

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

Dr Roderico H Ofrin

Director Health Security and Emergency Response

WHO SEARO

# 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

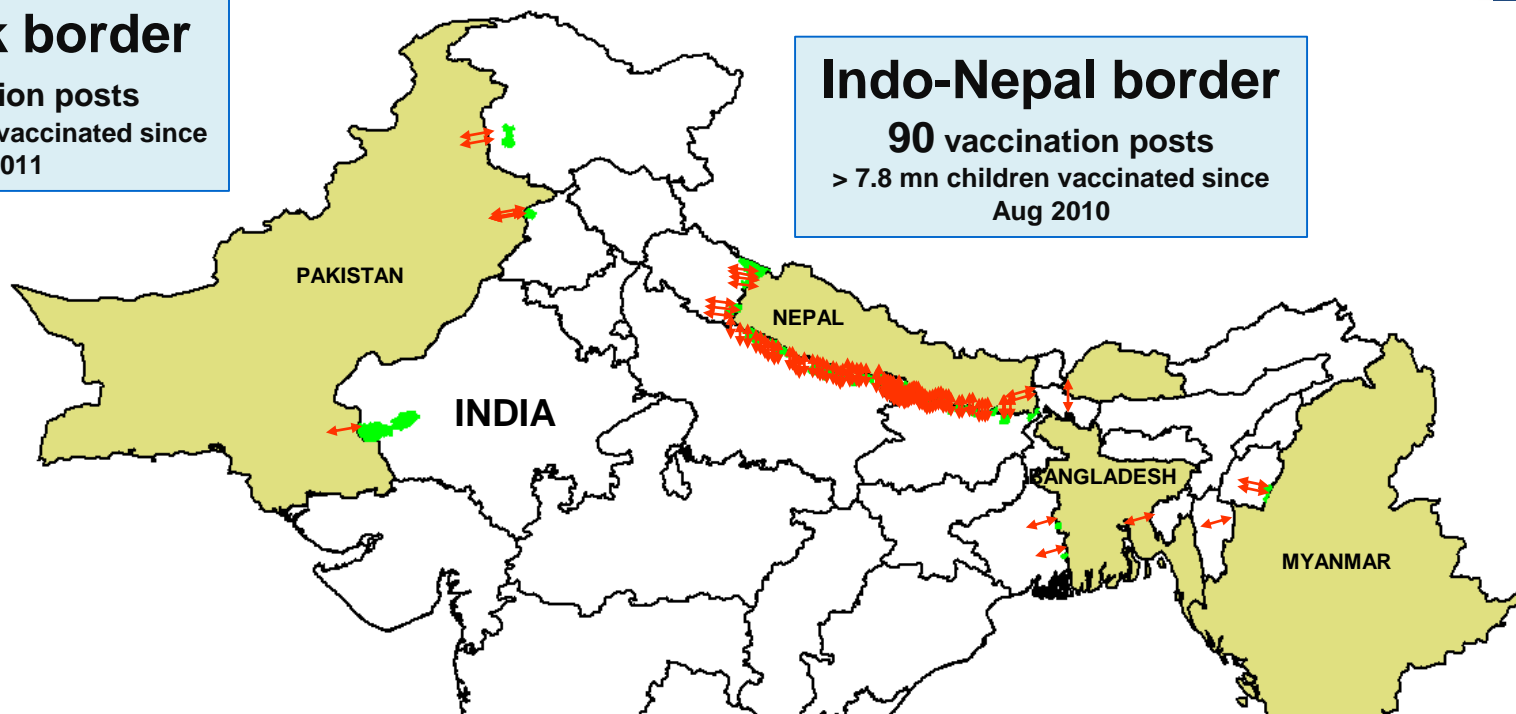
**5 vaccination posts**

~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	
	SIDDHARTH NAGAR	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 ?**