

PANDEMIC PREPAREDNESS FORUM

Thursday, 7 October 2010, 2-5pm
Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok



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

Theme: SOCIETY AND COMMUNITIES IN 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: Mr. Anton Schneider, Asia Regional Behaviour Change and Communication Specialist, AED

Organizations present:

1. AED
2. Embassy of Japan in The Kingdom of Thailand
3. French Red Cross
4. International Federation of Red Cross and Red Crescent Societies (IFRC)
5. International Labour Organization (ILO)
6. IOM
7. Keenan Institute Asia
8. London School of Hygiene and Tropical Medicine (LSHTM)
9. Rapid Asia
10. Saraya Co Ltd.
11. United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA/PIC)
12. United Nations System Influenza Coordination (UNSIC)
13. Vietnam Red Cross
14. World Health Organization Southeast Asia Regional Office (WHO-SEARO)

Total: 19

14:00 Opening and introductions of participants

None announced.

Presentation: 'Enhancing Pandemic Preparedness of Civil Society and Communities: Preliminary Findings and Recommendations of the Humanitarian Pandemic Preparedness (H2P) Programme'

14:10 Presentation by Ms. Cecilia Anshelm, Regional Health Delegate, IFRC Regional Delegation, Bangkok, Thailand (for Mr. Jim Catampongan, Emergency Health Coordinator IFRC Asia Pacific Office, Kuala Lumpur, Malaysia)

Ms. Anshelm presented on the H2P Program led by IFRC involving AED, CORE group, InterAction, a number of UN agencies and funded by USAID, which aimed to support the strengthening of communities' capacity to prepare for and respond to a severe pandemic. She stressed the two important achievements of the H2P programme, namely testing out a framework, set of tools and materials that support community pandemic preparedness, and expansion of the partnership at various levels, particularly bringing in civil society and NGOs. The next steps in the program include institutionalization of the established partnership, refining tools and finalizing plans of H1N1 experiences, and integrating H2P into routine programmes.

(Please see PowerPoint presentation slides on website)

15:15 Q&A

Q: (UNSIK) To what extent has H2P been implemented into routine programmes?

A: Since the focus is community, H2P can potentially be integrated into one of the parallel programmes focused in the community - namely health, disaster and mass organisation. The extent of integration at the moment varies. H2P countries which have had longer implementation time managed to incorporate processes to facilitate integration, such as the endorsement of a pandemic influenza module into all Nepal Red Cross trainings. National societies which carried out preparedness planning following the overall disaster management framework and which involved other sectors of the organisation are steps ahead in ensuring that pandemic preparedness is hinged on overall disaster response plans. As H2P tools and guidelines are simple and practical, these can be easily integrated into existing community-based programmes in health and disaster management. National societies have been encouraged to look into this.

Q: (WHO) What kind of problems did the unanticipated severity (mild illness) of H1N1 create?

A: The programme needed more guidance on this aspect. The WHO's guidance was not detailed enough on mild illnesses and in particular non-pharmaceutical interventions to apply in such a case.

Comment: (AED) What people assumed in preparation was something that required cadaver management. The gap between anticipated and actual severity certainly raised a number of issues.

Presentation: 'Provincial Multisector Pandemic Preparedness in Hanam and Quang Tri – Practices, Lessons Learnt and Next Steps'

15:40 Presentation by Ms. Tran Thu Thuy, Project Officer – Health Department, Vietnam Red Cross Society, Hanoi, Vietnam

Ms. Thuy first presented the overview of the national and provincial pandemic preparedness planning. She then elaborated on the pandemic planning efforts made by Vietnam Red Cross as well as achievements and lessons learned through the H2P Programme in Vietnam.

(Please see PowerPoint presentation slides on website)

16:10 Q&A

Q: (AED) At which level does the pandemic preparedness taskforce operates at and who is in charge?

A: The taskforce operates at central, provincial and community levels, (not at the district level). Headquarters, the health care department, disaster department and union department of the Red Cross structure are all involved. Volunteers are involved at the community level.

Q: (UNSIK) Have there been any challenges faced?

A: H1N1 broke out as the pandemic preparedness and response plan was being developed. The surging number of patients posed challenges in terms of the lack of time for building plans. However, the planning improved with time. Multisector pandemic preparedness itself is new to

Vietnam and it is complex to set out harmonized working mechanisms for different sectors that avoid overlaps and possible un-covered interventions.

Q: (AED) When did the planning start?

A: It started at almost at the same time that H1N1 occurred.

Q: (KIA) How did the Vietnam Red Cross choose these two provinces of Ha Nam and Quangtri?

A: They were chosen on the basis of their geographical location, the strength of the Red Cross activities there and the support of local leadership. Ha Nam and Quangtri are also in the geographic focus of USAID, H2P's donor.

Q: (UNSI) What sort of people were the first responders and what are they responsible for?

A: The first responders are the members of Red Cross or one of four mass organizations (unions of youth, women, farmers and veterans). They are chosen by themselves. Their key function is to act as leaders of community volunteers. They are equipped with knowledge about pandemic influenza and H1N1, and are trained to provide homecare for the sick and community-based infection control.

Q: (AED) Due to the unexpected occurrence of H1N1, what lessons were learned? In mainstreaming H2P, what will be the next move particularly taking into account such lessons?

A: In taking pandemic planning forward, severity of pandemic events needs to be considered. IFRC has advocated to national societies and its partners to mainstream their work to existing community-based programmes in health, disaster preparedness and development. It is also encouraging national societies and its partners to consider building on their experience in addressing emerging pandemic threats (EPT) or infectious diseases (EID). Guided by the findings of the H2P programme review, the IFRC secretariat will leverage the H2P experience in guiding national societies on the above, as well as in strengthening capacity in epidemic prevention and control.

Q: (KIA) Did the tabletop exercise bring the actual breakthrough or just increase awareness?

A: In Hanam, the exercise was only conducted for one day and the plan was tabletop tested. It contributed mainly in coordination between different departments. The plan was revised accordingly. The tabletop exercise was the first of its kind in the province where mass organizations together with governmental agencies practiced pandemic responses following different scenarios. It helped to raise issues regarding responses by different sectors and it also helped the understanding of participants about coordinated mechanism, leadership and inter-disciplinary arrangement in pandemic preparedness and response. The exercise also underlined the need for greater participation of all sectors in pandemic response in order to create collective response capacity.

A: The exercise was used for different purposes in different locations of the program. The H2P review concluded that planning and engagement of partners are the critical for successful exercises. The H2P program utilised tabletop and simulation exercises. Early on in its implementation, these exercises were used to raise awareness on the potential impact of the pandemic to households, communities and societies. These were helpful in ensuring that project proposals were consistent with the programme frame (and not other AI projects), and that members of H2P pandemic planning committees had levelled off understanding on pandemic impact and how communities could prepare and respond. The H2P simulation exercises were also conducted to test the completeness and appropriateness of draft H2P country/district plans. The longer H2P projects planned to do this before finalising plans. However, the outbreak of H1N1 shifted focus to response efforts and only few projects managed to test their draft plans.

16:40 Organizational updates and any other business

- Pandemic Preparedness Forum evaluation questionnaire results are now available (distributed as hand-out).
- AED: Asia Regional Risk Communication Workshop took place last week in the Imperial Queen's Park Hotel, Bangkok with more than 60 participants. A workshop report will come out and the regional strategic framework will be sought for.
- Embassy of Japan in The Kingdom of Thailand: GPO, Thailand and Kaketsuken (Chemo-sero-therapeutic Institute), Japan agreed on the technical transfer of mass influenza vaccine production last month.
- International Federation of Red Cross and Red Crescent Societies (IFRC): Asia Pacific Workshop on community-based first aid will be held in Bangkok next week. The organisation also reported that it supports measles vaccination campaign in India and other Southeast Asia countries.
- International Labour Organization (ILO): An achievement workshop on workplace influenza responses will be conducted in October or November.
- Keenan Institute Asia: Cross-border collaboration and exercise between Chiang Rai, Thailand and Bokeo, Lao PDR took place.
- Rapid Asia: Set up a field office in Cambodia enabling the company to now cater to the survey needs in the country.
- Saraya Co Ltd: Saraya is a manufacturer producing hand-washing soaps, etc. The company also conducts hygiene education activities. They conduct joint activities with UNICEF in Africa.
- United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA/PIC): "Capturing and applying the lessons of pandemic preparedness," a joint USAID and UN initiative, will be implemented over the next 6-9 months. Inputs from participants are appreciated.
- United Nations System Influenza Coordination (UNSIC): The 2010 Global Progress Report has been completed and is now available from the UN influenza portal at www.un-influenza.org