

Pandemic Preparedness Forum
Previously known as the
Southeast Asia Regional Inter-Agency Information Sharing/Coordination
Meeting on Avian & Human Influenza
Hosted by the Asian Disaster Preparedness Centre

Organized by the Asian Disaster Preparedness Center and Nestle Thailand



2 July 2009 (Thurs), 2 - 5 PM
Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok
3rd Floor, Bangkok Panorama II Room

Theme: Private sector contingency plan: and, development of pandemic exercise training package attendance experience sharing

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 Canadian Government via 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/>

Chair: Brad Philips, ADPC

Organizations Present:

1. ADPC
2. French Red Cross
3. Embassy of Japan
4. IFRC
5. IOM
6. UNSIC
7. AED
8. FAO/ECTAD
9. Nestle Thailand
10. WHO
11. Rockefeller Foundation
12. TNS
13. OIE

Total: 19

14:10 hrs. Introductions and round table discussions

Project updates:

Embassy of Japan: H5N1 contingency plan for Japan, but tips and lessons useful for H1N1 outbreak. Please see PDF document "Guideline for Pandemic Influenza Preparedness at Business Entities and Establishments"

IOM: In Cambodia we ran a two phase Training of Trainers for government counterparts for targeted migrant communities. This training is also in Vietnam. Launched/disseminated last month from cross-border pandemic preparedness assessment. The provincial public health unit asked the UN to do a cross border exercise. Asking for assistance is a positive step. This work is logistically and politically challenging. However it shows up valid points. The UN country mission was supported by AED and FAO funded by USAID. Please see pdf of report of the KAP study.

14: 20 Presentation: John Abo, Asian Disaster Preparedness Center, “Experience Sharing from attending Development of Pandemic Exercise Training Package & Network for Strengthening Global Influenza Training-WHO Global Influenza Program 21-24 April 2009”

Please see PDF of presentation slides

Q&A

Q: Is this training package for the health sector only?

Ans: No its multi-sectored as pandemic preparedness is not just a health concern. Eg this can be adapted for refugees. (John showed working CD for Global Influenza programme). This is a situation scenario exercise. The programmers are trying to represent different regions and cultures in the CD. Some people may not think it is serious as too many cultures represented at one time-so changes to characters in the CD are likely.

The material is designed to be interactive, and will eventually be 30 hours learning material

Q: Time frame for roll out of final training package?

Ans: After the pilot test, which will be in Sep, a roll out is expected before the end of the year.

Q: The target of training package is who?

Ans: Multi-sectorial so this includes country level DMO, animal health, ministries etc.

Q: this package is it all based on the electronic CD or is a hard copy set going to be available too? How will it be piloted? For the CD is it designed that one person will sit at the computer and play?

Ans: in September we will have a face to face meeting. So WHO have to identify people to participate. These will have gone through the distance learning component first, and then they can participate in 3 day workshop in BKK.

Q: you are expert of training. What is your personal view of this package and strengths and weaknesses?

John: we discussed rolling it out in developing countries, and discussed that perhaps there will be a limit using this with groups on the ground and in the community (eg could be technology starved) and some people are better working in hard copy (i.e. print outs), so there now is a feature for printing pdf.

The roll out in country, I have not seen clear cut plan. If not applied correctly and if it is not supported in its application that will prove to be a gap. The material is good-easy to understand. But if the exercise is not developed correctly, it will not work. I guess the most important message is that health managers do not need to develop a massive exercise, they can do something table top and small and still be effective in training. Some also thought they could only do a training exercise with a plan. This is not the case. Can do exercise and develop plan along the way by discovering issues in your circumstances. These are the issues we saw. WHO can not always sustain, so need managers/groups to be avail to support in country with groups that use this. We have some people who can help with this.

15:00 Jean-Yves Gagnepain, Corporate Quality Manager, Nestle Thailand

“Flu Pandemic to catch it or not to catch it?”

Please see pdf of presentation

Q&A

Q: Who are the crisis committee?

Ans: Inside the board there are 8 that are crisis committee (eg myself, director etc) the problem is that you need to make the tough decisions. So managers etc have to be included.

Q: Where are you implementing this?

Ans: Factories, regional offices, head office.

Q: Does your change from 6 entrances to now only 2 for thermal scanning cause queues to get to work each day?

Ans: no not in head office. Not even in the factories, but these have 3 or 4 at entrances

Q: How many people in your office?

Ans: 600, so this system is effective for a large number of people everyday.

Q: For how long will you keep this level of surveillance up?

Ans: we will do for 6 months, one year, however long it takes depending on how H1N1 evolves.

Q: Sick leave for your workers?

Ans: the policy was discussed by crisis committee, and everyone has sick leave quota. If we send someone home, due to a H1N1 issue there is no problem, their pay is not affected. If someone goes over their quota we manage it case by case. In the factories the people get a monetary incentive if they come every day. So for that we took a special measure-if you do not come because of flu pandemic your incentive will not be affected.

Q: Do you employ medical staff to use the thermometers/heat scanners?

Ans: We have the heat sensors, then a nurse to double check a high temperature with an ear thermometer then if temperature is still high, worker sent to our doctor.

Q do the measures you employ correspond with certain states of alert?

Ans: yes when we started, we decided that if we went into the heavy stuff, and made multiple changes immediately this would be too hard. So we slowly implemented changes and alert states.

Q: How are school closures in BKK affecting your company?

Ans: We do not have absenteeism due to schools that I am aware of. With the measures we have in place initially our workers understood the need despite the inconvenience. They complied begrudgingly. But this week 5 deaths in Thailand from H1N1, now the people in our company are more cooperative and are aware (my personal opinion).

Q: Do you have a Nestle made home quarantine package?

Ans: We advise people that things can change quickly. And that they need a supply at home. So we provided two lists of examples of supply lists, one for Western people and one for the Thai people (as they have different dietary preferences). On this list is also water, thermometer, batteries etc.

Q The crisis committee. One of the dangers is oif one of those people get sick and can't implement the action plan. So do you have a 'layer' of people below who you are training just in case?

Ans: Yes. All crisis committee members have a deputy including the CEO of the company. These people practiced another exercise in November, from the airport closure and demonstrations, so they warmed up to the responsibility from these experiences. Then there is a business impact analysis-all the crucial business strategies and functions to keep Nestle Thai running. Then each team knows the measures to take for all their own processes to be sustained. "Least of action to be implemented" document created.

Q: How long and how many man days did it take Nestle to get to this point in their contingency plan?

Ans: Not sure. The teams worked on their own plans and I did not see this. I do not know but it has been actively ongoing since 2005. We learned a lot from developing the pandemic preparedness plan (PPP). We built on it. Without the understanding of other states, it is difficult to create one.

Q: in 2005 what was the trigger to create this plan?

Ans: The original Motivation was H5N1. Then we prepared PPP on H5N1 with SOS international.

Q: How did the situation with H5N1 get to Nestle to do something?

Ans: We experienced SARS in China. It was a localised affect. They were successful in preventing SARS affecting us by putting in drastic measures. Our technical manager at Nestle Thai came from China. He wanted to do something re H5N1 in Nestle Thai. Nestle Corporation wrote the protocol from SOS international. So we decided to use this as the basis for Nestle Thai. Then we decided to use a consultant for 6 days too. We quickly got something practical. Usable for H1N1 too.

Q: in the worst case scenario, does your PPP take into account long term absenteeism and salaries?

Ans: We did not say percentages (eg percentages of absenteeism etc) as it is unpredictable, so we prepare the resilience of the company instead. So e.g. staff can work from home plan when it gets bad. This is the next possibility if required.

Q: What is the communication strategy that looks to sharing this with staff at all levels?

Ans: We try to inform staff and keep them abreast step by step. E.g. the temperature taking door screening was postponed by 2 days when it was first decided on, so everyone had time to be informed. What we have experienced after 6 months is now the normal way to pass the

instruction. I.e. we used to have a telephone tree. Now we have a TRUE contract and send sms to all staff in one go.

Q: in the situation that everything stabilises, is return to operations accounted for in your plan?

Ans: Yes. My trip wire action plan is reversible.

Q: Do you have a policy for stockpiling?

Ans: We are taking the approach that we are not ministers of health. So we will not be a pharmacy and create a stockpile for each worker. We have a clinic, and a small quantity and we have a doctor. What we have is for a dramatic situation only. But not one for each employee.

4:15pm parting notes from outgoing Nestle Thailand representative Jean-Yves Gagnepain

I feel this group like a family. I have been here for 3 years. The group is integrated nicely. Pleasant. And always the potential to be fantastic. Even based just on the scope of nationalities and professions in this room. There is the capacity to bring lots of experience and points of view on the one topic. And now because of H1N1 it is shifting. I went back through minutes on the website. H5N1 tackled impressively. You can be proud of how we tackled it. E.g. the topics we have covered include farmers, how to communicate, community management, migrants and management, how to release animals, and how flu affects different genders. From a private sector perspective I got a lot from you all. We all get a lot of information. For cross fertilisation this group is fantastic. There is an openness of the group-very open and opening more as time goes on. There is also professionalism-high level on the same topic but different views. I am ignorant but have learned a lot.

We learn individually but we learn for the benefit of our business. We have lots of learning's coming out. What I like is the discipline and respect in this group and the rules that are not existing but are abided by. Open source group making knowledge. I would like to hope this group continues to be so active and thank you to everyone.

4: 30pm Brad Philips: Other business:

Funding for 2010-we are looking for funding. Approximately \$3000 USD for the year in hotel costs only.

Classifieds-please send to Elizabeth at ADPC elizabeth08@adpc.net

Next meeting 6th August. Theme: Vaccines

4:38pm Close of Meeting.