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by

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Regional Director, WHO South-East Asia*

at the

Tenth Regional Field Epidemiology Training Programme

*National Institute of Communicable Diseases,
New Delhi, India
18 August 2005*

**The Tenth Regional Field Epidemiology
Training Programme**

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Regional Director, WHO South-East Asia

Dr SP Agarwal, Director General of Health Services;

Dr Shiv Lal, Additional DG and Director, NICD;

Dr Narain

Dr Habayab, Dr Pattanayak, Dr Datta.

Faculty of NICD;

Participants;

Ladies and gentlemen.

- It is my pleasure to attend inauguration of the 10th Regional Field Epidemiology Training Programme conducted by National Institute of Communicable Diseases.
- I make myself available for this occasion, since I place highest priority on this training activity.
- We just attended a workshop on Public Health Education in India: Issues, challenges and the way forward

- NICD is also a WHO Collaborating Centre for Epidemiology and Training.
- Field Epidemiology Training Programmes, commonly known as FETP, have played an important role in the development of skilled manpower in field epidemiology, all over the world.
- During the past decade, NICD has trained 126 health professionals from 8 countries in Field Epidemiology.
- We deeply appreciate the contribution of NICD in creating a core group of trained manpower to combat epidemic-prone and emerging infectious diseases.
- The proposed plan of the Honourable Health Minister to upgrade NICD to a national authority on disease surveillance, with expanded mandate of both communicable and non-communicable diseases is a very welcome initiative.
- As we are aware, the emerging infectious diseases have assumed considerable public health importance in South-East Asia.
- During the recent years, we have witnessed the emergence of a large number of novel pathogens in the world, in both animals and humans.
- Notable among them include HIV, viral hepatitis C and E, Nipah virus, SARS and avian influenza.

- The socio-economic and cultural conditions prevailing in this part of world increase vulnerability of population to these infections.
- The factors precipitating and perpetuating the emergence of infectious diseases include:
 - (i) ecological changes, such as those due to agricultural or economic development activities;
 - (ii) human demographic and behavioural changes;
 - (iii) rapidly increasing international travel and trade;
 - (iv) environmental degradation and climate change;
 - (v) changes in technology and industrial processes, such as food production, processing and packaging;
 - (vi) microbial adaptation and mutation; and
 - (vii) the deterioration in public health and control measures.
- Ladies and gentlemen, it is obvious that several of these factors shall persist along with the mankind.
- Accordingly, infections will continue to emerge and probably increase.

- It is essential that a suitable mechanism is developed to deal effectively with the epidemics of emerging diseases.
- This is in order to reduce their impact on public health, economy and social cohesion.
- Taking cognizance of the adverse impact of epidemics on public health, the 58th World Health Assembly adopted International Health Regulations (2005), which would come into force from 15 June 2007.
- Under these Regulations, the countries are obliged to detect, assess and notify all public health emergencies of international concern.
- And, therefore, Member States have to develop core capacities to be able to prevent and control such emergencies promptly.
- It is not possible to always prevent epidemics or public health emergencies, but we can certainly mitigate their impact by anticipating them, and by being prepared.
- Countries with epidemics preparedness, and with adequate core capacities to respond promptly will certainly limit the adverse impact of epidemics.

- Availability of the epidemic preparedness plan would also help ensure that all the needed resources, expertise and services are mobilized, and deployed rapidly; to reduce to the minimum the morbidity and mortality due to epidemics.
- This preparedness requires development of epidemiological, clinical, entomological and laboratory capacities to undertake efficient surveillance and investigation of the epidemics.
- It would be unrealistic for a country to prepare an epidemic preparedness and response plan in a short period without adequate involvement of all stakeholder;, as this is a multi-sectoral and multi-agency exercise.
- Health sector, however, has to play a lead role in preparing and executing the plan, but this needs expertise and support of other disciplines and sectors.
- While talking about epidemics and emerging diseases, it would be appropriate if a mention is also made of pandemic threat by the Highly Pathogenic Avian Influenza (HPAI).
- The outbreaks of HPAI, which started in poultry in the Republic of Korea in December 2003, have to date affected 10 more countries including Viet Nam, Japan, Thailand, Cambodia, China, Laos, Indonesia, Malaysia, Russia and Kazakhstan.

- The virus has also jumped to humans in 4 countries i.e., Viet Nam, Thailand, Cambodia and Indonesia.
- As of 16 August 2005, 112 cases, including 57 deaths, have been confirmed by laboratory in the four countries.
- Fortunately, the virus has not yet acquired the capability to move freely from man to man.
- If this happens, a pandemic may start.
- Although no one knows with certainty, when and where the next pandemic of influenza would start and how severe it would be.
- However, the experts warn that it is imminent.
- There is a great possibility that it would begin from Asia, and could be very severe.
- The great pandemic of Spanish flu in 1918-1919 killed 40-50 million people.
- It is therefore, essential that all countries prepare a National Pandemic Preparedness Plan, which may be an integral part of the National Disease Surveillance Programme for epidemic-prone diseases.
- I am happy to know that India is in the process of preparing such a plan, and WHO is working closely with the Indian Government in this important task.

- The Asia Pacific Region is, unfortunately, at the epicentre of avian influenza and many other epidemics.
- The countries of the Region are interconnected, they face similar health threats, and their ability to protect their populations from those threats vary widely.
- Given the vulnerability of the Region, coupled with the increasing globalization of public health, and the requirements of the International Health Regulations (2005); there is a very clear value in developing a common strategy for WHO in South-East Asia and the Western Pacific Regions.
- Therefore, Asia Pacific Strategy for Emerging Diseases has been developed.
- The goal of this strategy is to improve health protection in Asia and the Pacific, through productive partnerships for preparedness planning, prevention, prompt detection, characterization, and the containment and control of emerging infectious diseases.
- The Strategy is to be discussed in the forthcoming WHO Regional Committee session in Colombo in the coming September.

Ladies and gentlemen,

- Let me say a few words about NICD.

- NICD has emerged as a premier institute in the field of public health, not only in India, but also at the regional and global levels.
- It has a strong composite expertise in epidemiology, entomology and laboratory.
- The institute successfully coordinated the National Surveillance Programme for Communicable Diseases (NSPCD) which led to the launching of Integrated Disease Surveillance Project (IDSP) in 2004.
- I am glad to know that IDSP will now be based at NICD, and plans are underway to establish a National Authority on Disease Surveillance.
- NICD is the national focal point for IHR and it has in it two major WHO Collaborating Centres.
- In the area of training, in addition to the 3-month FETP, the institute organises many other training programmes in epidemiology, laboratory and entomology.
- The participants from many countries in the South-East Asia Region attend this programme every year.
- There is also a plan to launch a 2-year international field epidemiology training programme that leads to an MPH degree in Field Epidemiology.

- The institute is already recognised as an Advanced Research Centre for conducting Ph.D programmes.
- NICD not only provides support to the States in India, but also to other countries in the Region.
- For example, last year, at WHO's request, NICD extended assistance to the Royal Government of Bhutan in dealing with the outbreak of dengue fever in Phuentscholing town.
- I, therefore, strongly urge that NICD take up a leading role in developing a network of public health institutes in India, that can link to the regional and global networks.
- WHO is ready to extend full support to this initiative.
- I look forward to NICD being established to the world class epidemiology and laboratory centre for identifying various emerging disease pathogens.
- In conclusion, the advances that are taking place in NICD, are very impressive; especially the proposed an MPH course, and construction of a Bio-safety level-3 laboratory.
- I congratulate NICD on its stellar work and multi-faceted service in the field of disease surveillance and control.

- The Faculty and Staff of this Institute may rightly be proud of their contributions in the fields of Public Health, Epidemiology, Surveillance and Diagnostics.
- I visited NICD many times during 1994 plague outbreak in 1994.
- This time, I see a lot of difference with the renovation and development in the Technical Content of the work of Institute.
- Much more collaboration with WHO.
- I am pleased to inaugurate the 10th Field Epidemiology Training Programme, and wish the Faculty and Fellows all success.
- Thank you.