

PANDEMIC PREPAREDNESS FORUM

Thursday, 4 February 2010, 2-5pm
Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok



*Organised by the
United Nations System Influenza (UNSIIC) Asia-Pacific Regional Hub*

<p>Theme: Government Pandemic Preparedness</p>
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The minutes, presentations and other information about this and past Pandemic Preparedness Forums can be found on the United Nations influenza website at <http://un-influenza.org/node/3730>

Chair: Annu Lehtinen, Regional Avian and Human Influenza Coordinator (UNSIIC),
Head of the UNSIIC Asia-Pacific Regional Hub

Organizations present:

1. Academy for Education Development (AED)
2. Embassy of Japan
3. Food and Agriculture Organisation (FAO)
4. International Federation of the Red Cross (IFRC)
5. International Organisation for Migration (IOM)
6. International Rescue Committee (IRC)
7. Japan International Cooperation Organisation (JICA)
8. Kenan Institute Asia
9. London School of Hygiene and Tropical Medicine (LSHTM)
10. Ministry of Public Health, Thailand
11. National Committee for Disaster Management, Cambodia (NCDM)
12. Plan International
13. Rapid Asia
14. Real Time Bio-surveillance Pilot (RTBP)
15. United Nations Children's Fund (UNICEF)
16. United Nations Office for the Coordination of Humanitarian Affairs (OCHA/PIC)
17. United Nations System Influenza Coordination (UNSIIC)
18. United States Agency for International Development (USAID)
19. University of Alberta, Canada
20. World Food Programme (WFP)
21. World Society for the Protection of Animals (WSPA)
22. World Vision

Total: 38

PROJECT UPDATES

UNSIK: In collaboration with other UN agencies, UNSIK has just organised the UN System Workshop on Avian and Pandemic Influenza, which took place from 27-29 January in Bangkok. The workshop brought together over 80 participants from UN country, regional and head offices to examine the UN system support for the implementation and coordination of country-level actions to reduce risks of avian and pandemic influenza. A recommendations report emerged from the workshop which identifies the priority areas where workshop participants felt that the most impact could be made in preparedness and response to avian and pandemic influenza. This report was shared with PPF participants. It is also available on the UN influenza website at <http://un-influenza.org/regions/asia/workshop/2010>.

RTBP is conducting research on behalf of the Asia Disaster Preparedness Centre (ADPC) through a Real Time Bio-surveillance Pilot Project in India and Sri Lanka. It is using inexpensive mobile phones to collect and analyze data in order to enable rapid detection of influenza outbreaks.

Department of Disease Control, MoPH, Thailand is including updates on pandemic preparedness on the MoPH website (<http://eng.moph.go.th/>). It is endeavoring to translate the information on its website into English.

LSHTM is working on resource mapping and linking to mathematical models in order to predict where resource gaps exist across six countries in South-east Asia. It has recently started a new project in Bali looking at modifications of the virus and the potential for reassortment.

UNSIK / PIC is focusing on non-health sector/multi-sector preparedness. In 2010 it plans to support UN country offices in the Asia-Pacific region in their work to help government ministries to put together detailed continuity plans.

WFP Asia regional office is asking its country offices to provide it with country level core pandemic operation action plans, focusing on operational continuity of country offices and essential services.

World Vision reported that in the 47 provinces in which it currently works, it has had no report of an outbreak of H1N1 as yet.

USAID is currently working on an avian pandemic influenza programme across Laos, Burma and China. It is collaborating with UNSIK/PIC on multi-sectoral preparedness planning and business continuity planning. It is also working with NGOs in nine refugee camps along the Thai-Burma border to establish human and animal surveillance. In addition, it is supporting ASEAN in organizing a multi-sectoral pandemic preparedness and response revised methodology workshop in Jakarta from 22-26 February 2010.

IRC is continuing to work on avian influenza preparedness and response, including the H1H1 pandemic, across nine refugee camps in Thailand.

Keenan Institute Asia is implementing a programme supported by USAID, called the 'Greater Mekong Sub-region Responses to Infectious Disease' project. It aims to match resources from the private sector with the US Government fund in order to implement projects in the region.

IOM has just completed a report from the functional exercises conducted in 2009 on its migrant health programme. The report is currently available in Thai but will be shortly available in English also. IOM has also completed two training workshops on how to develop business

continuity planning its multi-sectoral partners. In addition, it has just finished the data collection on the CAP survey on migrant populations in four provinces in Thailand. It hopes to publish the report in the coming months.

Rapid Asia updated participants on its recent establishment. The company conducts monitoring and evaluations and is also involved in setting up systems for mobile phone monitoring and surveillance. It works across a number of thematic areas including human trafficking and education.

IFRC reported that through the H2P programme with grants from USAID and DFID, it has supported 12 national societies in Asia-Pacific in undertaking risk communication campaigns. At global level, IFRC is working with AED, Core Group, WHO and UNICEF in pandemic risk communication material, which can be downloaded at www.pandemicpreparedness.org.

AED is currently conducting activities in the region to support vaccine deployment. It is working on the 'Mekong Infectious Diseases – Behaviour Change and Communication Project' which supports behavioural research in communications in Thailand, Cambodia and elsewhere in region. It is also now working with UNICEF, WHO, FAO and other partners on the Asia Regional Risk Communication Initiative. The initiative aims to provide a coordinated communication support to various agencies as well as governments in the Asian region.

Presentation: 'Cambodia Multi-sectoral Pandemic Preparedness and Response'

14:25 Presentation by Dr. Ross Sovann, Deputy Secretary General of the National Committee for Disaster Management (NCDM), Chief of National Emergency Coordination Center, Council of Ministers, Royal Government of Cambodia

(Please see PowerPoint presentation slides)

15:10 Q&A

Q: (LSHTM) How does the Government of Cambodia take account of the private sector in preparedness planning and how does it influence the private sector in this process?

A: The facilitation team did not initially know what areas of the private sector and civil society should be involved in the process. In the planning stages, the lead Government person of each sector sat down and identified what resources were needed for that particular sector. After identifying what specific resources were needed the identified parties in the private sector and civil society were invited into discussions with the government. The national level of Government then wrote to these parties to request they provide access to their resource in the face of a pandemic.

Response: (LSHTM) Certain countries have civil contingency acts which give the Government access to resources, while other countries do not have any authority at all to access the resources which are needed.

Q: (LSHTM) How is Cambodia addressing the issue of surge capacity and priority setting in maintaining core services in the face of a pandemic? For example, if the health service is faced with extra burden how does it decide on its priorities and how does it draw upon additional resources to meet its requirements?

A: Each sector identifies the priority services it needs to maintain and the services that are non-core which can be temporarily dropped. For example, the health department at the sub-national level identifies its priorities and makes recommendations for policy to the national level. The national level does not decide on the sub-national level priorities, they are empowered to do that themselves.

Q: (WFP) How does the Government of Cambodia collaborate with UN agencies during the planning phase and while conducting these exercises?

A: The Government has worked in collaboration with the UN from the initial phases of the pilot plan. Different UN agencies work in partnership with different sectors. For example, WFP works in collaboration with the food emergency sector. The sub-national levels make the connections themselves, which is part of Government's effort to decentralize power. The role of the national level is to provide policy support if it is requested by the sub-national level.

Q: (WFP) How does the Government of Cambodia collaborate with the military in the planning exercises?

A: In Cambodia the military play a supporter role. The police are the lead sector in the area of security, and the military support them in this. However, the military has a strong logistic capacity, so the transportation sector is able to work with the military on logistics. The national body's role is to support and coordinate this link.

Q: (UNSIK/PIC) In relation to the Government of Cambodia's preparedness status in Siem Reap province, are the key service providers in each sector prepared and is there a monitoring of progress process established?

A: The Government has completed the planning stage but the actual activity of preparedness is yet to be completed. The plans, goals and objectives are now written on paper. The Government is unable to monitor that as yet so is unsure if any sector has taken any action - for example dissemination of the planning, training of the responder. It recognizes that there are gaps which are yet to be filled. Without the support policy and order from the national level, actions cannot be taken. For example, the Ministry of Public Works and Transport needs to communicate with the military in terms of its logistics. It cannot begin to negotiate without guidelines and instruction from the national level. The plans are in place but the actual activities have not yet happened.

Presentation: 'Thailand's Pandemic Experience'

16.00 Dr. Supamitr Chunsuttiwat, Senior Expert in Preventive Medicine, Thailand Ministry of Public Health

(Please see PowerPoint presentation slides)

Dr. Chanvit Tharathep, Director of Health Service System Development Bureau, Department of Health Service System, Ministry of Public Health, spoke about Thailand's universal coverage programmes. The policy of Thailand is to provide universal coverage of healthcare to Thai people as well as migrant workers. Presently the country has approximately 2 million illegal migrant workers from surrounding countries (80% from Myanmar, 9-10% from Laos, Vietnam and Cambodia). The Government is launching a policy to convert these illegal migrant workers into semi-legal migrant workers. Registered migrant workers have the same health benefit packages as Thai nationals. The undocumented migrant workers can still receive treatment when they present themselves at a public hospital (80% of hospital beds are public and are provided by the Government). The law protects migrant workers and ensures that healthcare is provided to all, regardless of nationality.

In addition, to assist with prevention of pandemic influenza and promotion of preparedness in the undocumented migrant workers, the MoPH engages migrants as health workers. They are paid to work in migrant communities and conduct prevention and promotion advocacy activities.

16:45 Q&A

Q: (IOM) How did the MoPH calculate stockpile amounts of Tamiflu to be made available for undocumented migrants?

A: The MoPH did not prepare stockpiles based on the theoretical calculations of undocumented migrants. It would have been unfeasible to follow this path. Instead, it did not classify target groups into local or immigrant status, it simply tried to get as many doses of the drug as possible. As it turned out, the doses that were received are now in excess of what is being demanded by the population. The Government also guided the provincial health workers that they should provide the drug to all people including migrants. Dr. Maureen Birmingham of WHO communicated to the MoPH that there was a shortage of drugs in the refugee camps and fast action was taken to get the drug to the camps.

Dr. Chanvit Tharathep added that since April 2009 the MoPH has begun to prepare influenza IED material in migrant's local languages. Together with IOM and NGOs, the Government provides information on prevention to this sector of the population.

Q: (IOM) Is the seasonal influenza vaccine available to all populations including migrants?

A: No, the seasonal influenza vaccination only began to be available two years ago and presently there are limited amounts of the vaccine available. A plant is currently being built to produce the vaccine. The Government is producing two million doses of the vaccine for special risk groups each year, which includes the elderly and those with chronic diseases. If additional vaccine becomes available this will be extended to children but it does not cover the general population and therefore this does not include migrants. If any donors were to fund the migrant population group, then it could be considered as part of the programme.

Q: A number of months ago it was reported that a mutated strain of the virus has developed. Is the issue of a possible mutated strain something the MoPH has to consider?

A: By nature the virus keeps mutating all the time. Minor mutations are not likely to be significant but a major mutation could. As the virus constantly changes the vaccines developed next year will be made from another virus. WHO has a network of laboratories where it keeps a check on the virus changes and it uses this information when producing the vaccines.

Q: (UNSIK) Can you confirm that the first wave of the pandemic that occurred in July 2009 coincided with the usual influenza peak at that time of the year, and that now we are seeing a synchronization with the usual winter peak of seasonal influenza?

A: Yes that's 90% correct. For northern hemisphere countries winter is at this time of the year. But the outbreak preceded that and was therefore an off-season outbreak of influenza. The second outbreak coincided with seasonal influenza. For Thailand specifically, the outbreak coincided with the seasonal influenza for both waves.

Q: (IRC) What are the side effects of the vaccines?

A: Although the vaccine is new in Thailand, the model has been used for over 30 years in the US and Canada and is extremely safe. While its ingredients change each year with the change in the virus, the preparation has remained constant for the past 30 years. In relation to side effects – the MoPH bases its information on what has been experienced in other countries. Possible side effects include a 10-20% pain in arm at the injection site and a less than 10% likelihood of experiencing a mild fever for less than one day. With regards to death, reports show this is very rare, with about one in a million cases reporting death. Regarding pregnant women, WHO has not seen any signal of abnormal events in pregnant women beyond the level that would naturally happen without the vaccine. MoPH investigates all significant possible related deaths and from its investigations it there has been no evidence of any association with the vaccine to date.

17.20 Close of meeting.