

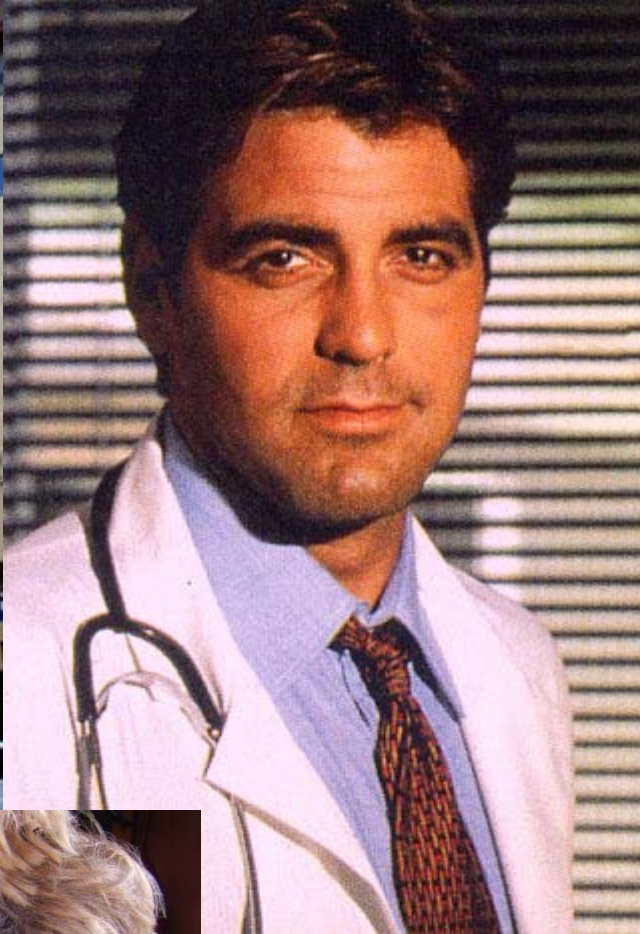
Operational research and pandemic flu preparedness in SE Asia

CDPRG

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Faculty Tropical Medicine,
Mahidol University**







So what do you do,
Richard?



Breeding recalcitrance and breeding TB

- Unemployment
- Poverty
- Inequality
- Ideology/culture

- Overcrowding
- Homelessness
- Criminal justice system



TB/HIV in Russia

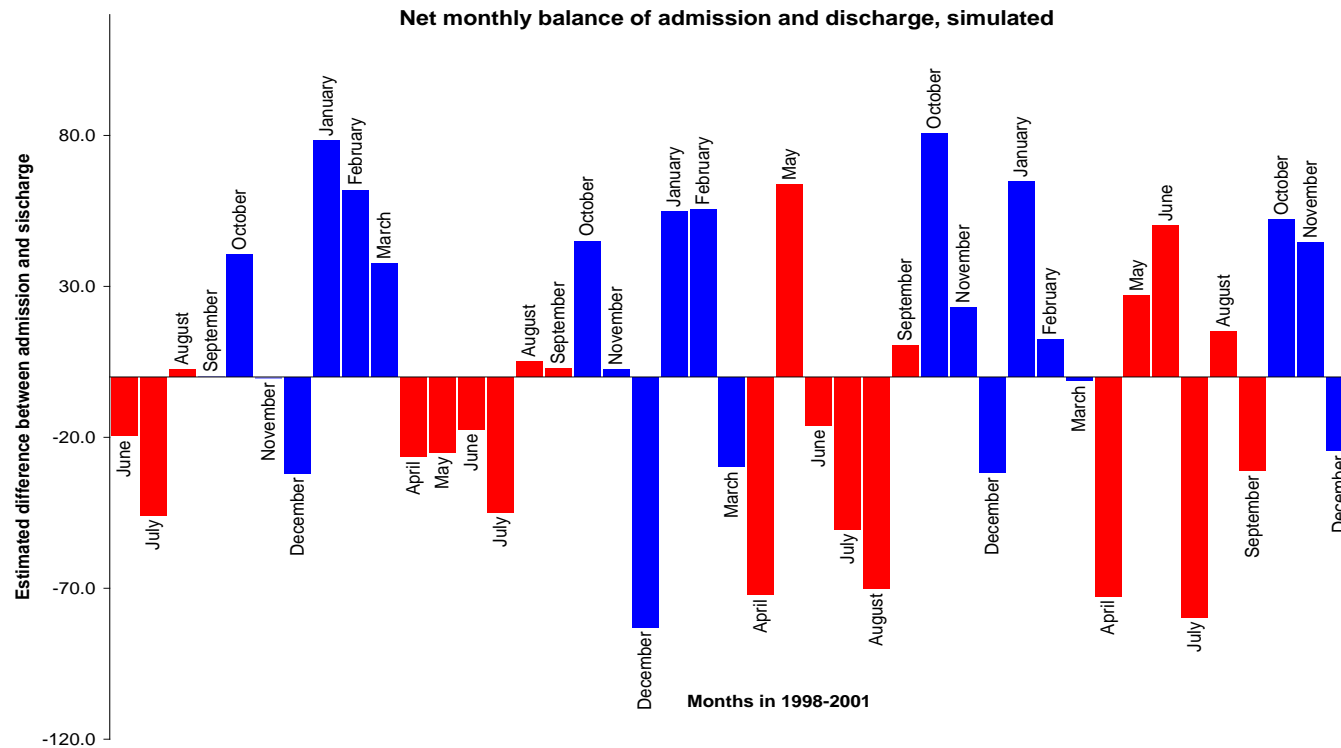


Research

- Institutional and regulatory environment
- Prevalence of MDRTB
- Risk factors for TB
- The sociology of care
- Hospitals as medical and/or social support settings
- Economics of care
- Economics of DOTS vs Russian traditional approach
- Impact of DOTS in Russia on hospital reform

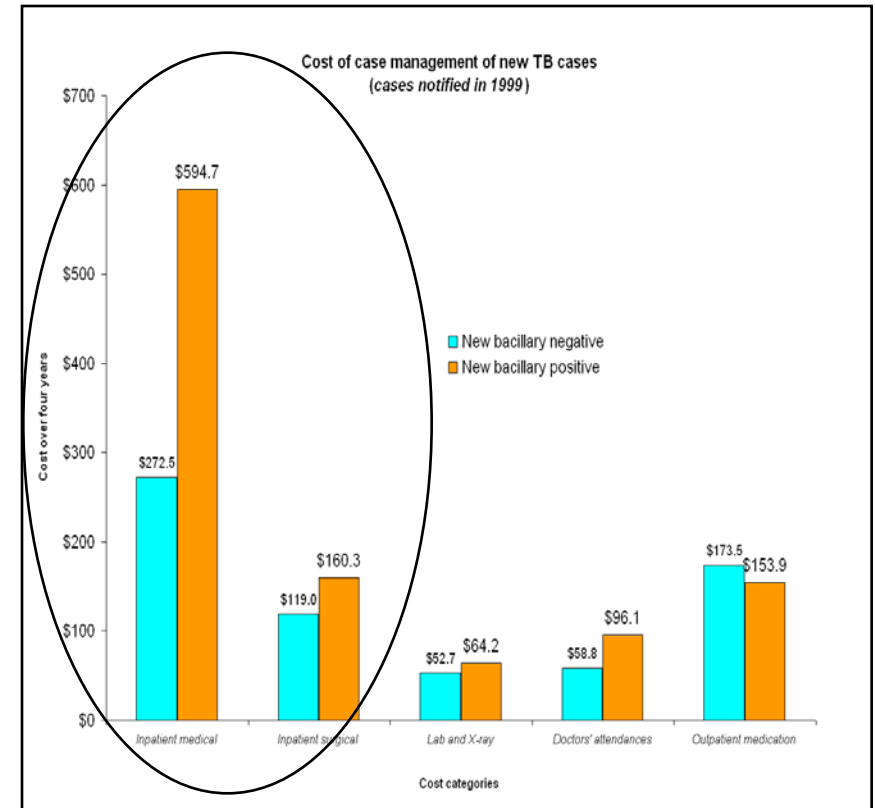
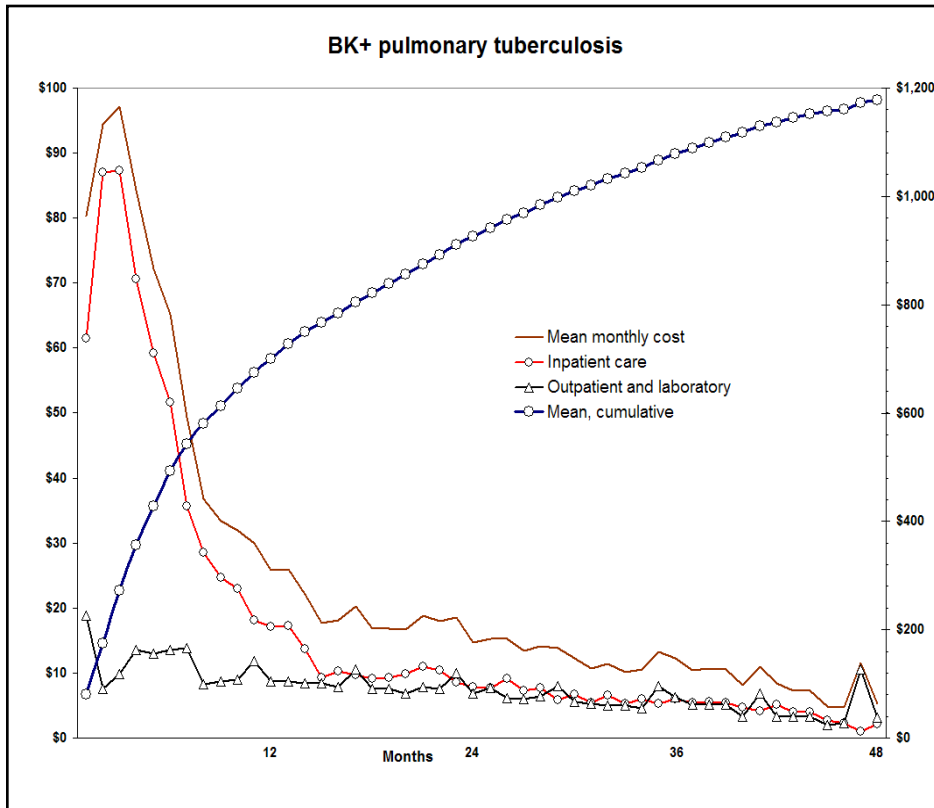


Seasonality of admission and discharge



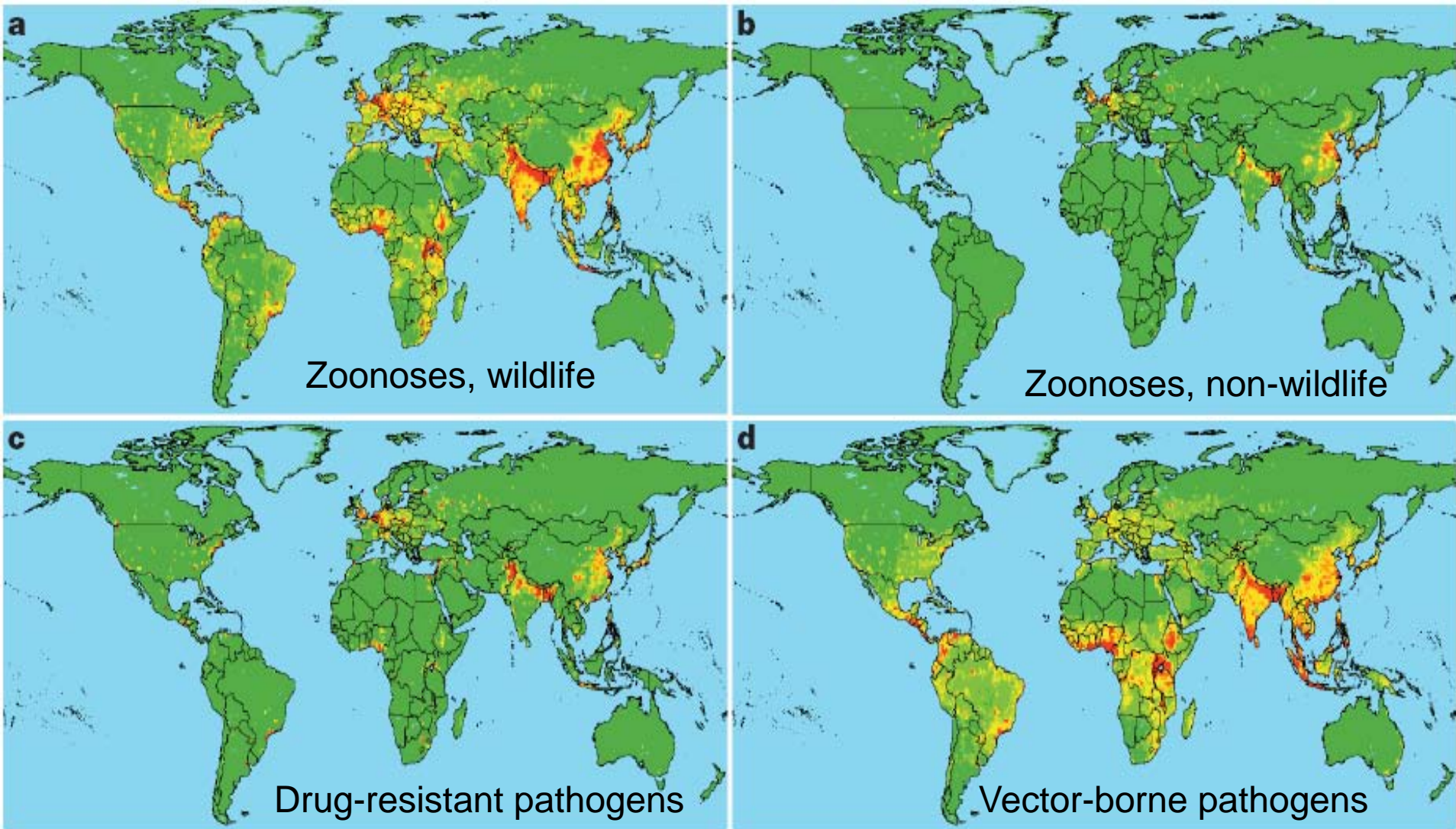
Hospitals admit more patients in the cold seasons and discharge patients in spring and in summer months. The unusual prevailing discharge in Decembers is related to the retrospective payment system

Cost of case management



Costs are spread across a number of years starting from treatment and shifting to managing chronic and social conditions

Costs are driven by hospitalisation, both for BK+ and BK- cases.



Global distribution of relative risk of an EID event (green= low risk; red=high risk)

Nature Feb 21, 2008

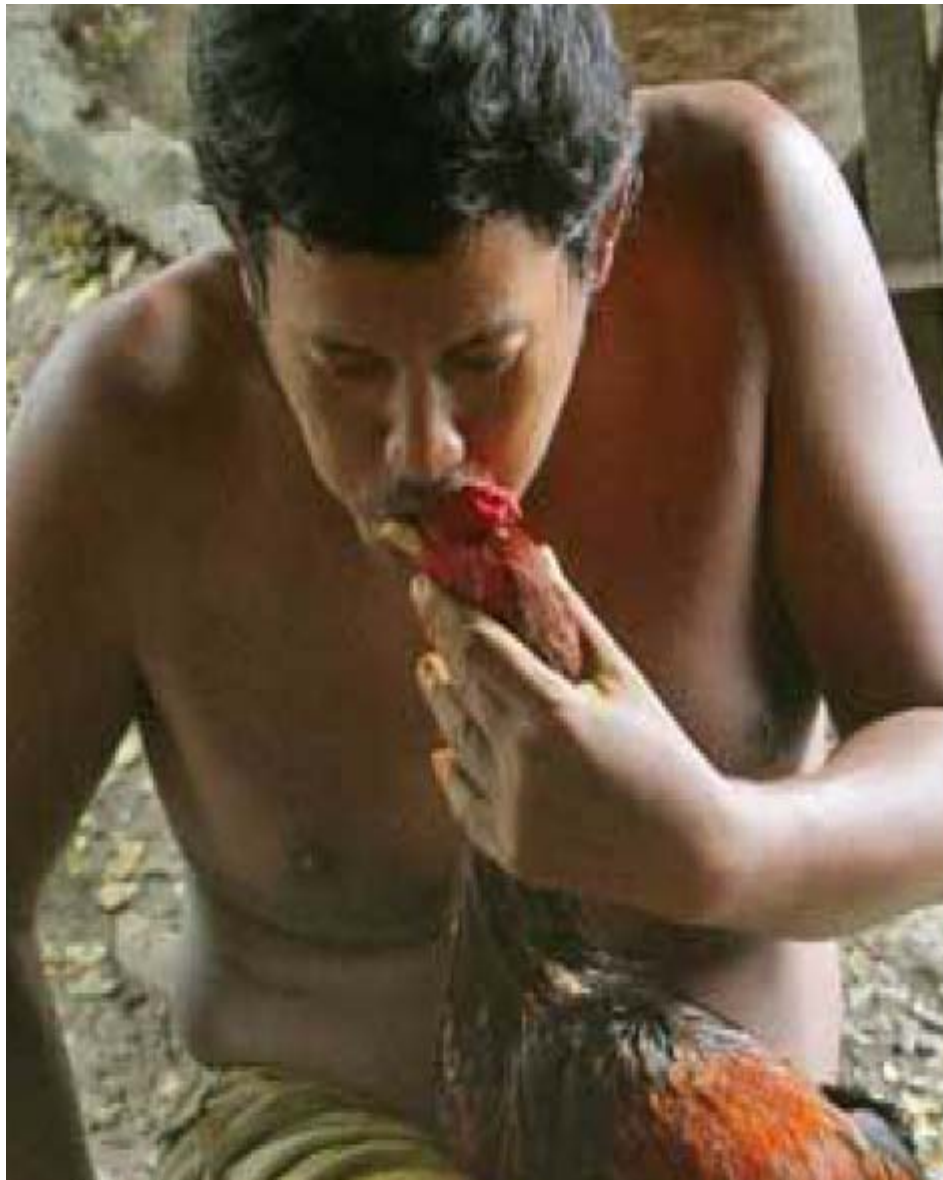
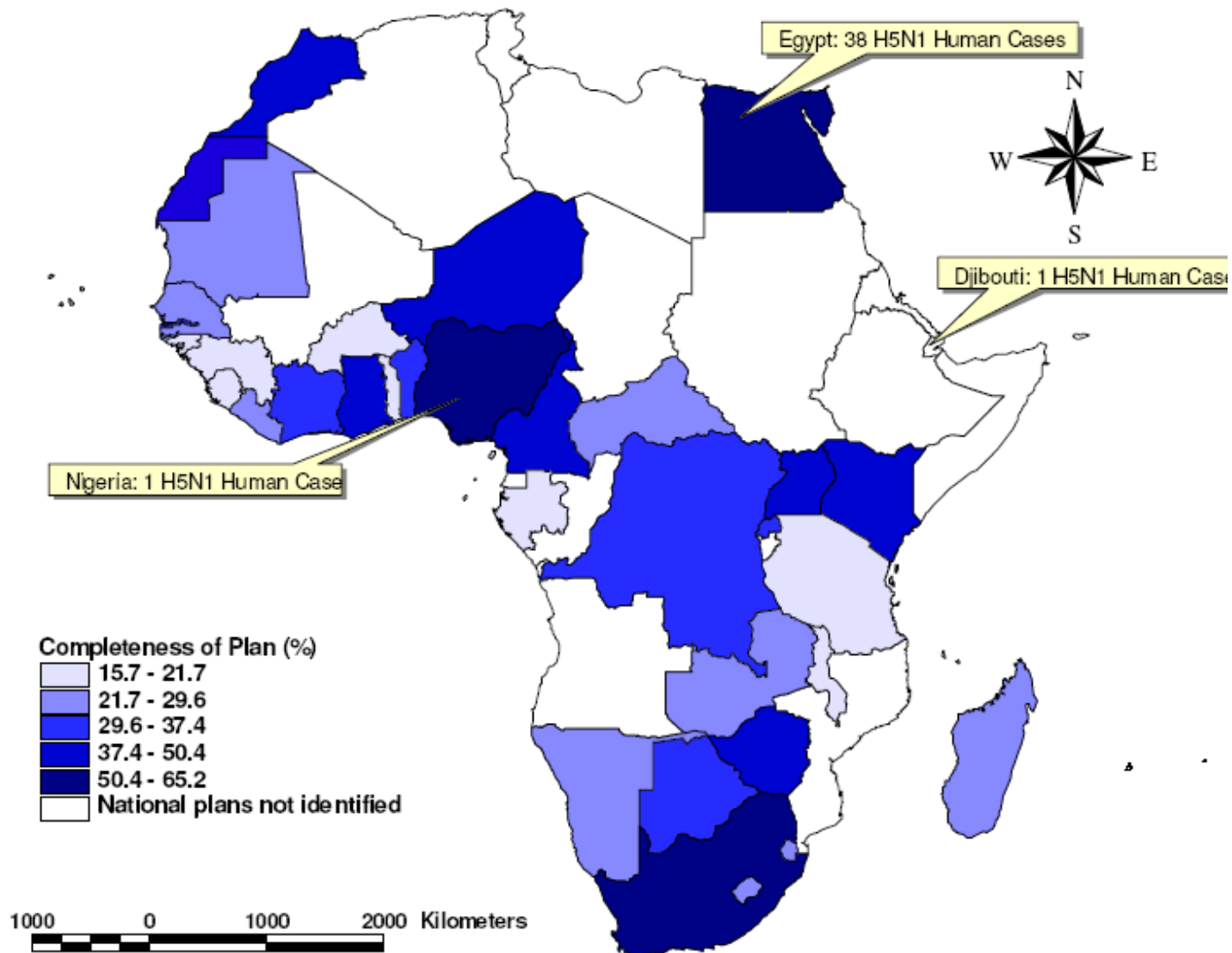


Figure 1. Africa map showing completeness score and number of human cases



Capacity of Thailand to Contain an Emerging Influenza Pandemic

Weerasak Putthasri, Jongkol Lertiendumrong, Pornthip Chompook, Viroj Tangcharoensathien, and Richard Coker

Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 15, No. 3, March 2009

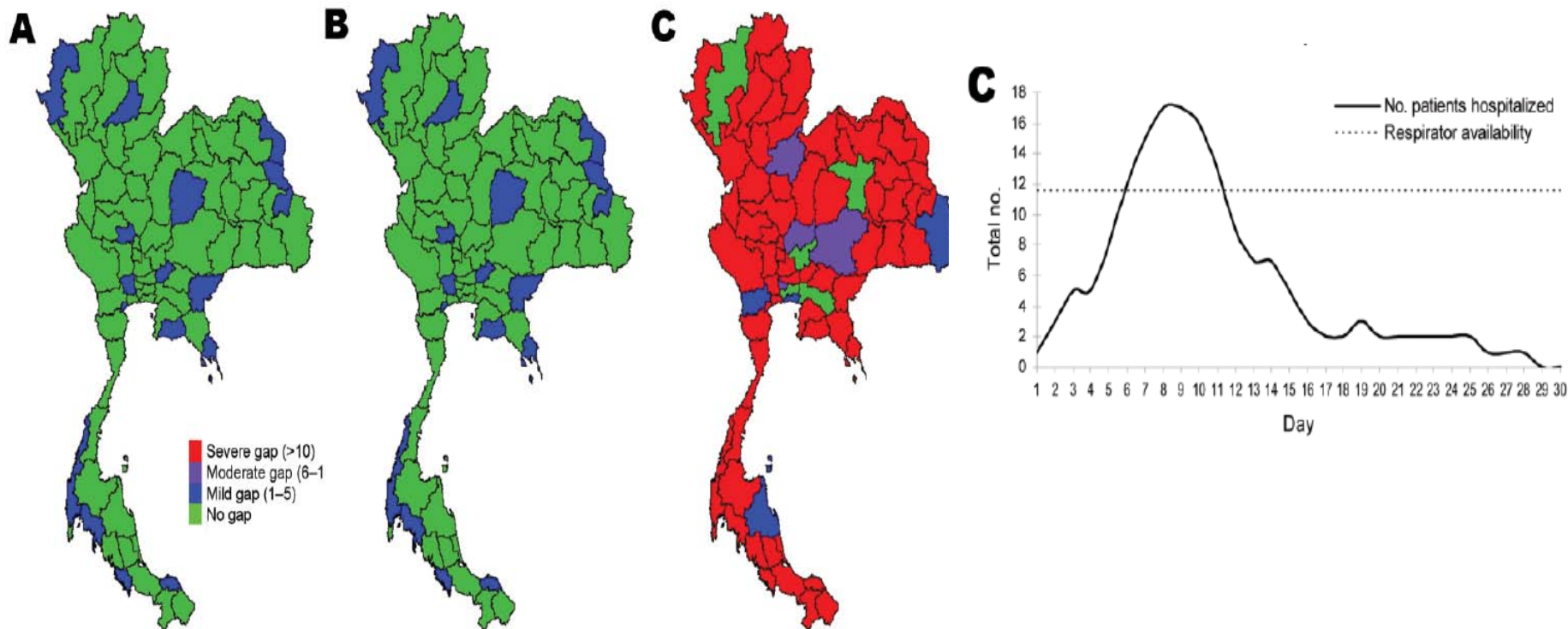
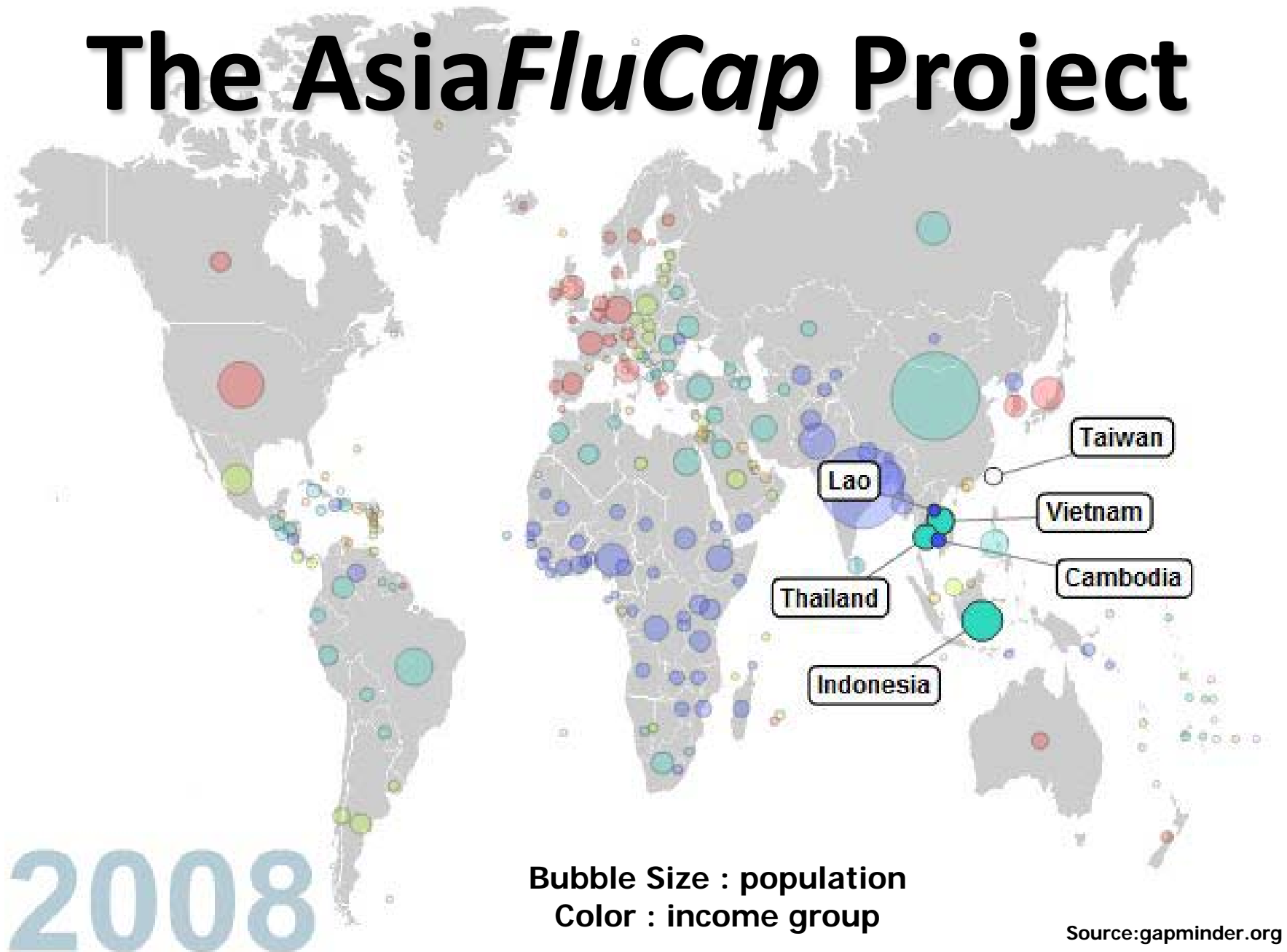


Figure 4. Gaps in health system resources (adult respirators) likely to occur for 3 scenarios of prepandemic influenza across provinces, Thailand. A) Scenario 1; B) scenario 2; C) scenario 3.

The AsiaFluCap Project



Collaborators



UNIVERSITAS INDONESIA

*University of
Health Sciences*
Lao PDR

Ministry of
Science &
Technology
Viet Nam



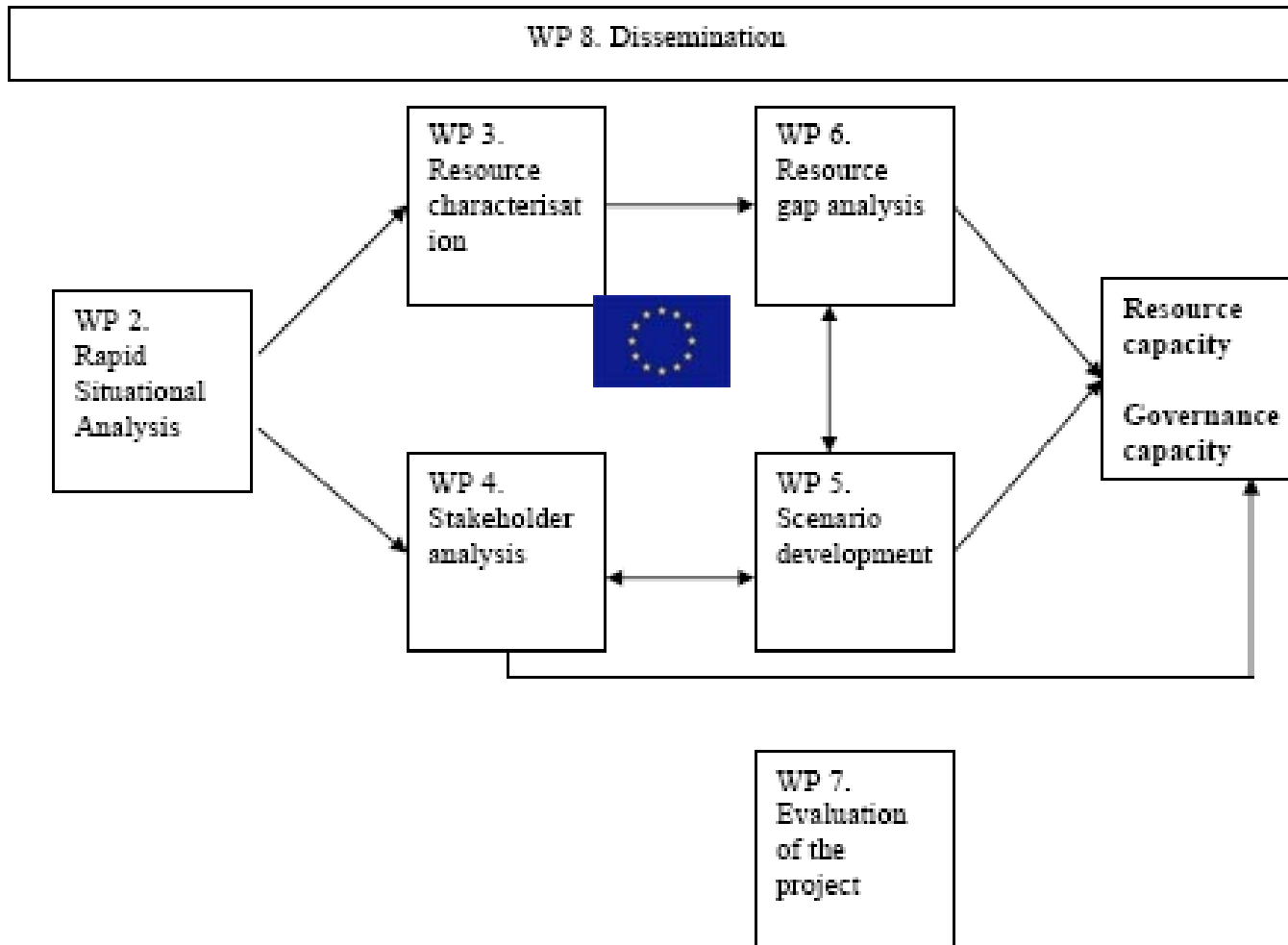
National Avian
and Human
Influenza
Coordination
Office



RSA objectives:

- To provide, rapidly, the health systems context within which a response must function
- To provide a contextual understanding of the challenges and constraints likely to be faced
- To identify sources of information, data and stakeholders to inform the resource characterisation and analysis of governance arrangements

Work Packages



RSA Methodology

Phase 1: Data collection



Phase 2: Synthesis



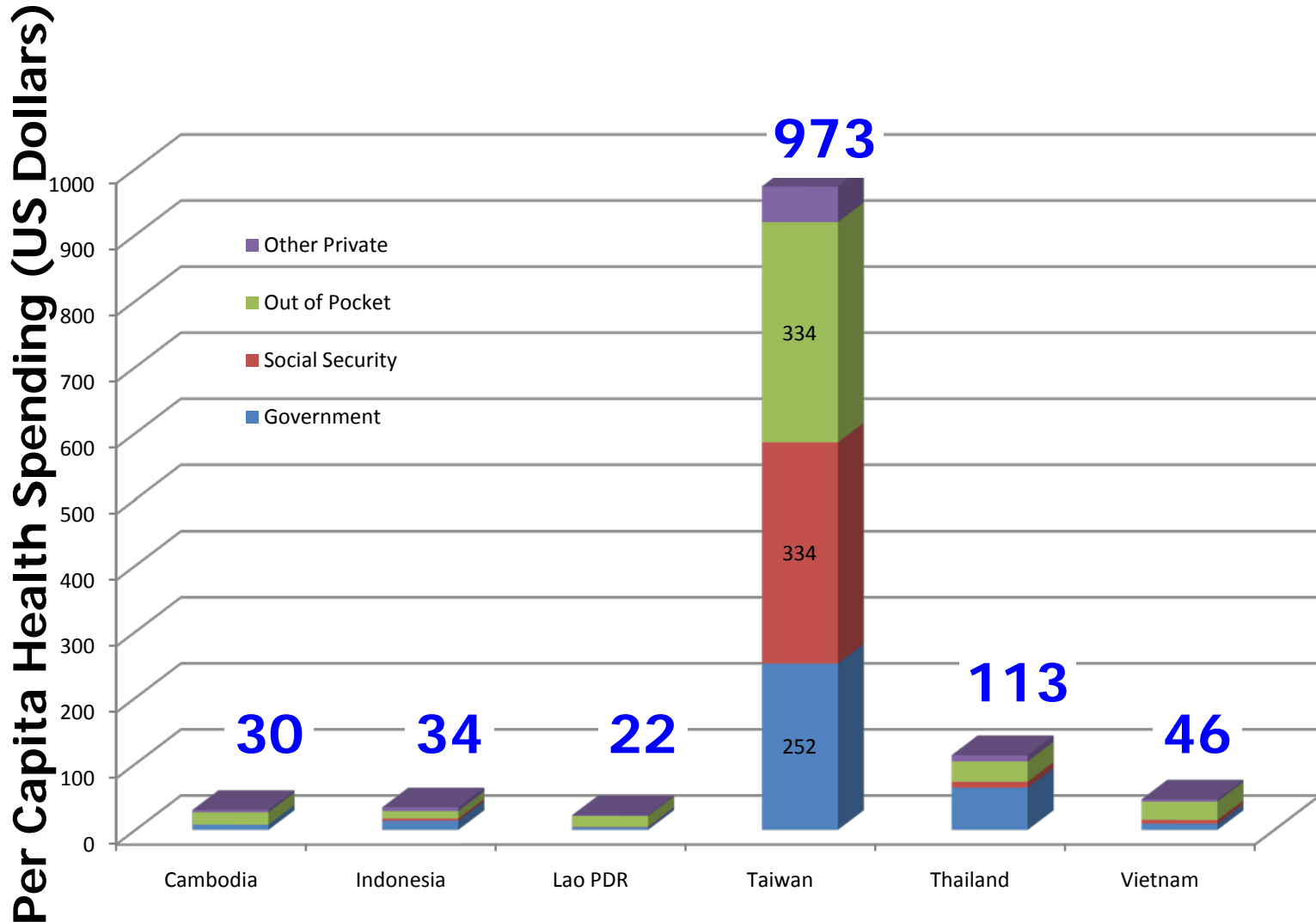
RSA Field Visits

Country	Period	Research Team Members
Cambodia	20 – 24 Oct 2008	Sandra Mounier-Jack, Joia de Sa, Chau Darapheak, Ly Khunbun Narann, Sreang Kosal
Indonesia	10 – 14 Nov 2008	Wiku Adisasmito, Sandi Iljanto, Noviyanti Lianadewi, Kamaluddin Latief, Amir Suudi, Richard Coker, Piya Hanvoravongchai, Joia de Sa
Lao PDR	20 – 24 October 2008	Richard Coker, Joia de Sa, Nyphonh Chanthakoummane, Rattanaxay Phetsouvanh, Sing Menorath, Viengdaly
Taiwan	10 – 14 Nov 2008	Ralf Krumkamp, Alexandra Conseil, Sandra Mounier-Jack, Yu-Chen Hsu, Chin-Shui Shih
Thailand	Nov - Dec 2008	Weerasak Putthasri, Suladda Pongutta, Jongkol Lertiendumrong, Pornthip Chompook, Piya Hanvoravongchai, Joia de Sa
Vietnam	3 – 7 Nov 2008	Sandra Mounier-Jack, Alexandra Conseil, Pham Ngoc Chau, La Thanh Nhan

Health Policy and Organization

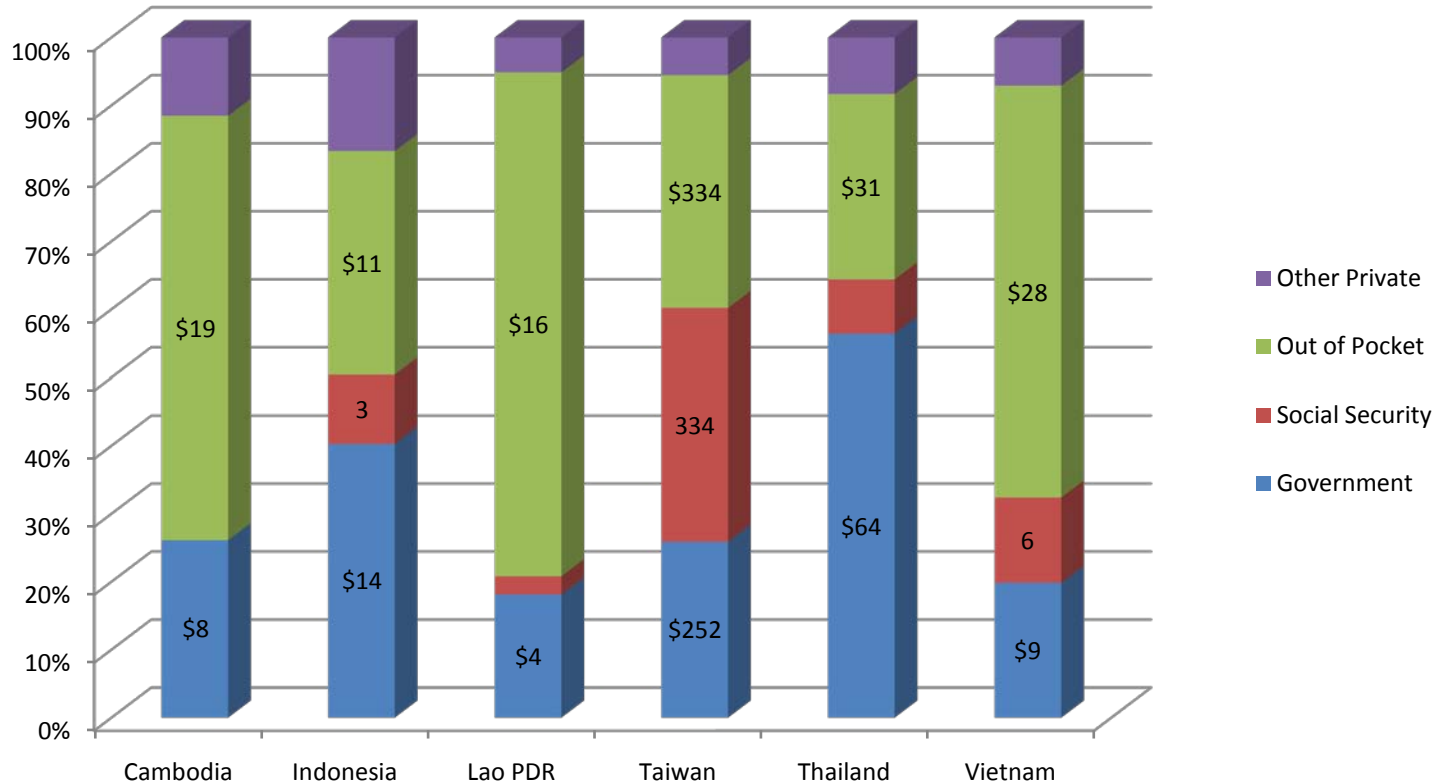
- Public Health:
 - Decentralized System in Indonesia and Vietnam
 - Multiple players: Cambodia (NGOs)
- Health care:
 - Mainly public providers (with many private clinics): Indonesia, Laos, Thailand, Vietnam
 - Mainly private providers: Cambodia, Taiwan
 - Universal health insurance: Taiwan, Thailand
 - Health Financing Schemes for formal sector and the poor: Indonesia, Vietnam

Health Financing: Level



Year: 2006
Source: WHO / Taiwan DOH

Health Financing: Compositions



% from external

22%

2%

14%

0%

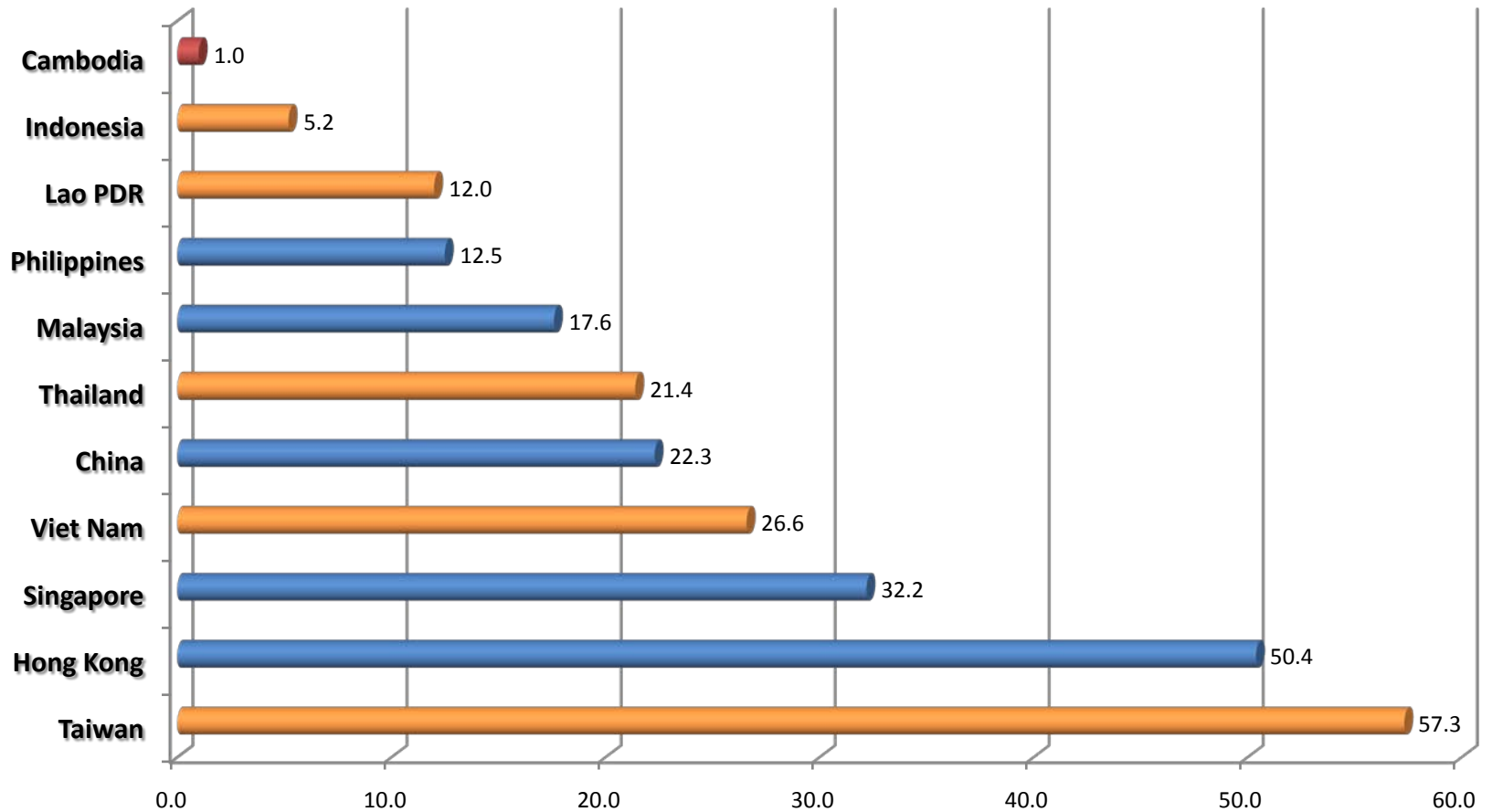
0%

2%

Year: 2006

Source: WHO / Taiwan DOH

Hospital beds per 10,000



Year: varies
Source: various sources

Cambodia

- Commitment to strengthening surveillance system
- Regional rapid response teams work well
- Challenges in diagnosis and treatment
- Lack of clinical resources
- Need to consider beyond rapid containment
- Involvement of different sectors



Lao PDR

- Good co-ordination mechanism through unique structure of NAHICO
- Good first step of operational planning with entry points for sectors outside health care
- Limited resources and staff
- Limited emergency budget
- Need to consider circumstances other than rapid containment



Indonesia (Bali and Jakarta)



- Active work of KOMNAS and commitment at high level
- High burden compared to other countries
- Seen as chance to strengthen infrastructure
- But must compete with many other diseases
- Decentralisation affects policies in different regions

Vietnam



- Strong commitment in response to HPAI, with focus on AI eradication
- Assets include extensive PH sector, trained staff, good lab capacity
- Main challenges involve the possible lack of preparedness and capacity to step up from containment to pandemic management
- Lack of clarity in medical resources including stockpiles

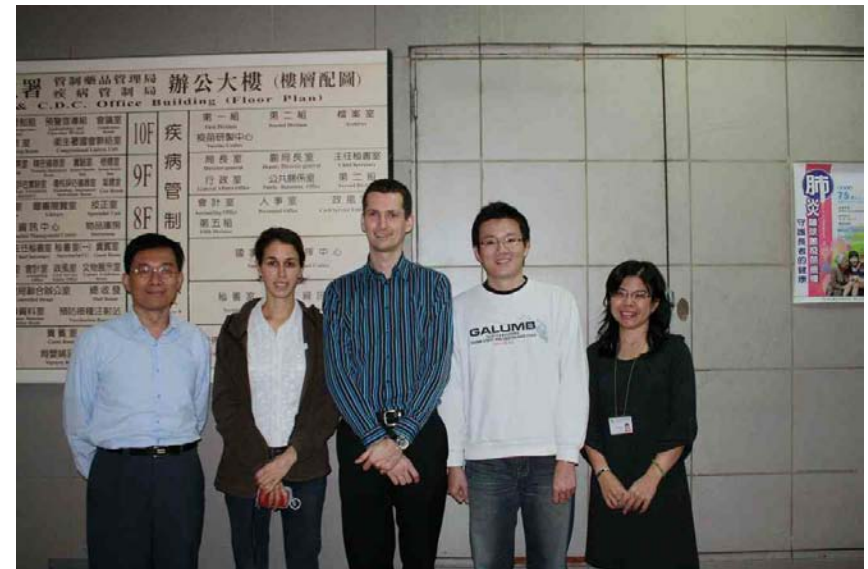
Thailand



- Commitment to respond to outbreaks
- Danger of complacency as no recent cases
- Investment can strengthen health system
- No clear management and co-ordination structure
- Reliance on vaccine for response
- Good provincial organisation

Taiwan

- Health System:
 - Well developed health system with sufficient financial and human resources
 - Not official member of WHO, hence no direct support from WHO
- Pandemic Management
 - Pandemic plans for all administrative levels and for involved institutions
 - “Central Epidemic Command Center” to coordinate pandemic response



Common themes in Pandemic Preparedness

- Current pandemic preparedness work is highly reliance on surveillance and rapid response team (except Taiwan)
- Little done on pandemic preparedness/mitigation (except Taiwan)
- Lack of knowledge/skills for pandemic at local level (governance & providers)
- Majority uses AHI referral hospitals (except Taiwan, Thailand)
- Case management focuses on antiviral treatment
- Laboratory investigation is relatively good
- Questions on financial sustainability of pandemic preparedness (except Taiwan, Thailand)

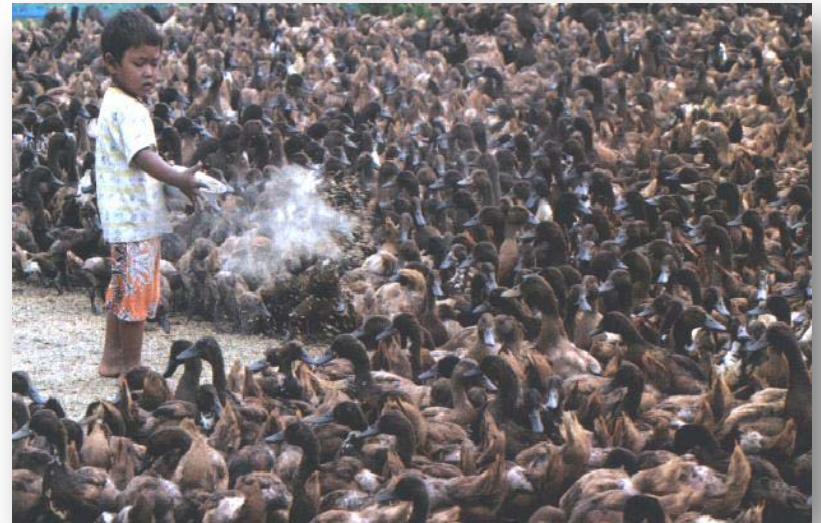
Ongoing research

Analysis of:

- Health systems to respond to pandemic flu in Asia
- Integration of HIV, TB and general health system in Vietnam
- Veterinary and human health systems in southern Africa
- Law as a tool to support pandemic flu responses
- Risk factors associated with outcomes – global cases of H5N1 to date
- Pandemic influenza as a security threat – policy analysis
- Does integration of health programmes (TB, HIV) ensure sustainability
- What does ‘One World One Health’ mean?

In summary, what do we do?

- Research that informs policy
- Policy-relevant research on infectious diseases and emerging infectious diseases
- Analysis of health systems
- Observational epidemiological studies
- Qualitative analyses
- Geographic focus on SE Asia
- Bridging the policy-research interface
- Building innovative collaborations



Communicable Diseases Policy Research Group



The Communicable Diseases Policy Research Group (CDPRG) is a research group under the Health Policy Unit in the Department of Public Health and Policy at the London School of Hygiene and Tropical Medicine. It provides a focus of expertise on the diverse public health problems associated with communicable disease control internationally. The Group focuses on multidisciplinary research in support for, and of, policy reform.

To contribute to the improvement of health worldwide through the pursuit of excellence in research, postgraduate teaching and advanced training in national and international public health and tropical medicine, and through informing policy and practice in these areas.

~ LSHTM's Mission ~

The CDPRG

Communicable Disease Policy Research Group

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