



# Mekong Basin Disease Surveillance (MBDS)

## Regional Pandemic Influenza Table-top Exercise

### 1. Background

Mekong Basin Disease Surveillance (MBDS) is a network of six Mekong countries (Cambodia, China (Yunnan Province), the Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam) which since 2001 has been collaborating successfully in disease surveillance and outbreak response and control. The partnership was reinforced in May 2007 through renewal of the memorandum of understanding among health ministers in the six countries. The collaboration provides a neutral mechanism for information exchange and joint response between countries with different political structures. It encourages sharing of information and strengthens disease surveillance and response to outbreaks of priority diseases such as avian influenza and dengue haemorrhagic fever.<sup>27</sup>

As one of the capacity building and network enhancement activities, MBDS conducted a number of pandemic influenza TTX, first in each member country in late 2006 and at the regional level on 13–14 March 2007 in Siem Reap, Cambodia. This section features the regional TTX.

### 2. Objectives

The objectives of the regional TTX was:

- to explore regional and cross-border responses to selected aspects of an evolving pandemic emergency;
- to identify priority actions to further improve preparedness and response;
- to develop recommendations to help guide future MBDS programming and donor investments.

### 3. Participating agencies and organizations

Fifty-nine national and provincial government officials from a broad range of sectors (including public health, agriculture, foreign affairs, defence and finance) in the six MBDS member countries took part. The exercise was also observed by 18 observers.

### 4. Type of exercise

TTX.

### 5. Preparation for the exercise

The exercise was designed and facilitated primarily by a team of consultants from RAND Corporation with inputs from member countries as well as from other relevant stakeholders.

Prior to the regional exercise, the following one-day country-level TTXs took place, convening single country participants:

- 25 August 2006. . . . .Mukdahan, Thailand
- 5 September 2006. . . . .Phnom Penh, Cambodia
- 26 September 2006. . . . .Yunnan, China
- 10 October 2006 . . . . . Vientiane, Lao People’s Democratic Republic
- 16 October 2006 . . . . .Yangon, Myanmar
- 19 October 2006 . . . . .Hanoi, Viet Nam



MBDS Regional Pandemic Influenza Table-top Exercise.

An orientation meeting prior to the regional exercise took place on 12 March 2007 with participation of MBDS country team leaders and partner organization representatives. The orientation meeting was designed to familiarize MBDS country leaders with the exercise content and procedures, review and make final revisions to the exercise and prepare the exercise facilitators to lead designated group discussions.

<sup>27</sup> For more details about MBDS, please see MBDS web site (<http://mbdsoffice.com>, accessed 25 August 2008).

## 6. Conduct of the exercise

After the introduction session, the participants were divided into three groups of about 18 people each, covering three different focus areas:

- surveillance and information sharing
- disease prevention and control
- communications.

*The comprehensive and diverse composition of the country delegations presented challenges to facilitation of meaningful interactions among the various sectors.*

Each group had representatives from six member countries, and English was used as a common language.

Four sequential steps followed (Figure 9), with the first three steps focusing on responses to a scenario of unfolding events set in the future and the last step returning to the present to plan for potential needs. The scenario started with human-to-human infection with H5N1 avian influenza outside MBDS countries, and evolved into a situation where one MBDS country identified an outbreak and then all countries faced outbreaks. The scenario stopped just before a full-blown pandemic developed.

Examples of questions given to each group include:

- Surveillance and information sharing:
  - What surveillance information do you need to collect and share with others? How will you get it?
  - What is the role of MBDS joint investigation?
  - What laboratory support may be needed from other MBDS countries or other partners?
- Disease prevention and control:
  - What population-based disease prevention/control actions are warranted at this time in the affected MBDS country? In unaffected MBDS countries?
  - What actions should you take to protect your health-care workers and other critical personnel?
- Communications:
  - How will you coordinate your risk communications across MBDS countries?

After going through each step, a plenary session was convened where each group presented their actions and key findings. After going through all four steps, a

final plenary session was convened to review and agree on their key findings.

## 7. Evaluation

All participants and observers were asked to complete a pre-exercise evaluation on the first morning and a post-exercise evaluation at the end of the second day to enable comparison of the impact of the exercise. A follow-up meeting was convened on the following day among MBDS country team leaders and partner organization representatives to reflect on the exercise. An *After Action Review* capturing these reflections has been published.<sup>28</sup>

## 8. Lessons learnt

### 8.1 Preparation for and conduct of the exercise

**Participant engagement, concrete outputs:** The scenario led to meaningful small group discussions. These deliberations yielded concrete proposed actions and associated challenges, which were subsequently shared with the larger group and then fed into initial action planning at the end of the exercise.

**Stakeholder diversity and commitment:** The exercise involved a remarkable number of participants across countries, sectors and organizations, demonstrating the firm commitment of MBDS countries and partner organizations to the regional approach to pandemic influenza preparedness.

**Valuable observer input:** Technical resource personnel from the United Nations and the United States Centers for Disease Control provided rich input to the exercise at every step, from review and comment on early drafts of the exercise to helpful comments at the pre-exercise orientation, exercise deliberations and post-exercise review meeting. They are stakeholders in the larger global community and thus both shared valuable insights and, hopefully, drew some of their own from the MBDS exercise.

**Language barriers:** Not all exercise participants had an English language proficiency that allowed them to engage fully in the exercise.

**Size of small groups:** Given the language constraints and other factors, in retrospect smaller groups may have resulted in more dynamic discussions. However, this would have required fewer participants, or more facilitators and more plenary presentations.

**Multisectoral engagement:** The comprehensive and diverse composition of the country delegations presented challenges to facilitation of meaningful among

<sup>28</sup> *Regional pandemic influenza tabletop exercise: After action review.* Mekong Basin Disease Surveillance (MBDS), March 2007, (<http://www.mbdsoffice.com/data210308/MBDS%20TTX.pdf>, accessed 10 June 2008).

the various sectors. Facilitators faced potential tradeoffs between useful health-oriented focus and multisectoral dialogue. Given the complexity of pandemic influenza and its potential impacts, the multisectoral approach was probably the right choice, but there remain opportunities for improvement.

**Final planning step:** Concrete planning for future activities was clearly an important area to address. However, the final plenary session did not provide the time or a comfortable environment for careful deliberation and full participation. In particular, participants found it difficult to follow the planning for activities that they had not discussed in their own small group. Therefore, the outputs from this step should be viewed as illustrative of the planning process rather than definitive planning of next steps.

### 8.2 Pandemic preparedness

**Commitment to regional cooperation:** Discussions during the exercise reflected a shared view among participants of the importance of MBDS regional collaboration in advance of a pandemic influenza emergency and, by extension, the importance of convening a regional group of stakeholders to discuss pandemic influenza issues and challenges. Joint activities require a framework for cooperation and operational guidelines, and thus time, trust among partners and formal actions by each country's central government.

**Springboard to further planning:** Outcomes from the exercise are useful for revising certain elements of national plans, drafting a regional preparedness plan that is in line with WHO guidelines and potentially guiding future MBDS programming.

**Figure 9** Conduct of the *Regional Pandemic Influenza Table-top Exercise*

