

# PANDEMIC PREPAREDNESS FORUM

**Thursday, 6 May 2010, 2-5pm**  
Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok



*Organised by the  
United Nations System Influenza (UNSIC) Asia-Pacific Regional Hub*

<p><b>Theme:</b> <b>Global Direction for Future Pandemic Preparedness</b></p>
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*The minutes, presentations and other information about this and past Pandemic Preparedness Forums can be found on the United Nations influenza website at <http://un-influenza.org/node/3730>*

**Chair:** Dr. Hitoshi Murakami, Regional Coordinating Officer, United Nations System Influenza Coordination, Asia-Pacific Regional Hub

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**Organizations present:**

1. Academy for Education Development (AED)
2. Embassy of Japan, Thailand
3. Food and Agriculture Organisation (FAO), RAP
4. International Federation of the Red Cross (IFRC)
5. International Labour Organisation (ILO)
6. Keenan Institute Asia
7. London School of Hygiene and Tropical Medicine (LSHTM)
8. Ministry of Public Health, Thailand
9. Rapid Asia
10. United Nations Children's Fund (UNICEF)
11. United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA/PIC)
12. United Nations System Influenza Coordination (UNSIC)
13. United States Agency for International Development (USAID), Regional Bureau for Asia
14. World Organisation for Animal Health (OIE)
15. World Society for the Protection of Animals (WSPA)

*Total: 30*

**14:00 Introductions of participants**

**14:15 Overview of IMCAPI**

(UNSIC) The 7th 'International Ministerial Conference on Animal and Pandemic Influenza' (IMCAPI 2010) convened in Hanoi from 19-21 April 2010 and brought together over 493 delegates from over 71 countries, 21 regional and international organizations, and 12 non-

governmental organisations across the globe. The conference aimed to provide a way forward on animal and pandemic influenza, and endorse the need for further international collaboration to address emerging health threats arising at animal-human-environmental interface. The conference was organized by the Government of Vietnam in coordination with the United States of America and the European Union. Support came from key international agencies in animal and human health: the Food and Agriculture Organization (FAO), the World Organization for Animal Health (OIE), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Asian Development Bank (ADB) and the World Bank (WB), together with the Office of the UN System Influenza Coordinator (UNSIC). The technical pre-meeting on 19 April and the two-day ministerial meeting from 20-21 April facilitated rich, energetic discussions among governments and international organisations, resulting in a number of substantive outcomes for the future direction of responding and preparing to animal and pandemic influenza. Many of these outcomes are detailed in the Hanoi Declaration, which was adopted by participants of the conference on 21 April. The Declaration can be accessed from the conference website at [www.imcapi-hanoi-2010.org](http://www.imcapi-hanoi-2010.org).

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**Presentation: 'The way forward for preparing for pandemics and other high impact threats to human health'**

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**14:20** Presentation by Dr. Darika Kingnate, Director of the Bureau of Emerging Infectious Diseases, Department of Disease Control, Thailand Ministry of Public Health

(Please see PowerPoint presentation slides on website)

**14:50 Q&A**

**Q:** (Rapid Asia) What have been the primary concerns in Canada amongst pregnant women regarding taking the vaccinations and how have these challenges been overcome?

**A:** The Government of Canada implemented an awareness-raising campaign to encourage the women to take the vaccination. In Thailand, a multitude of methods have been engaged to encourage use of vaccinations among pregnant women. For example, engaging physicians to advocate taking the vaccination with his/her patients is highly effective. This is a successful way to ensure the use of the vaccine. The media is also important in encouraging the use of the vaccine among pregnant women and other target groups in the general public.

**Q:** (FAO) What is the Ministry of Health in Thailand's opinion of the decision by the Mongolian Government to immunize 60% of its population against Pandemic H1N1?

**A:** The Mongolian and Thai landscapes are very different and the same solution may not have worked in both countries. Based on its experience of H1N1, the Ministry of Public Health in Thailand felt that the vaccine was more beneficial to be used on the high-risk groups, including pregnant women and those with chronic illnesses. Because of the limited supply of the vaccine, the best use of it has been to focus on vulnerable populations. For the general population, more benefit will be derived from non-pharmaceutical solutions, for example hand-washing.

**Q:** (AED) Why have indigenous populations in Canada been three to six times more likely to develop severe disease from Pandemic H1N1?

**A:** There are several reasons why this may be the case. Indigenous populations may have a higher lack of access to healthcare. They also have a higher rate of underlined chronic illnesses. Indigenous populations may be prone to infection because of this and because of the poor living conditions they often have to survive in.

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**Presentation: 'The way forward to responding to HPAI H5N1, other influenza viruses and other zoonotic diseases – the need for better veterinary governance'**

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**15.00** Presentation by Dr. Alexandre Bouchot, Technical Adviser, World Organisation for Animal Health (OIE), Sub-Regional Representation for South East Asia

(Please see PowerPoint presentation slides on website)

### **16:30 Q&A**

**Q:** (AED) Regarding building public-private partnerships, does OIE believe there has been adequate attention in focusing on public-private partnerships to mobilize funds for avian influenza?

**A:** One of the most important factors in this partnership is to identify the roles for the public sector and roles for the private sector. Discussions need to be engaged with both sides to identify which sector is best suited to deal with each area – for example, vaccinations can be designated to the private sector, with supervision from the public sector. After the areas are identified, procedures for transparency need to be agreed upon.

**Q:** (FAO) Regarding requests from countries for PVS evaluations, requests from Asia-Pacific has been particularly low compared with Africa and Europe. Why is this so and are countries receiving incentives to encourage them to allow evaluations to be conducted?

**A:** The previous PVS tool was seen traditionally as a tool for developing countries, rather than something for developed countries. This impression has held up for the current tool even though it is designed for all countries. Also, there are still some fears from major export countries to share this information publicly.

**Q:** Is the confidentiality of the tool a major block, therefore, when looking at regional evaluation?

**A:** No, OIE advocates that the tool is used for the national country-level plan. Secondary to that, in developing countries, the tool looks to match-make the plan with key donors. Regionally, the tool helps to identify key areas of focus, for example legislation, animal-health communication and veterinary education.

**Q:** (FAO) How is the new PVS tool different to the previous evaluation tool?

**A:** PVS is about the whole animal health system tool rather than specifically looking at animal influenza, as with the previous tool. It is a ‘whole-of-veterinary-services-system’ approach.

**Q:** Has any country requested follow-up after the evaluation which has been conducted?

**A:** OIE has planned follow-up evaluations after five years. This has just begun with the first follow-up evaluation having been conducted in Vietnam two months ago. It is a useful monitoring and evaluation tool which will help with strategic planning going forward. However, countries are reluctant to make public the results of these assessments.

**A:** (USAID) Knowing the assessment results is necessary in order to identify the gaps and challenges at national level so that funding opportunities can be identified.

### **Presentation: ‘Developing a One Health approach - The way forward for reducing risks by effective working at the animal-human-environment interface’**

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**16.10** Presentation by Mr. Yasuyuki Misawa, Programme Officer/AHI Contingency Planner, World Food Programme (WFP) Regional Bureau for Asia

(Please see PowerPoint presentation slides on website)

### **16:30 Q&A**

**Q:** The ‘One Health’ concept is quite confusing. Can it be explained simply?

**A:** ‘One Health’ refers to the human, animal and environmental sectors working together to prevent diseases which crossover between the animal, human and environment areas. For

example, Pandemic H1N1 carried the gene of swine, avian and humans. It began in the animal sector and then became capable of transmitting from human to human. This shows the inter-linkages between humans and animals. Addressing this disease by working between the two sectors is an example of the 'One Health' approach.

**A:** OIE views 'One World One Health' as a policy concept and interprets it as requiring organisations to address risks at source with animal health systems, as well a strong responsive human health systems. It is more about the allocation of resources rather than how organisations operate. The concept is meant to be used at the higher, ministerial level rather than at field level. It is also beneficial to use the concept to enhance information-sharing between the three areas.

**Q:** (FAO) Does the 'One Health' programme refer to zoonotic diseases or does it refer to general infectious diseases?

**A:** No, the 'One Health' programme not just about zoonotic diseases and is rather a policy concept.

**A:** The World Veterinary Conference in 2008 had a stream dedicated to 'One Health' and during this stream it was confirmed that the concept did not only refer to zoonotic diseases. However, it did recognise that 70% of zoonotic diseases or emerging diseases come from animal populations.

**A:** If the general consensus is that the definition is broader than zoonotic diseases, FAO recommends removing the line from the definition of 'One Health' which states that it 'addresses pathogen jumps between animal and humans'.

**Q:** (OIE) What were the levels of participation at IMCAPI?

**A:** At IMCAPI 493 delegates from over 71 countries attended the conference, which included 21 regional and international organizations, and 12 non-governmental organisations across the globe.

## **Project updates**

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The Asian Disaster Preparedness Centre (ADPC) is pilot testing its integrated Zoonotic Diseases 'One Health Initiative' Training Package from 24 to 27 May 2010 in Bangkok. The venue for the event is still to be confirmed.

FAO is running a Livestock, Emergency, Guidelines and Standards (LEGGs) training session from 31 May until 4 June 2010. 15 people will attend the training course over the five days.

**17.00** Close of meeting.