enough and more needs to be done to raise the importance of this for IMCAPI.

**16.05** Presentation by Ms Elizabeth Cromie, Zoonotic Diseases Project Coordinator, ADPC

**‘ADPC Zoonotic Disease Training Curriculum Development Project’**

Please see PDF of presentation slides

**Q&A**

Comment: ADPC noted that the 'One World One Health' title is protected by copyright so cannot be used for the workshop. However, the concept will be incorporated into the forum.

Q: Have the universities and institutions which are going to be contracted to develop the modules been pre-identified?

A: Not as yet. This is something that will be looked at during the zoonotics workshop. Suggestions and recommendations will be encouraged from participants.

Q: Who are the target audiences for the training?

A: The target audience will be determined as the process proceeds. The content within the modules will be tailored to whoever is interested in the programme. It could be used by a number of audiences including undergraduate/postgraduate programmes, WHO, private health insurance groups, etc. There is ample scope to take the project in any direction audiences would like it to go.

Q: Comment: FAO's field epidemiology training programme is managed by the medical community in Thailand. Courses have already started for the field epidemiology training programme for veterinarians (FEDV), which includes the One World One Health module. FAO suggested that ADPC link up with the course organizers, to enhance synergy.

Q: Regarding the objective of the curriculum, it better to expose the medical undergraduates/postgraduates to the veterinary ideas and veterinary ideologies, and veterinary undergraduates/postgraduates to the human public health, or should there be a move further to provide a more technical content such as a joint animal/human surveillance system?

A: The suggestion of moving to provide more technical content is beyond the scope of the programme unfortunately. This is more a 'phase two' for the programme. This curriculum will focus on an equal animal health/human health perspective. Some of the existing courses that have been identified started as public health courses but then moved towards zoonotics. This course wants to incorporate both perspectives from inception. This will be discussed further at the workshop.

**Other business:**

UNSIC discussed the change of management of the PPF. UNSIC will begin organizing the PPF meetings from 2010, keeping to the same format and timings as before. UNSIC offered thanks to both ADPC and Nestle for their management and support of the forum up until the present date. A number of themes were brought up for potential topics for the 2010 forums including whole-of-society-response.

If members of suggestions for themes for 2010, please email suggestions to Michelle Delaney at UNSIC (delaneym@un.org).

**16.45** Close of Meeting.