

REPORT
RAPID CONTAINMENT EXERCISE
EXERCISE EVALUATION
AND
IMPROVEMENT PLAN

Convened by:

THE WORLD HEALTH ORGANIZATION OFFICE
IN THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

Vientiane, Lao People's Democratic Republic
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Table of Contents

Administration and Handling Instructions	1
SUMMARY	3
Section 1: Exercise Overview	6
Exercise Details	6
Exercise Planning Team	7
Participating Organizations	7
Section 2: Exercise Design Summary	8
Exercise Purpose and Design	8
Exercise Objectives, Capabilities, and Activities	9
Scenario Summary	9
Section 3: Analysis of Exercise Results by Focus Areas	10
Section 4: Conclusion.....	19
APPENDIX 1: Scenario	20
APPENDIX 2: Improvement Plan	23
APPENDIX 3: Participant Feedback Summary.....	25
APPENDIX 4: Participating List	28
APPENDIX 5: Exercise Programme	30
APPENDIX 6: PanStop II Press Release.....	32

ADMINISTRATION AND HANDLING INSTRUCTIONS

The **information** gathered in this Exercise Evaluation/Improvement Plan is **privileged** and should be handled as **sensitive information**.

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SUMMARY

Date	06 December 2007
Venue	The International Cooperation Training Centre, Vientiane, Lao People's Democratic Republic (Lao PDR)
Type of Exercise	Day 1 Tabletop exercise

Purpose of Exercise

The purpose of the exercise was to assess the effectiveness of the *Lao PDR National Protocol for Rapid Containment of Pandemic Influenza*, developed by the Ministry of Health and the National Animal and Human Influenza Coordination office (NAHICO), with technical assistance of the WHO, and to identify strengths and opportunities for improvement in planning and operational capabilities.

Scope of Exercise

The scenario-based exercise stimulated discussions of the actions that would need to be taken in the event of sustained human-to-human transmission of a novel influenza virus somewhere within the Lao PDR. It addressed multi-agency involvement in responding to and rapidly containing the outbreak.

Summary of Scenario

The scenario described the detection of a novel influenza strain in a small village outside Vientiane capital which begins to show increasing transmission between humans. The outbreak suggests efficient transmission of a probable pandemic strain. The Government of Lao PDR, in consultation with WHO, decides to attempt a rapid containment of the outbreak.

Total Number of Participants

Players 27, Facilitators 2, Evaluators 2, Observers 7, Note takers/Secretariat 5

Participating Organizations

The Ministry of Health Lao PDR, Centre for Laboratory and Epidemiology (CLE); Local Hospitals; National Disaster Office (NDO); Ministry of Defense (MoD); Social and Cultural Dept.; District Representatives; Centre of Information and Education for Health (CIEH); Ministry of Foreign Affairs (MoFA); Medical University; Lao Red Cross; United Nations International Children's Fund (UNICEF); WHO Authority of Education Development (AED); National Animal and Human Influenza Coordination Office (NAHICO), UN Avian Influenza (AI) Coordinator's Office.

Exercise Sponsor

Communicable Disease and Surveillance at the WHO Western Pacific Regional Office and The WHO Office of the Representative in the Lao People's Democratic Republic..

Key Findings

Major Strengths

- Generally, the objectives of the PanStop II exercise were achieved, and some areas for strengthening the Lao PDR National Rapid Containment (RC) Protocol were identified. In their evaluations, participants were generally satisfied with the information exchange.
- Government and non-government agencies which participated were introduced to the importance of planning for their role in a potential pandemic, particularly with respect to the need for leadership and decision making at the national level and collaboration at all levels (village, district, province and national government) in the early stages of planning.
- The exercise revealed a lot of common understanding of the issues that the RC protocol raises, however, several issues need attention to make the protocol operational (this is addressed in more detail in the recommendations section).

Areas for improvement

- Successful management and coordination are highly dependent on the timely communication of reliable information. Apart from recognition of some reporting requirements, there seemed to be little consideration of the processes and procedures that need to occur to ensure that sufficient information is collected, analyzed and transmitted to support rapid and appropriate management decision-making.

Recommendations

- While there was broad recognition of the need for a coordinated, multi-sectoral approach to the implementation of rapid containment, there was little identification of responsible organizations and their roles, with the exception of the health sector. It is therefore necessary to pre-establish, communicate and practice the coordination and management mechanisms in advance of the event. As the protocol evolves, it would be helpful to identify specific responsible positions (not persons) in the agencies, to eliminate any potential ambiguity of both responsibility and authority.
- Develop a summary for rapid containment as an annex to the Protocol to incorporate the following five broad categories of management and coordination activity for rapid containment:
 - POLICY LEVEL LEADERSHIP/DECISION MAKING
 - OPERATIONAL MANAGEMENT
 - PLANNING
 - LOGISTICS
 - FINANCE/PROCUREMENT/ADMINISTRATION.

A technical working group (existing or new) should be assigned responsibility for this task.

- Develop a logistics plan that addresses the basic issues of storage and distribution so that required materials can be where they are needed in hours not days; and delineates approved, expedited processes for clearing drugs, equipment, supplies and personnel into the country with no delay. One or more of these could probably be expanded to cover the essential components of a broader logistical plan or alternatively, an additional annex to the protocol could be developed. Existing technical working groups and their host agencies are canvassed for personnel who can contribute to the development of a logistics plan, for inclusion as an annex to the protocol.
- Develop an outbreak communication plan. This is an aspect of risk communication that is considered a key component of a rapid containment operation.
- For future exercises, ensure there is sufficient time and training of the bilingual exercise team so that they can conduct the exercise effectively, make their own observations and prepare the evaluation. In designing future exercises, it is recommended that sponsors and planners pay careful attention to purpose, objectives and scope and ensure that all the sponsoring parties concur with any changes in these, with sufficient time to incorporate them into the planning and design process.

Conclusions

- Overall, the exercise was successful and by its nature was somewhat exploratory therefore provided more orientation and training than evaluation. Nevertheless, through the discussions stimulated by the scenario presentations and with the prompting by key subject matter experts and leaders, exercise participants were able to develop and/or enhance their understanding of the protocol and were able to identify issues that would impede or enable successful implementation and management of a rapid containment operation.
- As the national protocol continues to evolve, and operational aspects are specified, there will be new opportunities to exercise components of the protocol and to practice different types of exercises, such as the modified functional form, which is better for addressing operational decision-making and coordination.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

Rapid Containment Exercise

Type of Exercise

Tabletop exercise

-facilitated, informal discussion providing orientation and training

-guided by a scenario

-focus on roles, coordination, issue and problem identification and solution

Exercise Date

06 December 2007

Duration

One working day

Location

The International Cooperation Training Centre, Route 13, Vientiane, Lao PDR

Sponsors

National Animal and Human Influenza Coordination Office (NAHICO), Ministry of Health in Lao PDR, The Office of the WHO Representative in Lao PDR, WHO Communicable Disease Surveillance Response (CSR) at the Western Pacific Regional Office (WPRO), US Communicable Disease Centre (CDC).

Steering Committee

Dr Reiko Tsuyuoka (Office of the WHO Representative in Lao PDR)

Dr Bounlay Phommasack (National Avian Human Influenza Coordination Office,
Ministry of Health)

Exercise Planning Team

The exercise is part of a series intended to evaluate and strengthen the approach to rapid containment and ensure that WHO country office in Lao PDR and responsible national agencies are able to identify and perform their roles effectively during a potential pandemic event. The core components of the exercise scope, objectives, scenario and format were loosely agreed by WHO WPRO personnel in consultation with the team from the WHO country office. The details of the exercise scenario, presentations and structure were planned by:

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Mr David Knaggs

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CSR TEAM OF THE WHO COUNTRY OFFICE

Dr Reiko Tsuyuoka

Ms Annick Lenglet

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Participating Organizations

The Ministry of Health Lao Peoples Democratic Republic; Centre for Laboratory and Epidemiology (CLE); Local Hospitals; National Disaster Office (NDO); Ministry of Defense (MoD); Social and Cultural Dept.; District Representatives; Centre for Information and Education for Health (CIEH); Ministry of Foreign Affairs (MoFA); Medical University; Lao Red Cross; United Nations International Children's' Fund (UNICEF); World Health Organization (WHO), Authority of Education Development (AED); National Animal and Human Influenza Coordination Office (NAHICO); UN Animal Influenza (AI) Coordinator's Office.

Total Number of Participants

- Players 27
- Facilitators 2
- Evaluators 2
- Observers 7
- Note takers
and Secretariat 5

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose and Design

Purpose

The exercise was designed to examine and validate for application in Lao PDR, aspects of the rapid containment strategy, as developed in the Lao Rapid Containment Protocol, for minimizing the consequences of an outbreak of a probable pandemic strain of influenza.

The exercise is to evaluate and strengthen the approach to rapid containment and ensure that WHO Country Offices and responsible national agencies are able to identify and perform their roles effectively during a potential pandemic event.

This exercise reviewed the preparedness of Lao PDR to respond to and to implement and manage a rapid containment operation to stem an outbreak of a potential pandemic strain of influenza. The outcome of the exercise is the identification of strengths and opportunities for improvement in planning and operational capabilities such as:

- Management and coordination arrangements
- Risk assessment and decision making processes
- Risk communications
- Implementation and management of a containment zone
- Implementation of a range of non-pharmaceutical interventions
- Procedures for acquisition, release and distribution management of national and international stockpiles of PPE and antiviral medication
- Administration of mass prophylaxis

Scope

The exercise was conducted in one day. The participants were representatives from the Ministry of Health and other key players identified by the country and WHO Country Office.

The exercise was in the format of a table-top exercise, which is primarily a discussion guided by one or more facilitators. Its purpose is to identify issues and solve problems as a group. The exercise was designed in English with presentations translated into Lao. Two facilitators were fluently bilingual and guided the exercise in Lao. Bilingual evaluators observed the proceedings and progress made towards achieving the objectives and transcribed their observation notes into English.

The first part of the exercise provided sufficient orientation to the concepts involved in rapid containment that all participants could have a similar understanding. Then the scenario stimulated discussions of the actions that would need to be taken in the event of sustained human-to-human transmission of a novel influenza virus within a limited geographic area somewhere within the Lao PDR. It addressed multi-agency involvement in responding to and rapidly containing the outbreak.

Exercise Objectives, Capabilities, and Activities

Focus area 1. Response management and coordination

- risk assessment and decision making processes
- risk communications
- implementation of non-pharmaceutical interventions and active surveillance within a containment zone
- arrangements for requesting, releasing and managing the distribution and administration of antiviral medication for treatment and prophylaxis.

Focus area 2: Role clarification

- clarification of roles and responsibilities of country agencies, departments and decision-making bodies
- coordination arrangements between country agencies and with WHO Country Office

Focus area 3: Communications (internal to operational management)

- ability of responsible agencies to access and exchange key information in a timely manner during a pandemic emergency

Focus area 4: Exercise Planning and Management

- transfer of knowledge about exercise planning and management to the exercise participants

Scenario Summary

Since 2003, the H5N1 influenza virus subtype has been found throughout the world in migratory birds and outbreaks in poultry in Asia, Europe, Africa and the Middle East. The virus continues to infect humans. To date nearly all cases have reported being in close contact with infected birds. However, some rare possible clusters of human-to-human transmission have been detected, where transmission has been limited and not sustained. The WHO Pandemic Alert is still in Phase 3, but the virus continues to evolve. Until now, two human cases of avian influenza have been reported in Lao PDR.

In September in a future year, in a small village outside Vientiane in Lao PDR, the virus again crosses the species barrier infecting humans with a mutated version of the original. The virus is evaluated as novel and the accelerating number of confirmed human cases suggests efficient transmission of a probable pandemic strain.

The Government of Lao PDR, in consultation with the WHO, decides to attempt a rapid containment of the outbreak.

The exercise focuses on the implementation and coordination issues associated with the rapid containment operation.

SECTION 3: ANALYSIS OF EXERCISE RESULTS BY FOCUS AREAS

This section of the report reviews the capability (focus) areas that were to be evaluated during the tabletop exercise. In this section, observations are organized by focus areas which are listed below, followed by related observations, analysis and recommendations. The principle reference materials for the analysis and recommendations are the Lao PDR National Protocol for Rapid Containment (RC) of pandemic influenza, its source document, the WHO Rapid Containment Protocol and the LAO PDR National Pandemic Preparedness Plan.

It should be noted that there was a new version of the National Protocol prepared immediately before the exercise which most of the participants had not yet seen. Within it, some of the recommendations below were already identified for future work by technical committees.

The following observations are based on interpretation of the translated evaluators' notes and participants' problem logs.

1. Response Management and Coordination

Focus Area Summary:

The key indicators that the exercise team was expecting to be addressed within this area included identification of **key infrastructure** or organization(s) to support **ongoing risk assessment, decision making** and **logistical and operational aspects** of a containment operation. This includes the preparations for **effective risk communication** to enable each to become an appropriate part of a larger solution to a public problem.

Activity 1.1: Identification of key infrastructure (critical and therefore responsible organizations) and the operational processes that result in successful management.

Observations:

There was broad recognition of the need for a coordinated, multi-sectoral approach to the implementation of rapid containment. However, the responsible organization and their roles in rapid containment only were identified for the MoH (Department of Curative, Department of Prevention and CLE), National Animal and Human Influenza Coordination Office (NAHICO), the National Committee for Communicable Disease Control (NCCDC) and the Ministry of Agriculture for Animal Health. The PMO figured significantly as the ultimate senior decision making body, but there was little discussion about how that office would relate to the overall management of a rapid containment undertaking. It also appeared that much of the decision making and advice would come essentially from a certain expert or organization. This was identified in participants' problem logs and feedback forms in statements such as: "the coordination structure and roles and responsibilities are still not clear"; and "should pay more attention to implementation, coordination and human resources". In the most recent draft of the National Protocol the command structure and decision making flow have been mapped and some key roles described.

Analysis:

The potential effectiveness of rapid containment depends largely on the speed of its implementation. The multi-sectoral (egs: health, social services, military) and multi-level (egs: national, provincial, district) coordination requirements of rapid containment are a challenge to fast implementation in virtually all geographic areas. In the context in Lao PDR it is necessary to pre-establish, communicate and practice the coordination and management mechanisms in advance of the event.

Implementation of rapid containment will entail five broad categories of management and coordination activity:

- **POLICY LEVEL LEADERSHIP / DECISION MAKING and SPOKESMANSHIP** these should ideally be reflected in only one person.
- **OPERATIONAL MANAGEMENT**, implementing the directions of the policy leaders and working with other elements of the management and coordination structure to accomplish objectives, while conducting ongoing contact tracing (where appropriate), maintaining laboratory services and managing the containment zone.
- **PLANNING**, which provides support ongoing field response and risk assessment, development of plans to address changing circumstances (including local community's support plans) and prepares documentation to support accountability to senior officials and public information providers.
- **LOGISTICS**, involving the procurement, allocation, storage, transportation and local distribution of PPE, laboratory supplies and administration of antiviral medication. The logistics function also includes the identification, training, assignment and movement of personnel to support the containment operation and securing the resources (offices, telephones, furniture, food etc) necessary to sustain the field operation.
- **FINANCE, PROCUREMENT and ADMINISTRATION**, involving the purchase of goods and services, payments to providers, tracking the costs associated with the operation and provision of secretariat services.

Recommendations:

There are emergency management and project management structures that are designed specifically to provide effective, rapidly deployable and scalable management and coordination of the functions identified above. To be optimally effective, a short summary as an annex to the Protocol would help to provide a clear concepts and methodologies of the rapid containment.

It is recommended that the organizations that contribute to the preparation of the National Protocol for Rapid Containment of Pandemic Influenza are divided into existing or new working groups, whose responsibility is to research and recommend a suitable operational management and coordination plan, to support rapid containment.

Activity 1.2: Implementation of non-pharmaceutical and pharmaceutical measures.

Observations:

There was general and informed discussion of much of the non-pharmaceutical and pharmaceutical interventions that are essential to rapid containment. While recognizing the need for implementation and management processes, discussions were not sufficiently focused on the actual decision makers, activities and issues involved in managing these measures. This was captured in comments in participants' feedback and problem logs that: "social distancing was not discussed"; "what would be the procedures to restrict the movement of people?"; "...which departments/agencies are responsible for the storage...distribution of...supplies"; "the issue of food has been raised, which agencies will be responsible?" and "there should be a working group in the containment zone responsible for food and other supplies, coordinating with related agencies".

Analysis:

The success of a containment operation will depend as much on citizen cooperation and participation as on the external implementation of control measures. Many of the issues associated with the control and intervention measures such as identification of responsible agencies and lists of required activities, are addressed in the latest version of the National Protocol.

A number of questions remain however, examples of which include:

- 1) How will essential goods and services, necessary to the maintenance both of the community and the containment operation be supplied?
- 2) How will the economic viability of the community be preserved?
- 3) What are the opportunities for having the contained communities 'self manage' many aspects of the containment?
- 4) What engagement and planning processes are required?

The responsibilities in rapid containment go beyond in the enforcement of extraordinary measures and extend to developing plans and capacities to provide a broad range of supports (operational and psychosocial) to affected communities.

Recommendation:

As the protocol evolves it would be helpful to identify specific responsible positions (not persons) in the agencies, to eliminate any potential ambiguity of both responsibility and authority. An annex to the protocol could beneficially list all the responsibilities that pertain to any position, thereby clarifying to any agency/position the full range of their expected commitments.

Activity 1.3: Management of acquisition, storage, distribution of stockpiled PPE, antivirals and other medical and laboratory supplies.

Observations:

Participants demonstrated a good understanding of the issues around utilization of PPE and antivirals; and that laboratories, either within or outside the containment zone, would require resources. There was insufficient discussion regarding the logistical issues involved in acquiring storing and distributing virtually all of the required resources (material and human). In their problem logs and feedback forms participants noted: “which departments/agencies are responsible for storage... (of supplies) and...where will it be kept?”; “request for release of regional and global stockpile not well discussed”; “visa requirements for international team members not clear”; “issue of logistics raised with suggestion that focal points should be identified to be responsible for (storage) and distribution of PPE and antivirals; or every provincial hospital should be responsible for this” and “should have storage places for ...(supplies)...in north, central and south regions because it will be distributed more effectively”.

Analysis:

For rapid implementation of rapid containment, logistics are essential. Logistics is becoming a specialized, professionalized form of management. While Lao PDR is a relatively small country, there are many geographic barriers to the rapid movement of supplies and also many of the resources, both material and human needed for rapid containment, may come from outside the country. What is needed is a logistics plan that addresses the basic issues of storage and distribution so that required materials can be where they are needed in hours not days. In addition, clear processes for clearing drugs, equipment, supplies and personnel into the country with no delay should be included in such a plan.

Recommendation:

In the annexes to the National Protocol there are some (five or six) that relate to the request, shipment, storage and distribution of oseltamivir. One or more of these could probably be expanded to cover the essential components of a broader logistical plan which could be included as an Annex. It is recommended that the existing technical working groups and their host agencies be clarified for personnel who have some knowledge of logistics to contribute to the development of a plan.

Activity 1.4: Risk and outbreak communications with the various public audiences to promote trust and compliance, and minimize social, economic and political turbulence. Risk communication, the ability to impart critical information about a health hazard and guide actions, is critical in a rapid containment situation. Communications requires that you be able to identify your audience, develop a message they can act on, and a means to reach them.

Observations:

Participants seemed to be generally familiar with a number of issues related to public communications in the context of the cultural and linguistic characteristics of their country. They also recognized the probable value of ‘pre-outbreak’ education programmes to reduce the risks associated with avian influenza and with using focused public education programmes to foster cooperation in achieving the objectives of rapid containment. Comments on feedback forms such as: “...information...for people in the containment zone (CZ)...about how to protect themselves...can be done by door to door visiting, posters, major media, radio and village speakers” and a suggestion that “health education teams at all levels should be trained”, are indicative of sensitivity to the constraints and opportunities available to local officials.

There was no apparent discussion about the management of communications at a proactive, strategic level.

Analysis:

Outbreak communications, as an aspect of risk communications, is considered a key component of a rapid containment operation. Its objectives include building, maintaining or restoring trust in the government's actions and fostering compliance with the programme while minimizing social, political and economic turbulence. The National Protocol does not yet cover the communications management strategy. It may not be necessary to specifically address this in the protocol if another branch of Government already has this in hand, perhaps as part of the National Pandemic Preparedness plan. If not, then a preparation of a communications plan is in order.

Recommendation:

It is recommended that the National Committee satisfy itself that there is an effective communications plan for rapid containment that has a number of components:

- education materials suitable for risk reduction education before and after an outbreak, prepared in as many languages or dialects as necessary
- explanatory materials providing information about rapid containment
- Scripted public messages, pre-approved by the appropriate authority, to announce
 - an outbreak and the response measures being taken
 - an intention to contain the outbreak and what that means
 - the measures being put in place to manage/enforce the containment
- Draft messages to various audiences to address the unique needs of each for specific information, request particular assistance or to manage expectations.
 - provincial, district and local officials
 - village heads and other community leaders
 - health service providers
 - schools
 - transportation companies (airlines, trucking, buses etc)
 - neighbouring heads of state, or ministers of health
 - international organizations, government and NGO
 - embassy, consular and trade commission officials

- A media engagement plan to address the needs of deadline-driven local and international mass media
 - daily briefings and press conferences
 - written press releases
 - designated spokesperson, alternate and single point of contact who is continuously available and a briefing process for all of these.
- Plans for a joint information centre involving all affected parties
- Other tools and resources as necessary/useful

2. Role Clarification

Focus Area Summary:

The exercise team was watching for: recognition/identification of decision points or activities where there was uncertainty about responsibility and/or authority and more importantly, the mechanisms for a rapid resolution of any resulting operational issues. This relates directly to item 1.1 above, and it is focused on the processes for creating consistent, clear direction and coordination.

Activity 2.1: Recognition/identification of real or potential ambiguities or uncertainty about roles, responsibilities and authorities.

Observation:

Participants' comments during the exercise and in the feedback forms and problem logs revealed a combination of certainty about mandates and processes (...“that is our responsibility, we will do it and here is how...”) mixed with significant uncertainty about who has responsibility for doing what. The responses indicated that participants understood how wide the roles and responsibilities required are for rapid containment, however, there was a lack of confidence expressed that all sectors involved in rapid containment knew their respective roles.

Analysis:

It is vital that people know their own responsibilities and authorities. However, it is not necessary that everybody involved understands the details of other agencies mandates.

What is very important is that there is a well established, broadly known and understood process for resolving any real or perceived issues or uncertainties quickly. Based on one participant's note, it may be that in Lao PDR the PMO is responsible for rapid containment operational decisions. Ideally, very few issues involving uncertainty about responsibility and authority should need to rise to that level. However, a rapid containment operation, or any other pandemic response, will involve many agencies, sectors and levels who do not normally work together, but who share a collective responsibility for the success of the management and coordination activities. It is important to clarify the management infrastructure and process shared among all parties in order to work together in the pandemic situation.

Recommendation

It is recommended that all the agencies with responsibilities for the effective implementation and management of a rapid containment operation, satisfy themselves that they are capable of resolving any potential operational, jurisdictional or mandate-driven conflicts or uncertainties quickly and that they are able to share public leadership roles.

Ideally, they should be able to demonstrate this capability in an exercise designed to validate this operational aspect of an operational plan.

Activity 2.2: Coordination arrangements with the WHO

Observations:

Participants were essentially silent on the role of the WHO, other than being an agency to which reports would be made and from whom assistance would be sought for risk assessment purposes and for access to global stockpiles.

Analysis:

The exercise team noted that the WHO Country Team is well integrated with the Ministry of Health and NAHICO and that it was significantly involved in the development of the National Protocol for Rapid Containment. During an actual rapid containment operation the WHO Country Office would be required to provide technical assistance, but would also be the focal point for any international issues. It would therefore be useful to have a designated 'position' within the WHO team to be assigned to the senior operational leader of the Lao government.

Recommendation:

It is recommended that the WHO Country Office staffs continue to conduct their expected roles during a rapid containment operation as it is described in the draft of the National Rapid Containment Protocol.

3. Communications (internal to operational management)

Focus Area Summary:

Internal communications, sometimes referred to as technical communications, refers to the mechanisms for flow of critical information in a timely manner. Successful management and coordination are absolutely dependent on the timely generation and passage of reliable information. Internal communications relates to who is required to communicate with whom, with what information, when (how often) and how. The exercise team was watching for indications of the existence of operating procedures/protocols/practices for some of these requirements of responsible agencies. Also expected was an indication of the intended physical location(s) of the management team(s).

Activity 3.1: What are the operating procedures or principles guiding the collection and exchange of operational management information?

Observation:

Though some reporting requirements were recognized as being important, there was little consideration of the processes and procedures that need to occur to ensure that sufficient information is collected, analyzed and transmitted to support quality management decision making. It was noted in a problem log that “the effective way to communicate at the outbreak area hasn’t been agreed yet”. Also apparently absent in discussions was the issue of one or places from which operations would be conducted. Some of this type of information is mentioned in the National Pandemic Preparedness Plan, Strategy 5, Strengthening Institutional and Legal Frameworks.

Analysis:

This aspect was not covered very much in the discussion as there was not much included in the presentation and the facilitators were not prepared for it. It is not clear how the National Disaster Management Committee and Office will fit into rapid containment operations.

Recommendation:

It is recommended that a section of the Operational Plan recommended under Focus Area 1, addresses the issues in this focus area.

4. Exercise planning and management

Focus Area Summary:

Experiencing an exercise as a participant is, by itself, instructive about what a particular type of exercise entails. Participants always bring a broad range of personal expectations and experience to the process. Usually these find some degree of expression in the participant evaluations. Indicators of learning and enthusiasm for the process tend to appear in the comments that participants are asked to provide, although the norm is fewer rather than more comments.

Activity 4.1: What did the participants gain from the exercise experience?

Observations:

A characteristic of tabletop exercises, which are intended to informally identify and solve problems of coordination, is the exchange of information among participants/agencies. In their evaluations, participants were generally satisfied with the information exchange (see Appendix 3). Similarly, most indicated satisfaction with the review of coordination issues and with the opportunity to understand the strengths and weaknesses in the Lao PDR readiness to implement rapid containment. Some, in their comments, expressed concern that “several important discussions such as tamiflu distribution, movement restrictions and social distancing, were skipped or abbreviated”. Similarly that “sectors other than health didn’t talk about their capacities, so it remains unclear whether they are prepared to implement the plan”.

Participants also commented on the planning and facilitation of the exercise with observations that: “the facilitators did not challenge other sectors to put forward their ideas”; “the national facilitators need to be trained and have more questions and options to encourage more

discussion” and “more time is required for exercise preparation and to give WHO Country Team time to assist national colleagues in organizing the exercise”

Analysis:

As conducted, the Lao PDR PanStop II tabletop was a comprehensive orientation to most of the issues involved in rapid containment. The absence of operational instructions in the rapid containment protocol made it difficult to plan the exercise as a ‘test’.

The model of using an exercise designed in English and conducted in another language is useful but not without some interesting issues. To be most effective, it requires that an entire bilingual exercise team be fully trained so that they can conduct the exercise, make their own observations and prepare the evaluation. It is considered that for an exercise of this nature, a period of up to one month would be required to properly develop this capability, depending on the scope of the exercise.

The exercise facilitators did an excellent job, but there was a problem with exercise facilitation because they were understood or perceived to be subject matter experts, so many participants tended to wait for answers from them. Trained facilitators, who are knowledgeable in the area but not perceived as subject matter experts can more easily stimulate broader discussion.

Recommendation:

It is recommended that in designing future exercises, sponsors and planners pay careful attention to purpose, objectives and scope and ensure that all the sponsoring parties concur with any changes in these, with sufficient time to incorporate them into the planning and design process. More emphasis should be placed on working in-country well beforehand to build capacity of national facilitators and exercise organizers in order for the exercise to be conducted fully in the national language.

SECTION 4: CONCLUSION

Exercises are part of a continuum of activities involving planning, training and evaluating plans, protocols and procedures. There are few activities that are more powerful and effective for stimulating planning and delivering training than a well conceived and executed exercise.

As the national protocol continues to evolve, and operational aspects of it are specified, there will be new opportunities to exercise components of the protocol and to practice different types of exercises, such as the modified functional form, which is better for addressing operational decision making and coordination. It is recommended that these be conducted on a smaller scale with reduced scope and limited, specific objectives in order to obtain maximum benefit from the efforts, for the least commitment of human and financial resources. Often the most difficult part of exercise design is getting these aspects correct.

SCENARIO

Background

Since 2003, the H5N1 influenza virus subtype has been found throughout the world in migratory birds and outbreaks in poultry in Asia, Europe, Africa and the Middle East. The virus continues infect humans. To date nearly all cases have reported being in close contact with infected birds. However, some rare possible clusters of human-to-human transmission have been detected, where transmission has been limited and not sustained. The WHO pandemic alert is still in Phase 3, but the virus continues to evolve. Until now, two human cases of avian influenza have been reported in Lao PDR.

Initial Outbreak

During early **September 200?** a bird die-off in backyard chickens and ducks was reported in Phonghong District near Vientiane. The Ministry of Agriculture confirmed H5N1 in samples taken from the dead birds.

Ban Mai is located in Phonghong District, Vientiane province, about 60km north of Vientiane Capital (1 hour by road). The province is bordered by the province of Xiengkouang to the east, Xayabury to the west, Luang Prabang to the north and Bouliokhamxay and Vientiane Capital to the south. Ban Mai lies on the main transport route that links Vientiane Capital to Luang Prabang and the northern provinces of Lao PDR. There is no airport or airstrip. The community lives off backyard poultry farming and agriculture. Telecommunications are available in most of the province (especially through mobile phone networks). Water supply is through central water tower in the provincial capital. Elsewhere, water is collected from private wells and rain water. Electric power is distributed into the majority of towns through distribution centers.

The district of Phonghong has a population of about 60 000 spread over various villages along the main road and into the interior of the province. There is a district hospital located in Phonghong capital, about 30 minutes further north from Ban Mai. The provincial hospital is a 45 minute drive, also north of Ban Mai.

On 5 October 200? the provincial agriculture authority in Vientiane province reported high mortality in ducks in Ban Mai village.

On 11 October 200? the Phonghong district hospital reported to the National Centre for Laboratory and Epidemiology (NCLE) alert telephone number that there are ten suspect avian influenza (AI) cases in the hospital. Most of the ten suspect cases are from Ban Mai village and were admitted to the hospital with severe respiratory illness. Several of the people reported that many ducks and chickens in their village had died during the last few weeks

On 12 October 200?, the Central Rapid Response Team, the Provincial Rapid Response Team, and epidemiologist from the WHO country office travel to the hospital. After the initial interviews with clinical staff, suspect cases and the families of suspect cases, the team confirms the report of ten suspected cases of human AI have been admitted to the hospital in the past four days. The investigation also identifies two deaths due to a respiratory illness of unknown cause in family members of the suspect cases. The deaths occurred on October 12 and 13. There are also rumours of other suspect cases that are still in the village. Clinical specimens are collected from each of the ten patients and sent to the NCLE. The investigation team follows the national protocol for treatment of suspected human AI cases and provides prophylaxis to all household

contacts of the suspect cases and to health care staff at the district hospital who have cared for the suspect cases without the correct use of personal protective equipment (PPE).

On 15 October 200? The customs documents are prepared for the clinical specimens to be shipped to the WHO Collaborative Centre in Japan (NIDD). The investigation team continues case finding in Ban Mai village and also sends an alert to all of the local hospitals and health clinics in the area asking them to immediately report any suspect AI cases and reminding all health care staff about how to safely triage and manage suspect cases (PPE, maintaining distance, cough etiquette, isolation).

The Government of Lao PDR starts a public communications programme to alert people to the personal measures they need to take to minimize their risk.

At 18:00 hours on **15 October 200?** the preliminary laboratory results from NCLE for the samples taken on the 12th indicate that nine of the ten specimens are positive for H5N1. The Lao PDR Ministry of Health, through the IHR focal point, notifies WHO of the event.

16 October 200? The samples are due to be shipped to the WHO collaborating centre in Japan on a flight later in the afternoon. The results will not be available for a further three days. Official test results from NCLE of the ten suspect cases identified in Ban Mai village on the twelfth are available and indicate that nine of the ten are positive for HxNy. The remaining three results are still pending. The government of Lao PDR decides that the epidemiological information indicates that sustained human to human transmission is occurring and decides not to wait for confirmation of a novel strain from the WHO collaborating centre and requests that WHO/WPRO arrange assistance to conduct a risk assessment.

18 October 200? The first two members of the international investigation team arrives in the field and finds that there are many reports of suspect cases in an adjacent village and people are very worried. Thai television channels have started to report the news of clusters of human AI cases in Lao. The international team and the Ministry of Health call an emergency meeting to discuss the situation.

Rapid Containment Operation

19 October 200? After convening its expert panel, including national authorities, WHO country office, and members of the international team, the government of Lao PDR formally consults with WHO on the feasibility of conducting a rapid containment operation. Late in the day, the WHO collaborating centre in Japan confirms a novel influenza virus as the etiologic agent. The media continues to report that medical facilities are under pressure from both the sick and worried-well. Several facilities will run out of medicine. Some countries have issued travel advisories for Lao PDR.

19 October 200? Based on a thorough consultation, Lao PDR and WHO decide to implement rapid containment measures and the first steps for the establishment of the containment zone are taken. The number of suspect cases being reported from Ban Mai village is increasing. Locally available stocks of antivirals and PPE have been exhausted. On the same day, the Government requests that WHO provide supplies from regional and global stockpiles, as well as technical assistance to implement rapid containment measures.

Based on locations of reported outbreak clusters, a preliminary perimeter of the containment zone is established and the Government of Lao PDR starts an intensive public communications programme targeting people in the affected area about the intention to contain the outbreak in the immediate area.

25 October 200? The outbreak is widely reported by international wire services and the media are increasingly present in Vientiane and Ban Mai, where they are reporting rumours of the outbreak in surrounding Provinces.

27 Oct 200? The first delivery of antivirals from Singapore arrives in Vientiane airport and the arrival is reported and filmed by Asian media. The boundaries of the containment zone are physically identified and National resources start moving into place to monitor, enforce and support it.

30 October 200? People have been hoarding food and there is growing community concern about shortages of food, supplies and pharmaceuticals in shops in the rapid containment zone. There is evidence of food smuggling by zone residents indicating unauthorized exit and possibly entry at the boundaries of the zone. Multiple government and non-government agencies are required or are interested in assisting in managing the consequences of the containment.

12 November 200? Mahosot Hospital in Vientiane capital reports two suspicious cases of acute respiratory infection. One case has family in the containment zone. The other normally resides in the capital. Neither have had contact with fowl.

15 November 200? Hospital diagnostic workup reveals that one of the cases is bacterial pneumonia and the other is type B influenza. There have been no further reports of cases in the containment zone and the total number of cases is dropping. Media reports focus on the government's efforts to contain the outbreak and talk about the role of WHO in working with the government of Lao PDR.

END OF EXERCISE

IMPROVEMENT PLAN

The Improvement Plan consists of the recommendations made in the body of this report compiled in table form, with a column for users to capture their acceptance, modification, rejection and actions taken with regard to each recommendation.

FOCUS AREAS	RECOMMENDATIONS	STATUS/ACTION
Response Management and Coordination	<ul style="list-style-type: none"> - assign to an existing or new technical working group, responsibility to research and recommend a suitable operational management and coordination plan, to support rapid containment, for incorporation into an annex to the Protocol. - identify specific responsible positions in the agencies, to eliminate any potential ambiguity of both responsibility and authority and include in an annex to the protocol to clarify to any agency/position the full range of their expected commitments. - existing technical working groups and their host agencies be canvassed for personnel who can contribute to the development of a logistics plan, for inclusion as an annex to the protocol - the National Committee satisfy itself that there is an effective communications plan for rapid containment 	
	<ul style="list-style-type: none"> - all agencies with responsibilities for the effective implementation and management of a rapid containment operation, satisfy themselves that they are capable of resolving any potential operational, jurisdictional or mandate-driven conflicts or uncertainties in minutes and that they are able to share public leadership roles based on a collective agreement on goals, objectives and activities. 	

<p>Role Clarification</p>	<ul style="list-style-type: none">- demonstrate this capability in an exercise designed to validate this operational aspect of an operational plan- WHO Country Office staffs examine their expected roles during a rapid containment operation and if appropriate, negotiate with the responsible national authority, a liaison role with the rapid containment operational manager's team	
<p>Communications (internal to operational management)</p>	<ul style="list-style-type: none">- ensure that a section of the Operational Plan recommended under Focus Area 1, addresses communications issues.	
<p>Exercise Planning and Management</p>	<ul style="list-style-type: none">- for future exercises, sponsors and planners should pay careful attention to purpose, objectives and scope and ensure that all the sponsoring parties concur with any changes in these, with sufficient time to incorporate them into the planning and design process.- if WPRO provides exercise design assistance to member states, more emphasis should be placed on working with them in-country to build capacity to properly scope, design and conduct their own exercises.	

PARTICIPANT FEEDBACK SUMMARY

The form below was provided to all participants, including observers, to provide feedback both on the conduct of the tabletop exercise and to allow them to comment on the Rapid Containment Protocol. The results of the submitted comments are on the following page.

Participants' Exercise Evaluation Form

1. I RECEIVED information that I need to engage with my colleagues and their organizations during a rapid containment operation.

1 2 3 4 5 6 7 8 9 10

Not Much _____
Sufficient _____ →

Or: not applicable _____

2. I was able to PROVIDE critical information that my colleagues and their organizations would need during a rapid containment operation.

1 2 3 4 5 6 7 8 9 10

Not much _____
Sufficient _____ →

Or: not applicable _____

3. Did the exercise provide sufficient opportunity to understand and review the coordination issues involved in rapid containment? Yes ___ No ___

(If no, please briefly explain why):

4. Did the problems in the exercise adequately reveal strengths and weaknesses in Lao PDR's readiness and capability to implement the Plan?
Yes ___ No ___

(If no, please briefly explain why):

5. The following problems, which you consider were either not adequately addressed or omitted, should be considered in a future exercise:

6. Please add any general observations about the exercise, or suggestions for the future:

Thank you for participating!

PARTICIPANTS' EVALUATION FORM SUMMARY

Number of total evaluation form 20

1. RECEIVED information

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
		1				3	10	3	3

2. PROVIDE critical information

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
					1	2	8	6	3

3. Exercise provide sufficient opportunity to understand and review the coordination issues involved in rapid containment

YES 19 **NO** 1

4. Exercise adequately reveals strengths and weaknesses in Lao PDR's readiness and capability to implement the Plan?

YES 18 **NO** 2

COMMENTS

-Improving coordination during the RC is necessary

-Facilitators need to be trained risk communication

-Detailed investigation report in animal and health is missing

-Several important discussions skipped or very limited, such as Tamiflu distribution, movement restrictions and social distancing.

-Other Sectors (eg: Interior, Defence, PMO) did not talk about their capacities, so it remains unclear whether they are prepared to implement the plan.

-Language barrier was a problem. (exercise designed in English and conducted in Lao) -The National facilitators need to be trained and have more questions and options to encourage more dynamic discussion.

-More time required for exercise preparation to give WHO Country Team sufficient time to assist National colleagues who are vital to organizing the exercise.

LIST OF PARTICIPANTS

Item	Name and Surname	Organization
01	Dr Bounfeng Soudoungdeng	Director General of Curative Department
02	Dr Chanphet Phothilath	Curative Department
03	Dr Sibounhome Akkhavong	Hygiene and Prevention Department
04	Dr Phouthone vangkonevilay	Department of Organization
05	Dr Sisavath Southanilaxay	Health Cabinet
06	Dr Bounthan luangvilay	Department of Inspection
07	Dr Khanthong Bounlue	Deputy Director of CLE
08	Dr Kongmany Southalack	CLE
09	Ms Boauphanh Khampaphongphanh	CLE
10	Dr Lumphone Phannavong	Medical Equipment Supply
11	Dr Niphonh Chanthakounmane	Ministry of Health
12	Dr Sithat Insisingmai	Department of Hygiene and Prevention
13	Dr Boulnlue Philavong	Mother and Child Health Care Hospital
14	Mr Phonesavanh	National Disaster Office
15	Dr Khampai	Medical Department, MOD
16	Mr Somchay Vongsary	Cabinet of Insurance Ministry
17	Mr Chanhpheng Bouasavanh	Deputy Director of Social and Culture Department, National Assembly
18	Mr Anoumany	Chanhthabuly District
19	Mr Saly Nanthavong	Sikhottabong District
20	Mr Khamsouvanh	Custom Division, National Airport

21	Dr Anothay Kongsayyasack	CIEH
22	Dr Khamphanh Keokhounmeung	CIEH
23	Ms Phapaphone Xayyasongkham	DLF, MOAF
24	Mr Somkhoun Masouvanh	Prime Minister Office
25	Dr Viengsavanh Phanhmanivong	Curative Department
26	Dr Sing Menolath	Deputy Dean of Medical University
27	Dr Sanivoulath Sramany	Lao Red Cross
28	Dr. Kerri Watkins	WHO
29	Ms Annick Lenglet	WHO
30	Dr Reiko Tsuyuoka	WHO
31	Dr Bouathip	WHO
32	Mr Anton	AED
33	N Ross	UNORC
34	Ms Monthra Inkchasom	IOM
35	Prof Dr Bounkong Sihavong	Mahosot Hospital
36	Dr Alongkone	- Medical University
37	Dr Rattanaphone	-Mohosot Hospital
38	Ms Nalinthone Vilaysane	NAHICO
39	Ms Viengsompasong	UN AI coordinator's office
40	Ms Namchaythip	UNICEF
41	Dr Ratsamy Vongkhamsao	NAHICO
42	Ms Thippakesone	
43	Ms Viengdaly	

EXERCISE PROGRAMME

Thursday 06 December 2007

Time	Activity	Remarks
0830	Registration	Administration
0850	Welcoming Remarks	Department Ministry of Health
0900 0945	Introductions Administrative briefing Tabletop exercise Pandemic influenza National Protocol for rapid containment	Dr Bounlay Phommasack and facilitators
0945 1000	<i>Break</i>	
1000 1200	Session 1 Proceed through scenario to Rapid Containment decision point	Facilitators
1200-1300	<i>Lunch</i> <i>Evaluators meet with facilitators</i>	
1300-1430	Session 2 Review core elements of a containment operation Proceed through management and coordination issues involved in non-pharmaceutical and pharmaceutical interventions	Facilitators
1430-1445	<i>Break</i> <i>Evaluators meet with facilitators</i>	

1445-1545	Session 3 -Proceed to conclusion of scenario	Facilitators
1545-1600	Facilitators' and Participants' Review	Facilitators
1600-1615	Evaluators' review	Evaluators
1615	Closing Remarks	Dr Bounlay Phommasack

**PANSTOP II PRESS RELEASE
LAO PDR TESTS ITS PANDEMIC PREPAREDNESS**

Vientiane, Laos, 6 December 2007 – The Ministry of Health and the World Health Organization (WHO) are today organizing a simulation exercise to assess the country’s readiness to respond to a potential human influenza pandemic.

The exercise known as “PanStop II” consists of table-top exercises where participants test rapid response and containment mechanisms based on a scenario of sustained human-to-human transmission of a novel human influenza virus in the Lao PDR.

“This PanStop II exercise will be very useful for the Government and partners in testing the country’s operational preparedness and coordination among all parties. It will enable us to identify what is working and what needs further improvement ahead of time to ensure optimal planning and response during an actual outbreak,” says Dr Bounlay Phommasack, Director for the National Avian and Human Influenza Coordination Office (NAHICO). “The exercise will also help in assessing the effectiveness of the country’s rapid containment strategy, including mobilization of in-country resources and medicine stockpiles.” Although no medicine will be transported during the exercise, a regional ASEAN stockpile of antivirals has been established in Singapore with support from the Government of Japan.

WHO has been one of the lead agencies in consultations with various international organizations in pandemic preparedness. The PanStop II in Lao PDR is a part of a series of exercises WHO is undertaking with regional member states to help develop their capacity while testing operational preparedness in key areas such as planning, coordination, management and communication for Rapid Containment. The first Panstop exercise was based in WHO’s Western Region offices in Manila, the Philippines, earlier this year and involved a mock outbreak in Cambodia.

“While the simulation exercise in the Lao capital of Vientiane will be an imperative part of the country’s pandemic preparedness efforts, it will also contribute to global health security,” says

Dr Dong-Il Ahn, WHO Representative in the Lao PDR. “Joint efforts and collaboration between individuals, local and national governments, and the international community are crucial components in the fight against pandemic influenza.” Representatives from the Ministry of Health, WHO, the Cabinet, the Prime Minister’s Office, the National Disaster Management Office, NAHICO, UN agencies and NGO partners will be among the many participants in the exercise.

On-going outbreaks of a highly pathogenic avian influenza virus (H5N1) in birds in many countries have raised concerns that a related human influenza pandemic may occur in the future. These concerns have prompted a search for ways to prevent a pandemic through rapid response and containment strategies that would stop, or at least slow down, the spread of pandemic influenza at the source of its emergence and help minimize disease and deaths worldwide. Currently, the virus has not changed to a form easily transmissible among humans, but WHO believes the risk of a pandemic persists.

Lao PDR is one of the first countries which have developed a country rapid containment protocol. Lessons learnt from this exercise will further strengthen the country capacity to prevent pandemic influenza.

For more information, please contact: Lao PDR: Dr Bounlay Phommasack - Tel: 856 21 264 324, 264 325; fax: 264 326 at NAHICO office; email: nahico@laopdr.com
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You may also visit the WHO website: <http://www.who.int>.