

# Thailand

## Table-top Exercise on Influenza Pandemic Preparedness at the Provincial Level

### 1. Background

The Royal Thai Government has been promoting pandemic preparedness based on the *National Strategic Plan for Influenza Pandemic Preparedness 2005–2007*,<sup>22</sup> which has been revised and extended to cover the activities for the period of 2008–2010. It underlines the importance of multisectoral engagement, multi-level interventions and international cooperation, and highlights the value of conducting exercises. To put the plan into more practical use, it has been translated into operational plans for concerned agencies at central, provincial and local levels,<sup>23</sup> and has been tested through a series of TTXs. During 2006–07, the Ministry of Public Health supervised TTXs on provincial pandemic preparedness plans in all 76 provinces, and coordinated similar exercises for all of its departments. This section features simulation exercises that have taken place at the provincial level in Thailand.

### 2. Objectives

The objective of Thailand's exercise regime is to test capacity in early detection and containment of an outbreak of pandemic influenza.

The *Table-top Exercise on Influenza Pandemic Preparedness at the Provincial Level*

- was a planned series of exercises to test:
- awareness of the concerned provincial authorities of the risk of an influenza pandemic and of their roles in the preparedness for pandemic prevention and response;
- level of pandemic preparedness of concerned provincial authorities;
- pandemic preparedness plans of concerned provincial authorities;
- coordination mechanisms among different sectors in the province.

22 *National Strategic Plan For Influenza Pandemic Preparedness 2005–2007*, Ministry of Public Health, Thailand, and the Thai Health Promotion Foundation, 2005 ([http://thaigcd.ddc.moph.go.th/AI\\_Nationalplan\\_en\\_05\\_07.html](http://thaigcd.ddc.moph.go.th/AI_Nationalplan_en_05_07.html), accessed 28 May 2008).

23 Supamit Chunsuttiwat. Response to avian influenza and preparedness for pandemic influenza: Thailand's experience, *Respirology*, 2008, 13(Suppl. 1):S36–S40 (<http://www.blackwell-synergy.com/doi/full/10.1111/j.1440-1843.2008.01256.x>, accessed 28 May 2008).

### 3. Participating agencies and organizations

**Table 16** Participating agencies and organizations at provincial level

#### Agencies and organizations

Ministry of Public Health (all departments)
Ministry of Agriculture and Cooperatives (Department of Livestock Development)
Ministry of Interior (Department of Disaster Prevention and Mitigation, Department of Local Administration Promotion)
National Police Department
National Public Relations Department
Ministry of Education
Ministry of Defence
Ministry of Labour
Ministry of Commerce
Ministry of Transport
National Office of Finance
Waterworks Authority
Electricity Authority
Thai Red Cross Society
Mass media
Community leaders
Volunteers (livestock, health, education, community development)

### 4. Type of exercise

TTX.

### 5. Preparation for the exercise

A kit containing multiple scenarios, the *Guidelines for Conducting Table-top Exercises*, was developed and distributed to provincial officials to assist in conducting exercises. The kit includes:

- *Guidelines for Table-top Exercise on Influenza Pandemic Preparedness at the Provincial Level for Organizers and Facilitators*, 2006;

- *Master Operation Plan for Influenza Pandemic Preparedness for Multi-sector Coordination 2006*;
- Compact discs containing: CD1 – TTX; CD2, 3 and 4 – Video presentation of lectures; CD5 – Slide presentation; and CD6 – Exercise document files.

The Ministry of Public Health has trained 84 staff from Regional Disease Prevention and Control offices as facilitators to assist with the conduct of these exercises.

The kit has been developed by staff from the Ministry of Public Health, the Department of Disaster Prevention and Mitigation, Thai Armed Forces, Thailand Ministry of Public Health–United States Centers for Disease Control and Prevention collaboration (International Emerging Infections Program) and Thai International Airways.

The exercise management team was made up of a central facilitator, group facilitators, assistant group facilitators and observers, depending on circumstances, need and resources. The exercise was designed to be implemented over three days, but it was modified (from one to three days) depending on provincial situations.

## 6. Conduct of the exercise

Participants were divided into the following six groups:

- Surveillance and Control
- Logistics and Supply
- Emergency Response – Medical Services
- Emergency Response – Community
- Public Communications
- Integrated Coordination and Command

Each group had to respond under eight evolving scenarios (five scenarios relating to human-to-human transmission of H5N1 in one province, and three scenarios in which outbreaks spread nationally and globally).

## 7. Evaluation

The Ministry of Public Health invited observers to each group to provide feedback on the exercise. The observers paid particular attention to:

- the clarity of roles and responsibilities of each agency



*Participants discuss pandemic preparedness during TTX.*

- coordination and communication between agencies
- existing response protocols
- strengths and weaknesses of the actions taken
- gaps between planning and actual actions
- any other issues for improvement in preparedness.

## 8. Lessons learnt

A number of lessons have been learnt:

- Provinces that have conducted a TTX have found that they can utilize the skills and plans they have practised when there have been outbreaks of other diseases, such as dengue.
- The cross-departmental approach was important in developing a more complete package than the Ministry of Public Health could have prepared working alone.
- The exercises have provided valuable feedback for the provinces on their preparedness. In the first year of exercises provinces only had response plans, but are now moving to a practical level of preparedness.
- The scenarios were designed to run over three days, including introductions and discussions, but have generally been implemented in two days because of resource constraints.
- Providing a clear curriculum has increased the volume of exercises conducted because Ministry of Public Health staff only have to support the provincial staff.