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

Data as on 9 February 2016
## Cross-border vaccination points, India

<table>
<thead>
<tr>
<th>State</th>
<th>District</th>
<th>Number of vaccination points</th>
<th>Bordering country</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIHAR</td>
<td>ARARIA</td>
<td>4</td>
<td>Nepal</td>
</tr>
<tr>
<td></td>
<td>CHAMPARAN EAST</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHAMPARAN WEST</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>KISHANGANJ</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MADHUBANI</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SITAMARHI</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUPAUL</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BAHRAICH</td>
<td>7</td>
<td>Nepal</td>
</tr>
<tr>
<td></td>
<td>BALRAMPUR</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>KHERI</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MAHARAJGANJ</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SIDDHARTHNAGAR</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SRAWASTI</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>UTTAR PRADESH</td>
<td>CHAMPAWAT</td>
<td>3</td>
<td>Nepal</td>
</tr>
<tr>
<td></td>
<td>PITHORAGARH</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>UTTARAKHAND</td>
<td>CHAMPAWAT</td>
<td>3</td>
<td>Myanmar</td>
</tr>
<tr>
<td></td>
<td>PITHORAGARH</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>WEST BENGAL</td>
<td>DARJILING</td>
<td>2</td>
<td>Bangladesh</td>
</tr>
<tr>
<td>MANIPUR</td>
<td>CHANDEL</td>
<td>2</td>
<td>Myanmar</td>
</tr>
<tr>
<td>MIZORAM</td>
<td>CHAMPHAI</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PUNJAB</td>
<td>AMRITSAR</td>
<td>2</td>
<td>Pakistan</td>
</tr>
<tr>
<td>RAJASTHAN</td>
<td>BARMER</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>JAMMU &amp; KASHMIR</td>
<td>BARAMULA</td>
<td>1</td>
<td>Bangladesh</td>
</tr>
<tr>
<td></td>
<td>PUNCH</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TRIPURA</td>
<td>TRIPURA WEST</td>
<td>1</td>
<td>Bangladesh</td>
</tr>
<tr>
<td>WEST BENGAL</td>
<td>24-PARGANAS NORTH</td>
<td>1</td>
<td>Bangladesh</td>
</tr>
<tr>
<td></td>
<td>NADIA</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>WEST BENGAL</td>
<td>JALPAIGURI</td>
<td>1</td>
<td>Bhutan</td>
</tr>
</tbody>
</table>
Vaccination - road/train travel
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?

<table>
<thead>
<tr>
<th></th>
<th>Health Emergencies – outbreaks, epidemic / pandemic, humanitarian disasters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before</strong></td>
<td>- IHR – Capacity development within sector</td>
</tr>
<tr>
<td></td>
<td>- Pandemic preparedness initiatives Simulations / Networks</td>
</tr>
<tr>
<td></td>
<td>- Pre-arrangements – country agreements, rosters</td>
</tr>
<tr>
<td></td>
<td>- Preparedness activities/simulations</td>
</tr>
<tr>
<td></td>
<td>- Research / evidence building</td>
</tr>
<tr>
<td><strong>During</strong></td>
<td>- GOARN</td>
</tr>
<tr>
<td></td>
<td>- Protocols for outbreak response in various areas -- POE, communications,</td>
</tr>
<tr>
<td></td>
<td>- More formal and established arrangements – clusters, FMTs, stand-by</td>
</tr>
<tr>
<td></td>
<td>arrangements,</td>
</tr>
<tr>
<td></td>
<td>- Financial arrangements</td>
</tr>
<tr>
<td></td>
<td>- Research / evidence building (?)</td>
</tr>
<tr>
<td><strong>After</strong></td>
<td>- Recovery – less cross sectoral</td>
</tr>
<tr>
<td></td>
<td>- Lessons identified (?)</td>
</tr>
</tbody>
</table>
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?