

Philippines

in collaboration with WHO

PanStop II 2008

1. Background

Rapid containment (RC) is seen as a possible strategic tool to stop, or at least slow, the spread of pandemic influenza at the source of its emergence, to minimize global morbidity and mortality in the initial pandemic stage. The concept is based on the mathematical modelling of transmission patterns that might be seen near the start of a pandemic.^{18,19} These models suggest that an initial pandemic influenza outbreak might be contained by timely implementation of pharmaceutical and non-pharmaceutical interventions under certain conditions. The success of RC depends on several assumptions, such as the characteristics of a virus and whether it demonstrates the ability for sustained transmission among humans. It is also predicated on the existence of good rapid response capacity and an effective logistic system.



Day One: participants discuss response to suspected cases of human-to-human infection of avian influenza, WHO Regional Office.

RC is an evolving concept and because an RC operation has never been conducted in a real situation in human history, the detailed operational components still require further discussion and elaboration. Since 2006, almost all Member States in the WHO Western Pacific Region have developed pandemic preparedness plans, but no country has yet developed a well-articulated operational plan specifically for RC.

To move forward with the development and articulation process for RC planning, two exercises were

conducted in the WHO Western Pacific Region in 2007. First, a simulation exercise called *PanStop 2007* was conducted on 2–3 April 2007. The exercise focused on evaluating the ability of various partners to work together in an RC operation in stockpile logistics. Second, a TTX called *PanStop II 2007* was conducted in the Lao People's Democratic Republic (Lao PDR) on 6 December 2007.

The Government of the Philippines developed a pandemic preparedness plan in 2006, but it contained little in the way of the operational aspects of RC. Therefore, the Government of the Philippines decided to conduct *PanStop II 2008* on 5–6 March 2008 in collaboration with WHO, with the objectives described below.

2. Objectives

The overall objective of *PanStop II 2008* was to assess the preparedness of the Philippines to implement an RC operation with the intention of stopping or slowing the spread of an emerging potential influenza pandemic.

The two-day exercise was designed to identify strengths and opportunities for improvement in planning activities for pandemic influenza and to gain a better understanding of operational capacity for the conduct of RC in the Philippines.

The objectives of Day One were:

- to assess capacity to conduct a timely risk assessment;
- to validate established decision-making processes;
- to verify established coordination and communication arrangements with all levels of health administration, and with WHO;
- to ensure understanding of procedures for mobilization of ASEAN stockpiles;
- to practise the development of and use of risk communications.

Objectives of Day Two were:

- to validate existing arrangements for requesting, releasing and managing the distribution and administration of antiviral medication for treatment and prophylaxis;
- to assess the national capacity to implement non-pharmaceutical interventions;

¹⁸ Ferguson NM et al. Strategies for containing an emerging influenza pandemic in Southeast Asia. *Nature*, 2005, 437:209–214.

¹⁹ Longini IM Jr et al. Containing pandemic influenza at the source. *Science*, 2005, 309:1083–1087.

- to evaluate the potential effectiveness of an RC strategy.

3. Participating agencies and organizations

Table 12	
Participating agencies and organizations	
Day One	
Department of Health, central and regional level (Center for Health Development, Region 3 (CHD3)) as main players of the RC exercise	
WHO Philippines Country Office and Regional Office for the Western Pacific as participants and exercise management team	
Day Two	
Department of Health	
National Disaster Coordination Council	
Department of National Defense	
Department of Interior and Local Government	
Philippine National Police	
Department of Social Welfare and Development	
Armed Forces of the Philippines	
Philippine Information Agency	
Department of Agriculture	
Department of Education	
Department of Trade and Industry	
Department of Budget and Management	
Ports Authority (Airport and Seaports)	
Philippines National Red Cross	
Department of Transportation and Communication	

In addition, ASEAN Secretariat representatives and UNSIC participated as evaluators. No overseas observers were invited.

4. Type of exercise

The exercise took place over two days. Day One, 5 March 2008, was a modified functional exercise focused on risk assessment and the decision-making process prior to the launching of an RC strategy, involving exclusively the Department of Health and WHO. The exercise required an artificial compression of time (exercise time) such that eight hours of exercise time simulated eight days of real time. The flow of exercise activities was based on a master events list (MEL). Day Two, 6 March 2008, was a TTX. The TTX focused on the operationalization of the

RC activities with the mobilization of the other Philippine Government agencies (including the Department of Health in coordination with the National Disaster Coordination Council) and WHO, based on their perceived roles and functions.

5. Preparation for the exercise

Several preparatory meetings were held with the Department of Health, CHD3 and WHO Regional Office for the Western Pacific to develop consensus on the scope, objectives and type of exercise, followed by a pre-exercise briefing on 3 March 2008 and on the day of exercise.

The epidemiological background and the epidemiological tree of cases upon which the scenario was based were carefully designed and developed by staff of WHO Regional Office for the Western Pacific. An exercise management team consisting of a controller, simulator and moderator was created at WHO Regional Office for the Western Pacific and the Department of Health to run the exercise and an evaluation team was tasked with documenting the activities of the exercise participants.

6. Conduct of the exercise

On Day One, eight hours of exercise time simulated activities over eight days. The exercise was conducted simultaneously in three venues: the Department of Health Command Post (DoH CP), established in the Malaria Network Room in the Department of Health; the National Epidemiological Center (NEC); and CHD3. The scenario depicted an outbreak of a potential pandemic strain of H5N1 avian influenza in a fictional municipality, 'Potsnap'. The scenario allowed for the opportunity to contain the outbreak by utilizing stockpiles of antiviral medication and other non-pharmaceutical interventions. The exercise focused on the Department of Health and WHO decision-making process prior to the launching of an RC operation. During the exercise, a total of 19 injects were presented to the participants. Each inject was carefully presented to the relevant venue and additional ad hoc messages (approximately 10) were used to stimulate exercise play when necessary. The scenario and subsequent injects were discussed and responded to accordingly by the participants in each venue, which led to hundreds of e-mails and fax communications among the venues.

Day Two was a half-day TTX. This TTX was more of a discussion on the provided scenario among the participants, moderated by a facilitator. This exercise involved other Philippine Government agencies, as well as the Department of Health in coordination with the National Disaster Coordination Council and WHO. The scenario addressed the situation after a decision to launch RC had

been made on Day One. It focused on the implementation of RC, coordination among government agencies in implementing pharmaceutical and non-pharmaceutical interventions, and risk communications.

7. Evaluation

The evaluation team consisted of three independent evaluators, who were positioned to monitor the conduct of the exercise and assess whether the exercise objectives were satisfactorily addressed in each venue on Day One. On Day Two, two evaluators monitored and evaluated the discussion among the participants. They were provided with an *Evaluators' Handbook* and basic paper-based data collection tools for both days. Immediately following the exercise, participants, evaluators and controllers were debriefed to identify those aspects of the exercise experience that were most immediately memorable and significant. Based on the findings and discussions an *After Action Report* was developed and published. This report provides a distillation of the more important lessons learnt from the exercise.

8. Lessons learnt

The exercise facilitated the evaluation of existing processes and there were several valuable outcomes, which will assist in the development of an RC plan and the conduct of future exercises, as summarized in the official *After Action Report*. The feedback from most of the participants from the Department of Health on Day One indicated significant benefit from the exercise and most believed that it was an important means of improving

preparedness for RC. Likewise, the TTX on Day Two presented the first opportunity for Philippine Government and nongovernmental agencies to consider the importance of an RC operation from a national perspective.

Figure 3 Postsnap municipality

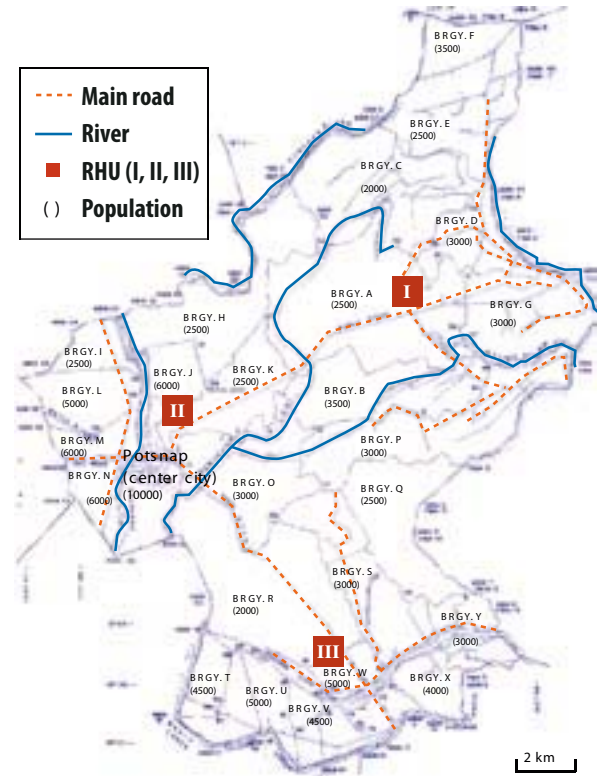


Figure 4 Time-line of MEL and exercise progress

