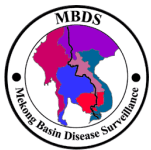
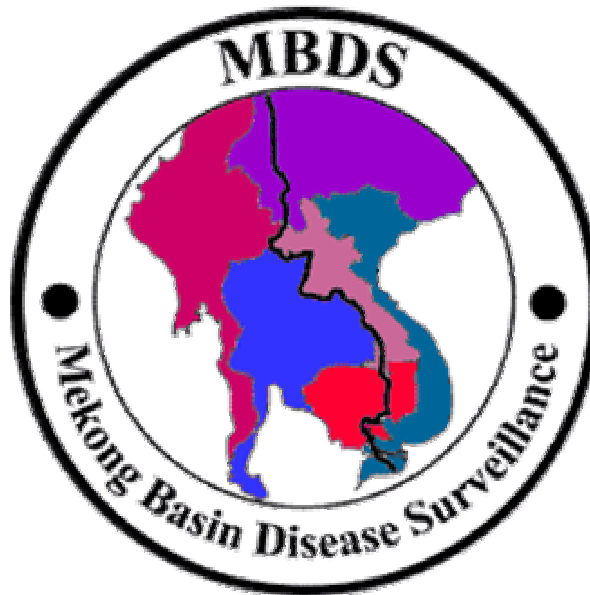


MBDS TTXs



MBDS Coordinating Office

Background and Objectives of TTX

Based on the agreement from the CC and EB meeting in Siem Reap in June 2006, the 6 countries of the MBDS project agreed to have country specific table top exercise on pandemic influenza with the following specific objectives:

- Identify strengths of the surveillance and response plans and systems in each country and areas for improvement
- Identify strengths and areas for improvement in regional collaboration related to pandemic influenza surveillance for and response to a pandemic
- Examine key elements of pandemic influenza surveillance and response to be agreed upon by the MBDS participants. Cross-border elements of the response could emphasize cross-border communication, joint outbreak investigation, and coordination across countries.



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WHO AI Pandemic Phases

Inter-pandemic period	<i>Phase 1</i>	No new influenza virus detected in humans. If a new influenza virus presents in animals, the risk of human infection is considered to be low
	<i>Phase 2</i>	No human infections, but a circulating animal influenza virus poses a risk to humans
Pandemic alert period	<i>Phase 3</i>	<i>Human infection(s) with a new virus, but no (or very infrequent) human-to-human spread.</i>
	<i>Phase 4</i>	Small human-to-human cluster(s) - less than 25 people, lasting less than 2 weeks, highly localized - virus is not well adapted to humans
	<i>Phase 5</i>	Larger human-to-human cluster(s) - between 25-50 people, lasting from 2-4 weeks, still localized but virus increasingly better adapted to humans
Pandemic period	<i>Phase 6</i>	Significantly increased and sustained transmission in general population



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MBDS Countries TTXs Schedule

- Thailand: August 25, 2006
- Cambodia: September 4-5-6, 2006
- China-Yunnan: September 25-26-27, 2006
- Laos PDR: October 9-10-11, 2006
- Myanmar: October 15-16-17, 2006
- Vietnam: October 19, 2006



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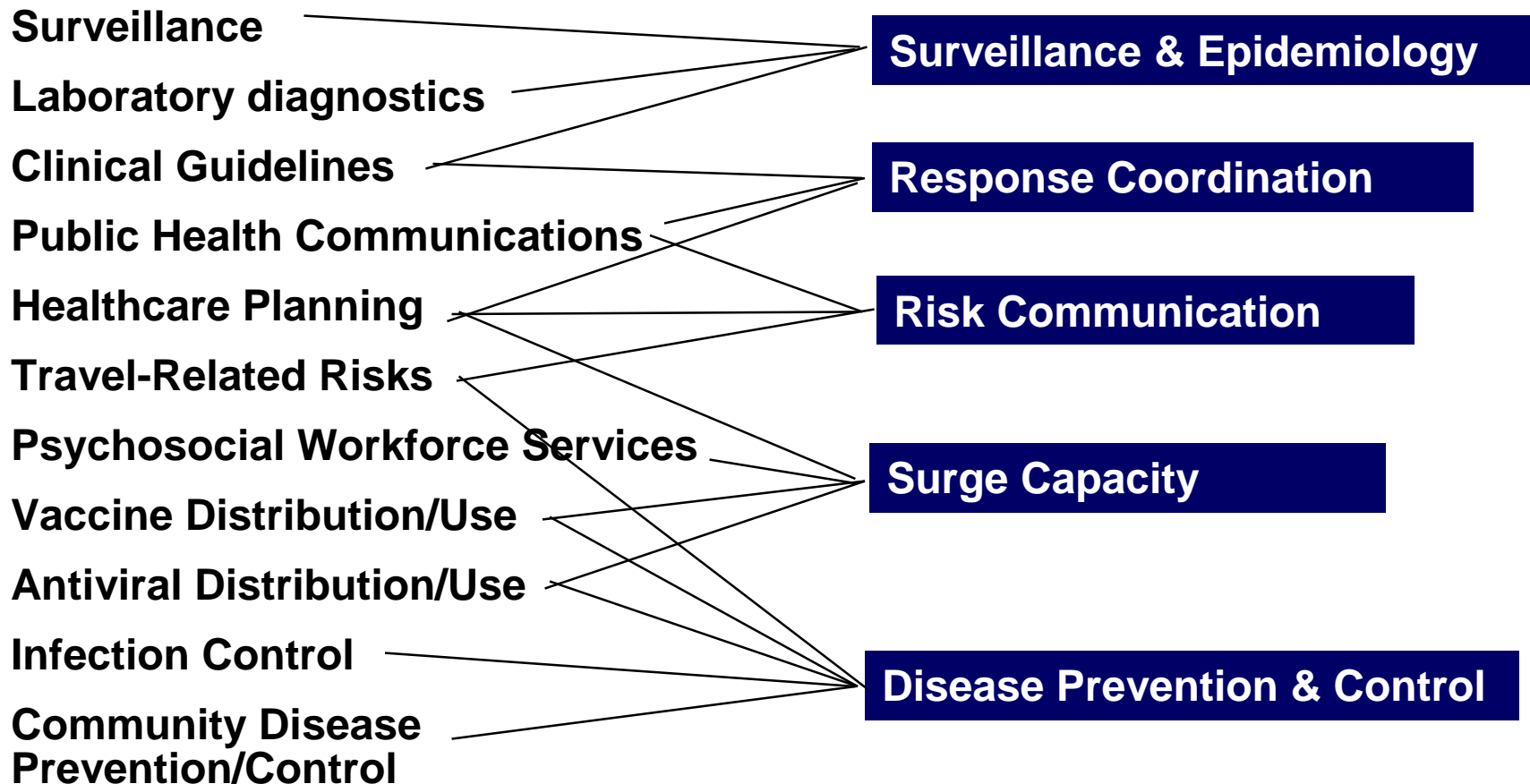
Contents of the TTXs

- **Surveillance**
- **Laboratory Diagnostics**
- **Clinical Guidelines**
- **Public Health Communications**
- **Healthcare Planning**
- **Travel-Related Risks**
- **Psychosocial Workforce Services**
- **Vaccine Distribution/Use**
- **Antiviral Distribution/Use**
- **Infection Control**
- **Community Disease Prevention/Control**



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Pandemic Influenza Preparedness: 11 Responsibilities → 5 Topic Areas



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Methodology of TTXs

Day 1:

Pre meeting (Facilitator meeting)

Day 2:

- Exercise
- Guideline and presentations are given by RAND experts and WHO
- Scenario base brain storming discussion in small group and large group review and Analysis

Day 3:

- Post exercise meeting with stakeholder (Wrap up meeting)



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Topics and Variability of the TTXs

- Thailand
- Cambodia
- China-Yunnan
- Laos PDR
- Myanmar
- Vietnam



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Thailand

Thailand (Ploy Palace Hotel, Mukdahan Province)

- Surveillance and Information Sharing
- Risk Communication
- Disease prevention and control
- Logistics
- Response Coordination
 - Provincial level
 - Multi sectors
 - Local language
 - Small group discussion
 - MBDS Observers
 - Int: and ext: evaluators
 - (One full day meeting)



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Cambodia

Cambodia (Sunway Hotel, Phnom Penh)

- Surveillance and Information Sharing
- Risk Communication
- Disease prevention and control
- Medical Surge Planning

- National level
- Local language
- MBDS Observers
(One full day meeting)



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Yunnan

Yunnan (Yunnan CDC Office, Kunming)

- Surveillance and Information Sharing
- Communication
- Disease prevention and control

- National level
- Local language
- Small group discussion
- MBDS Observers
(One full day meeting)



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Laos

Laos (Don Chan Palace Hotel, Vientiane Capital)

- Surveillance and Information Sharing
- Risk Communication (Command and control)
- Response Coordination
- Continuity of Service

- National level
- Local Language
- Multi sectors
- Small group discussion
- MBDS Observers
(One full day meeting)



MBDS Coordinating Office

Myanmar

Myanmar (Park Royal Hotel, Yangon)

- Surveillance and Information Sharing
- Risk Communication
- Disease prevention and control
- Crisis Management

- National Level
- Health only
- MBDS Observers
- Int: and ext: evaluation
(One full day meeting)



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Vietnam

Vietnam (Hanoi Horizon Hotel, Hanoi)

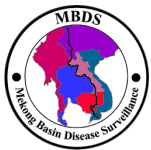
- Surveillance and information sharing
- Continuity of Government operation
- Resource sharing / Acquisition

- National Level
- Multi sectors
- Local language
- MBDS Observers
(Half day meeting)



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Brief description of potential exercise questions or discussion for selected issue areas



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Surveillance and information sharing

- What specific surveillance methods should be used during pre-pandemic period?
- During a pandemic?
- How can village/community-based surveillance be optimized?
- How can timely alert/notification be best assured?
- How can cross-border alerts be optimized?



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Medical surge capacity planning

- How will plans to care for ill patients be coordinated across health care facilities?
- What decisions will you have to make if demand for medical care exceeds your bed/staff capacity?
- What cross-border considerations must be addressed regarding surge?



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External risk communications (for the public, for key response partners)

- What are the key messages for the public?
- Who is the spokesperson, and how will communications be coordinated across interested sectors?
- What cross-border communications issues must be considered?



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Disease prevention and control measures (non-pharmacologic)

- What disease prevention/control measures will be implemented during a pandemic?
- How will these be implemented?
- What cross-border considerations must be addressed?

Continuity of essential services

- What will you do if/when there is high absenteeism among your healthcare workers?
- What essential functions must remain in place, e.g., public health, critical infrastructure, civil society?



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Rationing vaccine (or antiviral drugs)

- Who should receive vaccine (antiviral) on a priority basis?
- How should the supply and distribution of limited vaccine (antiviral) be managed and controlled?



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Response coordination–command and control

- What response command structure is appropriate at different stages? Who is in charge, and who is involved?
- What are the roles & responsibilities of each response partner?
- What cross-border issues should be considered?



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Logistic

- If senior leadership from the critical ministries represented at this meeting are sick or cannot perform their job functions, who will be substitutes?
- What are the absolutely critical functions of government that must remain in place to keep civil society functioning?
- An influenza pandemic could last a year or longer, how will government operations be sustained during this time period?
- What aspects of the healthcare system in? must be sustained during the outbreak?



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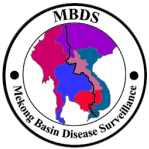
Crisis Management

- What are the concrete actions to be taken for crisis management?
- Is there an incident command structure to manage emergency situation and where does the MOH reside?
- Who or which department communicates with neighboring countries with regards to the management of a crisis?
- How is the just-in-time decision making process conducted



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Lessons learned



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Policy and Planning

- Sectoral plans are not coordinated at a central level (Yunnan)
- Countries need more resources but also a good plan, which will attract external investments/resources (Yunnan)
- Provinces and locals want to be involved in national planning; this could help coordination (Cambodia, Vietnam)
- Operational plans are critical and must be more than just “skin deep”/superficial (Cambodia, Vietnam)
- Assumptions about national & international assistance during pandemic may be unrealistic (Cambodia, Vietnam)



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Operational

- Inadequate national laboratory capacity causes delays before cases are confirmed (Laos)
- Detection, communications and response at (often remote) border areas are difficult and delayed. (Myanmar)
- Risk communications should be helpful but not cause public panic – actively involve the media as a partner (Yunnan, Laos)
- Officials are worried about having adequate protection for healthcare workers (Yunnan)
- People are uncomfortable making decisions about who will (and will not) receive hospital care during a pandemic (Myanmar)



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Stakeholder Feedback and Suggestion



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Participants (MBDS Countries)

- Generally very favorable and the scenario adequately set the stage for discussion questions
- A number of key gaps in their organization's ability to perform its responsibilities during a public health emergency were identified
- Particularly helped build/strengthen relationships
- Greater awareness of the problems, needs, and concerns of other agencies.
- Now better understand roles of other agencies/sectors
- Clear understand and confident in their organization will be able to perform its designated duties in a public health emergency
- Will use knowledge gained from the exercise
- Suggested improvements for future exercises



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Observers (MBDS Countries)

- Each country were well prepared to organize the TTX
- Each country has prepared the Avian Flu national strategy and many ministries involved with the participation of the responsible officials, but in Thailand TTX national level officials could not be represented.
- Participants attended the TTX in each country were those concerned with Avian flu activities at national and provincial level as Ministry of Health (public health , medical , border checkpoint), Ministry of Agriculture and Forestry, and International and national organization to perform joint observation
- The other organizations, offices and ministries should be invited as the role of participants, and not in the role of observers.
- The participants of each TTX were from different departments who are responsible for the pandemic planning: they should be together to review/check the national strategy.



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Observers (MBDS Countries)

- One day for a TTX in each country was too short because there was not enough time to discuss in the group
- Devised group discussions were different in each country. Devised small group discussions in each topic and having facilitators for the group were found to be better than the big group discussion.
- Participants in each country have been experienced for SARS containment and control.
- 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.



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Observers (MBDS Countries)

- All countries need to be exercise regularly
- During a pandemic crisis, the media will play a critical role in influencing how people will react.
- Host nation and partner nations should prepare a communication strategy that includes public information messages to limit the amount and effect of rumors.
- Output of the discussion was realization of low level of awareness of the quarantine and International Health Regulation (IHR)



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Observers (MBDS Countries)

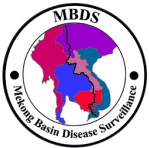
- Surveillance is critical to early warning of the spread of both AI/PI.
- Must establish regional working groups.
- Sharing surveillance information may have economic impacts for host nation.
- The international/regional lead for AI/PI surveillance is the WHO/MBDS; however ,accuracy depends on the reporting of the countries.
- Others: PPE,SOP, Behavioural change



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MBDS Regional TTX.

March 2007



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Acknowledgement

- **Health Ministries from Cambodia, China, Laos, Myanmar, Thailand, Viet Nam**
- **WHO**
- **Rockefeller Foundation**
- **NTI**
- **RAND Cooperation**



MBDS Coordinating Office

**Thank you very much for
your kind attention**



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