

## *Hanoi Declaration*

**At the International Ministerial Conference:  
“Animal and Pandemic Influenza: The Way Forward”  
Hanoi, Vietnam, 19-21 April 2010  
IMCAPI Hanoi 2010**

### **PREAMBLE**

The International Ministerial Conference on Animal and Pandemic Influenza was convened in Hanoi, Vietnam, on 19 – 21 April 2010. Hosted by the Government of Vietnam, in coordination with the European Union and the United States of America, with the support of the UN System Influenza Coordination and international organizations, the conference was attended by representatives of 71 countries and regional bodies around the world and representatives of international technical organizations, development banks and other stakeholders within the development community. The conference convened only a few days after the Eyjafjallajökull volcano eruption in the north of Europe, which disrupted global air travel. Nevertheless, great spirit on the part of both delegations and organizers, the use of technologies, and support from diplomatic corps assured representation to the fullest extent possible.

This conference built on a series of preceding international ministerial conferences and senior officials meetings since 2005, which have provided a platform for an unprecedented coordination in planning and action to respond to highly pathogenic avian influenza (HPAI) caused by the A/H5N1 strain, to prepare for a possible influenza pandemic and to strengthen jointly animal and human health systems on a long term basis.

In addition, the conference noted the emergence of the first pandemic of the 21st century, caused by a new subtype of the A/H1N1 influenza virus, regretting the suffering and deaths caused by pandemic (H1N1) 2009, noting in particular the impact on young adults and pregnant women, young children, indigenous peoples, people with chronic conditions, and those with limited access to health care. The conference identified and discussed lessons learned from pandemic (H1N1) 2009.

The global experience with H5N1 HPAI and pandemic (H1N1) 2009 has reaffirmed the importance of international and regional cooperation, national political commitment, inter-sectoral collaboration, timely and transparent communication, and capacity building as essential to build a health system which is capable to address emerging threats, such as animal and human influenza, and to ensure effective pandemic readiness and response across different sectors. National experiences during the pandemic (H1N1) 2009 have reinforced the need for sustained, well-coordinated, multi-sector, multi-disciplinary, community-based actions to address high impact disease threats that arise at the animal-human-environment interface.

The continued threat of H5N1 HPAI to animal health, livelihoods, and human health in affected communities illustrates that despite progress in controlling influenza, the

potential remains for influenza viruses to become more virulent through mutations or exchanges of genetic material. This may result in a severe pandemic. The ongoing pandemic (H1N1) 2009 demonstrates the capacity for rapid global spread of influenza viruses, and still has the potential to become more pathogenic. Additional animal and human health policies for early detection systems and control measures will need to be developed and sustained at national and international levels for the foreseeable future. Moreover, effective metrics and policy analysis for evaluating such actions need to be developed and consistently applied.

The majority of high impact infectious diseases that have recently affected humans have arisen at the animal-human-environment interface. A number of existing diseases which emerge from this interface significantly burden animal and human health, livelihoods, and development. The effort to control HPAI and to prepare for pandemics can serve as a useful example of the way forward not only for controlling such diseases, but also for building stronger and more responsive human and veterinary health systems and better aligning those sectoral policies in ways that encourage socio-economic development.

Recent experience of H5N1 HPAI and pandemic (H1N1) 2009 has confirmed the need for a sustained cross-sectoral policy and coordination to deal with serious threats that arise at the animal-human-environment interface. This approach, often referred to as “One Health”, was addressed at the IMCAPI in New Delhi in 2007 and further promoted by Ministers at the IMCAPI in Sharm el-Sheikh in 2008. One Health is a first step towards improving health outcomes through incorporating human and animal health policies in all relevant sectors.

The surge in demand for health care services associated with pandemic (H1N1) 2009 has strained the health sector in many countries, especially in countries that face the dual challenge of limited resources and highly vulnerable populations, and negatively affected agriculture, business, education, travel, and tourism in some countries. This experience highlights the importance of understanding the cross-sectoral determinants of good health and a global commitment to fundamental, long-term, and systematic approach to building public health capacity, including surveillance, detection, and reporting, as well as reinforcing economic resilience. It highlights the importance of non-pharmaceutical interventions in pandemic preparedness and response. The experience with pandemic (H1N1) 2009 also demonstrates the importance of planning for proportionate, differentiated responses to allow for flexibility in responding to different scenarios in terms of virulence, geographic spread, and other factors. It reinforces the importance of including continuity planning for critical services and of addressing potential impacts in national disaster management plans.

Effective advocacy and communications at all levels need to be strengthened to better support decision-making, to ensure resource commitment, to promote understanding and appropriate assessments of the risks in animals and humans, and to enable effective engagement at the community level through behaviour changes and the adoption of protective practices.

The new challenge of the 21<sup>st</sup> century, “live again with infectious uncertainty and strengthen systems so they can respond to unpredictable health risks”, calls for a thorough and carefully planned effort of sensitization and education.

## **WE, THE PARTICIPANTS IN THE CONFERENCE**

1. Take note of the progress that has been achieved in global coordination and cooperation since the end of 2005 in the global response to highly pathogenic avian influenza (H5N1), and of the positive conclusions presented at this conference, and in independent evaluations of the overall H5N1 response.
2. Commend the ongoing consultations at all levels, as exemplified in particular by the technical meeting undertaken as part of this conference, to identify, inform, and promote efforts to improve global health.
3. Recognize the concerted efforts of the international community, including agencies of the United Nations system and other relevant international and regional organizations, countries, development and technical agencies, non-governmental organizations, foundations, communities, the private sector, and other partners to prepare for and respond to the threat of pandemic influenza; emphasize the need to continue to enhance coordination at the international level and encourage countries and international partners to further promote information exchange on experiences, policies, guidelines, clinical data, and other aspects bilaterally, regionally and globally.
4. Express satisfaction that commitments first made by participants at the January 2006 Beijing conference, and reaffirmed at subsequent conferences, have had significant results, including: the development and implementation of national integrated action plans within the strategic framework of the World Health Organization, the Food and Agricultural Organization, and the World Organization for Animal Health; and the establishment of strategic partnerships between the international community and the countries affected or at risk of HPAI H5N1.
5. Renew our commitment to continue and reinforce this long-term partnership, by working within the United Nations system and through global, regional, and inter-country networks to increase our capacity and cooperation on surveillance systems, epidemiological research, antiviral and vaccine research and development, health and veterinary systems strengthening, as well as safe and resilient systems for food production, and to evaluate periodically our preparedness and action plans for pandemics.
6. Recognize that despite substantial progress in controlling H5N1 HPAI globally, the virus continues to circulate in domestic poultry in a number of countries, and to result in human infections and deaths.
7. Encourage countries and international partners, including agencies of the United Nations system, to remain vigilant and continue to share information with respect to emerging threats such as H5N1 HPAI, pandemic (H1N1) 2009, and other influenza viruses and to continue their efforts towards the control and elimination

- of H5N1 HPAI, while working to strengthen jointly human and animal public health systems and to evaluate such efforts by effective metrics.
8. Recognize that global preparations for H5N1 HPAI influenza largely contributed to coordination of the response to pandemic (H1N1) 2009.
  9. Recognize the critical importance of learning lessons from the responses to H5N1 HPAI and pandemic (H1N1) 2009, including lessons from important learning events hosted by a number of countries and institutions as well as reviews and assessments that were shared at the conference, appreciate the risks associated with these viruses, and commit ourselves to considering to take further actions to avert H5N1 HPAI and increasing efforts to review pandemic preparedness plans using, where relevant, guidance and tools provided by the international technical agencies and the multilateral development banks; these country strategies should be aligned nationally and regionally to address the global “One Health” challenges.
  10. Recognize that there is a need for the international community, led by the international technical agencies and development banks, to address the fundamental gaps in public health and animal health systems so as to reduce the impact of zoonoses, avert potential pandemics of animal origin, and mainstream investments and capacity in country health systems.
  11. Call for increased efforts to strengthen early detection of, preparedness for, and rapid reporting of future events, by understanding the cross-sectoral nature of any threat, with particular focus on the health systems’ capacity for rapid interdisciplinary action and coordination in line with the requirements outlined in IHR 2005 and the OIE standards on quality of Veterinary Services, with special attention devoted to develop and sustain such capacity in the least developed countries, to the needs of vulnerable groups, and to encourage the role of local communities as part of disease prevention and control programmes.
  12. Call for the development of national strategies, plans, and interventions to stimulate whole-of-society, multi-sector, multi-disciplinary, and community-based actions when addressing disease threats that arise at the animal-human-environment interface, stress the importance of business continuity planning in critical sectors, encourage all stakeholders to strengthen institutional and practical mechanisms to support cooperation and collaboration, and work to improve risk communication at all levels, in particular at the community level.
  13. Underline the importance of implementing science-based public health measures and food safety international standards to minimize the potential economic and trade implications, and encourage countries to rapidly report disease outbreaks.
  14. Reaffirm the critical role of communication, while reviewing the challenges in communications on pandemic (H1N1) 2009; enhance the efforts to better communicate with our populations, including the media, health services, and specific communities, to promote understanding of the risk, policy direction and necessary prevention measures, and to promote behaviour change, where necessary, through effective communication.
  15. Call for constructive cooperation between governments and the private sector, as well as academia, on innovations leading to improved surveillance, prevention,

and treatment, including on diagnostic reagents, vaccines, and medicines, always working within the relevant policy frameworks established by competent national authorities and WHO and OIE.

16. Finally, call for concerted worldwide efforts by all countries and relevant agencies of the United Nations system, and other international and regional partners, to better understand the emergence of disease threats at the animal-human-environment interface through multi-sectoral actions, and to develop appropriate and sustainable means to reduce such threats.

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