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'VISION AND ROAD MAP' RELEASED AT THE CONCLUSION OF THE THREE-DAY INTERNATIONAL MINISTERIAL CONFERENCE ON AVIAN AND PANDEMIC INFLUENZA

A three-day International Ministerial Conference on Avian and Pandemic Influenza concluded here today. The Conference was attended by Representatives from 111 countries. Representatives from 29 International Organizations also participated which included Director Generals of International Organisations like WHO, FAO, World Bank, OIE, etc. The Prime Minister of India, Dr. Manmohan Singh addressed the delegates on the second day of the Conference i.e. 5th December, 2007. Minister for Agriculture, Government of India, Shri Sharad Pawar and Minister for Health & Family Welfare, Government of India, Dr. Anbumani Ramadoss were among those who addressed the Conference. The Conference had 12 Sessions on various subjects pertaining to Avian and Pandemic Influenza. The Conference was jointly organized by the Ministry of Health & Family Welfare and Department of Animal Husbandry (Ministry of Agriculture), Government of India.

A Vision and Road Map was released by Government of India at the conclusion of the three-day Conference and handed over to World Bank and UN System Influenza Coordinator.

The following is the full text of the Vision and Road Map:

The Vision of New Delhi

The vision emerging from the New Delhi Conference is both broad and ambitious: to take forward the concept of "One World and One Health" as a contribution to pandemic preparedness and human security. Rising demands for animal products (associated with poverty reduction) and changes in ecosystems (due to population growth and climate change) are increasing human susceptibility to infection with animal diseases. Each Government should, therefore, encourage functional links between human and animal health systems, while investing in sustainable capacity for preventing and controlling high risk infectious diseases in animals (and thus contributing to better animal health), both within country and in conjunction with neighbouring nations (through cross-border cooperation). Governments should also invest in public health security, implementing the capacities necessary for the full implementation of the international health regulations and extending their influence across national boundaries. When making these investments Governments would draw on the standard guidelines of international organizations. To aid Governments and other stakeholders move more rapidly towards the "One World - One Health" vision, the Conference Hosts have developed a Road Map.

The Proposed National Road Map for 2008

A Road Map that sets out the actions that a nation intends to implement could help with the establishment of achievable benchmarks to be pursued by all concerned government entities, and other stakeholders. It would encourage focused action and counter uncertainty, fatigue and confusion. The New Delhi Road Map for 2008 is designed as a template to be adapted by National Authorities and used to enable the nation to be as ready as possible (by the end of 2008) both to control HPAI and to contain and mitigate an influenza pandemic. It identifies simple milestones on the road to the vision – milestones that each country should seek to reach during 2008. The Road Map is as follows:

By the end of 2008, the nation

[Building commitments]

1. will have earned the highest-level political commitment and leadership by establishing an inter-ministerial oversight and coordination mechanism to which will ensure collective efforts of stakeholders from different sectors: it should have a clear mission (to guide and shape the national response), a central command system (for defining, implementing and monitoring strategies), and the capacity to mobilize and track resources (to ensure adequate funding);

[Assessments: knowing where we stand]

2. will have worked with international organizations to assess short, medium and long-term needs in their animal and human health sectors, indicate priority areas for attention (including leadership development, training, communications, applied research and management), and identify financial and other resource gaps that need to be filled – using OIE's standards for veterinary services and WHO's assessments of capacity to implement IHR (2005), with information obtained through the assessments being shared in an open manner;
3. will have considered current legal instruments, enabling legislation and procedures for endorsement to assess whether they are adequate to support and implement national plans for maintaining animal health, safeguarding human health and undertaking disease containment;

[Surveillance and response: watching, detecting, confirming and responding]

4. will have developed effective animal disease surveillance and response systems, as well as compensation schemes for those who lose animals or property in the interests of disease control, and implementing compensation and disseminating information about it to facilitate both reporting and participation in control measures;
5. will implement intensive action in the event of entrenched H5N1 (including strategies for commencing and discontinuing poultry vaccination, studies of vaccine efficacy and protocols for accessing vaccine banks);
6. will have an active surveillance and response system for detection of early human cases of influenza-like illness, confirming diagnosis through identified laboratories, ensuring early treatment and initiating studies to determine transmission patterns and risk factors etc.
7. will have established protocols for sharing information and conducting joint investigations involving animal and human health professionals, with a focus on effective containment and control of potential zoonotic diseases (especially influenza);

[Preparing: the key to effective action]

8. will have operational plans for (i) immediate response to and control of A1 in poultry including reducing risk of human exposure; (ii) rapid containment of early human cases; (iii) preparing for a pandemic to mitigate its impact, (iv) the early resumption of livelihoods after a pandemic, and (v) communicating reliable information of disease outbreaks and pandemics. Plans should be adapted to the realities and context at

the local level, detail all necessary arrangements for implementation and clearly delineate roles and responsibilities;

9. will have broadened the scope of pandemic preparedness to include continuity of essential services (water, power, food, transport, finance, public order, tourism and health care) involving community-level groups, private entities, civil society and humanitarian organizations and factoring in the impact of sickness and absenteeism and the needs of diverse groups (including migrants, refugees and other vulnerable groups);
10. will have regularly tested pandemic preparedness through regular testing including table-top exercises, simulations and mock drills, wherever possible jointly with other countries in the region – including some that have not yet tested their plans;

[Biosecurity: practices for the safe and healthy rearing of livestock]

11. will have started to improve bio-security in the poultry sector:
 - a. committing to developing, implementing and enforcing a national policy for bio-security drawing upon the expertise of FAO and OIE and engaging the commercial poultry sector;
 - b. exploring options for introducing bio-security into household poultry production.

[Public health: ensuring human health security]

12. will have established and validated protocols for pandemic containment, including procedures for contributing to, drawing on and distributing national and regional stocks of anti-viral medicines, vaccines (if available) and personal protective equipment, in conjunction with WHO, regional bodies and neighbouring countries;
13. will have identified hospitals for the management of human cases of HPAI, ensuring they have isolation facilities and critical care units and planned for the delivery of care in these hospitals, including implementation of strict infection control practice, the management of surges of patients with influenza and absenteeism due to staff illness. [If these hospitals are distantly placed then hospital nearest to the event could be strengthened by mobilizing resources for critical care];
14. will have prepared communities to implement non-pharmaceutical interventions in the event of a pandemic – so as to minimize the risk of infection, including community mitigation measures;
15. will have established procedures for ensuring access to laboratories for confirmation – via an accredited laboratory, either in country or the nearest in the region;
16. will – if capable of molecular characterization and vaccine research – have participated in global monitoring of the character of influenza viruses in the region and supported the global initiatives by UN and partners for capacity building, development of medicines and vaccines and improvements in protocols for diagnosis and treatment of influenza;

[Coordination: the whole is better than the sum of the parts]

17. will have emphasized coordination between animal and public health sectors, with a process at State or Province level (with periodic regular meetings);
18. will have incorporated pandemic preparation into national disaster management structures, involving sectors other than health, with a process to review roles and responsibilities for ensuring continuity of services (with meetings at least twice a year);
19. will have established platforms for dialogue between government, civil society and the private sector at the regional, national, province and sub-province level (practical arrangements will depend on in-country context and the extent of decentralization);

[Communication: central defence against Avian and Pandemic Influenza]

20. will have reviewed their communication programmes, with the active engagement of families and communities, and assessed their efficacy at disseminating meaningful, accurate and precise messages that are adapted to the populations for whom they are designed and the impact of these messages among different groups. [The communication strategy covers programmes (a) to increase awareness about dangers of livestock diseases and how risk can be minimized through behavioural changes and simple hygienic practices; (b) to inform on actions to be taken at the time when there is an outbreak in poultry; and (c) to guide both public and professional groups when there is infection of humans];

[Next steps]

21. will build on experiences with HPAI control, and on the New Delhi vision, to prepare a national one world – one health strategy for the next three years and – after evaluating progress in 2008 – develop a road map for 2009.