

PANDEMIC PREPAREDNESS FORUM

Thursday, 1 April 2010, 2-5pm

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



Organised by the

United Nations System Influenza (UNSIIC) Asia-Pacific Regional Hub in collaboration with Asia Disaster Preparedness Centre (ADPC)

Theme:

Vulnerable Populations and Pandemic Preparedness

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: Jaime Calderon, Senior Migration Health Advisor of International Organization for Migration (IOM)

Organizations present:

1. Asia Disaster Preparedness Centre (ADPC)
2. Academy for Education Development (AED)
3. Embassy of Japan
4. Food and Agricultural Organization (FAO)
5. International Federation of the Red Cross (IFRC)
6. International Organisation for Migration (IOM)
7. International Labour Organization (ILO)
8. London School of Hygiene and Tropical Medicine (LSHTM)
9. Mae Tao Clinic
10. Nesle, Thailand
11. Rapid Asia
12. United Nations Children's Fund (UNICEF)

13. United Nations Office for the Coordination of Humanitarian Affairs (OCHA/PIC)
14. United Nations System Influenza Coordination (UNSIC)
15. World Food Programme (WFP)
16. World Health Organization (WHO)
17. World Vision

Jaime Calderon, Senior Migration Health Advisor of International Organization for Migration (IOM) Regional Office for Southeast Asia, welcomed participants as a chair and opened the forum. Meeting agenda was reviewed and agreed. Participants self-introduced themselves.

Presentation: ‘Thai model for pandemic preparedness for migrant populations’

14:15 Presentation by Dr. Nigoon Jitthai, Migrant Health Program Manager, IOM Bangkok

(Please see PowerPoint presentation slides)

Supplementary explanation of the presentation

Slide 4; NSP stands for National Strategic Plan.

Slide 5; Overall mindset was to prepare rather than wait until impact!

Slide 7; Majority of migrants in Thailand is from Myanmar. But there are also Cambodian migrants.

Slide 8; Common framework was applied to all programmes.

Slide 14; Migrants know best about their own community. Therefore, they can model what to do in case of pandemic.

Slide 14 and 15; These slides present the common model named ‘Chang Rai model.’

Slide 17; Exercise is an important way to promote the whole-of-society approach.

14:35 Q&A

Q (ILO): What are the experiences on training migrant workers in their work places?

A: There are some activities that took place like setting up health corner at the work places.

Q (UNSIIC): How the different models emerged from different communities were standardized as the Chiang Rai model?

A: Efforts were made to include all sectors concerned. It was a hard work. Especially to understand what other sectors are doing (e.g. do not know which military unit manages the field hospital).

Q (UNSIIC): How did Chang Rai Model performed under H1 pandemic?

A: Chang Rai was hit hard by the H1. The model enabled people to know how to handle the situation based on H5 experiences. They were more confident in responding.

Q (AED): Social distancing in migratory community feasible?

A: Social distancing in camps was difficult. Also, clinical guideline was often not implemented for migrants. However, overall there was no significant disparity between migrants and Thai residents though surveillance and response were relatively weak in the latter. Vaccination coverage in camps was lower than in Thai population. Capacity of Thai local hospitals did not have sufficient surge capacity. Health care workers in the camps need to be covered by the vaccine.

Special guest speech: 'IMCAPI 2010 and way forward'

14:45 Presentation by Ms. Pham Thi Hong Hanh, Deputy Director, Bilateral Cooperation Division, Ministry of Agriculture and Rural Development (MARD), Viet Nam and Dr. David Nabarro, Senior UN System Coordinator for Avian and Human Pandemic Influenza, Assistant Secretary General, United Nations.

David Nabarro thanked for allowing them to make an announcement about the IMCAPI 2010 and introduced MARD representatives, namely Ms. Hanh and Mr. Mau of MARD, Viet Nam. .

Ms. Hanh announced that the 7th International Ministerial Conference on Animal and Pandemic Influenza (IMCAPI 2010) to be organized in Hanoi, Viet Nam during 20-21 April 2010 with a technical pre-meeting on 19 April. The Conference invites Ministers of Agriculture as well as Ministers of Health from around the world. Observers are attending from academic institutions and NGOs. Press centre will be opened. Ministerial Statement will be endorsed at the end of the Conference..

Dr. Nabarro commended the extraordinary leadership taken by Minister Phat and Deputy Minister Bong of MARD in organizing the IMCAPI 2010. Viet Nam was chosen as the host of the next IMCAPI because of its strong H5 responses exercised with magnificent efforts. He said that the Conference was of significant importance due to the following reasons. First, it would highlight the shift from pandemic preparedness and responses as an emergency programme to mainstreaming them to routine works while keeping the momentum. Second, it would identify the best practices in H5 controls. Lastly, it would try to find ways to institutionalize the work of H5 into all emerging infectious diseases arising from human-animal-ecosystem interface. He announced that the Conference Statement draft was on the web site requesting government to comment. He commended PPF to continue its unique forum activities and stressed the importance of addressing the particular vulnerability of migratory population.

Presentation: ‘The view from a migrant clinic at Thai-Myanmar border: how H5 and H1 affected migrants and what educational challenges are faced?’

15:45 Presented by Dr. Josu Alexwin, Director, Health Education and Literacy Project, Mae Tao Clinic.

(Please see PowerPoint presentation slides)

Supplementary explanation of the presentation

Background information: 2.5 million Burmese migrants are currently staying in Thailand.

Slide 14; Work permit allows migrants to be covered by the public health services in Thailand whereas the temporary stay permit does not provide this privilege.

Slide 21; Factory workers are facing difficulty in taking sick leaves when they get ill.

Slide 20; In the catchment area of Mae Tao Clinic, there has been no H1 or H5 confirmed case so far. This may be due to the iceberg phenomenon in which the actual incidence is not captured since the persons visiting health facilities are the tip of the iceberg.

Slide 24; Mae Tao Clinic is training community-based and factory-based migrant health workers. So many health works have been done by so many NGOs and CBOs; Lack of coordination is a prominent issue. One migrant can be the volunteer of two or more different programmes. In such a situation, volunteers cannot allocate sufficient amount of time for the health volunteer works since they need to focus on the main job for wages.

16:30 Q&A

Q (OCHA): Is the NGOs consortium still existing?

A: So many meetings and conferences are held. But coordination is only between the NGOs or amongst the government level. NGO-CBO-government collaboration has just started. Redundant works, training and IEC materials between organizations are still commonly observed.

Q (WHO): Fragmentation on the communication was also the findings pointed out by the MOPH-WHO joint review. Probably it takes coordination at the community level and as well as at the higher level.

Comment (ADPC): The issue highlights the limitation of the project approach in risk communication. Main-streaming of the approach is needed.

Comment (IOM): In Indonesia, all IEC materials were reviewed by UNICEF and WHO before dissemination.

Q (AED): Health care workers seemed to be the key communication medium. How are their actual practices in communication?

A: In polio communication campaign, very limited people turned in. Next year a stage performance with music and dance was featured and it worked. Direct personal communication outperforms the IEC materials.

Q (IOM): What was the impact of the radio campaigns?

A: Most of the migrants have no radio. Also since their overworks, it is rather difficult for them to spare time to listen to the radio.

Comment (IOM): Need careful examination on the extent to which the findings can be generalized. Radio is often considered to be an effective mean of communication. IOM

survey revealed that human media is effective but also expensive. The survey also proved that most printed materials did not bring about the impact as with the human media.

Comment (IOM): School is a good place where communication can be integrated.

The Chair reviewed the sessions and concluded that the IOM example outlined how UN agency supports the government to build capacity whereas Mae Tao example illustrated the vulnerability of migrant population at Thai-Myanmar border.

Announcements

16:40

IFRC: Community preparedness is another aspect of vulnerable population and pandemic preparedness (H2P). Programme review is in progress as to how the H2P affected the H1 response. Around August, the findings will be ready to be shared.