

Inter-agency information sharing/coordination Meeting on avian influenza

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

**6 July, 2006 (Thurs), 2 - 5 PM
Imperial Queen's Park Hotel, Bangkok**

Minutes (DRAFT)

Summary minutes:

- The afternoon meeting was attended by INGO, UN, Embassies, Donors from country and regional office representatives (a total of 31 participants) and was intended to provide an opportunity for agencies to share information, identify and initiate coordination issues among agencies involved in Avian Influenza.
- The meeting outputs were:
 - o A better understanding of private sector initiatives, partnerships and activities that address the threat of AHI.
 - o Identified advantages and challenges of the private sector, and explored the tools and means through which synergy across sectors can enhance global efforts against the threats.
 - o 3 private sector companies shared experiences of their corporate organizations' concerns about – and actions against – the net effect of avian influenza and/or potential human pandemic in view of 1) pandemic preparedness plans and 2) business continuity plans, which may be adaptable across different sectors.

Key theme: Private Sector Response to Avian and Human Influenza

14:10 **Opening:** by Dr. Koji Nabae, Avian and Human Influenza Regional Coordinating Officer, chairing on behalf of UNSIC. The group was welcomed and some background on this AI coordination meeting was given: since March 2006, there have been 5 meeting organized, including today's; meetings are held on the 1st Thursday of each month; each meeting follows a selected theme selected by the previous month's members; and the IFRC health unit from the Southeast Asia regional delegation sources out appropriate speakers. Dr. Nabae acknowledged his thanks to IFRC for organizing these monthly meetings. The theme for this month's meeting was private sector preparedness and response to Avian and Human Influenza.

Introductions round table *(see the list of participants at the end of this document)*

- Plan International
- UNSIC
- European Commission
- IOM
- Thai MoPH
- Kenan Institute Asia
- ADRA Asia
- Embassy of Japan
- WHO
- FAO
- UN-OCHA
- Rockefeller Foundation
- IBM Research
- OIE
- UNDP
- MedConsult
- Oxfam
- IRC
- Tammasat University
- Unilever (Thailand)
- Nestle (Thailand)
- DFID
- IFRC
- Institute Asia

14:15 Experience Sharing:

1) Teleconference Presentation by Dr. Farhana Nakhoda, Asia Pacific Healthcare and Life Sciences Solution Manager, IBM Research, Singapore; IBM Pandemic Preparedness & Response *(see attached presentation)*

Overview: Private Sector Response from IBM on preparedness plans for IBM employees, technological research on pandemic preparedness software and tools, and IBM's solutions to assist with government's and organization's pandemic preparedness & response.

- The preparedness plan for IBM aims to protect employees and the working environment, ensure continuity of operations and safety of customers, and help the community by being socially responsible. To develop their plan, IBM created 7 subcommittees to achieve a cross-sectional response plan within IBM.
 1. 90 Day Plan – Optimize IBM’s short term response
 2. Global Well-Being Services/HR – Recommend coordinated preparedness and response plan
 3. Communications – Ensure effective communications outreach
 4. Government Relations – Ensure continuity and alignment with government response
 5. Modeling – Produce models and simulations
 6. Technology – Recommend solutions that enable safety and business continuity
 7. Enterprise Readiness – Develop enterprise preparedness and capability
- The synthesis used to develop the preparedness plans included:
 - Leverage strengths of existing methods
 - General structure and steps
 - Threat phases
 - Business focus
 - Added missing human resource elements
 - Accommodated IBM’s scope, structure and operating model
 - Socialized broadly, incorporating feedback, over the past 90 days
- In the Readiness Plan development methodology, IBM asked key questions of our various business units
 - Priority Framework
 - Given the pandemic context, what is most important to IBM from the perspective of your Business Unit? On what basis will criticality be determined?
 - Analysis
 - Using the Priority Framework, what are the highest priorities, most critical processes, customers (specific services)? For these critical capabilities, what are the human resources and other requirements, dependencies, and single points of failure?
 - Impact Assessment
 - How well will we be able to execute the identified critical processes and provide critical customer services, without additional mitigation given defined planning assumptions?
 - Mitigation Planning
 - What are the possible actions that could be taken in advance of a Pandemic that could reduce the projected impacts? Based on the costs of the possible actions relative to their potential value, which options should be implemented and when? What is the plan to implement the selected preparedness options?
 - Response Planning
 - What are the predefined “triggers”, how are they called and communicated, what do we plan to do in response and how do we operate during the crisis?
 - Recovery Planning
 - After the Pandemic, how do we restore operations to a full, normal status?
- Using a Modeling Solution Framework, we worked to quantify the impact to IBM of a potential pandemic outbreak, including:
 - Impact on revenue
 - Change in costs
 - Change in demand for IBM products and services
 - Workforce availability and health status
- In order to quantify this, we will/have:
 - Leverage existing IBM assets
 - Develop a demonstration capability
 - Assist in developing Preparedness Plan recommendations
 - Develop a go-to-market version of the tool to use with external customers
- There are 4 main areas of to focus on: prepare, detect, respond, and recover. With in these areas are the following main points and challenges:
 - Prepare
 - No vaccine available
 - Limited supply of anti-virals and lab capacity
 - Need for stockpiling supplies and medications

- Lack of preparedness plans
- Need for tabletop exercises, training and drills
- Need for educating society on risks
- Need for clear, concise communication plans indicating actions to take at work and in the community.
- Detect
 - Expand surveillance in birds and livestock
 - Need for real time clinical data surveillance
 - Need for enabling field teams with electronic data collection
 - Need for Geospatial mapping and sophisticated situational awareness tools
 - Need for tracking, tracing, and screening food, animals, people and products crossing borders
- Respond
 - Communication and collaboration across agencies, districts, states, and borders
 - Networks, communications up and running 24/7
 - Locating expertise
 - Teaming people who have never worked together before
 - Partnerships to coordinate containment
 - Social distancing with minimal chaos and disruption
 - Enabling decision makers, public safety, clinicians, vets with the right information at the right time to make informed decisions
 - Locating and communicating with employees
- Recover
 - Review social, political, environmental, and economic redevelopment
 - Replenish supplies
 - Systems and processes to encourage normality
 - Financial restitution process
 - Evaluate response process
- This is a summary of what IBM is working on. These projects are meant to be leveraged for our customers and internally.

Q: Do you have a more detailed breakdown of actions based on WHO pandemic phases?

A: Yes, I did not want to include so much detail here today, but I can get that information to you if you're interested.

- With more than 4,000 researchers scattered all over the world, IBM research is carrying out many projects that could impact pandemic preparedness. A few of the main projects include:
 - STEM (Spatial Temporal Epidemiological Modeler): STEM is a framework which makes it easier for organizations to develop and test epidemiological models. This program can simulate an outbreak with input on multiple variables. It is free – can be downloaded at www.alphaworks.ibm.com
 - Who's using STEM? The WHO, some governments and universities are using the system.
- Epi-Spire: a broad base environmental monitoring and surveillance systems for early detection of public health/ public safety events such as a bio-terrorist attack. Through looking at specific (often non-traditional) data (e.g. surveys, site attendance, medical calls to providers, medical website access, and sales of over the counter medicine) they can predict health outbreaks and issues early on.
- Project checkmate: The project conducts advanced research on pandemic viruses. It is a collaborative effort of IBM and Scripps Research Institute. It is able to model new virus strains and body responses to viruses. This can serve as a predictive and modeling tool to anticipate, manage and contain infectious diseases.
- The Global Pandemic Initiative (GPI): World leaders who were working on AHI came together to leverage assets and technologies for new solutions and innovation. They addressed important questions around the issue of AHI. What are the technology challenges around pandemic preparedness? What are the key information sharing issues and how can technology help?
- Focus areas under GPI:

- Augment existing infrastructure to underdeveloped markets, specifically: Indonesia, Bangladesh, India, Vietnam, Laos, Cambodia, and China
- High quality disease surveillance systems that connect to lab systems for confirming AI
- Common standards for disease reporting
- Improve communications and data sharing by overcoming language barriers and translation issues – need to consider cultural differences
- Method for collecting reference data and store as central location for research as well as response during pandemic
- Participate in Asia Disease Surveillance Project that NTI is leading
- Open Source meeting with WHO researchers to discuss open source disease surveillance systems

Q: Is IBM providing seasonal flu vaccinations to all staff worldwide?

A: Yes, they do in many countries, but it varies country-by-country – it is not mandatory, but an optional benefit

○ IBM's Vision and Solutions for Pandemic Preparedness and Response

- Vision for Disease Surveillance and Strategic Incident Management: IBM will help communities preserve economic viability and social vitality through solutions, technologies, and services that enable the public health and healthcare ecosystem carry out everyday business needs and scale to better prepare, detect, respond, and recover from incidents caused by natural disasters or intentional forces.

○ IBM has carried created many solutions, technologies and services, including:

- IBM Interoperable Health Information Infrastructure (IHII) – An on-demand solution that connects multiple places (governments, hospitals, medical labs) and is also used in the public health environment. It is designed to aid communication and collaboration among medical facilities in collecting and sharing health data. Further, it provides a comprehensive medical dictionary. The system works by sending information directly to the CDC – i.e. symptomatic data, or chief complaint data.
- Pan Canadian Vision – A public health network across all the provinces of Canada which shares health information. This is a standards based system that will collect data from across the country to monitor health of the population.
- China, Center for Disease Control – China has a fragmented public health system and ultimately they made a request for IBM to design a model for how their CDC could standardize their data collection system. This system collects data on 37 different types of infection diseases, combining information from 300 CDC sites worldwide.
- Middle East Consortium: IBM is providing real-time and standards-based infrastructure for exchange of public health data and information in Jordan, Israel, and OPT.

- IBM Crisis Response Team: over 100 people, 70+ global events, 49 countries. This is a free resource to affected countries. The team's general responsibilities include logistics, supply chain management, equipment resource management, and financial tracking. The teams often donate laptops, bring in satellites and establish internet connectivity.

3:00 Q&A, comments:

Q: Are your Crisis Response Teams coordinated or are they each working independently? Is the information sharing within IBM or going government-to-government as well?

A: We have developed a virtual global team that is able to share information and carry out lessons learned discussions. We are working to apply skills from one project to others where they are applicable. The GPI is working to engage stakeholders outside of the IBM network, and governments are involved with this initiative.

Q: How can we access STEM? Is it free?

A: STEM is free and downloadable from the website www.alphaworks.ibm.com and when you download the program, you will also receive a user manual. The user guide walks you through the modeling.

Q: The IBM crisis team is free to governments but is it also free to NGOs?

A: IBM Corporate works closely with governments and NGOs. It is government driven, but they also will work with NGOs on the ground.

Q: Does IBM do any work or concentration with ASEAN?

A: We have worked with individual countries but have not yet coordinated with ASEAN.

We have started to talk with Singapore and have concentrated mostly in the past on Japan and China.

15:05 Experience Sharing:

2) Jean-Yves Gagnepain, Corporate Quality Manager, Nestle (Thai) – Introduction to PPP and BCP on Nestle (Thai) (Please see attached presentation)

Overview: Private Sector Response from Nestle on preparedness plans for the company. Jean-Yves Gagnepain, Corporate Quality Manager, addressed the process and guiding principles of developing and implementing a Pandemic Preparedness Plan (PPP) and a Business Continuity Plan (BCP) in the case of an AHI Pandemic.

- Nestle has been in the process of developing a PPP and BCP since October 2005 when the CEO decided that a preparedness plan should be created.
- Information to develop a plan of action was collected from International SOS Services, medical experts, CDC, WHO, MOPH, NesTEC and media.
- PPP = Pandemic Preparedness Plan and is linked with protecting the PEOPLE of the company; BCP = Business Continuity Plan and is linked to protecting the BUSINESS of the company.
- **NESTLE INDOCHINA: PANDEMIC PREPAREDNESS CORPORATE ACTION PLAN (=PPP)**
 - Executive Summary
 - Members of the pandemic team and their role
 - Introduction Chapter 1
 - Corporate communication Chapter 2
 - *Business Continuity Plan (done later)* Chapter 3
 - Staff health Chapter 4
 - Reduce risk of employees becoming infected outside facility Chapter 5
 - Reduce risk of introduction of virus into facility Chapter 6
 - Reduce risk of virus transmission within facility Chapter 7
 - Management of infected / potentially infected staff Chapter 8
 - Evacuation of staff Chapter 9
 - Expatriates Chapter 10
 - Traveling staff Chapter 11
 - Antiviral medications Chapter 12
- The communication channel – line of command – is the most essential factor of the plan.
- Regarding communication to employees, we developed a one page summary of hygiene rules and behaviors that were distributed to staff.
- An important change that we knew we had to make, was adapting the sick leave policy – This would ensure that employees will stay home when they have a fever and they will still get paid.
- For more information we point people to WHO, CDC, MoPH, and Intl SOS
- Nestle offered, but did not mandate, seasonal flu vaccination to all employees – 75% positive response from over 5,000 staff. All staff (regardless of permanent, part-time, etc) were eligible. We developed a consent form making people aware of any risks that are involved in having a flu vaccine.
- Additionally, to reduce risk for employees: Nestle is carrying out basic hygiene education for staff (e.g. hand washing, cleaning vehicles, cough etiquette, hygiene handling of environment, disinfecting desk areas and office space)
- If we reach Pandemic Phase 4, Nestle will begin screening on-premises. At each site we will begin a system of a brief questionnaire each employee fills out every morning, infrared via ear measurement for body temperature, truck disinfection, and maintain stock of surgical masks for employees. We will begin trial and training exercises of these procedures this week.
- Challenges of the PPP: communication at all levels – the balance between accurate information and frightening staff is a delicate one. We want to create proper awareness, proper implementation of the PPP.
- We have identified critical staff, and are working to ensure that all critical staff have a replacement who is trained in the case of a pandemic.
- The development of Nestle BCP was a process that moved from a template to 2 rounds of feedback with a 3-day session. The BCP is aligned with Thailand MoH – initiated discussion on what actions are recommended, what actions are not recommended, which hospitals are designated, etc.
- To have PPP is a commitment to our staff, and to have a BCP is a commitment to our partners and the community.
- To have a plan on paper is far from enough, any PPP/BCP must be validated by exercises and testing.

- Better is a simple approach that is well rooted and linked to the social and economical environment of a company/location.

Q & A, Comments:

Q: As far as critical staff can you explain more about how you selected critical staff and their replacement?

A: Yes, the answer lies with processes. First we asked, what are the critical processes? When I looked there was usually only 1 person responsible for that critical task, and I cannot guarantee that he/she will not get sick or be unable to come to work. So, our goal is to source an alternate and make sure they are trained – training is the key.

Q: Are you providing vaccinations to all staff?

A: Yes, today we are providing optional but recommended seasonal flu vaccinations to all staff. Approximately 75% of employees responded to this offer. We also made the vaccine available to family members at cost – THB 300 approx. – but we had only a few who were interested in this.

Q: I understand there is a Northern and Southern hemisphere vaccine, which changes every 6 months. I was told that Thailand needs the vaccine for the South, is that true?

A: Here the peak is in July, so the reasoning is that people should be given a vaccine in May or June. There is a CDC collaborating center in Thailand and they are conducting research on the seasonality of flu in Thailand, so they should have information posted on their website. Also IRC and IOM are conducting a surveillance study and results will be available soon.

16:20 Sharing Experiences:

3) Ms. Pensri Thepkunhanimit, Supply Chain Risk Management Director, Unilever Thailand

- Since Oct 2005, Unilever (Thailand) has placed a priority to form a crisis management team and create an essential office and IT plan. The way forward for Unilever is securing adequate number of face masks and data on critical personnel. We have classified employees at different levels in terms of who can work from home and who will continue with operations in the case of an epidemic.
- Dec 2005, a test for IT infrastructure & applications was carried out.
- Jan 2005, Unilever as a region has developed a Regional pandemic preparedness plan to conform WHO's developed global influenza preparedness plan and also issued Regional AI update for communication and sharing of information so each country doesn't have to re-invent the wheel.
- There are specific standards that we are working to meet at 100%. Structure of the plan includes: communication and staff protection. Roche has confirmed that they are ready to supply antivirals to our company.

Notes: communicated after meeting: Unilever Thai Trading shared ACTIONS AND PLAN

Oct 2005, Unilever Thai has a *Response to Pandemic Threat*, based on expert advice from sources including WHO and Control Risks Group.

- Priorities have been identified:-
 - The protection of life and health
 - Preparedness to close down non-essential operations and stand-down non essential personnel
 - The development of a BCP (Business Continuity Plan) for maintenance of service continuity for critical functions/commodities
 - Preparedness to close down all operations
 - The resumption of business
- The medical advisor is to ensure continued monitoring and updating of an emerging pandemic. Once a Pandemic alert is made he is to provide the Crisis Management Team Leader with a weekly threat/risk update
- Unilever is to conform WHO's developed global influenza preparedness plan
 - Inter - pandemic period (Phase 1 and 2)
 - Pandemic Alert period (Phase 3, 4 and 5)
 - Pandemic period (Phase 6)

Response options

- Continue to monitor the situation in Thailand and Region
- Identify critical personnel, commodities and functions and establish alternate strategies (BCP)

Actions

- Continues to monitor the situation
- Issue a briefing on precautionary actions staffs can take
- Secure recommended levels of stock of an antiviral drug effective against bird "flu", to be used in case of outbreak, and in line with WHO best practice guidelines
- Secure adequate numbers of face masks for staff use, in the case of an outbreak
- Collect data on critical personnel, those who can work from home, and those whom it might be most appropriate to evacuate if a pandemic were to break out, in order to be adequately prepared
- Consider possible back-up locations
- Consider sourcing options/stock levels, in the case of a pandemic

Jan 06, Received *Regional Avian Flu Pandemic Contingency Plan* for guidelines and implementations

Jun 06, Received *Regional Update Avian Flu situation* and updated the Regional about *status of Contingency plan implementation in Thailand as followings:-*

Some Key actions for Avian Flu Pandemic Contingency Plan

1. Communication

Feb 06: Briefing to Crisis Management Team by International SOS

Jun-Jul 06: Briefing to employees to build awareness by Prof. Dr Prasert (Virologist)

2. Travel Advice (Employees are aware the travel policy is available on internal website)

3. Health (Prepare available Stocks of Tamiflu, N95 Masks, Temp thermometer patches and vaccine for seasonal flu)

- Jul 06: Seasonal Flu Vaccination started

4. Prevention and Treatment

- General Personal Hygiene, Sanitation and Disinfection Guidelines
- Water and Food (Chicken) Preparation Guidelines
- Personal Protective Equipment
- What to do If employees have Flu Like Symptoms
- What to do if a Family Member is Suspected or Has Avian Flu
- What to do while Visiting People Affected with Avian Flu
- What to do if employees are Living in or Near an Infected Poultry Farm?
- What to do if employees unintentionally come into contact with poultry in an affected area, such as touching the bird's body, touching its faeces other animal dirt, or walking on soil contaminated with poultry faeces, etc

5. Supply Chain & Supporting Functions

○ **Manufacturing/Technical**

- FDA gives certified letter for factory in using chicken contained ingredients that passed heat treatment processes.

○ **Buying**

- Suppliers need to give a positive confirmation on safety of their products (give insight in how products have been made safe Temperature and time) or absence of chicken related materials. Further they need to be motivated/prove to source their starting materials from non infected areas and have the capability to switch between areas in case of outbreak.
- Suppliers will be asked how they build contingency in their own business and how they will deal with the assumptions on absenteeism, less logistics etc. Buyers should be continuously in touch with the suppliers and third party manufacturers so that the right supply of raw materials and SKUs of packaging materials are produced and that the third party manufacturers are always aligned to the production plan.
- Suppliers of chicken contained ingredients give A Certificate every shipment that guaranteed for heat treatment process.

○ **Finance / IT**

- Existing Crisis management processes for IT infrastructure and applications supports) - A crisis management test was done in DEC 2005

- **HR**
 - HR issued internal brief as corporate communications since Oct 2005

16:30 Q & A, Comments:

Comment: Roche donated 3 million doses of Tamiflu to WHO. Now, the WHO is coordinating with countries on how to move that stock and make it available in the case of an emergency.

Q: AI seems to have drifted out of the media's attention. What is the level of enthusiasm – is it still high or has it dropped?

A: At WHO, we have been working with local governments to develop materials that are useful in the field. We have made educational materials that are in schools and communities and they are in local languages. Last week we held a meeting with local Thai businesses regarding AHI. The Public Health Ministry is coming out with proposals on risk communication. MoPH gave very detailed press kit and plan – starting in 3 provinces – now it has been given it to all provinces.

Comment: Nestle: in discussions with my other global departments, Asia is much more active than other regions.

Q: We would like to hear more information on the situation in Indonesia – is this possible to get on the website? What is the technical information regarding what is happening there? And, what models exist for this plan?

A: WHO gave a status update last week on the outbreak situation in Indonesia – please refer to last month's minutes. The WHO report on Indonesia has not changed. Also, there is a weekly epidemiological report from WHO that can be found at <http://www.who.int/wer>

A: Also, there is a link on the website to the specific situation in Indonesia – it's not just the numbers – but an interpretation of the problem. We also provide information on the website regarding new cases.

Comment: There is growing attention in S. America. All regions are working hard on this issue. Even in countries where they have not had any human cases.

16:45

Report on Senior Officer's Summit in Vienna by Filip De Loof, Program Officer, Delegation of the European Commission to Thailand, Bangkok

- On 6-7 June, global leaders gathered to discuss AHI. These summits are held every six months to bring together Senior Officers. The Vienna SOM meeting in June 2006: 91 countries were represented by senior ministers and over 20 international organizations. This is a follow up meeting to follow up of 'Senior Officials Meetings' held on 17/10/2005 meeting hosted by USA = International Partnership on Avian and Pandemic Influenza: focusing on politics and top-policy, surveillance, transparency, quick response, sharing facilities and samples. Attended by 80 countries and 8 Int'l Organizations. And also follow up to Beijing Pledging Conference in January 2006.
- Review of past semester: January to June 2006: see document 60 pages available on web: <http://www.influenza.undp.org>
- Issues discussed focused on human health, economic impact, regional status of plans, communication strategies, antiviral possibilities, and future partnership.
- There is a push to deliver on Beijing pledges. Approximately USD 1.9 Billion worldwide for 3 years was pledged, but to date 1.1 Billion has been committed and only 0.3 Billion (16%) has actually been delivered.
- For the World Bank Multi-donor Trust Fund, approximately 75 million USD have been collected. 52 million has been promised to the Southeast Asia region (see AHIF below).
- The AHIF (Avian and Human Influenza Facility, formerly named the multi-donor fund for AI) and administered by the World Bank is a small part of the total pledged funds.
 - Total pledged for AHIF = 75 mln USD by 8 donors: EC, UK, Iceland, Slovenia, Australia, Russia, China, Korea.
 - The EC is the first to sign disbursement of 46 mln EUR on 8/6/06 (= 55.2 mln USD).
 - Total requests for funding which are expected to be paid in July 2006: 52 mln USD, mainly for Vietnam, Laos, Cambodia and Indonesia.
- Since January meeting, animal cases have spread from 15 to 45 countries worldwide and identified cases of H5N1 have infected more than 200 people.

- Human to human transmission has probably taken place in the form on family cluster. Most countries, especially in Asia, have preparedness plans and task forces to address the issue.
- There is a need for capacity building in public health surveillance.
- There is a need for international approach that is based on national action.
- Behavior change is a key issues and challenge in our region. Field workers need more information on how to protect themselves and their families.
- A format of reporting was agreed (incl. UNSIC proposed indicators):
 - Two-monthly teleconference.
 - 6-monthly reports by UNSIC/WB.
 - Special meetings on special issues.
- Agreed to hold the next SOM meetings: end 2006 in Africa; mid 2007 in India.
- Future focus for attention:
 - compensation to farmers for culling (WB leads)
 - strategy for vaccination of poultry (FAO-OIE lead)
 - in-country coordination mechanisms (UNSIC lead)
 - awareness building & behavior change of population, local & NGO participation.
 - PPPlan with attention to business continuity and continued governance under stress (WHO lead)
 - research and information sharing (WHO lead)
 - delivery on Beijing pledges (UNSIC lead)
- The Vienna SOM meeting was followed the next day by:
 - debriefing of NGO's
 - signing meeting between EC and World Bank to fund 46 million EUR to AHIF (see below) during first AHIF Advisory Board Meeting.

16:55

Update on progress report by UN/WB and UN Action Plan by Dr. Koji Nabae, UNSIC Avian and Human Influenza Regional Coordinating Officer

- There are two new reports that can be viewed online – AHI Progress, Analysis and Recommendations by UN/WB, which describes technical progress in countries as well as status of contributions by donors. The Consolidated UN Action Plan and Responses, which highlights expected actions by each UN agency as well as UN system as a whole in the next six months and onward. You can find these reports at <http://www.influenza.undg.org>

17:05 Future Business

Note: Next meeting will be August 3, Thursday. We will have the following meetings on Sept 7 and Oct 5.

Suggestions for the topic of the next meeting: 'Role of NGOs and Civil Society'

- We will invite 2 to NGOs to present their work. Plan International may be available to present. IFRC is open to presenting.
- Topic suggestion for September meeting: explore what Thailand is doing to prepare for a pandemic. Possibilities include inviting the Thai Ministry of Public Health to discuss what actions would be enforced in case of phase 5 or 6, preparedness, and table-top exercises that are being carried out across the country. The Thai MoPH National Strategic Plan for Avian Influenza Control and Influenza Pandemic Preparedness in Thailand, 2005-2007, published in May 2005, is available to download from: <http://epid.moph.go.th/invest/ai/bird%20flu.pdf>. There is an updated version for 2006, but it's currently only available in Thai.

The position of chairing the next meeting is still open. Please volunteer if you are interested.

We will circulate information from this meeting. Please send any materials that you would like included to IFRC.

5:00 Communication Session

Chaired by Jim Caro, Communications Officer, FAO

- WHO

- Unilever

- FAO
- OEI
- UN resident coordinator
- Kenan Institute
- UN-OCHA
- Plan International
- EC
- IFRC

1. review of private sector partnerships for HPAI communications
 - WHO: working on risk communication training program together with MoPH. WHO has submitted proposal to health authorities. It was pointed out that simple messages don't get absorbed by the public such as eating infected chicken. Even a few days ago in Thailand, several people became sick from eating dead chickens. This has been one of WHO key prevention messages from the beginning, but obviously we need to keep communication strategies a priority.
 - FAO: working through country offices on communication animal health
 - Plan: when talking with Thai private companies, most say they expect the government to plan for and protect the people. Thus, most private companies are not preparing anything – which leaves a big gap between some private sectors that have/are developing advanced plans and those who are not/have not thought through ways to protect staff, consumers, general public, and their business in case of an epidemic.
 - Kenan Institute Asia: curriculum developed by KIAAsia together with Unicef for pilot study
 - EU: simple template for ppp (pandemic preparedness planning) is needed – for companies to share with one another. Would it be possible for any organization to make a simple template or video describing the process?
 - Nestle: has been trying to be in touch with relevant organizations with regard to their pandemic preparedness plan.
 - General comment: PPP for HPAI is becoming the norm within the private sector – which is a change from even several months ago – and generally if a company is addressing AI it is under their communications/information unit initially.
2. list of possible collaborative activities
 - Hotels
 - Airlines
 - Utilities: petrol, electricity, phone/mobile, water
 - Hospitals
 - Banking
 - Consumer goods: grocery stores,
3. other business
 - Discussion on the ultimate purpose of the sub-communications group
 - Would like to see the comms group move forward. Ideal to have a 'communications officers meeting' from private companies sharing their plans to communications officers from NGOs. Would like to have presentations from 4 or 5 organizations, 10 minutes a piece, to 1) share their plans and 2) share how they're working collaboratively. Proposed for Sept meeting
 - We don't want to be media lead – want communication officers to talk & share more concretely about specific issues, not general terms.
 - Suggested to bring 3 or 4 media external to round table for the October meeting.
 - Gary Walker, Plan International will chair next meeting – August will be planning session for the rest of the year. Working lunch 12-2. IFRC will reserve the table downstairs. This lunchtime meeting will replace the 4:30 meeting.
 - We may need to consider the time and format of the comms sub-group – to be discussed at August planning session.
4. lessons learned in collaborating with the private sector
 - We have to understand what they want and vice versa. The private sector can provide large numbers of people (i.e. their consumers).
 - Among lessons learned pointed out was understanding the private sector wants is utmost; and,
 - Understanding that fearing the private sector is not a must as they are "people like us."

List of participants:

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

Participant List - JULY

Organization	Name	Title
ADRA ASIA	Brendon Irvine	Associate Director, Programs and Planning
DFID	Michael O'Dwyer	Senior Health Advisor
Embassy of Japan, in Thailand	Toshiki ONO (Mr.) 小野 俊樹	First Secretary
European Commission	Filip De Loof	Programme Officer
FAO	Domingo "Jim" Caro	Communications Officer
IBM Research	Farhana M Nakhoda	Asia Pacific Healthcare and Life Sciences Solutions Manager
IFRC	Dr. Amgaa Oyungerel	Regional Health in Emergencies Delegate
IFRC	Molly Schmidt	Regional Health Programme Officer
IFRC	Andy McElroy	Regional Reporting and Planning Delegate
IOM	Dr. Predrag Bajcevic	Migration Health Physician
IRC	Liviu Vedrasco	Health Coordinator Avian Influenza
Kenan Institute Asia (KIASia)	Kim Johnson	Program Coordinator
Kenan Institute Asia (KIASia)	Jiranya Ratchinda	
MedConsult	Dr. Donna M. Robinson	Director
Nestle (Thai) Ltd	Jean-Yves Gagnepain	Corporate Quality Manager
OIE	Nichola Hungerford	Communications Officer
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