

**Southeast Asia Regional Inter-agency information sharing/coordination
Meeting on avian & human influenza**

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

February 7, 2008 (Thurs), 2 - 5 PM
Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok
Imperial Queen's Park Hotel, Bangkok

Theme: Emergency Preparedness - examples in Thailand, from community-based to national UN AI coordination

These minutes, presentations, handouts, and information about future and past meetings can be found on the **AHI-NGO-RC/RC Asia Partnership on Strengthening Community Based Approaches to Management of Avian and Human Influenza in Asia**, comprised of the Asian Disaster Preparedness Center (ADPC), CARE, the International Federation of Red Cross and Red Crescent Societies (Federation) and the International Rescue Committee (IRC) and funded by the ADB, project website: <http://www.adpc.net/communityAHI-Asia/MEETING/Default-MEETING.asp>

Full project details can be found here: <http://www.adpc.net/communityAHI-Asia/Default.asp>

Chair: Anette Cramer, International Federation of Red Cross and Red Crescent Societies, Head of Regional Health Unit, Southeast Asia

1400-1410 hrs.

Welcome Address

- Welcome to this start of 2008 and the beginning of these regional forums on Avian & Human Influenza. The Federation Regional Health Unit in Bangkok has been happy to host these monthly meeting for the past 2 years now, since March 2006. The Federation is pleased to officially announce that these meetings will continue on a monthly basis under the umbrella of the ADB funded partnership: AHI-NGO-RC/RC Asia Partnership on Strengthening Community-Based Approaches to Management of Avian and Human Influenza in Asia, comprised of the Asian Disaster Preparedness Center (ADPC), CARE, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Rescue Committee (IRC). ADPC will brief more about the activities during the organizational update in a minute.
- Any comments to the agenda? The agenda was agreed in full.
- Roundtable introductions

Organizations Present:

- | | |
|-------------------------------|---|
| 1. Christian Children's Fund | 12. Thai Red Cross |
| 2. UN RC Thailand | 13. EC Delegation |
| 3. KIA (Kenan Institute Asia) | 14. ECHO |
| 4. US Pharmacopia | 15. Int'l organization for Migration |
| 5. German Red Cross | 16. American Red Cross |
| 6. Finish Red Cross | 17. London School of Hygiene and Tropical
Medicine |
| 7. UNSIC | 18. WHO Thailand |
| 8. World Vision, Thailand | 19. Agrisource |
| 9. ADPC | 20. Coverage |
| 10. AusAID | |
| 11. FAO | |

ADPC:

- ADPC together with Kenan Institute Asia, Ministry of Public Health Thailand and USAID conducted an Experience Sharing Workshop on Managing Exercises for Avian and Human Influenza in ASEAN+3 countries in November 2007. Anyone interested in receiving a copy of the report should write to sanjeeb@adpc.net.

- From 18-22 February 2008, Kenan Institute Asia, Ministry of Public Health Thailand, ADPC and USAID will conduct a Cross-border Exercise Management Workshop focusing on communicable disease in Bangkok.
- ASEAN+3 Emerging Infectious Diseases Program is providing funding to the Thailand Ministry of Public Health for the conduct of exercise management training workshops for ASEAN+3 countries in 2008.
- AHI-NGO-RC/RC Asia Partnership on Strengthening Community-Based Approaches to Management of Avian and Human Influenza in Asia is holding a regional AHI practitioners' workshop 10-13 March 2008. Some organizations have been selected to make case study presentations to share ideas, knowledge generating, so others can benefit. The practitioners' workshop will focus on several key areas IEC, KAP, community-based surveillance, training of village vets, biosafety, exercise management. Registration and details are available on : <http://www.adpc.net/communityAHI-Asia/Default.asp>

EC Delegation:

- World Bank, multilateral WHO and FAO agreement signed 22 December with WHO Myanmar for 1 million Euro to help building institutional capacity in terms of health to upgrade laboratory for Health Institute. The opening ceremony in Yangon with WHO and Ministry of Health to host will be on February 26, 08. Rapid communication including surveillance between central and state division will be enhanced.
- UNSIC: The 3rd Global Progress report by UNSIC and World Bank summarized from the AI Conference in Delhi in December 2007 is now available.

AusAID:

- has established a new position at the Australian Embassy, Bangkok - Julia Landford is the new Regional Emerging Infectious Diseases Coordinator for AusAID's regional programs. AusAID has a number of EID programs currently under implementation in the region including:
- ASEAN +3 Emerging Infectious Diseases Program managed at the ASEAN Secretariat, Jakarta with participation from all ASEAN +3 countries
- Community-Based Avian Influenza Risk Reduction Program, managed by CARE Australia in Cambodia, Laos, Vietnam and Myanmar
- SEAFMD Program, OIE Regional Coordination Office, Bangkok
- Veterinary Services Strengthening Program, OIE Bangkok
- A new EID Research program in partnership with IDRC is also under development, and will include a regional consultation forum in 2008.

1425-1500 hrs.

Presentation: Kenan Institute Asia (KIASIA), program manager, James Hopkins, "community- and school-based pandemic preparedness of AHI"

Background: importance

- Children play major role in epidemic. Children drive transmission in epidemics of influenza.
- Peak pandemic season: When is the influenza start in Thailand? It starts in May, exactly when school starts. In the US, it starts in August when school starts. (This is a very sensitive transmission time for children to all family members.)
- Children are "superspreaders" → 2 to 4 times more infected, highest rate of influenza, under 12 can be infectious, shed the virus for up to 6 days before onset of symptoms, infected family members, school-aged children will have the highest rates of illness, Families with school aged children have higher family rates
- Case reproductive numbers: in 2 weeks we have over 100 cases from 1 single case; in 45 days, it is projected over 2.5 million cases

School Emergency Preparedness and Response Planning (EPRP): Process

- Develop participatory approach for school/community
- Develop and test of school-based emergency/DP and response plan (EPRP) for coping with pandemic influenza and other emergency
- We work with school principals, we develop a prototype. Tested in 39 schools in Thailand. Make a plan for pandemic influenza. Bring together the teachers, the community. It's a community-based process with the school at the center.
- Translation in English. 1 copy to every school in Thailand
- Agreement with UNICEF/Vietnam and MOET to organize workshop/community based process for DRM

Guidelines for Management of EPRP

- Content: introduction/background of plan, important info about pandemic, guideline for management of Emergency Preparedness and Response Plans, Appendices with technical and operational aspects.

The appendices have examples - this has the basic information and practical seniors - that is sometimes missing in other ppp available

AI and Pandemic Education

- Curriculum / teacher guide development
- Pre-testing of material
- Teacher orientation/training/on-site follow-up in 39 schools from all 5 regions: K, 1-3, 4-6, 7-9, 10-12
- 5 different teacher guides for each of the different school levels: material is age appropriate and targeted for children of those levels. Manuals using a life skills approach to behavior change, creative thinking, working together, problem solving, emphasis knowledge, and behaviors. In each lesson plan there are 9 posters with an accompanying CD Rom, it will say use poster # 4. Materials can be downloaded from the website, using the CD Rom.
- Distribution of books
- Posters and CD-Rom with website in Thai and English

Presentation 2: Guidelines for Response to Pandemic Influenza...

- Rationale for non-pharmaceutical interventions → if we can slow down the epidemic, the percentage of population infected will be decreased.
- Planning will make a difference.
- Basic components of pandemic planning: pandemic plan, communication plan, surveillance system, prevention and education efforts, incident command system, school system policy review process, continuity of learning plan
- Pandemic severity index: Is based upon the case fatality rate for the strain that becomes the pandemic. A category 4, if 1% die from the strain, the CDC is recommending schools in the USA close for at least 12 weeks. BUT when the schools are closed, the hard part is keeping the children separated.... So if they play together the school closure will be ineffective. School closures rarely work. In fact if the schools are kept open, we can control the environment and introduce social distancing. CDC is reviewing the school closure approach
- Summary of the community mitigation strategy by pandemic severity: home, school, workplace/community
- School closing studies: 85% said parents would need help with children at home. The impact on absenteeism is enormous if 1 working parent has to stay at home, as 60% of families would have to leave work to stay at home.
- Measure to limit the spread of the flu in different period: normal, severe pandemic → school closure, stop social connectivity
- Contact network of teenager → quickly spreadable because of many contacts with different sectors: household, everyone random, extended family/neighborhood, teenager peers
- US CDC Guidance: Preventing the flu in schools..., to close school, has to be under advice of Ministry of Health
- Impact of school closing and employment of parents, how about single family
- In NZ, there is different approach: their geography plays a big part, as they will close the borders, and will consider national closure of education. Planning, border management, cluster control, pandemic management, recovery
- In Vancouver, Canada: Active surveillance for school absenteeism initiated by WHO → filling form and provide contact info. Which means the schools are open and public health nurses are based within the schools and even contact tracing. They have a form - more than 10% indicates a very good indicator that a pandemic is emerging.
- California, USA: they have a step wise school response to pandemic flu flow chart. if is less that 10% → send letter to parents, when greater than 10% → letter to keep sick children at home
- In the SEA region, there are no step wise plans to date based on the rate of influenza infection.

1500-1535 hrs.

UN Resident Coordinator Office of Thailand, Inter-Agency Support Unit, Barbara Orlandini, "UN Thailand pandemic preparedness and AI coordination"

- Background: UNCT Contingency Plan for Staff Health and Security revised on January 20, 2006
- New UN System Pandemic Preparedness and Planning Guidelines (15 March 2006)
- We started to change the way we worked internally, so the DM tasked to prepare new comprehensive plan (DMT/AHI)
- Planning strategy: "Survive well to serve well." The planning strategy goal was to minimize the pandemic implications on staff health and safety, in order to maintain our function, so that we could support national preparedness.

- Planning scenario: 3 main scenarios arranged according to the serious consequence level: rapid onset, slow onset, extended WHO phase with continuing outbreaks of AI
- Health staff & security: medical interventions (vaccines, medical supplies, access to medical care, fever clinic, hotline) / non-medical interventions (general precautions, social distancing)
- **Business Continuity & Response:**
 - Operation Continuity: maintenance of communication system (computers, telephone, etc), staffing structure and HR policies, office supplies and equipment
 - Programme Continuity is two fold: identify impact of pandemic on our development programmes, prioritize critical activities to be maintained (Programme continuity planning template)
 - Response Strategy: support national preparedness and response, agencies to identify interventions as per their mandate, plan according to 3 scenarios: preventive measures/preparedness/pandemic response (response planning template)
- Challenges:
 - A number of 27 UN agencies, 33 UN offices based in Bangkok
 - Maintaining a sense of urgency, to make sure the plans are updated and practical
 - Priority setting
 - Coordination with other (non-UN) partners: gov, int'l org, NGOs
 - Keep the plan alive/up-to-date: that is a constant challenge
 - The movement from planning to action: how to make that plan operational

1600-1640 hrs.

Plenary Discussion and Q& A:

Q: You mentioned the school-based training, what about the testing?

A: Once the school has a plan, there is a scenario for testing, but the scale of the Thailand national education system is enormous, and it's a challenge for us to follow-up with 33,000 schools. The schools are responsible for testing their own plan, as its in their best interest that the community should be involved.

Q: Is there a plan to protect children who will go to the funeral of school-friends who die from AI, as typically when a child dies, all the children go to the funeral?

A: There are a lot of scenarios that have not been addressed. This is a universal problem, and in this particular project we didn't address that rather advance situation. But it needs to be a community-discussion and addressed in the plan. There are a lot of issues in the recovery phase including mental health when the teachers or friends die from AHI.

Q: AI is a very vertical program, and the Red Cross in Cambodia has existing community-based health programmes, and it would be easy to integrate schools and an effective way to scale-up school-based AHI. Are there any plans or similar projects in Cambodia since this integrated approach will help scale up the AI programme?

A: Not yet. The school should have an emergency response plan that is multi-hazard, not only for AI. Our Vietnam local partner has suggested to have a regional forum on ppp in the education sector (primary all the way up to university).

Comment: Vietnam Red Cross has trained teachers in AI prevention and advocacy for healthy behaviors, and there is a natural link to build on that.

Comment: In Cambodia, the government received 3 million grant from the WB on preparedness (DM), and there is the possibility to build on that as well.

Q: Has the plan for school included M&E component with the pandemic plan?

A: Kenan is drafting the curriculum of pandemic plan for school whereas the Ministry of Education at the district level is responsible for the provincial health and the M&E process by assigning Education Officer to go to the field and report back to central level. A good point as the scope of 33,000 schools is quite large. The Ministry of Education selects plans as good examples and post them on their website. There are no guidelines at the MoE level, and especially not at the school level, and the MoE has not been involved in any of the pandemic exercises.

Q: Has the Ministry of Public Health initiated the health-related guideline or something similar to this?

A: The Ministry of Public Health in Thailand initiated strategic plan on AI and guideline and distributed to provinces in 2005, and a revised in 2007. This guideline is anyhow not related to education. The CD of the 2nd strategic plan on AI has been share through this forum previous, and is found in the database.

Q: In your discussions with Ministry of Public health, are there any discussion of the role that schools might play during pandemic and how to utilize?

A: In the guideline, the MoH plan says, schools may be used for field hospitals or points of distribution. And the schools are often unaware of this potential role. In practice, it might not work because of too many people per one hospital.

Q: What is the status of universities? Do they have this kind of plan at the university level?

A: The University itself may have their own initiative but has not finalized their planning phase yet. There are so many sectors that don't have a plan, it has not been identified as a priority area. But if all the medical schools and hospitals where patients seek treatment are connected to the university, then it should be rated higher than it is.

Q: Apart from 23 UN agencies, I understand the UN out sources various cleaning and IT, has the UN outsource staff been included in the group?

A: there are 2 levels, how we try to coordinate all the agencies within Thailand. Many agency have their own plan. What we need to make sure that their plan fits in with a harmonized plan. The overall plan does not go to that level of detail, as its up to each UN agency. The UN has a team that brings together a rep from all the agencies, to address the coordination. Security adds another layer of complexity, and we don't have those peacekeeping operations in Thailand. We need to keep our plan flexible enough to respond to the new activities that would inevitably become part of the UN response.

Q: During the pandemic, how should the UN deal with service to a number of people all over the world and how to organize to other resources in the national level?

A: UN is trying to meet potential to carry out experience during emergency time. Despite large group of population, there should be consideration on which group we should prioritize.

Q: Have the issues of tamiflu and treatment and expat relocation been included in the planning?

A: There are clear guidelines coming from headquarters, the general principal state that international staff does not evacuate, and that the UN has a responsibility to stay.

AOB

1640-1700 hrs.

Future meeting topic suggestions

- livelihoods and community based approach - WorldVisionThailand, community-based backyard farmers
- the role of the military? What would be our relationship with the military in the event of a pandemic. UN - Barbara
- In India, a hot topic is how we educate countries in SouthAsia where things are just happening, as they are at a starting point. Could we share experiences with them for the general public?
- Integrate disaster risk reduction with the education sector, school emergency planning, in different countries throughout the region - ADPC
- Research study, small scale studies - AusAID and USAID- please use this forum to share experiences
- Ethical issues and all the issues that need to be address - Bellagio paper - this is part of pandemic planning: tamiflu, ventilators, risk of volunteers, insurance - Richard? Red cross
 - Legal preparedness linked with ethical issues
- Private sector - large industry groups. Banks. Colgate – hand washing, Agrisource - training.
- Gender and AI - differential impacts on men, women, and children, that can help form better practice - UNICEF - FAO
- Behavior Change, Attitude Issues, Wetmarkets - Amcross, FAO
- Donor AI strategy & directions on AHI - Julia, AusAID
- Jica project - Ginna FAO
- Climate change & AI - Jonathan ADPC
- Research & policy - Richard, UNSIC seconded & Julia, AusAID

Meeting Details

- These Minutes, and all future regional forum meeting minutes & presentations & handouts, will be posted on the AHI NGO/RC Partnership on Strengthening Community-Based AI project webpage, hosted by ADPC at: <http://www.adpc.net/communityAHI-Asia>. Also, notice of future meetings and the monthly topics will be posted in advance on the website.