

Inter-agency information sharing/coordination Meeting on avian influenza

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

**3 August, 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 38 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 Understanding of how different organizations under civil society initiatives have responded to HPAI, how these organizations work with partners, and main activities and gaps regarding AHI in the region for 2 selected civil society agencies.
 - o IFRC, Southeast Asia Regional Health Unit and Plan International presented detailed information on their programmes related to AHI. These organizations shared what has been their level of involvement in planning of prevention and preparedness strategies, and what has worked and not worked from their perspective.
 - o **Action Point: to improve information sharing/coordination among NGOs at both country and regional levels, NEXT MONTH the group has asked ALL organizations to bring IEC materials with them in as many different languages as possible or send a list of web links where information can be downloaded.**

Key theme: Role of Civil Society Organizations in Avian Influenza Control

14:05 **Opening:** by Wayne Ulrich, Regional Coordinator; Disaster Risk Management & Emergency Response, from CARE. The group was welcomed by the Chair, followed by introductions from all attendees. Today IFRC and PLAN International will share their experiences on AHI. WHO will update on the Thailand situation.

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

- Plan International
- UNSIC
- European Commission
- IOM
- Kenan Institute Asia
- ADRA Asia
- WHO
- UN Resident Coordinator Office
- FAO
- AusAID
- UN-OCHA
- George Washington University
- OIE
- CDC / ThaiMoPH
- UNDP
- MedConsult
- USAID
- WFP
- Oxfam
- ECHO
- University of Tokyo
- IRC
- Chulalongkorn University
- IFRC
- German Red Cross
- Millennium World Peace Foundation
- IPS Asia
- IEIP/TUC
- Australian Embassy

Update of the communications sub-group by Gary Walker of Plan: The group met for an informal working lunch today and shared information about who's doing what in communications. The communications group will continue to meet for an informal working/sharing lunch on the same day as these monthly meetings downstairs in the ParkView Café from 12-2pm.

14:15

Experience Sharing

1) Presentation by **Dr. Amgaa Oyungerel**, Regional Public Health in Emergencies Delegate, International Federation of Red Cross and Red Crescent Societies, Southeast Asia Regional Delegation **Red Cross Red Crescent Actions on Avian Influenza Prevention and Preparedness in Asia** (*see attached presentation*)

Overview: to share with you the Red Cross / Red Crescent actions we've taken so far on a global level and then to address specific country-level RCRC actions.

- Globally the RCRC Movement is working on 1) mobilization of National Societies around the world, including Asia Pacific, Africa, the Middle East; 2) the IFRC Secretariat in Geneva conducted a global mapping exercise of Red Cross Red Crescent engagement status and activities which enabled us to identify clearly areas of need and solutions for support; 3) the IFRC launched a global appeal for CHF 17 m in April 2006 – to date have received around 17% coverage and have already started to distribute funds to the National Societies.
- In Asia: this was the geographical region first – and to date, the hardest – hit by HPAI. And, Asia has also been one of the most active regions in AI prevention and response. In December 2005, the regional leadership reconfirmed its collective commitment to give a high priority to addressing this challenge in the **Jakarta regional statement** and tasked the region to develop a regional strategic framework and plan of action.
- The Southeast Asia Regional Health Unit facilitated the formation of a regional working group comprised of health directors from all National Societies in SEA plus China Red Cross and its branch Hong Kong Red Cross – and met twice, once in January and once in March 2006 – to create a regional strategic framework on Avian Influenza, which includes country level plans and a regional plan.
- The regional framework developed in these working groups outlines main strategic directions and incorporates key planning issues through the continuum of prevention, preparedness, and response phases, with a cross cutting component of capacity building in all areas. This framework is intended to serve as a guiding framework for our actions in Southeast and East Asia in relation to Avian Influenza related interventions
- The National Societies have carried out their planning, closely coordinating with their governments and other respective organizations and integrating earlier program experiences on avian influenza and other outbreaks.
- National Societies have identified the following main strategic directions for their prevention efforts:
 - NSs will focus on increasing community awareness and changing risk behavior, through wide ranging public health information activities directed at the general public and different social groups, such as rural poor, women, children, migrant groups, remote communities, and otherwise vulnerable groups.
 - NSs will contribute to improved environmental and animal health, in particular improved bio-security in small scale and backyard poultry farming, to reduce the risk of poultry infection and human exposure.
- The Red Cross Red Crescent in these countries is well known and regarded for their traditional **responder roles in disasters**.
- As auxiliaries to their Governments each National Society has in place to varying degrees, structures to organize the provision essential life sustaining needs of food, water, shelter, clothing, medical services (blood supply, basic health care, first aid), at a local level.
- While it varies from country to country, these are the four main areas of National Societies' involvement in the pandemic phase:
 - distribution of relief items;
 - medical services and disposal of dead bodies;
 - public risk communication and health education (continued from prevention phase);
 - psychological support.
- Maintaining essential services (i.e. blood donor recruitment and/or collection, hospitals, etc) will be a priority.
- Hence, it is essential to enable National Societies to effectively fulfill their roles and services under the specific pandemic circumstances. Key planning issues for pandemic preparedness include:
 - Protect staff and RC volunteers;
 - National Societies will adjust their relief mechanisms to their National Societies' specific roles in pandemic situation and add new preparedness elements, if required;
 - National Societies will define what services will be considered essential in pandemic situation and integrate their preparedness issues in overall contingency plan of the organization.

- During the past two years, the National Societies in Asia have initiated and implemented a range of activities to prevent and contain the outbreaks in poultry and reduce the exposure risk levels for the communities at risk for Avian Influenza. Here are some examples of Country level National Society actions.
- **Viet Nam Red Cross**: was one of the first to take up AI issues, and has a strong political commitment. As early as 2004 Viet Nam Red Cross was engaged in AI activities, ongoing community awareness projects in 10 provinces nationwide reaching 330 communes, mobilized 1650 RCVolunteers, who in turn engaged communities in public awareness activities and distributed some 3.1 million IEC materials via town hall meetings, house to house visits, public awareness in boarder areas targeting sellers/buyers of poultry in collaboration with neighboring NS (i.e. China, Laos and Cambodia).
- **Indonesian Red Cross**: Produced and distributed 400,000 Avian Flu information pamphlets and is conducting public awareness campaigns in 12 provinces across the country. In 2005, conducted a pilot bio-security project in chicken farming areas in Jakarta and South Sulawesi. The project aimed to motivate farmers to clean their poultry farms, spray disinfectants, and build cages to separate species of birds. This project has been supported by DuPont, a major producer of virucidal chemicals.
- **Cambodian Red Cross**: with support of German RC and American RC, the Cambodian Red Cross has community awareness activities in 9 provinces targeting rural communities in border provinces (backyard farm owners, petty poultry traders and sellers) through mobilization of existing community health and youth volunteers; community surveillance and reporting of outbreaks.
- **Philippines National Red Cross**: The PNRC integrated AI prevention messages into their ongoing public health emergency program mainly most remote provinces.
- **China Red Cross Society**: has a great deal of experience from the SARS outbreak. Based on its extensive nation-wide network and activities at grass roots level, it launched public education campaign in all 31 provinces and 6 municipalities launched in March 2006 supported by American RC
- **Hong Kong Red Cross**: a branch of China Red Cross, also has a lot of experience from SARS, organize different public day events, stockpiled 8,000 hygiene kits, distributed 50,000 newsletters and 80,000 health tip cards to staff, volunteers, members and service recipients, and has 150 volunteers who signed up voluntarily as responders during pandemic response.
- **Singapore Red Cross**: has developed a very comprehensive business continuity plan, which includes how to maintain its priority identified essential services for example blood donor recruitment.
- Successes: early and strong buy-in from leadership of NS, close coordination with government during planning phases, many NS are part of their government's national AI teams, good coordination at both regional and national levels, improved integration and collaboration between different NS: (i.e. the Mekong countries signed a cooperation agreement in Jan 2006 to provide cross-border assistance in disaster response).
- Challenges: secure funding (i.e. national government plans often specifically state the RC roll, but NS have been unable to access any funds – yet is still expected to meet its responsibility), AI is still regarded primarily as a health issue and has been a challenge to integrate, takes time to scale-up capacity to National Societies
- Summary: AI is a new global challenge, which is dependent on a collaborative effort of all organizations. Not a single organization has the capacity to deal with it alone.

Questions, Answers, and Comments:

Q: Dr. Anicia, UNSIC - It's very interesting and positive to see the Federation put forth strategies for success. In some countries you are making close links with national disaster teams. How do you link with them?, i.e. in Cambodia you link with NCDM.

A: Usually the RC is the only civil society organization invited during the planning phase, that's why many governments state the role expected of RC involvement. It's happening across the board, but it's a degree of varying involvement, where some are very involved and others need support. The Red Cross is known as a traditional responder during disasters, so we are also trying to work in the planning phase to know how we can best prepare and coordinate roles of who will respond and in what capacity.

Q: With different country needs how do you go about regional linking?

A: Web based tools are a great way for NS to learn from each other and share IEC materials. We have an intranet called FedNet where National Societies post their IEC or plans. Also, at different regional forums, like disaster management and leadership forums, AI has been a serious topic for discussion which helps to link within our regional delegation and at the country level. One of the biggest roles we can often play is a connecting role, for example during SARS, there were many Filipino domestic workers in Singapore, and the Singapore Red Cross contacted the Philippines Red Cross and together they distributed health tip cards in Tagalog language.

Q: Wayne Ulrich, Care - 17% of a 17 m CHF funding bid is a fair amount – about on par with other collections. Can you comment on your funding strategy?

A: In April 2006, the Federation launched a global appeal for AI. It's only for 1 year and is already being disbursed to National Societies. This is not a long-term solution, and we need to plan and think ahead. We know that AI is going to continue to be an issue in the coming years and we need to look at how to sustain funding.

14:40

Experience Sharing

2) Presentation by **Dr. Shehlina Ahmed**, Regional Health Advisor, Plan International, Asia Regional Office, **Role of Civil Society Organizations in AI: Plan International in Asia** (*see attached presentation*)

Overview: Dr. Ahmed discussed Plan International's efforts surrounding AI in the Asia region. Plan's integration and on-going programs in local communities formed a foundation for AI advocacy, preparedness and response.

Plan International in Asia

- Plan is a child-centered development agency.
 - 12 program countries and reach +7 million people in rural and urban areas
 - Plan invests more than US\$100 million annually
- Programs concentrate on Health, Water and Sanitation, Learning, and Livelihoods
- Work in partnership with communities, governments and NGOs
- Plan's role:
 - Facilitate, capacitate, and mobilize communities to demand quality services
 - Strengthen capacities of governments and NGOs to respond
 - Link community efforts with the formal sector

Plan and Avian Influenza

Key Barriers:

Why Plan should act:

- Potentials for pandemic
- Children are often the first to get infected and/or the most vulnerable
 - Birds and poultry are an integral part of life of rural families so it is difficult to limit contact between children and animals.
- Limitations of government

What Plan can offer:

- Plan's greatest strength is its commitment to children,
- Flexibility to take quick actions
- Resources
 - Considerable staff power (approx. 6,000 in Asia)
 - Work in communities through a child-to-child approach,
 - Financial resources
- Multi-sector programming
 - Health, livelihood, hygiene
 - The scope is in place to address AI from multiple perspectives
- Grass root organizations, i.e. children forums
- Good relationship with government officials

Organizational Preparedness

- Multi-sector "crisis management teams"
- Strategic plans and guidelines
- Resources made available
- Staff orientations
- Stock piling of Tamiflu and protective masks
 - Discussions on how much to stockpile and who should have access
- Crisis simulation exercise
- Media outreach

Plan's Role

- Support to governments

- Plan is utilizing messages from experts, and working to stay consistent with other organizations.
- National level:
 - Plan has been instrumental in mobilizing governments (especially Vietnam and Cambodia) to form national networks, support government for meetings and training staffs (in all 12 countries), mass media and TV spots, campaigns and surveillance systems (in India), and considering support for lab facilities (in Bangladesh).
- Local level:
 - Plan is filling a coordination role.
 - Working to bring together the staffs of various government departments (e.g. Livestock, Agriculture, and Ministry of Health) was an initial challenge.
 - Providing local language and context for educational materials.
 - Carrying out monitoring and surveillance activities
 - Support to local MoH and NGOs for assessing capacity of health facilities
- Community level:
 - Utilized existing program channels to disseminate AI messages, for instance school sessions and peer-to-peer education, utilized community awareness sessions, awareness raising orientations of community leaders, teachers
 - Awareness raising activities
 - Problem and safety measures emphasized
 - Use of IEC materials and community radio
 - Orientations of community leaders, religious leaders, teachers, and volunteers
 - Children can act as good monitors and informers and are influential in changing behavior.

Challenges

- Good hygiene practices
 - Washing hands,
 - Behavior change is difficult to achieve, especially in good hygiene practices, especially in areas with limited access to safe water
- Limited access and use of clean water
- Animal culling
 - Difficulty convincing poor farmers to report when there are few incentives, animal culling: in livelihood program focus on alternatives for rural families when the small farmer's poultry are culled
 - There is not much self reporting or proactive reporting
 - What should be a sustainable type/amount of compensation?
- Maintain vigilance
 - AI is no longer headline news – the media tempo comes and goes. It is hard to keep up a high level of awareness
- Government response
 - Especially at the local level, government response and assessment has been slow.

Civil society can play a cementing role. NGOs can bring together all the actors and resources and be a big force that the government has to respond to. Civil society organizations need to keep bringing this agenda to the table.

Plan has been successful and able to minimize costs because AI activities were integrated in to already existing programs and initiatives.

Questions, Answers, and Comments:

Q: Both organizations mentioned similar points, how do you coordinate and not overlap? And, how do you avoid overlapping on activities which are the roles of other actors which are not civil society, i.e. supporting governments and laboratory facilities. Why is Plan doing this and not WHO?

A: Plan International, Dr. Ahmed - Plan mostly works with communities at the grass root level and not much at the higher level where WHO generally works. We see at the field level a lot of support is needed. In terms of staff power, the local community is where governments tend to have limitations, so we often fill a community-level gap. Furthermore, changes have to come from within the communities. We are there to facilitate proactiveness of the communities to affect change.

In the case of lab facilities and technical support, we are not offering technical guidance to governments; we are working to provide financial support and logistics, if needed.

A: Plan International, Gary Walker – Every government has gaps and one of the things that civil societies are important for is finding these gaps and filling these roles. We know where the gaps are and we need to continue talking to each other to fill them.

Comment: Care, Wayne Ulrich – InterAction AHI working group www.interaction.org/disaster/avian has developed a coordination map to better spot gaps and identify where and what is being done. Based on a survey, InterAction is developing a coverage map. InterAction - coalition of 165+ US-based international NGOs agencies and Red Cross. If your organization is not already a member of the coalition, organizations need to register with InterAction and then fill out the survey.

The survey can be found at: <http://www.surveymonkey.com/s.asp?u=210642292081>

The pilot project was tested in Viet Nam, Laos, and Cambodia with only 10 agencies. This survey will be linked with the OCHA survey as well when both progress beyond the initial stages.

Comment: OCHA, Mackinnon Webster – OCHA will launch a pilot AI survey in Viet Nam next week. This survey will gather information on AI activities and preparedness and with this data we will map activities and identify gaps. This information will help us be better resources to each other, identify gaps and coordinate activities. OCHA will have more information by the September meeting and we hope that all in the Inter-Agency meeting will take the time to participate. OCHA and InterAction are in communication will coordinate so that the projects are not overlapping.

Q: WHO, Chadin Tephaval – What websites do your organizations have where we can access AI information?

A: IFRC, Dr. Oyungerel – You can go to www.ifrc.org and there is a special link to Avian Influenza on the front page. But the main IEC information is internal. However, the Federation posts information bulletins and country level reports from different national societies, which can be searched on the home page.

A: Plan International – We do not have an AI section on our website.

Comment: Care International, Wayne Ulrich – InterAction produced a resource booklet that is useful. Also Animal Health Australia has a very good resource. USAID just published 2 reports, one is FAQs on AHI and the other compiles key messages. Both of those are attached in these minutes with the presentations.

Q: How can we get access to reports on the UNSIC website that are password protected?

A: UNSIC, Dr. Ancia – You can send an email to UN NY to get the password.

Q: Are any IEC materials available in other languages, and if yes, how can we get a hold of these?

A: IFRC, Dr. Oyungerel – You have to access these from the individual countries. The regional office have some of these copies, and can make a display booth from IEC materials of Red Cross Red Crescent societies at the next month meeting.

Q: As Plan noted, it is very hard to prevent children playing with chickens. In Thailand there is curriculum developed to teach in schools. What other projects are happening?

A: UNICEF came out with educational material to pass on the children in Thai schools to teach of the dangers of AI.

A: Plan has peer training in local communities on practical information (hand washing, etc.). This child to child approach extends beyond traditional parent-child, and teacher-child relationships.

15:45

Plenary Discussion, The Role of Civil Society in Avian Influenza, Led by: Wayne Ulrich

What is civil society? We need to all be on the same page. Once we agree on that, then we can discuss our role.

- OXFAM - Pariphan Uawithya: Civil society is a group of people working together, even various agencies, working on a specific goal.
- German Red Cross - Bernd Schell: Often it goes beyond governments, people who organize themselves, to push the government to address important issues. Civil society will be NGOs, International Organizations, Community Based Organizations.

What are the main areas of involvement that civil society in Avian Influenza?

- FAO, Jim Caro - At the minimum, we can do community awareness and education. We can do advocacy with farmers and work to build trust in areas where there is distrust of the government.
- At Oxfam, we are working with farmers as well.
- Civil society is a group of people to do some business to help society. They have money to popularize something.
- It is important that we have nets beyond the government structure. These groups can push agendas to give attention to needs of the people.
- Local NGOs and international NGOs can do a lot on their own to push/support authorities to fulfill their role. In AI this is a role that is really needed.

In practice, Indonesia has just declared 42 deaths (tied with Vietnam). Government officials have different understandings and commitments. In one recent community in Indonesia, the community members blocked their community from government and WHO officials because they were scared that all their poultry would be killed and they would lose their livelihoods. We also have the possibility of new cases in Thailand.

We need to really think, how can civil society influence action and response to AI? In scenarios where there is government attention and in others where there is not?

None of us individually have all the answers. We need to share our ideas and explore possibilities.

- USAID, Molly Brady - NGOs that are on the ground and have built trust with local authorities have a huge advantage in places like Indonesia in working with governments. In Thailand, the government is very well organized and is on the ground. In these scenarios we need to coordinate messages and make sure that we are not giving contradictory information to communities. In Vietnam, there were households that received more than 3 pamphlets, each with different information. We need to make sure that we are all saying the same thing.
- IFRC, Dr. Oyungerel - For example, in Indonesia, they can bring together the other civil society organizations to advocate for government action. At the community level, this is especially needed. In Thailand, the RC has been less active because the government has been more active.
- ADRA ASIA, Brendon Irvine - The role for civil society changes depending on the gap analysis for that context. Even in Thailand where the government is active, there can still be gaps. In some hill areas, the reach of the government is still somewhat limited. Civil society groups that are doing long term development in these areas can play a leading role in the community and with the local governments to build trust and awareness. In Lao, there is a large portion of the country that has different languages and a bit of distrust of the government. We can be actors in this gap. Every situation requires a different role from civil society.

Most of us represent regional offices, what is actually happening? Is civil society filling this role? How can we mobilize to find and fill these gaps? What do we do? If Vietnam is going so well, are they going to Indonesia and helping there? Thailand is a huge poultry exporter, what would happen if an outbreak did happen here? In the corporate world, there are serious contingency plans being made to respond to AI. What is the civil society community doing?

- UNSIC, Dr. Ancia - There is a commonality between Thailand, VietNam, and Indonesia. I wonder how much we understand our responsibility. We do public education and community awareness, but are we stressing that EVERYONE is responsible for AI? For reporting systems, information sharing, etc. NGOs have a huge role to play. I don't think that we talk enough about individuals' responsibility. If we look at worst case scenarios, the national governments and international organizations are not going to be able to respond to everyone. Individuals and communities have to be resilient and educated to handle an outbreak.
- IFRC, Molly Schmidt - We need to keep talking and spreading key messages. The messages are not always getting out and not always to the right people. We each have our own areas that we specialize in, but there is a need for us to coordinate our efforts better and we need to get information out to these gap areas. In China, a villager was arrested for reporting to government authorities that his neighbor's poultry was sick and may have AI - this shows that there is still a need to get our messages out on the importance of surveillance and prevention and community-involvement.
- Plan, Dr. Ahmed: Somehow fear of illness and loss has never been a motivation for behavior change. We need to emphasize positive alternatives for people to change behavior. If there is AI, what else can the farmers do? They don't have alternatives. In Indonesia, there are many languages and cultures, how can we get the same message to all of these people? We need to have champions of the cause from within the communities. They will know what would motivate their fellow community members for

behavior change. The governments are dealing with many priorities like the recent tsunami in Indonesia, how can they balance all these fears and priorities?

- CARE, Wayne Ulrich – Fear in the communities is a barrier. Fear of government response and lost of livelihoods.
- CARE, Wayne Ulrich – How do you work with your field offices to pass along these priorities? We need to keep this issue on the front agenda. Is anyone working with government officials?
- MedConsult, Dr. Donna Robinson – We are trying to work closer with communities. For example setting up an AHI call center with GSK, and possibly collaborating with True.
- IRC, Liviu Vedrasco – We are working with provincial health departments in the border areas (where we have nine refugee camps along the Thailand Burma border) to make sure that they are prepared. Tak Province has about 0.5 million displaced people and they have developed a plan that strives to integrate displaced people into a national plan and include this population on the national agenda. There are almost 2 million people displaced in Thailand and they are not incorporated in the national plan.
- German Red Cross, Bernd Schell - In Vietnam, there is a lot of effort to keep vigilant. Volunteers are still working hard and want to contribute to prevention efforts. Keeping momentum with the public, the government, the donor, etc. is cited as a challenge, but on the ground we are still seeing a lot of commitment. On the ground, people want to be involved and want to be more informed.
- UNSIC, Dr. Ancica - In terms of maintaining, it is not just attention, if we want to have a long term commitment and agenda, it is essential that we incorporate prevention in to our ongoing programs. We have to think how we can ensure that AI is an additional part of what we do on a day to day basis, not an extra program, but part of on-going and existing programs.
- IRC, Liviu Vedrasco – We also have to stress that preparedness plans for AI helps us to be prepared for other emergencies. This planning is helpful in other campaigns as well.
- Care, Wayne Ulrich - We talk a lot, but I am nervous that it will end up being an ad hoc response. We will each mobilize our individual plans and we need something that will bring us together in some of the areas. How do we take lessons learned, like in Vietnam, and share them in new communities?
- Has anyone developed a model of what happened in Vietnam so that others can learn from it?

16:35

Updates

- Chadin Tephaval, WHO:
 - The Thailand case is a good reminder that even in well-prepared countries we still cannot rest easy. AI continues to be a threat. Thailand cultural and health officials had not seen any AI cases for almost 8 months, and now this new outbreak is a reminder. WHO puts out a daily report. And the longer a country goes without an active case, the number of reports drops significantly.
 - There have been questions of transparency. And, even if we are well prepared, the case could come from other countries. We have to understand that it is not a blaming game. AI knows no border.
 - The animal health and human health ministries need to ensure active coordination. Better prevention and communication will impact AI.
 - Our messages are not always sinking in. We have been talking about this for over a year. But still, the boy who died in Thailand was not wearing gloves while he was disposing of dead poultry.
 - The MoPH will be holding a workshop with immigration health officers (airports, ports)
 - Lao has just cancelled a coordination meeting with Thailand.
 - The work is going to be long and repetitive and we all have a niche to fill.
 - WHO, US CDC, and MoH came together to develop a Training of Trainers Rapid Response Handbook on AI last month. This can keep people on the same page and teams can better work together as they have the same basic methodology and training.

Q: Will there be a ToT in Thailand?

A: WHO - We already held one. But if there is high demand, then we can explore offering another one.

- Action Point: Explore having a ToT in Rapid Response for those interested in this group.

Q: Is this Handbook a public document?

A: The US CDC is developing the handbook and they would be happy to share it.

Comment: UNICEF, FAO and WHO have developed communication materials (training pamphlet) for community volunteers. It has the do's and don'ts and explains how volunteers can educate community members about AI. These materials contain basic knowledge that can educate community members.

16:45

Any Other Business

Led by: Molly Schmidt, Regional Health Program Officer, IFRC

- Thank you to Wayne Ulrich from Care for chairing the meeting today.
- Thank you to IFRC and Plan for presenting today and sharing your information.

Future meeting topic ideas:

- Last month it was suggested that we invite MoH of Thailand to discuss the national plan in the case of Phase 5 or 6. Do you agree or have other suggestions?
- A Thai government briefing of the table top exercise and simulation.
- The various tests that exist for human and animals (basic and understandable information on testing).
- We keep referring to Vietnam, maybe we can invite someone from Vietnam to explain what is working so well there.
- More sharing of materials would be helpful so that we can use them all.
 - Action Point: For the next meeting, we should have available IEC leaflets and information on a materials exhibition table, and a list of websites with downloadable IEC materials.
- Just to note: In Vietnam, they were successful managing AI, but they have not responded as well to Foot and Mouth Disease.
- Is it possible to create a space on one the website that would store all this information, including reports and useful education materials?
- AVSF would be a good NGO to come if you do address Vietnam.
- Also, another session could be on working with displaced populations and minority groups.
- How to better engage the media?
- How to better engage donors?
 - Especially US Funding, CDC

Next meeting will be September 7th and we will learn what is happening in Thailand. We will invite Ministry of Agriculture and Ministry of Health.

Other future dates: October 5th, November 2nd

List of participants:

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

Participant List - AUGUST 3

#	Organization	Name	Title
1	ADRA ASIA	Brendon Irvine	Associate Director, Programs and Planning
2	European Commission	Filip De Loof	Programme Officer
3	FAO	Domingo "Jim" Caro	Communications Officer
4	IFRC	Dr. Amgaa Oyungerel	Regional Health in Emergencies Delegate
5	IFRC	Molly Schmidt	Regional Health Programme Officer
6	IFRC	Andy McElroy	Regional Reporting and Planning Delegate
7	IFRC	Maude Froberg	Regional Information Delegate
8	IFRC	Johny Mamoedi	Senior Emergency Response and Preparedness PO
9	IOM	Dr. Predrag Bajcevic	Migration Health Physician
10	IRC	Liviu Vedrasco	Health Coordinator Avian Influenza

11	Kenan Institute Asia (KIASia)	Kim Johnson	Program Coordinator
12	Kenan Institute Asia (KIASia)	Ms. Yada Kritsilpe	Senior Coordinator, Strategic Corporate Citizenship Unit
13	Plan International	Gary Walker	International Media and Communications Advisor
14	Plan International	Shehlina Ahmed	Plan Asia Regional Health Advisor
15	UN Residence Coordinator Officer	Patnarin Sutthirak	Coordination Analyst Inter-Agency Support Unit
16	UN Residence Coordinator Officer	Barbara Orlandini	Manager, Inter-Agency Support Unit
17	UN-OCHA	Mackinnon Kidd Webster	Intern
18	WHO	Chadin Tephaval	Communications Officer
19	FAO	Aphaluck Bhatiasevi	HPAI Project Consultant
20	UNDP	Nescha Teckle	CPR Team Leader UNDP Regional Centre in Bangkok
21	UNSCIC	Anne Ancia	Inter-agency Regional Coordinator on Avian and Human Influenza for Asia and the Pacific
22	The University of Tokyo	Sayako Kanamori	Ph.D. Candidate, Department of International Community Health
23	AusAID - Bangkok	Michael Cole	Program Manager
24	CDC/ThaiMoPH	Dr. Julie Fischer	Microbiologist, International Emerging Infections Program (IEIP)
25	ECHO	Dr. Cesar Arques	Regional Sector Expert for Health
26	College of Public Health, Chulalongkorn University	Dr. Valaikanya Plasai	Lecturer, Public Health
27	US AID	Molly Brady	Avian Influenza Advisor, USAID Regional Development Mission/Asia
28	Millennium World Peace Foundation	Atiwan Toy	Secretary
29	Millennium World Peace Foundation	Supoj Manyanon	Practitioner of Traditional Thai medicine
30	WFP	Per Engstrom	Programme Officer, Focal Point for Avian and Human Influenza
31	Australian Embassy, Department of Agriculture, Fisheries and Forestry	Dr. Linda Corner	Counselor, Agriculture
32	OXFAM	Pariphan Uawithya	Regional Information and Communications Officer
33	OIE	Nichola Hungerford	Communications Officer
34	German Red Cross	Bernd Schell	SEA Regional Representative
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36	MedConsult	Dr. Donna M. Robinson	Managing Director
37	IPS Asia	Johanna Son	Director
38	IEIP/TUC	Suchada Kaewchana	Research Coordinator