

**Southeast Asia Regional Inter-agency Information Sharing/Coordination
Meeting on Avian & Human Influenza (AHI)**
*Hosted by the Asian Disaster Preparedness Center
Funding by Nestle Thailand*



5 March 2009 (Thurs), 2 - 5 PM
Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok

Theme: Operational Research and Program Development

These minutes, presentations, handouts, and information about future and past meetings can be found on the **Strengthening Community Based Approaches to Management of Avian and Human Influenza in Asia** website. The original partnership 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 was by the ADB, project website: <http://www.adpc.net/communityAHI-Asia/MEETING/Default-MEETING.asp> Currently the AHI monthly information sharing forums are coordinated by ADPC and funding is from Nestle Thailand.

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

Chair: **Brad Philips, Director, Public Health in Emergencies team, ADPC**

14:10 start.

Welcome Address

Organizations Present:

- | | |
|---------------------|----------------------------|
| 1. ADPC | 10. WHO |
| 2. IFRC | 11. AED |
| 3. IOM | 12. American Red Cross |
| 4. IRC | 13. Rockefeller Foundation |
| 5. LSHTM | 14. MBDS |
| 6. OIE RCU | 15. TNS |
| 7. UNSIC | 16. TRC |
| 8. French Red Cross | |
| 9. Thai Red Cross | |

Information sharing (round table):

IOM: community preparedness for pandemic (private and non health sector included). This year looking at phase 5 and 6, looking at Pandemic Preparedness rather than AI specifically.

OIE: Mid march- 'Strengthening Veterinary Preparedness' workshop in Siam Reap

WHO: National Security Council, population department collaboration, Department of Disaster Prevention and Mitigation (DDPM).

.ADPC: Rockefeller foundation funding project. ADB project finished with study tour in Indonesia. Phase two proposal has been submitted. No reply as yet. If not successful with ADB, will take proposal to other donors.

EXPERIENCE SHARING 1: Dr Richard Coker, London School of Health and Tropical Medicine
“Operational Research and Pandemic Flu Preparedness in SE Asia”

Pandemic flu is complicated and interdisciplinary (ie requires input from a variety of sectors).
Background in TB, moved into AI and Pandemic Influenza (PI)
Asked by agencies to look at National Strategic Plans for PI outbreak of pandemic Influenza:
Questions raised:
Are they operational?
Are they adequate?
If they are great plans, can they be adapted to other nations?

Research done on the capacity of Thailand to contain an emerging influenza pandemic-
Strategic plan suggests that care will not deplete but in reality resources can. Research showed this.

Presentation on Capacity of Thailand (Piya, LSHTM): What LSHTM is doing in the region:
Post pilot study expanded into 6 countries, Thailand ,Taiwan, Cambodia, Laos, Indonesia, Vietnam
Partnered with technical experts in Germany

See slide presentation.

Further information from the web: www.cdprg.org

Question and Answer:

Richard (asking the audience): What do you see as the pressing questions (from your field)?

ADPC: home care capacity building to take burden off hospital.

Richard: we are trying to figure out surge capacity of health systems (eg how to look after other disease during a pandemic). We are trying to build on RSA what is surplus capacity and are there plans for them?? Difficult to quantify in beds per patient capacity.

Piya: important issue health workers getting sick , reduced capacity in health system. Other ideas, use temples to take care of patients-this system and other resources that are not limited to hospital. Challenge to address resources.

UNSIC: one question: where should the money go for preparedness? Which intervention is the most effective? Money going to surveillance and planning. Only rich countries can stockpile, so which is best for developing countries?

Richard: agreed. Got to look at what your goal is, this dictates investment. Surveillance is information for action, so useless if cant act. Developing surveillance draws money from other areas. So what intervention is of most benefits? What are costs of this investment? Where geographically do you focus this investment? Gap is mitigation. Equity is hard when a global problem except in surveillance. Other interventions are related to national sovereignty and structure.

Brad: community surveillance important. Also impact how PI will impact other diseases.

IOM: Operational research: not clear timeline?

Migrants not included in strategy-mobile populations what happens to them? The capacity of the country to respond to them includes expats. Not covered in health plan.

Richard: National strategic plans forget about non residents. WHO trying to address this.

Joia: 3 year project, 1st year covered. Got to know countries. Then mid this year mapping of resources, Systemic literature research. Consultation with collaborators, mapping in each country. Then create resource to see where resources are (on going development) then apply scenarios to it. Identify government constraints-who is in charge? Eg where are stockpiles, anti virals etc. Designed to inform in a systematic way.

WHO: UN agencies are thinking of this. UN contingency-operational continuity of people working in Thailand. What can the UN offer workers and their families? Issues being explored. What are population needs in camps? Migrant workers. MoPH has been looking at this-national guidelines on what should be done. Legal ones will have to involve employers. Majority are illegal. How do we deal with that?

UNSIC: Last month Thailand government presented on operational plan. Will they use your findings

Piya: interviewed them, we hope to influence them, they are on the steering committee for this project.

15:20: COFFEE BREAK

15:50 EXPERIENCE SHARING 2 Daniel Lindgren: TNS “Program Evaluation and Behavioural Change Assessment-Input for Program Strategy & development”

Social Research Sector TNS Asia-coordinates some of the research that is happening in Asia.

Framework to help input for AI program M&E and strategy. To compliment existing programs and experience in the room. May help answer the question-how do we spend money better? How can we use information gathered from beneficiaries to make our programs better?

See Presentation slides

Question and Answer:

LSHTM: What was the consequence and did they take your advice?

We did several presentations to UNICEF, took the results seriously, didn't implement all recommendations, but that is expected. They did move forward with results

IOM: donors want numbers as well as qualitative evaluation. How much have you experienced this? How did you come up with the PEI index?

Answer: Yes. This framework is flexible can be adapted for different donors. PEI index-adapted from commercial models used for 20 years customer/stakeholder relationships. E.g. relationship/profit indexes. Measures behaviour change and social change. Stronger program performance= compliance in behaviour change too so to be used as a proxy indicator. I haven't showed you the unbalanced 5 point scales. Dispersion given indication of high and low. But very technical. Questions modified into a social context. Not correlated, measure 5 separate aspects. Link in with other indicators and measures to show program is working.

4:55 Other business:

- May forum to be **SECOND Thursday (14th May)** as the first Thursday is in the middle of a holiday week in Thailand.

Next meeting: 2nd April 2009.