

The AsiaFluCap Project

Stakeholder Analysis on the response to the 2009 H1N1 Influenza Pandemic in six Asian Countries

Yu-Chen Hsu, Yi-Ta Yang, Yu-Min Chou, Chang-Hsun Chen, Ying-Hwei Chen, Shan-Chwen Chang, Chung-Yeh Deng.

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Project objectives:

- * to provide a strategic framework to evaluate operational capacity in countries at risk of influenza pandemic
- * to determine systematically operational capacity gaps in order to support containment and mitigate the consequences of pandemic influenza in these countries and elsewhere

Study countries:

Cambodia, Indonesia, Lao PDR, Taiwan, Thailand, and Vietnam

Project timeline:

May 2008 to April 2011

Project Coordinator:

Prof. Richard Coker

Contact Information:

Communicable Diseases
Policy Research Group, LSHTM,
9th Floor, Anek Prasong Bldg.,
420/6 Rajvithi Road, Bangkok
10400 Thailand
Tel/Fax: +66 2 354 9195
Email: bkk@cdprg.org
http://www.asiaflucap.org

Background

AsiaFluCap is an international collaborative research project aiming to evaluate the operational capacity of health systems to respond to pandemic infections. Within the project, different analyses were conducted to evaluate response mechanisms and the response capacity in Cambodia, Indonesia, Lao PDR, Taiwan, Thailand, and Vietnam. The aim of the stakeholder analysis was to identify capacity strengths, gaps, and constraints of the national health systems in response to the 2009 H1N1 influenza pandemic. Various stakeholders in the six project countries were interviewed to assess their viewpoints and opinions on national response activities.

Table 1. Background of the interviewees selected for the stakeholder analysis in the six Asian countries

	Cambodia	Indonesia	Lao PDR	Taiwan	Thailand	Vietnam
Date	7/8-7/20	7/5-8/30	7/7-8/27	4/6-10/25	7/1-8/17	7/19-9/6
Time Average (range)	Not available	83 mins (57-112)	84 mins (60-120)	73 mins (24-159)	59 mins (27-122)	75 mins (40-95)
Categories of Interviewees						
Major International Organisations	5	1	0	0	1	0
Key Policymakers	7	14	0	7	7	6
Health System Experts	2	2	5	3	5	10
Opinion Leaders	1	1	5	2	4	1
Private Sectors	2	1	0	4	4	2
Total	17	19	10	16	21	19

Methods

- In-depth interviews were conducted to collect stakeholders' viewpoints and opinions on the response to the 2009 H1N1 influenza pandemic in six countries.
- The Taiwan project team developed a stakeholder analysis toolkit and trained the country research teams in June/ July 2010.

- Each project country selected their interview partners, conducted the interviews, and wrote a report according to the toolkit description. Table 1 shows the background of the interviewed stakeholders from the 6 project countries.
- The Taiwan team summarised the results from the six countries for a cross country analysis.

Main Findings:

1. Governance and Budgets

- Taiwan's Central Epidemic Command Centre (CECC) was activated to organise pandemic response. Indonesia's Komnas FPBI and Lao's NEIDCO, initially established to control Avian Flu, were leading H1N1 response mechanisms. International health organisations supported Cambodia and Laos in their pandemic control activities.
- Indonesia, Taiwan, Thailand, and Vietnam had government budgets specially allocated to epidemic control.

2. Vaccine Policy and Public Compliance with Vaccination

- During the pandemic period, Cambodia, Laos, Taiwan, and Thailand launched a H1N1 vaccination campaign. Cambodia and Laos received H1N1 vaccines from WHO, Thailand purchased H1N1 vaccines from international pharmaceutical companies and Taiwan had domestically produced as well as purchased vaccines.
- Cambodia, Taiwan, and Thailand reported problems with risk communication and risk management, especially in the field of vaccine safety, and reported on distrust within the public and among public health professionals.

3. Antiviral Drugs

- International organisations supported Cambodia and Laos to stockpile antivirals. Taiwan, Thailand, and Vietnam had government budgets to purchase sufficient amounts of antivirals from international pharmaceutical companies. In addition, Thailand and Vietnam were able to produce Tamiflu domestically.

4. Overall Assessment

- Cambodia and Laos reported resource shortcomings and limitations in their pandemic response capacities.
- Capacity constraints identified by all countries include the application of control measures on large population groups; bureaucracy obstacles; and rigidity in regulations.

Areas for improvement identified in the analysis:

1. Strengthen information exchange, capacity building, and collaboration within and among countries to improve preparedness planning and response implementation;
2. Distribute financial, human, technological, and health care resources in an equitable and timely way, especially at district and local levels;
3. Promote transparency in governmental decision-making processes to enhance public trust and public acceptance of pandemic response measures;
4. Prepare for the unexpected; and
5. Initiate timely research activities to close information gaps.

Project collaborators:

