

**Inter-agency information sharing/coordination
Meeting on avian influenza**

*Hosted by the International Federation of Red Cross & Red Crescent Societies,
Southeast Asia Regional Delegation, Bangkok*

**October 4, 2007, 2-5 p.m.
Imperial Queen's Park Hotel, Bangkok**

Theme: Non-health aspects of Pandemic Preparedness Planning

Chair: Mary Henderson, Avian and Pandemic Influenza Focal Point, UNICEF East Asia and the Pacific Regional Office

1400-1430 hrs.

Welcome Address

There is firm agreement the topic of non-health aspects of pandemic preparedness planning is an important area as there surely will be significant positive impact and benefits to be gained by strengthening our planning in this area. Some of the anticipated benefits include:

- Delaying the temporal effects of a pandemic to allow more time for development of a pandemic vaccine and production and distribution of anti-virals
- Reducing overall and peak disruption of economic loss
- Reducing the cumulative number of deaths due to a pandemic of a human flu virus as all areas are better prepared

Meeting agenda was agreed.

- Participants introduced themselves.
- Participants briefed the group on their organization's AHI activities.

Organizations Present:

- | | |
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| 1. UNICEF | 13. London School of Hygiene and Tropical Medicine |
| 2. IFRC | 14. World Bank |
| 3. Kenan Institute Asia | 15. German Red Cross |
| 4. OIE | 16. Rockefeller Foundation |
| 5. FAO | 17. French Red Cross |
| 6. UNSIC | 18. Thai Red Cross |
| 7. UNDP | 19. Thailand Ministry of Public Health |
| 8. ADPC | 20. Coverage |
| 9. World Vision Thailand | 21. UN RC |
| 10. UNOCHA | 22. Roche |
| 11. EC | |
| 12. WHO | |

Organization's briefings:

1. **IFRC-WHO** have signed a joint regional MoU that extends until 2009 with a special emphasis on HIV and health in emergencies, which includes AI.
2. **The Kenan Institute Asia** (K.I.Asia), a Thai non-profit development organization, is seeking proposals for the second year of the activities that aim to prevent and control avian and pandemic influenza in the Greater Mekong Sub-region nations of Cambodia, Laos, Thailand and Vietnam. A total of USD 430,000, provided by the United States Agency for International Development (USAID), will be granted to Global Development Alliance (GDA) projects to be implemented in FY 2008.

The GDA approach enhances development impact by mobilizing the ideas, efforts and resources of the public sector with those of the private sector and non-governmental organizations. Projects submitted for consideration are to be collaborations between private and public sectors, with GDA funding providing not more than a 1:1 match of resources. Resources can include monetary contributions, in-kind resources, intellectual property, implementation know-how, and technical assistance. Possible activities may include: capacity building, technical assistance, material development and distribution, public awareness building and communications aimed at attitude and behavior changes. In the first year, K.I.Asia provided grants to six projects, with a range of USD 50,000 – USD 100,000 per grant.

Proposals will be accepted on a rolling basis. The first round of proposals will be reviewed in the first half of November. Interested parties are encouraged to submit proposals by November 1, 2007 for early consideration. For more information, please visit our website at www.kiasia.org or contact Ms. Jiranya Ratchinda or Ms. Darin Phaovisaid at Tel. (66 2) 229-3131 ext. 232 or 233.

3. **OIE:** Has launched a new project on Strengthening Veterinary Services which is a joint AusAID/OIE project throughout the 10 ASEAN countries. The OIE Bangkok office is becoming a Sub-Regional office focusing on wider issues, with special emphasis on avian influenza.
4. **ADPC:** A project in development with partnership between ADPC, IFRC Southeast Asia Regional Delegation, Care Asia, IRC Asia with support from ADB is nearing its implementation phase. The project aims to strengthen the capacities of national non-governmental and community-based organizations in Asia active in AHI work, and will specifically highlight select best practices and models from around the region, develop a regional tool-kit, bring together practitioners to share their experiences and link that information sharing to the toolkit. We would be looking to you at this forum to add your input and best models into the toolkit. Additionally, to strengthen collaboration and knowledge sharing, we will maintain a web-page focused on community-based management of AHI, with links with other AHI websites and develop a newsletter.
5. **Coverage:** recent feedback from private sectors has rated AHI within the top 5 of potential risks. Many companies are increasingly aware of the need to create or modify their disaster risk reduction plans.
6. **WHO:** A CD package on AI guidelines database is nearly finalized based on feedback, and is expected to be online within the coming 2 months.
7. **The Influenza Foundation of Thailand (IFT)**, a non-profit organization launched a project on Pandemic Preparedness for Private Sector and General Population in 2007 in collaboration with the Department of Disease Control, Ministry of Public Health, Thailand and with financial support from Kenan Institute Asia/USAID. The guidelines for Pandemic Preparedness Planning handbook and the template of Business Contingency plan was developed in local Thai language. More than 200 participants from the essential utilities sector and other key strategic business sectors attended the one-day conferences and more than 250 participants from various business companies attended two-day workshop. A pamphlet on flu information was also developed and distributed to employees of participating companies to build awareness and enforces behavior change. The project is in the first phase of implementation, and for the next phase IFT plans to formulize sector-specific guidelines and planning template, additional workshops for the whole country and also expand these experiences to the neighboring countries.

1430-1515 hrs.

Presentation: Pandemic Preparedness of Non-Health Sectors, Ingo Neu, MD, MPH, Senior Planning Officer, UNOCHA Regional Office for Asia & Pacific

- Avian Influenza is often categorized as a health problem, with a focus on infection and morbidity rates, but pandemic preparedness planning must strengthen all areas, hence advocacy on the importance of non-health preparedness is essential.
- It is undeniable there is a sense of fatigue in planning for pandemics and risk reduction – especially in developing countries that also have significant other challenges. Many look at the latest H5N1 graph, and say “well, if the situation was serious, we would see increased numbers of cases”. While human cases still continue to pop up even though there are no large outbreaks, the risk level is not related to an increase, decrease or stable level of human cases, but to the geographic spread of the virus in birds and the time that the virus has to develop new mutations.
- Pandemic preparedness helps us also to be prepared to respond to other diseases or threats, not only pandemic influenza. In the last 20 years, the number of new emerging diseases has grown exponentially. New infectious diseases will certainly emerge in future, some of which might also have the potential for devastating outbreaks at national, regional or even global level...
- Multi sector pandemic preparedness is a buzz word – but what does it mean? In many instances the combination and cooperation of Human Health, Animal Health, and Communications is considered to be multisector. Multi sector pandemic preparedness MUST involve many more sectors in addition to these. A big challenge in many countries is that avian influenza is a health dominated issue. MoH typically has the knowledge on the virus, and therefore do all the talking and take the lead on defining the actions, and others are not actively involved.
- In an actual pandemic response, the medical response (PPE, vaccines, antiviral) is probably the first critical point of entry, but it is only a small part of the entire response. The non-medical interventions (travel, quarantine, risk communication) will be affected, but the largest effect is the social and economic systems that keep a society functioning (security, food production/distribution, energy, telecom, finance and banking).

- The main problem affecting society and the different sectors will probably be caused by **absenteeism** due to death, illness of oneself or family, or fear, and it is estimated that may amount up to 35% of the world's population. This can cause decreased supplies and/or disrupted transport, and can reduce production even in countries without an active outbreak. Absenteeism and changed behavior can also lead to decreased (hospitality, entertainment, tourism) or increased demand (military, mortuary and burial services, refuse collection, water and sanitation, telecom, cleaning supplies, banking and cash withdrawal, security, electricity, food)
- If a sector breaks down, it may leave us with significantly reduced capacity to respond according to our plans.
 - Lack of power supply: computers, hospital equipment functionality, communication strategies and tools might fail
 - Telecom: reduced capacity with lack of maintenance, or even an over demand as people are constantly on the phone reassuring folks back home they are ok might limit the flow of information about the spread of the disease and reduce capacities to direct and manage the response
 - Agriculture: if there is a lack of harvest due to disease, panic, migration, irrigation break downs due to lack of maintenance, lack of staff to maintain animal husbandry it might create problems with food production and distribution. In light of this, FAO could have a much larger role in preparedness, such as advising Ministries of Agriculture on contingency measures to maintain harvest, irrigation, etc.
 - Banking: the Asian currency crisis in 1997 was not due to a disease, but similarly it halted this part of the world and caused significant problems. Lack of preparedness could impact on cash flow, exchange rates, stock values, etc. with dramatic consequences for economies and societies.
 - Coordination with military: Military is usually considered as the most important provider of additional support services. But if there is social unrest, the military might have their own specific procedures to implement, which might potentially affect communication flow and movement from and to certain locations. Thus, health officials need to discuss their own plans with the military and understand how the military would act under certain circumstances.
 - These are more sectors that need to be prepared and the above is only a selection?
- APEC has prepared guidelines for 'functioning economies in times of pandemic'. It is a framework to guide the development of a comprehensive approach during a pandemic. It is one of few documents that actually mentions post-pandemic recovery.
- EC released a report in March 2007 that highlights the progress but reiterates that even in Europe and developed countries, many plans focus on, or are mainly concentrated on, health. There is a need to plan for the wider impact of a pandemic.
- To capture the status of holistic pandemic preparedness planning in the Asia Pacific region, we reviewed the plans of 29 countries. Many of the sectors are mentioned but make no specific details on how they protect themselves and maintain their own services. Mostly it is only discussed how they would support the health sector in their response.
- Public non health sectors need support. It is important to become real multi sectoral with active participation. Lack of preparedness in one sector WILL affect other sectors as well, including the response capacities of the government.

Q&A

Q: These issues are very compelling that we need to pay more attention to a holistic pandemic response planning, but what sort of progress have we made on engaging with governments on those sectors?

A: We are dealing with novel issues, and roles for certain organizations are unclear, and that makes it hard to identify government counterparts. We are trying to link countries who have addressed awareness of this problem such as Singapore, to other governments – so they can cross learn. It will take time, but its promising that things have started to move. In addition we are still continuing to advocate to governments and ministries on these issues.

Q: In your overview analysis of the plans, were there any differences in the type of government i.e. communist vs. capitalist, which affected private and public sector readiness or inclusion?

A: The preparedness status did not depend on type of government, but rather on available resources and capacities/development status. Its is also evident that public and private sectors need to communicate and make sure the plans are linked, as often a certain sector, i.e. telecommunication or energy involves both, private and public actors.

Q: Do the 29 countries have the capacity to effectively respond in a pandemic, meaning did you analyze the quality of the plans? It is comforting that there are 29 countries with a plan. But what quality is the plan, leaving aside the fact that many are not multi sectoral?

A: That expertise of analyzing the quality of health plans is the WHO area of focus, and we did not evaluate completeness from a qualitative perspective. In general, the assessment did not assess and comment on QUALITY of the plans or the national preparedness status. It focused only on the level of comprehensiveness to which essential service contingency planning is included in the national plans.

1545-1630 hrs.

Experience sharing – non-health sector lessons from analyses of national strategic plans, **Dr. Richard Coker, London School of Hygiene and Tropical Medicine**

- The balance between research, policy and practice is often tenuous. It is quite common, unfortunately, that often the leading research does not impact upon the on the ground practices, and does not inform policy-making. The failures of effective and coherent linkage across these domains are problematic. Research conducted through LSHTM in the field of pandemic influenza is operational in nature and attempts to inform policy effectively. Currently we have a number of research projects including:
 - Evaluation of national legal frameworks and tools and their likely application and constraints in a pandemic. Are strategic plans feasible under given legal frameworks? Geographic focus: EU
 - Private sector business continuity planning: is the advice given to businesses scientific grounded, is it coherent, is it linked to the national strategic plans? Geographic focus: EU
 - Capacity: often plans are strategic but not linked to an operational plan. What resources are needed, what are the gaps, where are the gaps, and are there constraints to mobilizing resources. geographic focus: Thailand, Vietnam, Indonesia, Taiwan
- Since 2005, we have conducted several analyses of national strategic preparedness plans including Europe, Asia, Africa and Latin America (ongoing). In 2005 we examined Europe and repeated the exercise a year later. We also looked at selected Asia Pacific countries and all African countries. Methodology: the plans analyzed had to be available, and we assessed completeness – based on WHO guidelines/checklist. There was a correlation between completeness and quality.
- In the first round of EU analysis in 2005, we focused on 7 themes (planning and coordination, surveillance, public health interventions, health system response, maintaining essential services, communication, operationalized plan) from 29 countries – the lowest scoring sector was essential services of non health sectors
- Key messages that came out from this analysis were: None of the plans were perfect – even the most complete national plans, communication between ministries was unclear, plans were often written to a general target audience that in turn reduced their effective operational directive, links to ministries outside the health sector were lacking, coordination and even information sharing between neighboring countries was poor, the institutions and individuals roles were not clearly defined, purchasing antivirals were hitting the political headlines, but operationally there was little thought into target for the antivirals
- Overarching national contingency plans that took into account essential services were covered in less than 50% of plans - that highlights a wider problem
- In 2006, a second review of EU plans was done since many had improved and adapted their plans after simulation exercises. But nonetheless gaps still existed, and some of them were recurring issues.
- Ethical framework. Almost no plans have an ethical framework. This is particularly an issue when it comes to scarce resources. Unless you can claim to decide what to do with scarce resources, chaos is likely to ensue. This should be founded on clear and explicit ethical principles. The point is not right and wrong, the point is to be explicit in the plan.
- National strategic plans in Asia Pacific overall have included links with multi sectors, cross border control response and coordination, engaged private sectors in preparedness dialogues, but still essential services of non-health sectors is poorly addressed
- Strategic preparedness in Africa. About 2/3 have plans, ranging from 7 pages to 200 pages in length. All focus on avian pandemic largely rather than human pandemic, and there is no correlation with plan completeness and GDP. Africa is a real challenge.

Q&A

Q: Your research outlines very clearly the status of national strategic planning, but you are left with the question of what do you do with this. What are the links towards the next pragmatic steps?

A: Research can help to create evidence on the effect of advocacy. You can use it to get messages across, the right message to the right target groups at the right time. Operational Assessment can then ask, did that have any impact.

Q: Research that documents impacts of our humanitarian work can be very valuable. We often lack this evidence, which are easily accessible tools to monitor impact. Solid baseline data is fundamental. How can academic research play a part in better monitoring and evaluation?

A: Evaluations are often not structured in a way that asks the questions did it work. Evaluation framework should be included in the beginning of a project, and this should be pushed from the donors and not an afterthought to evaluate what we do.

Comment: I would like to draft something and share with this forum - focusing on how to better link research and practical interventions, how one can feed the other and vice versa.

1630-1640 hrs.

The future of these inter-agency AHI meetings in 2008, Anette Cramer, Head of Southeast Asia Regional Health Unit, International Federation of Red Cross and Red Crescent Societies

- I would like to hear from the group what value you see in this monthly regional forum to help us better plan for the future of this regional inter-agency forum on AHI.
- The Federation has been hosting these meeting each month for 2 years. I would like to hear from you all how this meeting should continue. Is there any thing that needs to be changed to improve? Is the purpose only information sharing or should it be something more? How frequently should these meetings be held: monthly or quarterly? It's not a financial issue as the Federation has funding mechanisms, but the question is the value added to the region. Please share any feedback, if not now, then after the meeting, with Molly Schmidt, at molly.schmidt@ifrc.org
- Expected outcomes shared from the group:
 - learning and sharing
 - networking is an integral part of this forum, networking so important that often people actually bring along a colleague to introduce to a wider audience
 - opportunities to have concrete action points are weak. specific actions taken by the collective group & how they are used to apply to the work we are doing are lacking
 - communication, regardless of action, is important and could be seen as a result in and of itself, voluntary nature is important, focus has been more on the presentation and less on the information sharing
 - this forum could be seen as a group resource to program managers to give feedback
 - the forum is only as valuable as the contributions people add, encourage organization to bring documents and call for proposals and quarterly update from WHO and FAO to help amplify what we have been achieving over the past year.

AOB

- From the future topics suggested last month, The Federation is in the process of confirming speakers and arrangements for a country focus on Indonesia.
- There were no suggestions for topic of the next meeting in November.
- There were no volunteers for the November chair.