

Partnerships in DRR and Health: Examples in WHO South East Asia Region

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Outline

- Example of polio --INDIA - cross border collaboration
- Examples of partnerships/good practise in DRR-health
- Mapping of partnerships
- Questions

Collaboration for polio immunization activities

India and borders

National level activities:

- Synchronized timing of polio vaccination campaigns
- Vaccination of road/train travellers
- Vaccination of travellers coming by air/sea

District level activities between district immunization officers:

*(Facilitated by **WHO MOs** through direct communication **between bordering districts** of India, Nepal and Bangladesh)*

- Joint cross-border immunization response to outbreak
- Joint physical verification of border areas for micro-planning for vaccination campaigns to ensure no areas are missed
- Sharing information on high risk areas
- Vaccinating children in high risk areas across the border

Example of synchronized cross-border mop-up immunization in response to WPV importation (2010) in Nepal

- 2010 Immunization activities:
 - 10 April/22-23 May (75 districts)
 - 19-20 June (27 districts)
 - 17-18 July (8 districts)
 - 31 July-1 August (8 districts)
 - 14-15 August (18 districts)
 - 18-19 September (8 districts)
 - 2-3 October (3 districts)
 - 30-31 October (3 districts)
 - 20-21 November (3 districts)

**Synchronized
Indo-Nepal
response**

Districts selected
on both sides of
the border for
mop-up
immunization
activity

Vaccination of road/train travellers

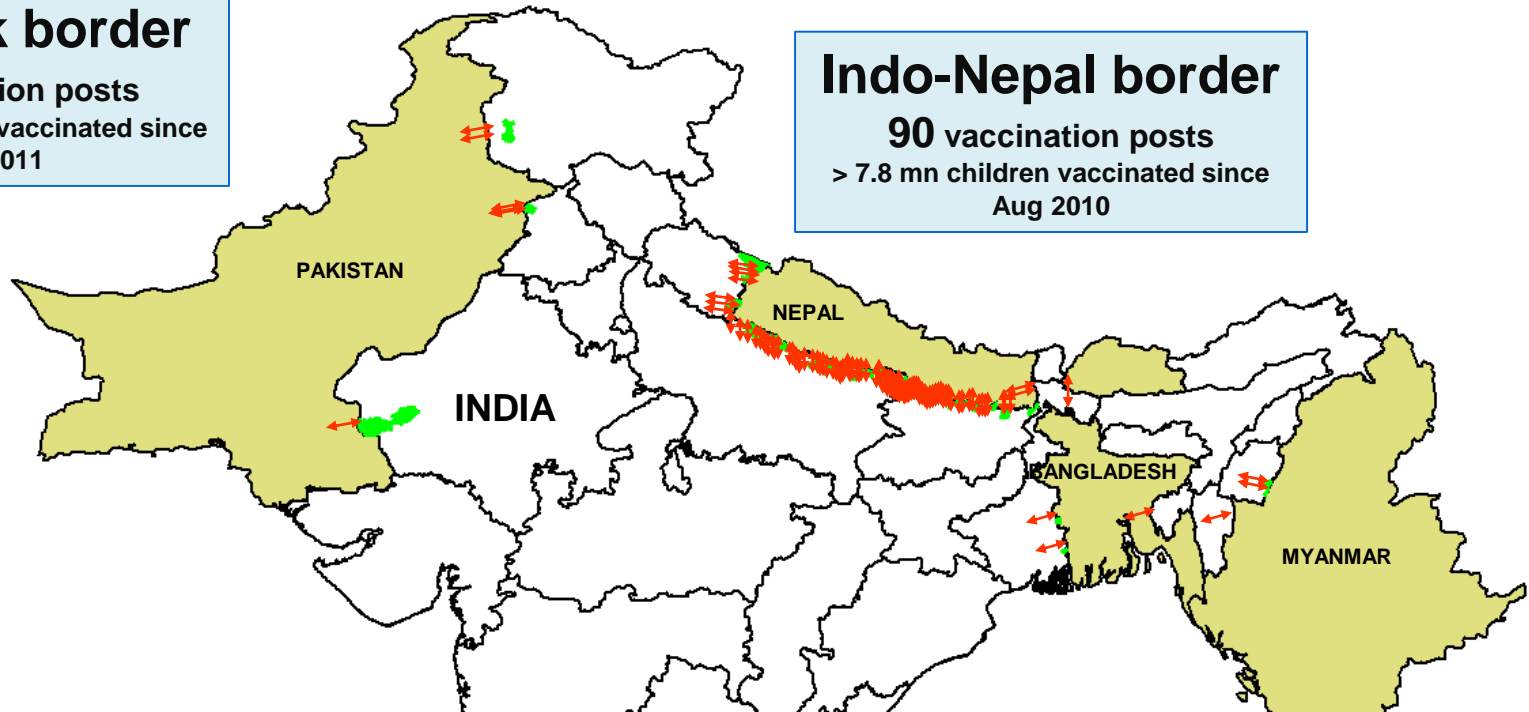
Cross-border vaccination posts (24 X 7 X 365)

Indo-Pak border

5 vaccination posts
~150,000 children vaccinated since
Sep 2011

Indo-Nepal border

90 vaccination posts
> 7.8 mn children vaccinated since
Aug 2010



Indo-Bangladesh border – 3 posts

> 200,000 children vaccinated since Mar 2013

Indo-Myanmar border – 3 posts

> 50,000 children vaccinated since Apr 2013

Indo-Bhutan border – 1 posts

> 75,000 children vaccinated since Jul 2013

↔ Vaccination post

■ Blocks with vaccination post

Cross-border vaccination points, India

State	District	Number of vaccination points	Bordering country
BIHAR	ARARIA	4	Nepal
	CHAMPARAN EAST	13	
	CHAMPARAN WEST	5	
	KISHANGANJ	3	
	MADHUBANI	11	
	SITAMARHI	11	
	SUPAUL	4	
UTTAR PRADESH	BAHRAICH	7	
	BALRAMPUR	4	
	KHERI	3	
	MAHARAJGANJ	9	
	SIDDHARTHANAGAR	5	
	SRAWASTI	2	
UTTARAKHAND	CHAMPAWAT	3	
	PITHORAGARH	4	
WEST BENGAL	DARJILING	2	
MANIPUR	CHANDEL	2	Myanmar
MIZORAM	CHAMPHAI	1	
PUNJAB	AMRITSAR	2	Pakistan
RAJASTHAN	BARMER	1	
JAMMU & KASHMIR	BARAMULA	1	
	PUNCH	1	
TRIPURA	TRIPURA WEST	1	Bangladesh
WEST BENGAL	24-PARGANAS NORTH	1	
	NADIA	1	
WEST BENGAL	JALPAIGURI	1	Bhutan

Vaccination - road/train



Coordination for surveillance of polioviruses

India and borders

National level activities:

(Frequent sharing of surveillance information)

- Surveillance indicators, information on confirmed polio cases, genetic information on viruses
- directly and through WHO – SEARO

District level activities between district immunization officers:

(Facilitated by WHO MOs through direct communication between bordering districts of India, Nepal and Bangladesh)

- Cross notification of Acute Flaccid Paralysis (AFP) cases
- Cross-border sharing of information on names of health facilities that missed reporting AFP cases
- Cross-border coordination for case investigation of AFP cases, including specimen collection

Key messages on cross border collaboration and disease control

- Collaboration mechanisms developed at national and district level for surveillance & immunization
- Collaborations across sectors – national and local government; border control/ foreign affairs; transport industry ;
- Leverage IHR
- District level coordination through WHO field MOs highly effective for rapid exchange of information and high vaccination coverage on both sides of border
- Regular meetings with exchange of best practice
- Effective cross-border collaboration led to improved surveillance & immunization activities between India and neighbouring countries and contributed to polio-free certification of SEAR

Health DRR

- **Post- Tsunami 2004** --- Measurement of capacities was a key gap
 - Developed a set of benchmarks for emergency preparedness and response
 - Assessments are done across sectors ; across levels
 - A profile of countries across sectors on their capacities in health emergency preparedness and response
 - 10 of 11 countries have completed this and we are in the second cycle



Safe hospitals

Nepal

- Developing assessment tools for structural and non-structural aspects of hospitals safety /functionality
- Assessment of Kathmandu hospitals
- Retrofitting and non-structural interventions
- Mass Casualty Management training
- District Contingency Planning
- **Nepal Consortia for Risk Reduction (NCRR)**

Other safe hospital initiatives – BHU, SRL, INO

Other Global/Regional Examples

- **PHEMAP – ADPC and Norway**
- **standby agreements for response** – NGOs, secondments with agencies
- GOARN Global Alert and Response Network
- Global Influenza Surveillance System (GISS)
- ASEAN
- Foreign Medical Team System
- cluster coordination

- Funding mechanisms in DRR – DIPECHO
; for response (SEARHEF, CERF, Appeals)

Where are the partnerships ?

Health Emergencies – outbreaks , epidemic /pandemic , humanitarian disasters

Before

- IHR – Capacity development within sector
- Pandemic preparedness initiatives Simulations / Networks
- Pre-arrangements – country agreements, rosters
- Preparedness activities/simulations I
- Research / evidence building

During

- GOARN
- Protocols for outbreak response in various areas -- POE, communications,
- More formal and established arrangements – clusters, FMTs, stand-by arrangements,
- Financial arrangements

- Research / evidence building (?)

After

- Recovery – less cross sectoral
- Lessons identified (?)

Key Questions

- **Where are the partnerships ?**
 - More at national rather than sub-national
 - More during preparedness and response **rather than for prevention or recovery**
 - **Less across sectors**
 - **Evidence building and research needs much improvement**
- **How do we increase partnerships?**
 - **Measuring** our strengths and gaps objectively
 - **Engaging other expertise formally**
 - **Looking at cooperations across similar hazards**
 - For example: cooperation between countries
- **How do we bring these partnerships together for health DRR?**
 - **Partnerships for RR (NCRR?)**
 - **National Planning and mechanisms for Health goals of Sendai**
- **How do we increase investments for DRR ?**