

ASEAN+3 Health Ministers Special Meeting on Influenza A(H1N1)

Joint Ministerial Statement

8 May 2009 Bangkok, Thailand

We, the Health Ministers of Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Viet Nam, China, Japan and Republic of Korea met on 8 May 2009, in Bangkok, Thailand, to deliberate on effective measures to prevent and control Influenza A(H1N1) in Asia;

Recalling the Joint Ministerial Statement on the current Poultry Disease Situation made on 28 January 2004 in Bangkok, Thailand, the Joint Ministerial Statement on Prevention and Control of Avian Influenza made on 26 November 2004 in Bangkok, Thailand;

Alarmed by the rapid spread of human-to-human of the Influenza A(H1N1) virus in various countries and various regions of the World; for which a pandemic is imminent and requires global, regional and national solidarity efforts for mitigation and immediate appropriate responses;

Valuing the contributions and leadership of the World Health Organization (WHO), other United Nations systems and international agencies, transparency and rapid responses by WHO Member States which are affected by the emergence of Influenza A(H1N1) virus;

Concerned that the Avian Influenza (H5N1) is still a major threat in this region, whereby continued political commitment and effective surveillance and responses are required;

Recalling Resolutions WHA58.5 and WHA59.2, which expressed concern about the potential spread of H5N1 strain of Influenza A to cause a pandemic and urged Member States to disseminate to WHO collaborating centre information and relevant biological materials, including clinical specimens and viruses;

Emphasizing the need to conclude the Inter-Governmental Meeting mandated by WHA60.28, on sharing of H5N1 and other influenza viruses with human pandemic potential and fair and equitable sharing of benefits;

Recognising the dynamics of the spread of Influenza A(H1N1) virus from human to human and human-animal interface, and the transforming capacity of virus, for which it requires full alert and effective prevention, detection, and timely response;

Recognising the responsibility of WHO Member States to abide by the International Health Regulations (IHR, 2005), under which the public health emergency of international concern has been declared and the importance of strengthened national core capacities in the effective implementation of the IHR;

Recognising the measures that have already been put in place and continuing efforts under the Asia-Pacific Strategy for Emerging Diseases (APSED); the ASEAN

Plus Three Emerging Infectious Diseases Programme supported by AusAID, the stockpiles of antivirals and personal protective equipment by Japan and the multisectoral pandemic preparedness and response by USAID;

Recognising public health measures taken by individuals and communities, such as social distancing, respiratory etiquette, hand hygiene and household ventilation are at present the most feasible measures available to reduce or delay disease caused by pandemic influenza;

Recognising that as international travel moves rapidly, with large numbers of people visiting various parts of the world, evidence indicates that in the current pandemic situation limiting travel and imposing travel restrictions would have very little effect on stopping the virus from spreading, but would be highly disruptive to the global and regional communities and pose major negative impacts on the current global economic downturn;

Recognising that it is prudent for people who are ill with fever and influenza-like symptoms to delay international travel, and those who are ill after international travel to seek appropriate medical treatment, according to guidelines from national authorities;

Concerned that pandemic influenza significantly increases demands for medical services on the current constrained health resources for which it requires clear national protocols of case management at home with rigorous respiratory etiquette and hygiene measures; referral to and triage of patients for treatment in healthcare facilities; protection of health staffs including infection control in health facilities; prioritization of use of antiviral medicines and personal protective equipment according to risk of exposure in order to focus efforts on the most effective interventions to reduce mortality and any further morbidity;

Concerned that most of the global vaccine production capacity is located in Europe and North America, and it is inadequate to respond to global pandemic; and despite other regions have begun to acquire the technology to produce influenza vaccines, access to effective pandemic vaccines is a major problem in this region;

Recognising the urgency of taking concrete actions in preventing and controlling the Influenza A(H1N1), we commit ourselves at the national level on the following;

1. To continuously implement the national pandemic preparedness plan and intensify the performance of surveillance in human and animals, and effective response system;
2. To strengthen the national core capacities in the effective implementation of IHR (2005), in particular on surveillance and effective responses;
3. To exercise the national protocols by concerned authorities, ensure effective intersectoral communication and actions, effective public message to guide appropriate public responses in order to prevent panic and social disruption;

4. To consider implementing exit screening, as one of the cross-border disease control strategies by affected countries with the application of agreed criteria to classify “affected areas” instead of “affected country” and to minimise the impact on travelling and trade;
5. To consider establishment, in ASEAN Plus Three countries, a system to facilitate the sharing of essential supplies in the region in case of emergency needs;
6. To assess the potential need and increase national stockpiling of antivirals and essential medicines, medical supplies and personal protective equipment to the level necessary for effective responses in view of the dynamics of H1N1 spread;

Recognising the needs for common and collective efforts by countries in the region for effective responses to influenza A(H1N1) pandemic, we further commit ourselves on the following:

7. To comply with recommendations of WHO on international travels in order to prevent social and economic disruption to the global and regional communities;
8. Referring to WHA resolution 61.21, “to encourage the transfer of technology related to the production of antiviral medicines and pandemic influenza vaccines”;
9. Fostering collaborations in the region by:
 - Ensuring sufficient and prompt sharing of data and information on epidemic situation, establishing hotlines among national health authorities for effective responses among countries;
 - Establishing joint outbreak investigation and joint response teams across countries, where appropriate and upon request;
 - Enhancing laboratory support for the investigation and confirmation of Influenza A H1N1 and researches;
 - Strengthening collaborative researches on influenza including biomedical, clinical, health systems and policy researches in order to generate evidence for effective policy intervention in responses to the epidemics, through active participation in the current regional collaborative research networks such as the ASEAN+3 Emerging Infectious Diseases (EID) Programme of the ASEAN Secretariat, the Mekong Basin Diseases Surveillance network (MBDS) and the Asian Partnership on Emerging Infectious Diseases Research (APAIR/APEIR);

Recognising the importance of international solidarities in effective responses to influenza pandemic, we request WHO, other United Nations Agencies and international development agencies and ASEAN on the following:

10. Director-General of WHO to continue to provide accurate, transparent and timely evidence on the global epidemic updates and guidance on effective responses;
11. Director-General of WHO, in consultation with experts and Member States, consider the possibility of optimising the criteria for pandemic alert level determination. The new criteria will not only apply transmissibility/epidemiologic determinant (number of cases in two Member States of a WHO region), but shall also include: clinical determinant (morbidity and mortality) and virological/gene sequence determinant (high or low pathogenicity);
12. To conclude the ongoing Inter-Governmental Meeting on sharing of H5N1 and other influenza viruses with human pandemic potential and fair and equitable sharing of benefits;
13. Director-General of WHO to support the goal of ensuring fair and equitable access to pandemic vaccines by all WHO Member States; and facilitate the increase in influenza vaccine manufacturing capacities in the region and other developing countries;
14. International development partners to provide technical and financial support based on need assessment in order to increase the level of ASEAN stockpiling of essential medicines and personal protective equipment; and
15. Secretary-General of ASEAN to conduct logistical exercises to ensure effective and timely deployment of stockpiles of medicines, medical supplies and other personal protective equipment to the affected areas.

Mindful of the fact that the 62nd Session of the World Health Assembly (WHA) will take place on 18-22 May 2009 in Geneva, the ASEAN+3 Health Ministers will make concerted efforts in bringing the outcome of this Meeting to the attention of the participants of the Assembly with the aim to solicit their cooperation and support.

Appreciating the support given by WHO, the World Bank, the US-CDC for making possible the dialogues through live video conferences at this Meeting,

We, ASEAN Plus three Health Ministers of Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Viet Nam, China, Japan and Republic of Korea, hereby pledge our commitment to fully implement these measures for the well-being of our people and for the peace, prosperity and stability of our region.

Adopted in Bangkok on 8 May 2009.