

**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*

On behalf of



**Strengthening Community Based Approaches
to Management of Avian and Human
Influenza (AHI) in Asia**

June 5, 2008 (Thurs), 2 - 5 PM

Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok

**Theme: Experience from the May 2008 Indonesia field simulation
& Resource Mapping for AHI**

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 funding partnership 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>

C0-Chair: Anne Decobert, **Asian Disaster Preparedness Center (ADPC)**, and Molly Schmidt **International Federation of Red Cross and Red Crescent Societies**

1410-1430 hrs.

Welcome Address

- Welcome to this month's inter-agency AHI forum. Today's agenda is divided into 2 parts: 1 experience sharing on a UNSIC's colleagues experience from the Indonesian national field simulation that was conducted in Bali several weeks ago. Then after a break, we will move into an interaction session with group work or discussion on what AHI materials and resources are out there and how best to catalogue the resources.
- Any comments to the agenda? The interactive session might need to be conducted in a plenary since some of the primary organization who would have the regional and country level knowledge are not present today.
- Roundtable introductions

Organizations Present:

1. IFRC
2. ADPC
3. UNSIC
4. London School of Tropical Medicine & Hygiene
5. FAO
6. OIE
7. Coverage
8. UNDP
9. German Red Cross
10. Thai Red Cross
11. UNSIC
12. International Medical Corps, Indonesia
13. WHO Thailand
14. Keen Media
15. Rockefeller Foundation

ADPC: We would like to give an update on the next steps of our regional partnership project. The Partnership is holding an external editorial board Peer Review Process in 2 weeks, held 16-17 June. This small voluntary group that consists of a cross section of NGO and health and animal technical agencies will edit and finalize technical chapters of the toolkit that is the primary output from the Community Practitioners workshop held in March. Many of the members of the Peer Review process are also members of this regional inter-agency forum.

IFRC: The Southeast Asia Regional Delegation has several changes in staff that we would like to share. The Head of the Regional Health Unit, Anette Cramer, is finishing her mission this month and we welcome the new regional health delegate as head of the regional health unit starting in August. Also, we would like to introduce Wanree Saisamuth as SEA regional public health officer who will be community and public health focal point within the Federation for this region. And we are expecting in the coming months to welcome an Asia Pacific Zonal coordinator for the Humanitarian Pandemic Preparedness project based in Bangkok but will operate for all of Asia Pacific on this one area.

1430-1530 hrs.

Presentation: Annu Lehtinen, UNSIC, Asia-Pacific Regional Avian and Human Influenza Coordinator, Observations: Indonesia Simulation Exercise for the Containment of an Influenza Pandemic Epicenter

- Took place in Dangin Tukaddaya Village, Jembrana, Bali during 25-27 April 2008
- Note: Credit goes to UNICEF for simulation pictures and this presentation uses as a source simulation materials provided by the Ministry of Health of the Republic of Indonesia,
- Background: up to April this year Indonesia has had a cumulative 132 cases, and 107 deaths of AHI. This is a reminder that AI has not disappeared, and the need to anticipate its arrival still looms in front of us.
- Indonesia has a National Strategic Plan for Avian Influenza Control and Influenza Pandemic Preparedness (2006-2008) but it really needs to have tested the capacity to prevent the emergence of an influenza pandemic epicenter, and to test connection of different levels from local to central levels. This simulation tested the existing rapid response and containment strategies of a pandemic epicenter. .
- Participants: It was a large scale field simulation: involved over 1,000 planners and participants from all levels of the Indonesian government and across government sectors, and more than 50 observers from the international community, and over 150 local observers. The list of participants (please see presentation) included different ministries, armed forces and police forces.
- Style of the Simulation: There was quite a lot of media reporting on this, as it was the 1st of its kind because it was a full scale field simulation exercise.
- Preparation process: A lengthy 8 month preparation leading to the simulation, and discussions, brainstorming, capacity development that happened as part of the preparation was an invaluable exercise in and of itself, and helped the actual simulation. There was capacity building on simulation organization and this process included the core simulation center, controllers, simulators, evaluators, and administrators.
- The activities in the lead up to the simulation: the guidelines for epicenter containment were finalized, as were the draft protocols and SOPs in 9 working groups, and a central level table top to test the SOPs was conducted. Field assessments with local partners were conducted to test the context, and there was a dry run simulation
- Simulation: 3 days, in Bali, Took place in multiple locations simultaneously
 - § Day 1 scenario: to respond to a suspected human to human transmission
 - § Day 2 scenario: confirmed human to human, and WHO phase raised from 3 to 4
 - § Day 3 scenario: epicenter contained and quarantine lifted
- Covered 9 key areas, already identified by the Indonesian government:
 1. Command and coordination: Different levels focusing on coordination and simulation exercise and links to the command center across geographical islands from Bali to Jakarta, testing command structures and communication between different levels from central to field level.
 2. Risk communication: messages to the public, specifically to affected areas, media communication; making sure that information is correct
 3. Logistics including essential supplies and services: Delivery of supplies, staff & services were maintained and supplies to containment area were adequate. Rioting took place and was contained.
 4. Surveillance: Early detection of human cases, increased surveillance, contact tracing, 1 case isolation and treatment
 5. Antivirals / PPE / vaccines: Distribution of antivirals for treatment and prophylaxis , personal protection and infection control, (if available)

6. Medical response: Case management, isolation and segregation of cases, medical treatment, infection control procedures
 7. Non-pharmaceutical intervention: Home quarantine procedures and messaging, reduction of close contacts, social distancing including closure of schools and work places
 8. Area quarantine: Quarantine of the containment area, screening procedure for people entering and leaving, decontamination of vehicles entering the area
 9. Port health: international airport, exit screening and border control, health alert cards for arriving and leaving, and thermal imaging screening.
- Evaluation: the more than 50 observers and 150 local observers shared their observation of the conduct of simulation and activities undertaken. Feedback was provided to MOH and overall conduct of the activities. There was a follow-up evaluation meeting in Jakarta last week.
 - Next steps: come up with recommendations that can be feed back to strengthen the guidelines and protocols. These will be packaged into a training program targeted at provincial and district levels.
 - Observations: this was a massive undertaking from the Indonesian government and the MOH. It was extremely well planned and well conducted. It helped to add value by strengthening the national plan on containment. The participants showed innovation.
 - Lessons learned: there were a large number of lessons learned during the course of the simulation, the MOH is currently drafting a simulation report that should be ready in 2 weeks. Overall it went smoothly, but there were areas that need to be addressed. Regular briefings did not take place; all the necessary situational maps and charts that would have enhanced the situational awareness were not readily visible. People were wearing PPE in a very hot humid climate – which affects staffing issues & one lesson recommend shifts, hotlines development, language and translation at the airport were among raising issues.
 - Simulation report: written narrative plus video will be available. Also, Simulation Exercise Booklet on Influenza Pandemic Responses in Asia Pacific (UNSCIC in collaboration with Asian Disaster Preparedness Center and Keenan Institute Asia) is being developed.

Q&A:

Q: Could you say more about the civil society organizations involved, the military role, and the interaction between NGOs and the government, especially line management?

A: The preparatory period was led by the MOH but of course all sectors were involved in the simulation including the military and armed forces. Before the actual simulation took place, dry runs took place. The observer group was collectively about 200 people, armed forces were present, police were present, handling PPE distribution and riot control, the military was part of the command line. Some INGOs and civil society were involved in the simulation. One issue from the observer side was that due to large scale of the simulation it was challenging to form a full and broad view of the simulation.

Q: Did you see the Indonesian Red cross - PMI as they are called - as part of the exercise? And I understand that these national field testing exercises are very expensive, who funded this simulation?

A: We were very strictly divided into groups, so in my group I did not see PMI. But I presume PMI was involved. The funding for this exercise, in addition to the Government of Indonesia sources, came from the US and stood approximately at a range of 0,5 million USD.

Comment: the MOH published a book that is very critical of the US government and WHO.

Q: The purpose of this simulation was about containment, but was mitigation addressed at all? Was there a mechanism to take this learning to assist another country and build a simulation model?

A: True, this was a simulation of an epicenter containment strategy. This was very much about testing the existing guidelines, SOP, in the Indonesian context. How much these lessons are relevant to other countries and usefulness beyond the country context, remains to be explored.

Q: Were there actual riots and what were they rioting about, and what was the public reaction?

A: There were different kinds of heated emotions. For ex when PPE and antiviral were brought into the containment area, a rioting crowd was questioning the authorities why they were not given access to these scarce resources. There were also smaller scale riots for ex at the airport when they didn't want to complete a health card, or when they wanted to get out of the containment area – the benefits of staying in the contained area were not explicitly clear, such i.e. being that medical care was available inside the contained area.

Q: What affect did the simulation exercise have on the normal tourist?

A: Dealing with the incoming tourist, and dealing with media were a component of this simulation – here the media was welcomed everywhere which would not happen in an actual disease outbreak situation. There were some difficulties with the Japanese tourists that did not speak English and translation was not available, and the health cards were not available in their language. That was flagged as an issue to address.

Q: What were the risk communication strategies carried out?

A: The risk communication messaging focused on the containment areas, vehicles with loudspeakers were going around, briefings for the media, a media service center. Messages that would enable containment or enable activities for the containment were the priority.

Q: In an island like Bali there are incoming people constantly, with fluid borders, by sea especially. What focus was given to border control pre and post epicenter outbreak?

A: Border control and cross border issues were part of the port section. Fisherman, tourist, etc were not a specific focus as they were not inside the containment area. There were 3 simulation locations, one of which was the airport.

Q: In the simulation, once the human to human transmission had been declared, who took control?

A: The central level MoH was in the lead, including the Minister but other sectors of the government were heavily involved at all phases, i.e. the disaster management officials were involved in the command center. There were clearly defined roles, and there were screen links to Jakarta. The command chains from Jakarta to Bali reportedly worked, but from a limited observer stance this is difficult to confirm. Final report and also the video will be a valuable source.

1530-1630 hrs.

Interactive Session: Mapping of Tools for Community-based Management of AHI

Introduction, discussion, group work by technical theme, feedback to plenary on behalf of the **AHI-NGO-RC/RC-Asia Partnership** by Anne Decobert, **Asian Disaster Preparedness Center (ADPC)**, and Molly Schmidt **International Federation of Red Cross and Red Crescent Societies**

- The toolkit for community-based management of AHI in Asia is a product of the project on Strengthening Community-Based Management of AHI in Asia that is currently under development, and will go through a peer review process of technical experts next week.
- The objective of the toolkit is to bring together the experiences of communities in Asia and to provide a set of readily accessible resources for practitioners working with communities in managing AHI.
- There are 2 parts to the toolkit.
 1. The first part of the toolkit comprises a booklet of case studies highlighting the experiences of communities in Asia in managing AHI.
 2. The second part of the toolkit for community-based management of AHI in Asia consists of a CD compiling resources (guidelines, training materials, reports, etc.) that are currently available and that provide useful tools for strengthening community-based management of AHI.
- The intention of this CD of resources is to bring together in a user-friendly format key resources that are currently available for community-based management of AHI but that are not always readily accessible to community-level practitioners.
- Themes to be addressed in the CD of additional resources accompanying the toolkit for community-based management of AHI in Asia are:
 1. Assessment tools for AI/AHI (or more general research, monitoring and evaluation guidelines, manuals, etc)
 2. Communication strategies, IEC and risk communication for awareness raising and behaviour change for AI/AHI
 3. Sustainable livelihoods for AI/AHI and safe bio-security poultry practices
 4. Surveillance (animal and human health) and training of community level health workers
 5. AHI Community preparedness guides and tools
- Taking the theme(s) with which you are most familiar, please indicate:
 1. What tools, guidelines & materials on AHI are available in *your* organisation? (please list)
 2. What other tools, guidelines and materials for community-based management of AHI have you found useful from *other* organisations? (please list)
 3. What are the top 2 most useful materials per theme? (please list)
- Group work process
 1. 5 groups – 1 per each of the above themes
 2. 30 minutes in groups
 3. Each group nominate 1 rapporteur per group
 4. 5 minute Feedback to plenary
- When discussing the interactive session and how to manage the group work process, it was suggested by a group member, and concurred by others that if we had 5 groups we would not have sufficient

numbers in each group. Instead, it was proposed to have this discussion in plenary. Comments from the group include:

- International Medical Corps (IMC) Indonesia has community-based guidelines for community health workers. This goes through what are the signs of sickness, and focuses all on human health, IEC messages, what to do – community survey and chain of command. Villagers, volunteers, work with the community health center in Indonesia (a mandatory mobile clinic with a nurse). It was developed with MOH and WHO in Bahasa language. Needs to be tested.
- FAO has tools available at the country level, especially in training in biosecurity. FAO Indonesia, in particular, has information on active and passive surveillance. For communication, there are lots of training materials in Vietnam, Lao, Myanmar, Indonesia for village animal health workers. For IEC, leaflets posters audio-visual materials, how to protect themselves, field epi training kit for field vets
- In Thailand, on the border in Tak province, they developed their own guidelines for refugee and migrants in Thai Burmese based on MoH messages. There are English leaflets and CD used in migrant schools.
- In Vietnam, Indonesia, Lao there are community forums facilitated by village chiefs and village animal health workers who are trained by FAO on communication skills and surveillance, then they go into the community and then develop new materials IEC based on what the villagers think are useful.
- KAP done by FAO, UNICEF, AED – they are out there
- Comment: M&E frameworks don't increase delivery – they just tell funding organizations what they want to know. There are community-based practices that work because they are organic. It's context specific, like Thailand it's in local language and it's useful. The interface between animal and human health, work carefully with existing materials, with are frontline agencies in animal and human health.
- Comment: How do we take all that material and bring it down, and what processes do we need to take so that material and tools are useful for the community.

NB Please send any available soft copy versions of these types of resources to phe@adpc.net

AOB

1630-1645 hrs.

The next monthly inter-agency meeting will be held July 3, Thursday at the same time and place. Reminder email will go out on behalf of the AHI-NGO-RC/RC- Asia Partnership, and the agenda will be placed on the partnership website for download.

Theme: a few organizations have requested to present in an upcoming meeting. We will contact those interested in sharing to decide upon the topic for next month.

Chair: IFRC is accepting volunteers to chair the July forum meeting.

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.