

**THE SIXTH INTERNATIONAL MINISTERIAL CONFERENCE ON
AVIAN AND PANDEMIC INFLUENZA
SHARM EL-SHEIKH EGYPT 25-26 OCTOBER 2008**

**The Sharm el-Sheikh Vision for the Future:
*Universal Solidarity, Justice and Equity***

Prepared by the Government of Egypt

1 Approximately 530 Government Ministers and senior officials (representing more than 120 countries and 26 International and Regional Organizations), representatives of international and regional organizations, non-governmental groups and private entities, and researchers, participated in the 6th International Ministerial Conference on Avian and Pandemic Influenza in Sharm el Sheikh, hosted by the Government of Egypt on 25-26 October 2008.

Evolving pattern of work since 2005

2 Participants in the conference reiterated the need to sustain global efforts as outlined in previous international ministerial conferences: Washington (2005), Beijing, Vienna and Bamako (2006), and New Delhi (2007), as well as the partners technical meeting organized by FAO, OIE, WHO, and World Bank in Geneva 2005. The Washington meeting inaugurated the International Partnership on Avian and Pandemic Influenza. The Beijing principles outlined the core strategy for controlling Highly Pathogenic Avian Influenza (HPAI) and preparing for an influenza pandemic; the Bamako Declaration emphasized the importance of international cooperation to support preparedness and response capacity in Africa; and the New Delhi Road Map offered a valuable benchmark for the preparedness efforts of national authorities and proposed a convergence between animal and human health systems through contributions to the ‘One World, One Health’ concept.

Progress to date and factors for success:

3 The Progress Report presented at the Conference “*Responses to Avian Influenza and State of Pandemic Readiness*”, prepared by the UN System Influenza Coordinator and the World Bank, indicated that in 2008 there have been fewer outbreaks of HPAI in poultry, in fewer countries, and fewer reported human cases of H5N1 infection, than in the preceding two years. This presents a unique opportunity to build on the tools and platforms which have enabled this success to address broader global threats. Despite these successes, the world must still prepare to contain, and if necessary mitigate, an influenza pandemic.

VISION FOR THE FUTURE

The Challenges addressed in Sharm el-Sheikh:

4 During the conference, Ministers and senior officials addressed three challenges:

4.1 Ensuring that the world is fully prepared to mitigate the impact of an influenza pandemic or another unforeseen catastrophe.

4.2 Sustaining efforts to control HPAI, especially in poultry; and – eventually – to eradicate H5N1 from domestic animals in the remaining contaminated countries.

4.3 Initiating longer term action – responding to infectious diseases that emerge at the animal, human and ecosystem interface, and are capable of causing severe damage and affecting livelihoods.

5 Participants considered these challenges as they analyzed national, regional and global efforts to prevent and control major diseases and prepare for pandemics and respond both to HPAI and other emerging infectious diseases of animal origin (EIDAO). They recognized that success usually reflects a number of different factors, working together within each country at both national and local levels. These include:

- sustained engagement of political leaders,
- surge capacity – when necessary – rapidly to increase the deployment of skilled professional response teams,
- collaborative action across government ministries (including livestock, health, environment, disaster response and civil defense services),
- continuous engagement of the private sector and civil society,
- functioning systems to ensure incentives and compensation for economic losses, and
- engagement of communities and decision makers through integrated, sustained and transparent communication.

6 Participants emphasized the need to continue to support, strengthen and improve the WHO Global Influenza Surveillance Network, and its procedures, through the timely sharing of viruses or specimens with WHO Collaborating Centers, as a foundation of public health, to ensure critical risk assessment and response, and to aim to ensure and promote transparent, fair and equitable sharing of benefits arising from the generation of information, diagnostics, medicines, vaccines and other technologies. Participants also highlighted the need to increase vaccine production capacities.

7 Participants identified the need for applied research, product development and the prompt transfer of relevant technologies.

8 In their interventions, participants presented visions to guide collective action in 2009 and beyond; they established priorities that call for urgent attention and identified ways of working that best contribute to successful implementation.

9 Participants noted that though the threats of HPAI and an influenza pandemic persist, the current strategies have led to promising results. In order to sustain improvements in animal health, ensure human health security, and prepare the world for a pandemic, the approach must be sustained in years to come: this calls both for continued political engagement from national leaders, robust institutional arrangements that encourage joint working within and between countries, and continued provision of national and international funding that responds to the need through appropriate financial mechanisms. The approach can also be applied to other related challenges such as the diseases emerging at the animal-human-ecosystem interface.

PRIORITY AREAS FOR ACTION

Inequities in HPAI response capacity and pandemic preparedness:

10 HPAI response capacity and pandemic preparedness are inequitably distributed, with disadvantaged populations and developing and least developed countries less able to respond to HPAI. This would cause substantial social and economic consequences to those who can least afford to bear this burden. An intensified effort is needed to identify and recognize the impacts of interventions on vulnerable people and define ways to mitigate negative impacts. Poorer countries, particularly in Africa, are also less certain of being able to access medicines, vaccines and other requirements to prepare their people for the next pandemic, to rapidly detect and undertake necessary laboratory analysis for emerging animal and human pathogens and to intensify production of vaccines and medicines. Veterinary and public health systems in poorer countries are in need of urgent financial and technical support so that they function to global standards for animal and human disease prevention, surveillance and response in line with the International Health Regulations, the OIE's World Animal Health Information System (WAHIS) and the Global Early Warning System (GLEWS).

11 Participants highlighted the importance of paying attention to the needs of developing countries, especially in regard to the sixth Millennium Development Goal which focuses on combating diseases. Participants also discussed the need for sustained, long-term international investment (a) to develop and improve the governance of animal health systems in line with OIE standards and FAO guidelines, and ensure that public health systems support implementation of

the International Health Regulations, (b) to ensure more fair and equitable access to and distribution of medicines, vaccines and other requirements, including increased production capacity, to match the needs of the global community and bring benefits to poorer people and poorer countries that would otherwise be unable to access them.

Eradication of HPAI H5N1 in poultry and minimizing the risk of human infections

12 Participants also envisaged that it is feasible, through concerted action and with focus on those places where viral transmission persists and with the application of all available technologies, to eliminate H5N1 in domestic animals in the short to medium term in as many of the contaminated countries as possible, and to prevent human cases.

Continued need to develop, test and update pandemic plans

13 Participants expressed determination to ensure that the pandemic preparedness efforts of national authorities include non-pharmaceutical as well as pharmaceutical measures, are multi-sectoral and involve the full range of concerned sectors within government, stakeholders from private entities, the voluntary sector and civil society. They recognized that simulation exercises were an effective means of identifying gaps and weaknesses in pandemic preparedness plans. They noted that pandemic preparedness should be an essential element of broader national disaster management plans, and will strengthen the resilience of societies and communities when faced with a range of future threats. They noted the importance of business continuity planning to maintain essential services (water, power, shelter, food, transport, finance, travel, public order, healthcare) and of cross-border collaboration. They also noted the importance of planning to meet the humanitarian needs of vulnerable populations in poor countries, including migrants, refugees, displaced populations and other vulnerable people. They indicated that national pandemic planning should include plans for the recovery of essential services, as well as social, financial and psychological support to both affected families and small businesses.

Information and material sharing and transparency

14 Participants emphasized that the open and transparent sharing of virological and epidemiological information, materials, and technologies at national, regional and international levels contributes to our ability to adequately assess and mitigate national, regional and global public health, animal health and pandemic risks, and should be facilitated. Participants discussed approaches aimed at ensuring and promoting transparent, fair and equitable sharing of benefits.

Strategic communication and policy advocacy

15 It was recognized that national communication plans need to include a stronger advocacy element. Greater advocacy with governments by civil society and the international community should also be undertaken. Innovative communication technologies should be fully utilized to raise government awareness and to support communication strategies with the public.

Behaviour and social change communication

16 It was suggested that communities everywhere should be engaged in the planning and implementation of strategies for HPAI control and pandemic preparedness and response. Ministries of Agriculture, Health, Education, Information, Tourism and others, as well as national and international media and non-governmental organizations, should be encouraged to collaborate to change attitudes, behaviours and practices amongst all national, migrant and refugee communities especially in countries affected by HPAI.

Prevention of and response to emerging diseases of animal origin

17 Participants appreciated that the effort to control HPAI and prepare for a pandemic had paved the way for an enhanced worldwide effort to reduce risks associated with emerging diseases of animal origin. They discussed ‘Contributing to One World, One Health,’ a strategic framework for reducing risks of infectious disease at the animal-human-ecosystem interface which was prepared by FAO, OIE, WHO, UNICEF, the World Bank and UNSIC. They accepted that this approach shows promise and discussions in the conference represent a first step in its development and implementation. National and regional authorities need time to consider this approach.

Education and Training

18 Participants noted the need to adapt medical and veterinary curricula to strengthen initial and continuing training of officials for human and animal health services, including appropriate ecosystems health studies. The need for increased harmonization of animal and human health training was also noted.

Research and Development:

19 There is a significant number of important research issues that need attention in addressing the problem of HPAI and other emerging infectious diseases (EID) with zoonotic and/or pandemic potential. These include improved understanding of the drivers, factors for

spread, and pathogen ecology. Further areas for research will need to be identified and prioritized. In addition, the delivery of technical interventions needs to be improved and rationalized through epidemiological studies linked to socio-economic and policy research. This should include accelerated development of appropriate technology transfer including appropriate human and veterinary vaccines which are easier to administer and which produce longer lasting immunity. Support should be provided - through international cooperation - to improve the capacity of developing countries to produce these vaccines.

PROSPECTIVE WAYS OF WORKING

20 Recognizing that societies derive many benefits from both HPAI control and pandemic preparedness efforts, participants emphasized the need for a continuing spirit of international partnership and equity, transparent sharing of information, and more equitable access to benefits, standardization of indicators of progress and a greater focus on quantitative results, more involvement of the private sector and civil society, and continued engagement of regional organizations in the priority areas.

21 Participants noted that the Intergovernmental Meeting on “Pandemic Influenza Preparedness: Sharing of Influenza Viruses and Access to Vaccines and other Benefits” is scheduled to resume at the World Health Organization in Geneva in December 2008. They highlighted the importance of resolving the issues and coming to agreement in order to expedite pandemic influenza preparedness.

22 Participants noted and appreciated the generous support provided by the donor community throughout the international conference process, including the new pledges made during this conference. The USA, Japan and Norway between them pledged more than US \$350 million: the cumulative total of international assistance pledged since January 2006 has now reached US \$3.060 billion. In addition the European Commission indicated that more than 140 million Euros will be made available for influenza, poverty-related and neglected infectious disease research. Other multilateral development banks and donor agencies indicated ways in which they are sustaining their contributions.

23 The continued gap between level of requirements and resources available was recognized, as was the importance of mobilization of resources and sustained support from the donor community and concerned international organizations for the efforts of developing countries in order to achieve sustained animal and human health and food security . The need to encourage an increased engagement of the private sector was also emphasized. Participants noted the current financial crisis. It was hoped that this would not negatively impact future support to combat avian and pandemic influenza.

24 Participants also recognized that effective partnerships take time to develop, and they appreciated that much of what has been achieved is a result of careful, patient and sustained effort by many dedicated organizations and individuals. They value the sequence of international ministerial conferences, and other international fora, that bring stakeholders together and offer a unique opportunity for reflection, learning and commitment to coordinated action. They agreed to meet again to review progress and acknowledged with gratitude the information that the Government of Vietnam proposes to host such an event early in 2010.
