

***Opening Remarks by
Dr Samlee Plianbangchang
Regional Director, WHO South-East Asia***

At

***Regional Consultation on Pandemic H1N1
2009: Strengthening Country Capacity for
Pandemic Preparedness***

***9-11 July 2009
Bangkok, Thailand***

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Excellency Witthaya Kaewparadai, Minister of Public Health, the Royal Thai Government, distinguished participants, honourable guests, ladies and gentlemen,

I am pleased to welcome you all to the Regional Consultation on “Pandemic H1N1 2009: Strengthening Country Capacity for Pandemic Preparedness”. I also convey the greetings and best wishes from the World Health Organization to this august gathering.

First and foremost, I would like to thank the Ministry of Public Health, the Royal Government of Thailand, for agreeing to co-host the consultation. I gratefully thank H.E. Witthaya Kaewparadai, Minister of Public Health, for gracing the inauguration of the meeting. I thank experts concerned of the Ministry of Public Health for their valuable inputs to the preparation of the agenda and the programme for the Consultation.

Ladies and gentlemen:

The outbreaks of Influenza A (H1N1) 2009 started in the Western Hemisphere in April this year and spread rapidly to other parts of the world. In responding to the threat of these outbreaks, on 25th April 2009 the Director-General of WHO declared the world's first ever “public health emergency of international concern”. This was done in accordance with the provisions of the International Health Regulations 2005 or IHR (2005). As on 9 July 2009, there were 135 countries affected worldwide. A total of 94,574 confirmed cases have been reported with 429 deaths.

We are now in the Phase 6 of influenza pandemic alert, it is the maximum phase. However, this H1N1 influenza virus still causes mainly not severe illness. And we hope that the majority of the cases of this H1N1 influenza will continue not to be severe. Unlike seasonal influenza, only less than 1% of the clinical cases of H1N1 viral infections occur among old people. The severe or fatal form of influenza H1N1 confines itself largely to people with underlying chronic diseases. Also, pregnant women and young children appear to be at a higher risk of a more severe form of H1N1 infection.

Our main concern with the H1N1 influenza is its “re-assortment”. If this virus co-infects people with seasonal influenza, there may be a genetic combination, the combination that will result in a new virus of more virulent and more severe form. In this time of seasonal influenza in the WHO South-East Asia Region; we should be aware of the

phenomenon to its fullest extent and, we should also protect ourselves from becoming infected with the virus.

Furthermore, the AI (H5N1), which has been prevailing in our countries, can complicate the situation. Reassortment may also take place due to coinfection of H1N1 and H5N1 viruses. We have, therefore, to be sure that the endemic AI H5N1 in countries of the Region is properly contained.

Influenza virus, in general, is highly unstable; and easily undergo genetic mutation, the phenomenon that can turn the virus in a mild form to be more severe. In this regard, the H1N1 virus is no exception. It may turn out to be more severe at any time. This is something important that we need to keep in mind when dealing with the influenza virus.

Ladies and gentlemen, past experience has reminded us that the initial situation of influenza pandemics can change. Historically, each influenza pandemic encircled the globe twice or thrice in two to three years. The deadly influenza pandemic which occurred in 1918 was in the mild form first before turning out to be a far more deadly one. The 1957 influenza pandemic began with a mild phase, then was followed by the second wave of a higher fatality; and the influenza pandemic in 1968 remained mild in both its first and second waves. Indeed, the influenza virus is unpredictable. No one can say how the current pandemic influenza H1N1 2009 will evolve. Therefore, in the midst of this scientific uncertainty, it is incumbent upon us:

- To be well prepared, and
- To be adequately prudent in providing advice to the public.

It is certain that the H1N1 influenza is highly communicable, spreading very fast among people. Only that it is not yet severe. Therefore, it is important to be extremely vigilant in closely monitoring its severity. Our experience in dealing with AI (H5N1) outbreaks should be the starting point and this experience should be used as the basis for our efforts to fight against the pandemic influenza H1N1 of 2009. Our influenza pandemic preparedness plans must be strengthened, and vigorous actions taken to implement them.

We have the International Health Regulations (2005), as the global tool for control of the pandemic. These are the tools for all countries to work coordinatedly and in worldwide solidarity to fight this scourge. With today's advancement in medical and public health sciences, we should be able to do better than before in our influenza pandemic preparedness and response.

Seriously concerned with the issue, the Honourable Ministers of Health from Member States of the WHO South-East Asia Region got together in Geneva during the Sixty-second World Health Assembly. They unanimously called for a unified approach to minimize the impact of influenza pandemic H1N1 2009. In this connection, the Ministers requested the Regional Director of WHO South-East Asia to convene a regional consultation to identify cooperative strategies for coordinated actions in the Region. This consultation, which is in pursuance to that request, will critically review influenza pandemic preparedness and response in the SEA Region. The consultation will discuss, among other matters, issues relating to:

- intensifying action on the surveillance of Influenza Like Illness (ILI) and Severe Acute Respiratory Infections (SARI);
- building capacity of national influenza centres;
- networking of these centres with other laboratories within and between regions;
- regional capacity in the production of antivirals, vaccines and other necessary supplies.

Discussions of the meeting will also touch on matters concerning:

- licensing,
- access; and
- building public-private partnerships

Distinguished participants:

This influenza pandemic opens several opportunities in public health. These include:

- The opportunity to test our influenza pandemic preparedness plans and our capacity to implement the plans.
- The opportunity for us to assess our core country capacity to participate effectively in implementing IHR (2005).
- And, very importantly the opportunity for Member States to assess the functioning of IHR (2005), which came into force in June 2007.

Ladies and gentlemen,

Now, we do not know exactly how long this influenza pandemic will last. And we cannot estimate the magnitude of the impact of this influenza pandemic on the world population; the impact on the health, social and economic aspects of societies and populations. However, we can expect to gain valuable lessons from this pandemic, lessons that will be very useful to all of us in our attempts to strengthen country capability and capacity in influenza pandemic preparedness and response. These lessons will also be very useful for Member States to re-examine and further strengthen IHR (2005).

For now, let us focus on strengthening the existing systems and building effective linkages, the linkages that ensure a consistently coordinated approach, within and among countries, in dealing with the pandemic.

Let me thank all Member States and all partners for their unstinted cooperation. This cooperation enables WHO to maintain the required vigilance as we gear up our response. I thank all participants from Member Countries, the UN and other partner agencies, civil

society organizations, the pharmaceutical industry, laboratories and others for sparing their valuable time to attend the consultation.

With these words, ladies and gentlemen, I wish the consultation all the best and all success in its deliberations.

Thank you.