

IMCAPI 2010 Recap:
**2. The way forward for
preparing for pandemics and
other high impact threats to
human health**

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Technical pre-Meeting Stream B (Pandemic Preparedness) Key Points to the Ministerial Conference

Key points 1

- What have been the major **achievements** in {stream B} that should be celebrated and built upon?
 - H5N1 capacity built since 2005- key to H1N1 response including communication for risk reduction.
 - Enhanced surveillance mechanisms and lab capacity- e.g. rapid identification of virus and distribution of H1N1 testing kits.
 - Intergovernmental mechanisms and cross-sectoral collaboration within countries

Key points 1-cont

- Increased training and capacity building in the health sector
- Some examples of emerging regional networks and cooperation (ASEAN, Pacific Public Health surveillance network, FAO, OIE and AU coordination arrangements)
- Increased multi-hazard disaster management capacity (collateral benefits): e.g. Haiti

Key points 3

- What are some of the major **challenges** ahead?
 - Building broad-based surveillance for zoonotic influenzas
 - Maintaining interest and investment in H5N1 and other threats at the animal-human interface
 - Timely vaccine production and deployment
 - Enhancing national coordination mechanisms

Key points 4

- Do the two expected outcomes proposed in the draft *Framework* document provide the correct direction for work in the short to medium term?
 - Strong support for both outcomes but need to build on existing platforms:
 - Expected outcome 5: Develop (Strengthen) local, national and global capacities for responding to pandemics to reach IHR 2005 standards
 - Expected outcome 6: Incorporate capacity for multisector (and inter-country) pandemic responses within (multi-hazard) disaster preparedness and response strategies

Key points 5

- What are the **key actions** that need to be encouraged in the short to medium term?
 - Sustain risk and behaviour change communication interventions.
 - Review and update national and sectoral plans
 - Look for innovative ways to address work force and skill shortages, .
 - Further research and evaluation of the pharmaceutical and non-pharmaceutical interventions
 - Explicit commitment for vulnerable populations

Key points 6

- Structures, processes and resources – what will be key to sustaining momentum into the long term?
 - Strengthen regional and international engagement
 - Ensure political commitment
 - Empowering communities
 - Recognize the role of education in embedding protective behaviours and building skills.
 - Sustain effective structures and processes at national level
 - Develop tools to measure and account for progress

History of Preparedness in Japan

Organization

- Inter-Ministerial Coordination Meetings
- Preparation of Emergency Operation

Preparedness Plan

- Government Pandemic Response Plan (2005-2009)
- Guidelines
- BCP (under development)

**PREPAREDNESS
(2004-2009)**

Exercises

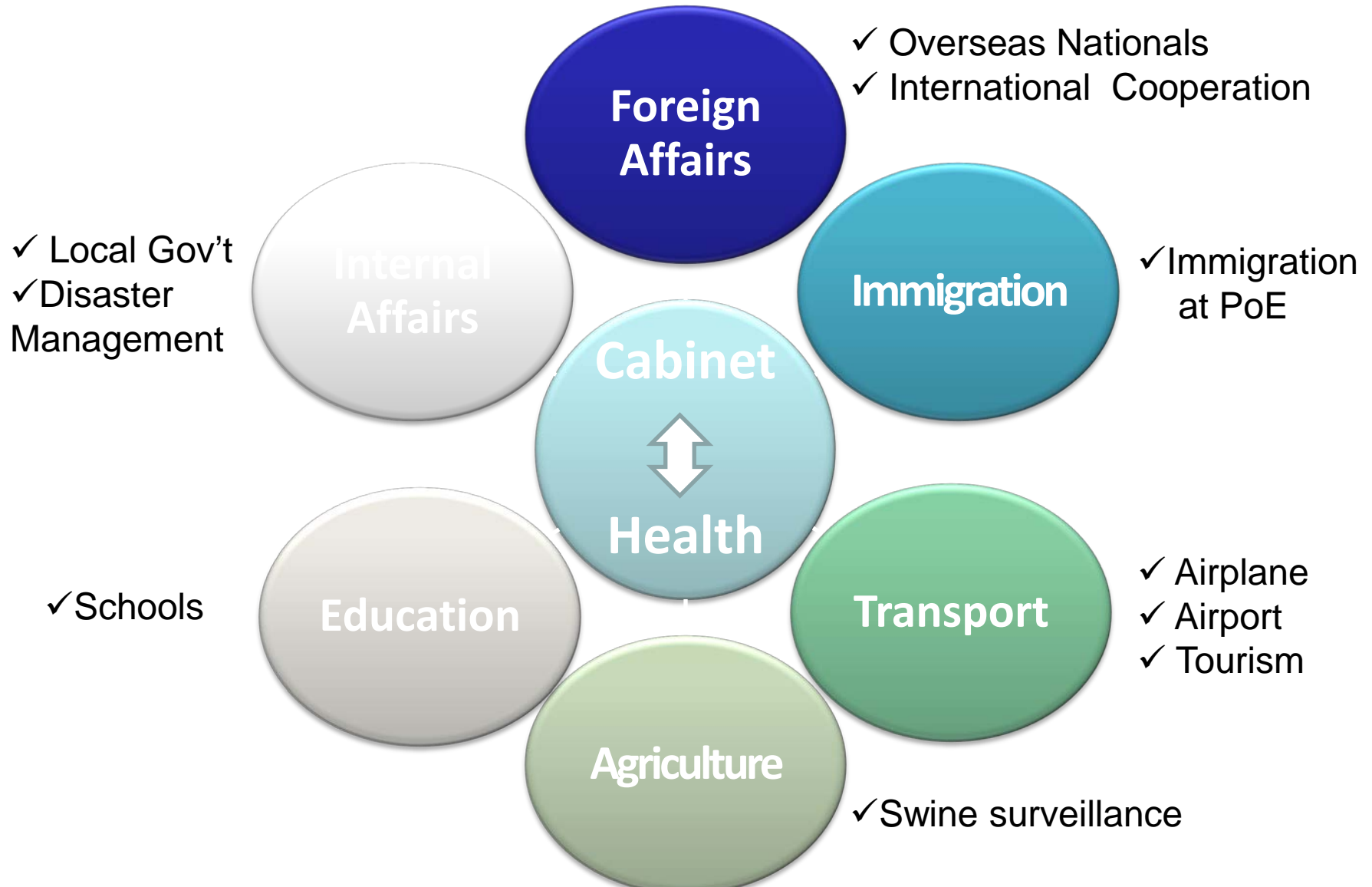
- General Exercises (4 times)

Advanced Action

- Antiviral Stockpile
- H5N1 vaccine (human) development, stockpile, clinical trial
- Revision of Laws

H1N1 Multi-sectoral Response (1)

Central Government



Experiences of Lao PDR

- Inter-ministerial coordinating body
 - NAHICO later renamed NEIDCO
- Some key H1 lessons learned included:
 - **Integrated country plans should be build on and strengthen existing systems and mechanisms.**
 - **Building up the appropriate and practicable coordination mechanism and network for implementing the AI and pandemic strategic plan.**
 - **Increasing public awareness by using existing awareness tools in routine way and at intensified frequency during risk periods.**

Experiences of Mongolia

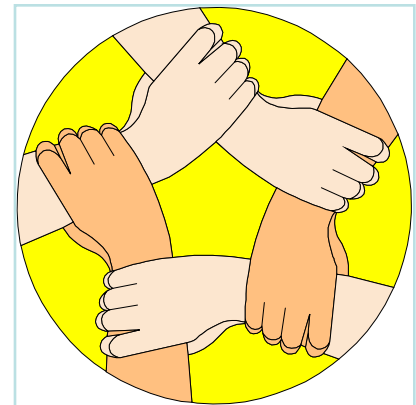
- Organizational set up of **rapid response teams** proved useful exercise in strengthening the kind of inter-sectoral cooperation in emerging and re-emerging diseases and other public health emergencies that the IHR calls for;
- Based on acquired update, draft proposal for **amendments in the National strategy** on animal and human influenza prevention was formulated and submitted for Cabinet's consideration;
- **Immunization plan** targeting pandemic influenza was adopted, covering 60% of the population. It is to be implemented in 4 stages, involving 600,000 person-doses of self purchased vaccines and 270,000 person-doses provided by the WHO. Currently, 14.5% of the population is vaccinated.
- **Virology laboratories** in the General Hospitals of Darkhan and Erdenet cities started operation upon total hardware upgrade and training;
- **Challenges:**
 - The Country had relatively high rates of mortality due to inadequacy and limited availability of healthcare services;
 - Due to inadequate communication management set up, cases of media misinformation and resulting unnecessary burden on healthcare workers were abundant.

Thailand's Lessons learned 1

- The pandemic H1N1 2009, even though of mild to moderate severity, caused considerable social, economic & political impact
- Benefit of pandemic preparedness planning / BCP
 - Rapid surge of outbreak response
 - Reduction of social disruption / mitigation of impact
- Risk communication- crucial at all stages of response
 - Need for strategic planning
 - Media relationship / trust very important

Thailand's Lessons learned 2

- **Opportunities for national capacity building**
 - Strengthening of public health infrastructure & manpower – surveillance, lab., case management, risk com., etc
 - Development / production/ stockpiling of vaccine / antivirals
 - Inter-sectoral cooperation for public disaster management
 - Cultivation of health protection culture
- **Opportunities for regional and international cooperation for health and social security**
 - Surveillance & information sharing
 - Antiviral drug stockpiling
 - R& D on antiviral drug and vaccine
 - Training & capacity building



H1 impact on vulnerable population (i.e. indigenous pops) presented by Canada

- Their experience can be a reflection of the asymmetric adverse effect of pH1N1 on disadvantaged populations
- Data from Canada, US, Australia, New Zealand, Brazil and France:
 - Significantly higher rates of hospitalization and death from pH1N1
 - Indigenous populations had an approximately, 3 to 6 fold higher risk of developing severe disease and dying

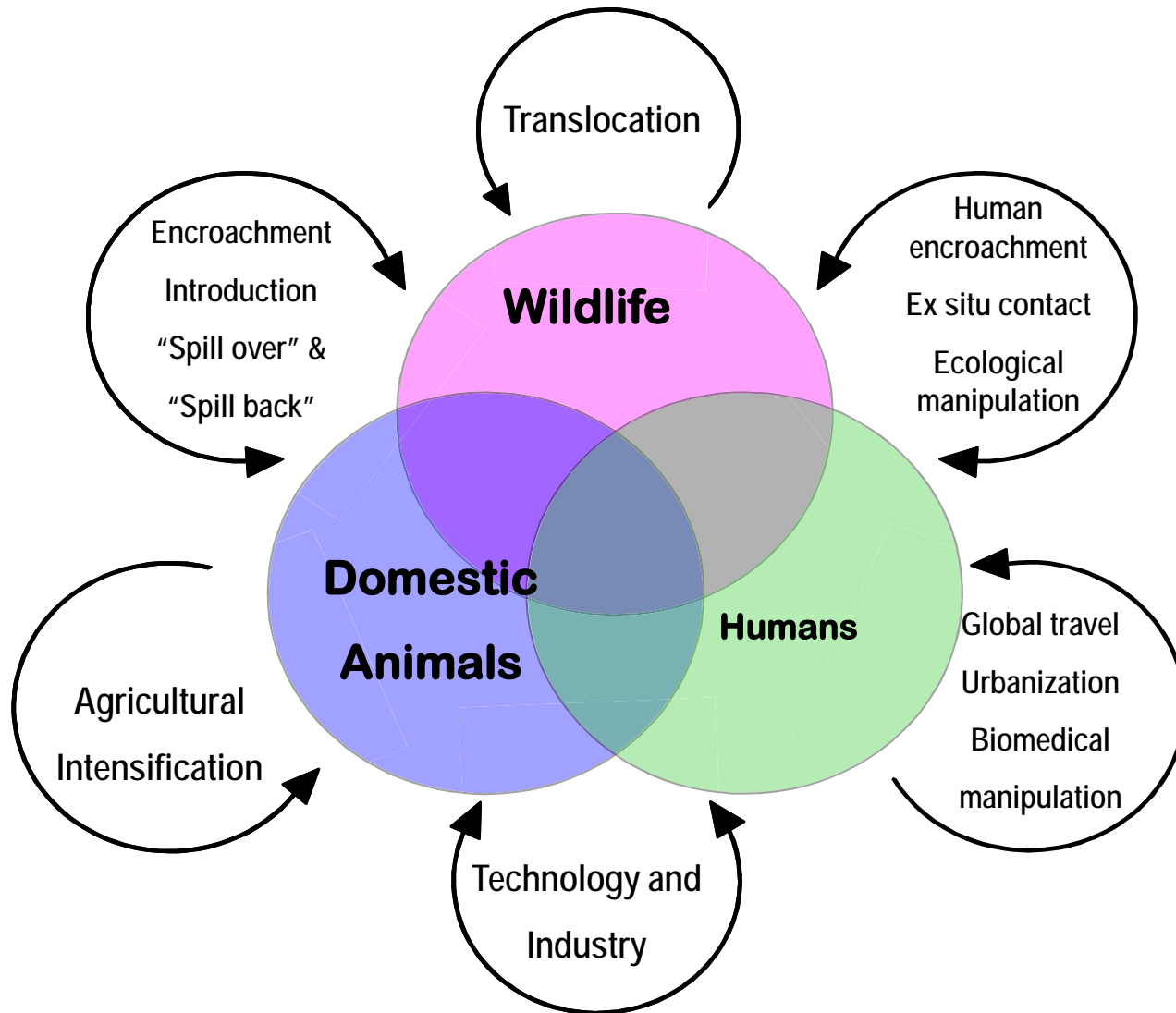
H1 impact on vulnerable population (i.e. pregnant women) presented by Canada

Canada rapidly put into place interventions to protect pregnant women

- Comprehensive citizen awareness campaign advising pregnant women of the dangers of H1N1.**
- One of the top priority groups for immunization at the start of Canada's vaccination campaign.**
- Resulting in at least a 34% vaccination rate, slightly higher than norm for seasonal vaccination.**

Early Warning; WHO

Emergence of Severe Zoonoses affecting Humans



Daszak P. et.al.
Science 2000
287:443

Threats to public health and the IHR (2005)



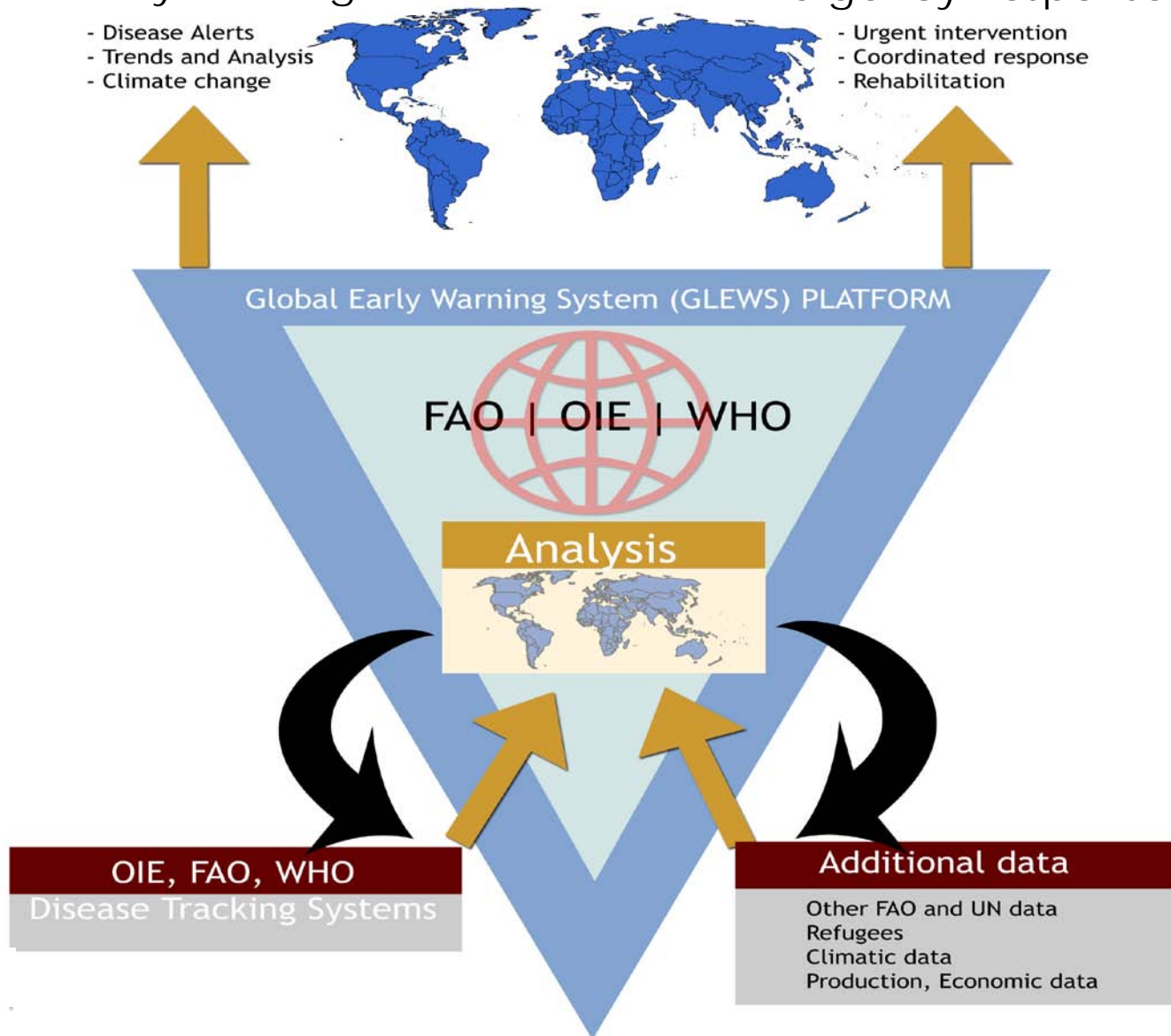
Global Early Warning and Response System (GLEWS)

Early Warning

- Disease Alerts
- Trends and Analysis
- Climate change

Emergency Response

- Urgent intervention
- Coordinated response
- Rehabilitation



Strengthened interagency collaboration and coordination

- FAO, OIE and WHO are augmenting their collaboration for promoting a coordinated approach to reducing risks of disease transmission at the animal-human-ecosystem interface
- A strategic agreement outlines the sharing of responsibilities and coordination of complementary roles and activities between the three Agencies at national, regional, and global levels





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