COMMUNIQUÉ

GLOBAL HEALTH SECURITY INITIATIVE (GHSI)
SPECIAL MINISTERIAL MEETING ON PANDEMIC (H1N1) 2009
Brussels, Belgium – 11 September, 2009

We, Ministers/Secretaries/Commissioner of Health today concluded a Special Ministerial Meeting on Pandemic (H1N1) 2009 in Brussels.

Our collective efforts in the Global Health Security Initiative over the past years have helped lay a foundation of preparedness and have supported the actions which we have taken in responding to the 2009 H1N1 influenza virus. Since the onset of the H1N1 outbreak, the GHSI has played a role in supporting national and global response by facilitating information-sharing, identifying gaps in knowledge, promoting frank dialogue and exchange, and by contributing to a multinational evidence base which can be used to support important decisions by our respective governments.

Mindful of the potential genetic changes of the H1N1 influenza virus and the anticipated further spread of the disease in the months ahead, our deliberations today addressed a range of important issues for an effective pandemic response. Having surveyed the current global epidemiological situation including the impact of the H1N1 influenza virus in the southern hemisphere, we remain vigilant with regard to the global spread of the virus, particularly during the upcoming fall and winter seasons in the Northern Hemisphere.

Today we have also discussed progress and challenges toward H1N1 vaccine development, safety monitoring, clinical assessment and vaccination strategies. We used the opportunity afforded by our meeting today to share national strategies and approaches. We ask GHSI’s Pandemic Influenza Working Group to regularly update members on information relevant to public perception and on development, especially with regard to vaccine authorization and target groups. In order to support future decision-making and timely authorization of vaccines, we acknowledge the importance of ongoing sharing of information and best practices relevant to vaccine strategies and are committed to sharing the results of publicly-funded clinical trials. At this time, member countries all intend to start vaccination programmes after market authorization. We further agree to collaborate on the post-market surveillance of H1N1 vaccines and to monitor their safety.

We have also received preliminary information on the issue of dosage that could be of considerable importance for our vaccine strategies and any remaining procurement decisions. We expect that the new information will be reviewed by relevant authorities as rapidly as possible.

Together, we shared challenges and best practices in risk communication reinforcing its importance as a key public health measure. Sharing information with the public helps to minimize the impact of the disease by communicating risks appropriately and in a timely manner. Public messages assist citizens in making choices that promote and protect their health.
We acknowledge the unique challenges faced by developing countries in responding to the H1N1 influenza pandemic. We recognize the dual threat that H1N1 poses to these countries in terms of health and societal impacts and will work with the WHO to strengthen the pandemic readiness of developing countries, in areas such as rapid needs assessment, surveillance and health system strengthening, and access to vaccines and antivirals. As part of the global community, we share a common goal that vaccine supplies are used as effectively as possible. We will continue to work with the WHO and other UN agencies to that end.

We also reaffirm the conclusion reached as a result of our deliberations in Brussels in December 2008 that even highly restrictive measures, such as general border closures, would be unlikely to prevent the spread of the virus and could aggravate the economic and social consequences of an influenza pandemic.

We remain firm in our resolve and commitment to work together. We will continue to coordinate our efforts in the interest of global health security and we look forward to re-convening later this year in London.

This statement was endorsed by the following Health Ministers, Secretaries and senior officials:

Ms. Androulla Vassiliou, Commissioner for Health, European Commission, joined by Mrs. Maria Larsson, Minister for Public Health and Elderly Care, Sweden, as representative of the European Union Council of Ministers

Dr. Klaus Theo Schröder, Secretary of State, Federal Ministry of Health, Germany

Dr. Mauricio Hernández Ávila, Undersecretary of Health Promotion and Disease Prevention on behalf of the Honourable Dr. José Angel Córdova Villalobos, Secretary of Health, Mexico

Dr. Fabrizio Oleari, on behalf of the Honourable Maurizio Sacconi, Minister of Labour, Health and Social Policies, Italy

Ms. Jane Billings, Senior Assistant Deputy Minister, Public Health Agency of Canada, on behalf of the Honourable Leona Aglukkaq, M.P., Minister of Health, Canada

Professor Didier Houssin, Director General of Health, on behalf of the Honourable Roselyne Bachelot-Narquin, Minister of Health and Sport, France

Dr. Masato Mugitani, Assistant Minister, Ministry of Health, Labour and Welfare, on behalf of the Honourable Yoichi Masuzoe, Minister of Health, Labour, and Welfare, Japan

Professor David Harper, Director General, Health Improvement and Protection, on behalf of the Honourable Gillian Merron, M.P., Minister of State for Public Health, United Kingdom

Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response, Department of Health and Human Services, on behalf of the Honourable Kathleen Sebelius, Secretary of Health and Human Services, United States of America