

**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*

**7 December 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, private sectors 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 and Human Influenza preparedness and response.
- The meeting outputs were:
 - o **Introduction to national and regional simulation exercises for pandemic preparedness planning, different types of exercises, what's involved, who's involved, and lessons learned**
 - o **Information sharing on which countries have conducted pandemic simulations, and the outcomes & observations of several of those throughout the Asia Pacific region: Australia, South Korea, Thailand, Cambodia, Vietnam, Laos, Myanmar, Yunnan China and APEC**

Key theme: Pandemic Influenza Simulation Exercises – observations, experiences, and results

14:05 Opening:

The group was welcomed by the Chair, Dr. Chadia Wannous of the World Health Organization (WHO), Health Leadership Service Officer, Communicable Disease Surveillance (CRS), South East Asia Regional Office (SEARO). Dr. Chadia introduced the theme of table top exercises – what is a table top exercise, the different kinds of simulation exercises, and definitions for each. This introduction to today's topic was followed by roundtable introductions from all attendees. The meeting agenda was agreed on by all participants – today's topic featured 2 representatives from different agencies who have been a part of HPAI pandemic simulation exercises – throughout both the Mekong Delta countries and also within the wider Asia Pacific region. Their presentations will focus on each country's type of simulation, their experience, outcomes & lessons learned.

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

- | | |
|--|----------------------------|
| 1. CDC/TUC | 13. MBDS |
| 2. Coverage | 14. Plan International |
| 3. ECHO | 15. Rockefeller Foundation |
| 4. FAO | 16. Save the Children |
| 5. Finnish Red Cross | 17. Thailand MoPH |
| 6. German Red Cross | 18. UN RC |
| 7. International Federation of Red Cross and Red Crescent Societies (IFRC) | 19. UNESCAP |
| 8. IOM | 20. UN-OCHA |
| 9. JICA | 21. UNSIC |
| 10. KIAAsia | 22. WFP |
| 11. Mahadol University | 23. WHO/SEARO |
| 12. OIE | 24. World Vision |

14:15

Experience Sharing

1) Presentation by Dr. Koji Nabae, Avian and Human Influenza Regional Coordinating Officer for Asia-Pacific, **United Nations System Influenza Coordination**, Asia-Pacific (*see attached presentation*)

Experience of Regional & Countries' Pandemic Simulation Exercises

Overview: Many countries have recently, within the past 6 months or so, completed pandemic simulation exercises in the Asia Pacific region. These have occurred in countries like Australia, Cambodia, Japan, Laos, Malaysia, Myanmar, Singapore, South Korea, Thailand, Yunnan China, and Vietnam. Today I will share my experience on direct observations in the South Korean, Australian, and the APEC regional simulation exercises.

- First off, why do a table top exercise and for what? It's not a stand alone activity, after the planning process, the exercises is part of the process cycle. A plan that has not been tested is only a theory – are we sure the plan works in real situations?
- Exercises are conducted to evaluation an organization's capability (NOT individual capability! – which in the Asian context is extremely important). The goal of an exercise is to identify gaps in the plan – no plan is perfect, but by testing we can identify areas for improvement. The secondary purpose of a simulation exercise is to familiarize key players with plans, to network ahead of time and know colleagues, to sensitize as an entry for plan development
- Different types of exercises: orientations, drills, table top exercises, functional exercises, full scale exercises
Definitions for each
 - drills: are used to develop and maintain skills in a single response procedures such as vaccinations, or delivering equipment within specified time periods. Drills are limited in scope and should have a procedural focus.
 - Tabletop exercises: is a process in which officials/key staff with emergency management responsibilities is gathered together informally to examine and discuss simulated emergency situations and attempt to resolve problems based on their emergency plans. It is sometimes referred to as “desk-top”, but the can be misleading because the convention with a table-top is to pull people away from their desks and assemble them around a common table.
 - Functional exercise: is a form of exercise that is less complex than full-scale, but more challenging than a table top in which players respond in their planned roles to a fully simulated series of events. (more iterative, more time constraints, tools/technologies used.)
 - The full scale exercise: where participants act out a real response to a scenario, which requires actual movement of physical and human emergency response resources, but are very expensive and difficult to organize.

Experiences from South Korea simulation exercise:

- This was the second pandemic simulation in South Korea, held in mid October 2006 (the first was held in earlier this year). This was a multi-sectoral, multi-tiered, functional exercise including 12 ministries, 16 provincial governments
- We saw a 'simulated' video clip of the news report from a Korean station, in which a human outbreak of a pandemic strain had just occurred. They made 6 'fictitious' news clips to rehearse the best way to share important information in an educated manner that enables people to be informed about the situation, and protect themselves appropriately.
- They also tested 8 policy issues (see presentation): including use of antiviral drugs, hospital preparedness, PPE, mass media risk communication.
- Mathematical modeling was used to test 1,040 different intervention scenarios, which varied by the number of patients and the # of days of prolonged pandemic exposure

Australia exercise cumpston 06:

- Full scale exercise during mid-October for Brisbane International Airport comprising over 2,000 field staff, a multi-sectoral and multi-tiered exercise, with a total budget of A\$4m. The list of different agencies and departments is found in the presentation.
- Objectives: were to test and validate health and care coordination, emergency response, communication & logistics of handling infectious emergency situation
- The scenario selected was an initial slow build up & then rapid increase in human cases arriving at the airport
- Suspected cases were directly transported to appropriate hospitals, other passengers were given masks, taken to quarantine areas, and given instruction for when they returned home

APEC Exercises:

- APEC (Asia Pacific Economic Cooperation), comprised 21 member economies (see presentation for list)
- This regional simulation was conducted in early June organized by Australia.
- The objectives were to: test regional communication, networks, and cross-boarder information sharing
- A Central Command Center was established & the exercise lasted 26 hours, across 8 time zones, with over 500 messages transmitted between 100 officials
- Conclusions: the regional exercise identified limitations of telecommunications and capacities & re-affirmed the need for APEC to continue working with international partners

Conclusions

- There are many different types of simulation exercises. Clear objectives are necessary

Q: How long did it take for the full scale simulation exercise to take place with Australia?

A: The preparation phase took over 9 months, and the actual exercise took 4 days.

Q: What were the findings from South Korea and Australia exercises?

A: They are still in analysis, and will be circulated once available. There were many issues raised & that feedback will be valuable lessons learned for future adaptations.

Q: The APEC exercise covers a broad scope geographically, and culturally. Who took the initiative? What were the weaknesses and what level of robustness or specificity were tested for? Are there plans with APEC for follow-up?

A: First question, Australia submitted the proposal and agreed among APEC members. It was intended to test communications – there were some language problems. For the robustness: they set up focal points for all members economies, which should be very useful in a real situation, given that WHO International Health Regulations Focal Points are intended for communication between member states and WHO. It improved communication for future simulation and real life situations. Follow-up was proposed but no decision made yet.

Q: Were standard SOP developed and circulated for the national exercises?

A: Each country has a plan to test, which of course includes standard operating procedures, and the departments involved are given instructions, but the exact scenario is unknown until the moment the exercise begins.

14:45

Experience Sharing

2) Presentation by Dr. Moe Ko Oo, Project Coordinator, Coordinating Office, DDC Department, **Thailand Ministry of Public Health** (*see attached presentation*)

Mekong Basin Disease Surveillance (MBDS) Table Top Exercises

- Overview: After several meeting in 2005, the agreement was the 6 countries of the MBDS project would have country-specific table top exercise on pandemic influenza. The 6 countries included in the MBDS are: Thailand, Cambodia, Laos, Vietnam, Myanmar, Yunnan province of China.
- The objectives were to: test surveillance and response plans and systems, identify strengths and areas for improvement in regional collaboration related to pandemic influenza surveillance, address cross-border elements including communication, joint outbreak investigation, and coordination
- Each national simulation exercise focused on phase 4-6 of the WHO pandemic phases, & all 6 countries were able to conduct one TTX during August-October of 2006 (listed in presentation)
- Contents of the table top exercises were grouped into 5 main topic areas: 1) surveillance & epidemiology 2) response coordination 3) risk communication 4) surge capacity 5) disease prevention & control
- Methodology: each country conducted a 3 day exercise, with 2-3 months of preparation each. The range of topics tested in each country varied on their individual national needs or concerns, and levels involved ranged from central to district levels with different sectors involved. Please see presentation for each country's testing content and partners involved.
- Topics for discussion in each country: what specific surveillance methods should be used during pre-pandemic period? Are both the local language and English used simultaneously? Cross boarder communications, disease prevention and control measures, continuity of essential services, rationing vaccines, response command control, logistics, crisis management

- Lessons learned:
 - policy and planning: Countries need more resources, Provinces and locals want to be involved in national planning; this could help coordination, SOPs are critical, Assumptions about national & international assistance during pandemic may be unrealistic
 - operational: Inadequate national laboratory capacity causes delays before cases are confirmed, Detection, communications and response at (often remote) border areas are difficult and delayed, Risk communications should actively involve the media as a partner, adequate protection for healthcare workers should be considered.
- Stakeholder and participant feedback and suggestions:
 - TTXs helped build/strengthen relationships, However, other organizations, offices and ministries should be invited in the role of participants, and not in the role of observers.
 - One day for a TTX in each country was too short because there was not enough time for group discussions .,
 - MBDS members should consider using this model in border areas to discuss joint control of other diseases; this will be helpful for joint outbreak control in border area of Mekong Basin countries
 - There will be a regional MBBD TTX in March 2007 and it was also recommended that individual countries need to conduct TTX on a regular basis.

Comment: This was a very complex assignment in a short time, the MB 6 countries, by design it did help to have one focal person and a core group of people in each country that understood fundamentally how to design & test plans. Thanks and credit to Dr. Moe who lead these exercises, thanks to UNSIC and WHO for providing support.

Q: MBDS has started the wonderful process, has the follow-up already been discussed?

A: There will be a regional table top exercise for all 6 Mekong Basin countries in March 2007. Discussions will take place then about different country-specific follow-up.

Q: Were the scenarios presented as a local pandemic or was there one scenario in one country that affected all the other countries?

A: Each country created their own scenario based on surveys sent ahead of time at the country level. The thought process was that it's better to take one topic and do it right. The nature of the network is largely health related and their mandate wouldn't allow them to go further into other areas. All countries other sectors beside the health sector were also involved. The exercise had 2 evaluations: one on the process and the other report on the gaps and opportunities identified. The pandemic table top exercise is a process – because after the action report that identified gaps and opportunities, the national plan needs to be revised. Countries are in different stages of the cyclical process.

15:40 Experience Sharing

3) Dr. Chadia Wannous, **World Health Organization**, Health Leadership Service Officer, Communicable Disease Surveillance (CSR), South East Asia Regional Office (SEARO), Sub Unit-Bangkok

Overview: a regional exercise idea was initially started in a MBDS meeting held in Cambodia in early June 2006. The countries along with RF, NTI, RAND and WHO agreed to start the project with each country conducting its own exercise and then leading to a regional exercise when all 6 countries come together.

- A stakeholder meeting was held in November 2006 in Washington DC to have brief discussion on outcomes of the national exercises and plan for the regional one between WHO, Rockefeller Foundation, NTI, Rand Corporation. In this meeting, it was agreed on the following:
 - Jan 24-26 the 6 MB countries will come together for a planning session preceding the regional exercise.
 - The regional exercise:
 - The goal is to test regional cooperation and set the stage for follow-up programming and fund mobilizations
 - Schedule: 2-or 3-day exercise, planned for the first quarter 2007, March 12-14 2007
 - Focus : cross-border considerations, building on issues identified in national exercises
 - Approach: collaborative development & implementation involving MBDS countries and stakeholders
 - Observers: Large and broad group of external observers is expected to be invited to attend

16:00

Plenary Discussion: lead by Dr. Katherine Bond, Associate Director, **Rockefeller Foundation**

- Simulation exercises are a good base and entry point to include partners from different sectors including civil society, military, transportation & public utilities, media, and private sector. All partners should be involved not only as observers, but also as participants – if nothing else to increase familiarity with the plans in place & establish networks
- As a first step towards integration, it would be beneficial to both national governments and partners if NGOs could participate in the national level task force
- Impact of different types exercises and difference in costs vary
- Advantages/disadvantages in health only vs. multi-sectoral participation and it may depend on the WHO phase being tested during the exercise– for instance the ministries of agriculture and animal health do not have much input on a phase 4 or 5, but if you're discussing phase 3 then animal health is very involved.
- If the plan is multi-sectoral, then it's necessary to invite all sectors. WHO is advocating for a multi-sectoral multi-phase plans, but not all countries have this level of planning yet.
- Containment control strategies: only 7 countries around the world actually have a containment control strategy (ie France, Switzerland, New Zealand, Denmark)
- Stockpiling of essential needs such as food, water and medications – some governments are advocating stockpiling – but this action depends on advocating the public to do the stockpiling themselves. However, there are vulnerable populations that are unable and lack the means to stockpile, so the government would need to intervene and calculate the costs of such stockpiling and support their population.

Briefings:

1. WHO – Dec 19 is conducting a workshop for NGOs working on the borders on PI preparedness and mitigation for refugees and displaced population-testing the WHO training manual.
2. WHO – last month conducted a Table Top exercise workshop for all 11 countries in SEA region to introduce its guidelines on planning and conducting TTX, which are inline with the WPRO existing guidelines. Another outcome of the workshop was the development of a work plan for 2007 for each country in this regard and what support can WHO in general and SEARO in particular provide to countries (technical and financial support)
3. Bird Flu vaccine soon, possibly within 1 year, media report can be found on [www.nationmultimedia.com/2006/12/07/national/national\)30020930.php](http://www.nationmultimedia.com/2006/12/07/national/national)30020930.php)
4. AusAID recent publication: *Pandemic and Emerging Infectious Diseases Strategy 2006-2010* was published in November 2006. There are hard copies at today's meeting available to for distribution to all participants
5. UNSIC recently published two new reports, a revision from the July update. These can be found on www.influenzia.undg.org

16:45

Any Other Business

Led by: Molly Schmidt, Regional Health Program Officer, Southeast Asia Regional Delegation, Bangkok
International Federation of Red Cross and Red Crescent Societies

1. Plans for 2007 of this meeting
 - There will be no January meeting, as agreed upon at the November meeting. We will resume meeting in February.
 - The theme & presenters & chair are all open to suggestions. If there are any volunteers who would like to present, please contact Molly Schmidt of the IFRC
 - A working sub-group with organizations that volunteered to specifically look at the structure of this meeting, and ways to improve and planning for 2007 has met several times. They are in the process of developing a TOR.
2. Open Topics for future meetings:
 - The role of CDC in the region and surveillance (TUC) and laboratory capacity. They presented at the IRC meeting in October. Leonard and Jacqueline Gindler could be good resources persons.
 - Broader and legal implications (economic and social) and/or risk analysis, and business continuity. Insurance companies (Int'l SOS) could be invited to speak.
 - Country focus – Indonesia, Myanmar

List of participants:

Inter-agency information sharing/coordination Meeting on avian influenza			
	Participant List - DECEMBER 7		
#	Organization	Name	Title
1	CDC/ThaiMoPH	Dr. Wiwan Sanasuttipun	Influenza Coordinator, International Emerging Infections Program
2	Coverage	Andrew Durieux	Director
3	ECHO	Dr. Cesar Arques	Regional Sector Expert for Health
4	FAO	Michael Pizzari	Information and Reporting Officer, AI focal point
5	FAO	Domingo "Jim" Caro	Communications Officer
6	Finnish Red Cross	Jyri Rantanen	SEA Regional Representative
7	German Red Cross	Bernd Schell	SEA Regional Representative
8	German Red Cross	Karina Lehmann	Programme Delegate
9	IFRC	Molly Schmidt	Regional Health Programme Officer
10	IOM	Dr. Predrag Bajcevic	Migration Health Physician
11	JICA	Pinkwan Pratishtananda	JICA Coordinator
12	Kenan Institute Asia (KIAAsia)	Kim Johnson	Program Coordinator
13	Mahidol Univ	Dr. Jun Kobayashi	JICA Advisor, Global Parasite Control and School Health
14	OIE	Nichola Hungerford	Communications Officer
15	Plan International	Shehlina Ahmed	Plan Asia Regional Health Advisor
16	Rockefeller Foundation	Dr. Katherine Bond	Associate Director
17	Save the Children,UK	Daniel Collison	Regional Programme Manager, SE&E Asia Regions
18	Thai MoPH (Mekong Basin Disease Surveillance)	Dr. Moe Ko Oo	Project Coordinator
19	Thailand Ministry of Public Health	Dr. Praphasri Jongsuksantigul	Director, Office of Influenza Program
20	UN Residence Coordinator Office	Barbara Orlandini	Manager, Inter-Agency Support Unit
21	UN Residence Coordinator Office	Patnarin Sutthirak	Coordination Analyst Inter-Agency Support Unit
22	UNESCAP	Dr. Surachai Vichankaiyakij	Medical Officer, United Nations Medical Service
23	UN-OCHA	Ingo Neu	Senior Planning Officer
24	UN-OCHA	Jannicke Storm	Humanitarian Affairs Officer
25	UNSCIC	Anne Ancia	Inter-agency Regional Coordinator on Avian and Human Influenza for Asia and the Pacific
26	UNSCIC	Koji Nabae	Avian and Human Influenza Regional Coordinating Officer

27	WFP	Tony Craig	Senior Emergency Advisor, Focal Point for Avian and Human Influenza
28	WHO	Dr. Augusto Pinto	Medical epidemiologist, Communicable Disease Surveillance (CSR), South East Asia Regional Office (SEARO), Sub Unit-Bangkok
29	WHO	Dr. Chadia Wannous	Health Leadership Service Officer, Communicable Disease Surveillance (CSR), South East Asia Regional Office (SEARO), Sub Unit-Bangkok
30	WHO	Chadin Tephaval	Communications Officer-WHO office in Thailand
31	WVI	Sri Chander	Regional Health Advisor