

Summary of Second Panel Discussion

Topic

Capacity building of public health preparedness and response

Moderator

- Dr. Bruce Aylward, Executive Director *ad interim*, Outbreaks and Health Emergencies, World Health Organization

Panellists

- Dr. Donghyok Kwon, Deputy Scientific Director, Center of Disease Control, Republic of Korea
- Dr. Supamit Chunsuttiwat, Advisor, Department of Disease Control, Ministry of Public Health, Thailand
- H.E. Ms. Yvette Stevens, Ambassador and Permanent Representative of Sierra Leone to the United Nations in Geneva
- Dr. Massimo Ciotti, Head of Section Country Preparedness Support, European Centre for Disease Prevention and Control (ECDC)
- Mr. Vongthep Arthakaivalvatee, Deputy Secretary-General for the Socio-Cultural Community, Association of South East Asian Nations (ASEAN)

Summary of Discussion

The four main points of discussions included the following:

1. Biological hazards are here to stay. They are part of the “New Normal”. They often result in huge social, political and economic impact in addition to their health impact. It is critical that these hazards are better managed.
2. Successful management of biological hazards should form part of the core work of national disaster management agencies as well as health sector coordinating bodies. This approach requires a multi-sectoral response that includes the anthropological perspective and the action of agriculture, media, private sector as well as various other sectors. This approach needs to be inter-operable and be backed up by a coordinated communications strategy.
3. A set of core capacities are essential. These include early warning systems, surveillance, incident management, safe hospitals, and risk communications. Within these broad principles there will be elements specific to the context. In addition to such capacity there

has to be the capability to utilize it. This requires training, simulation, and scenarios to ensure competence.

4. Trans-boundary cooperation needs to be strengthened. This is vital because of the cross-border nature of infectious diseases that do not respect national frontiers. This aspect requires regional entities to have a strong role. In disasters, communities and countries look towards the familiar for help, i.e. their neighbours. Such regional cooperation can include the sharing of research and development, diagnostics, and specialized supplies. Shared risk assessments, legal agreements, joint action plans and joint activities are other areas that can strengthen health resilience.

Other Key Points of Discussion

- The participants emphasized the importance of learning lessons from past health emergencies as their impacts are huge. For instance, the 2003 SARS outbreak was relatively well contained in Thailand. Yet it had a huge economic impact with travel and tourism hit for a year afterwards. Lessons learnt then were useful for subsequent H5N1 and H1N1 outbreaks and to a degree helped to avoid social breakdowns. The 2011 floods in Thailand illustrated the importance of resilient and non-exposed health facilities after many were closed because of inundation. Patients with chronic disease suffered and surveillance systems broke down. The experience from all of the above helped Thailand to successfully monitor and contain the MERS outbreak.
- Thailand's public health disaster risk management plan 2015-19 embraces multi-sectoral cooperation (including with the military) and community participation. It has been developed through experience gained the hard way from disasters that should have been better prepared for. It draws on the Sendai Framework and will be 'instrumental' to develop and maintain preparedness. It needs to sit within a context of cross border cooperation and indeed this is growing.
- Observations on the Ebola outbreak revealed that no one was prepared. A huge cost occurred in terms of lives lost and economic losses. It occurred nearly 40 years since the disease was first discovered. When it spread in West Africa, nobody knew how to stop it from spreading. Artificial and porous borders; movement of many people; a lack of medical facilities; and today's interconnected globalized world helped the spread. Even though flights were suspended to the region, the disease spread to other countries around the globe.
- Among the main lessons learnt was the need for: equipped facilities to be working from an early stage; better early warning; intensified R&D to produce vaccines and treatments; a timely international declaration of an 'extraordinary event' to prompt global action; and more standby capacity for speedy response, community mobilization and public awareness.

- Participants agreed that the Sendai Framework’s four priorities are all critical to building health resilience: understanding of disaster risk; governance of disaster risk; investing in disaster risk reduction for resilience; and strengthening preparedness and response and building back better. The priorities can be achieved by closing key gaps including in cultural understanding, collaboration, communications, performance management and resilience. One of the key partners in this process is the private sector: even more business continuity planning (BCP) will contribute to health resilience as it is in companies’ interest to maintain the health and productivity of their workforce.
- Blind spots persist and there is a need to develop competencies, including how to enable the generation of real-time evidence (clinical, anthropological, epidemiological, etc.) during a health emergency. Learning ‘deficits’ persist after each crisis. Consistent lessons are that community partnership is essential for disaster risk management, including preparedness. Not everyone is equally at risk so it is important to focus on where the real vulnerabilities lie. A balance needs to be achieved whereby preparedness planning is flexible enough, while still adhering to certain core principles (see above).
- ASEAN has played a leading role in several aspects of hazard management. It is the only region in the world to have a legally binding agreement – the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) – on hazard management, which entered into force in 2009 provides the backbone for regional cooperation on hazard management. AADMER is a comprehensive agreement that covers various aspects of disaster and it complements the Sendai Framework. ASEAN has several mechanisms working in support of a more integrated approach to hazard management, including the ASEAN Regional Capacity on Disaster Health Management. The significant role of regional organizations to promote policy and programme coherence and coordination at operational level needs to be leveraged.
- Participants agreed that risk assessments have to be more accessible and evidence based. Yet it is consistently more difficult to fund prevention than response. Maintaining momentum for epidemic and pandemic preparedness during non-crisis time is challenging; forgetfulness and complacency is natural for individuals and communities. More public awareness via better communications remains vital. Investment in prevention and preparedness is the best solution to minimize impacts, including in Emergency Operation Centres (EOC) and incident management system, surveillance and early warning system, simulation exercises, and ensuring updated legal frameworks and policies.

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