



The AsiaFluCap Project

Stakeholder Analysis on the Response to the 2009 H1N1 Influenza Pandemic in Six Asian Countries



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Selected Indicators of Health System Contexts in 6 Asian Countries



	CAM	IND	LAO	TAI	THA	VIE
Total population (x 1000)	14,197	228,864	5,759	23,120	63,444	86,206
GDP per capita (current US\$)	512	1592	591	16740	3258	708
Life expectancy at birth (years) both sexes	62	68	60	77.89	72	72
Hospital beds (per 10,000 population)	1	5.2	12	57.3	21.4	26.6
Physicians density (per 10,000)	2	1	4	16	4	6
Nursing and midwifery personnel density (per 10,000)	9	8	10	43.1	28	8
Total expenditure on health as % of GDP	6	2.2	3.6	6.1	3.5	6.6

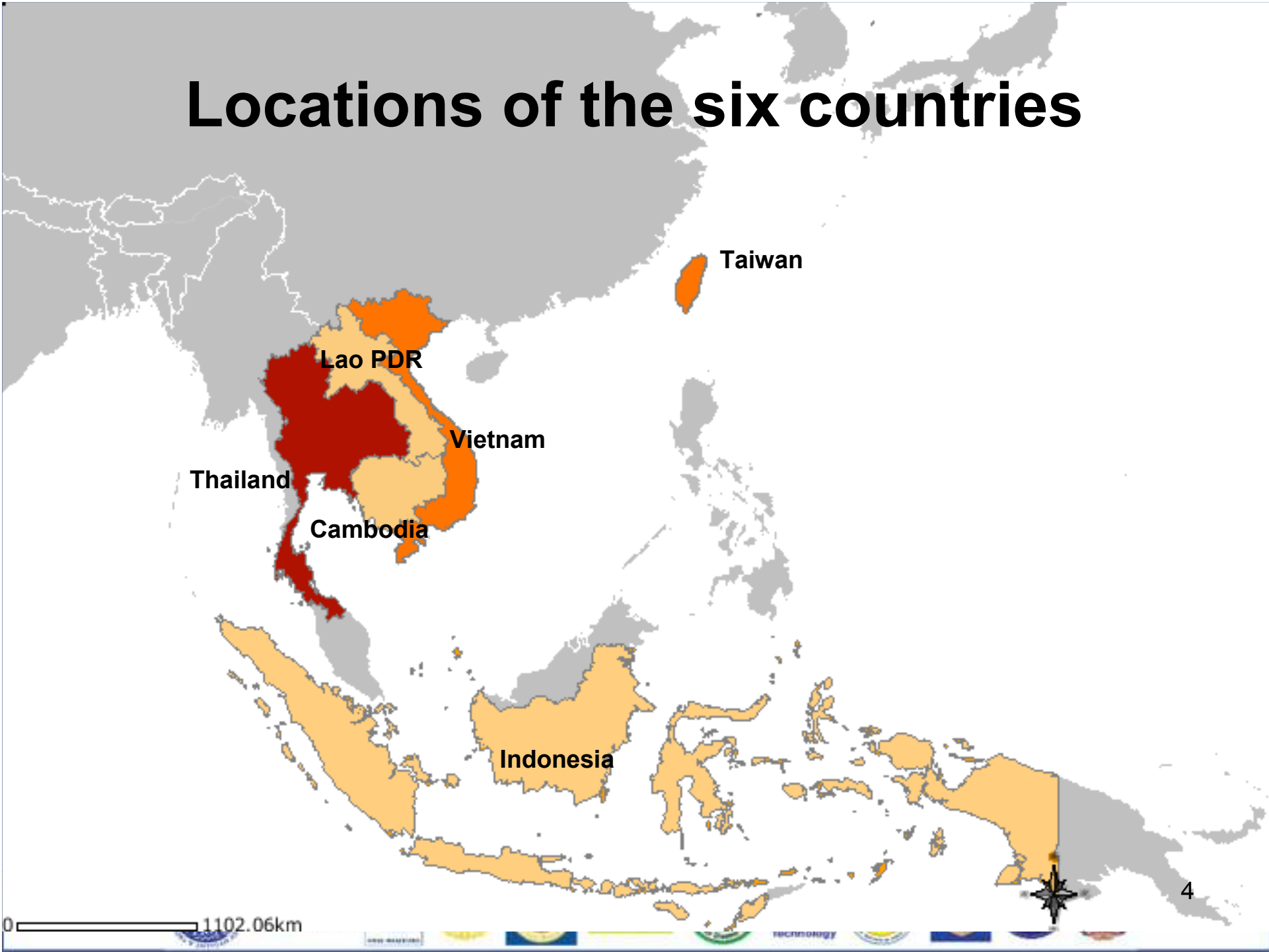
Resource: Piya Hanvoravongchai, et al. "Pandemic influenza and health systems challenges in Asia: results from rapid analyses in 6 Asian countries" BMC Public Health 2010, 10:322



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Locations of the six countries



Summary of Response Measures Taken in 6 Asian Countries

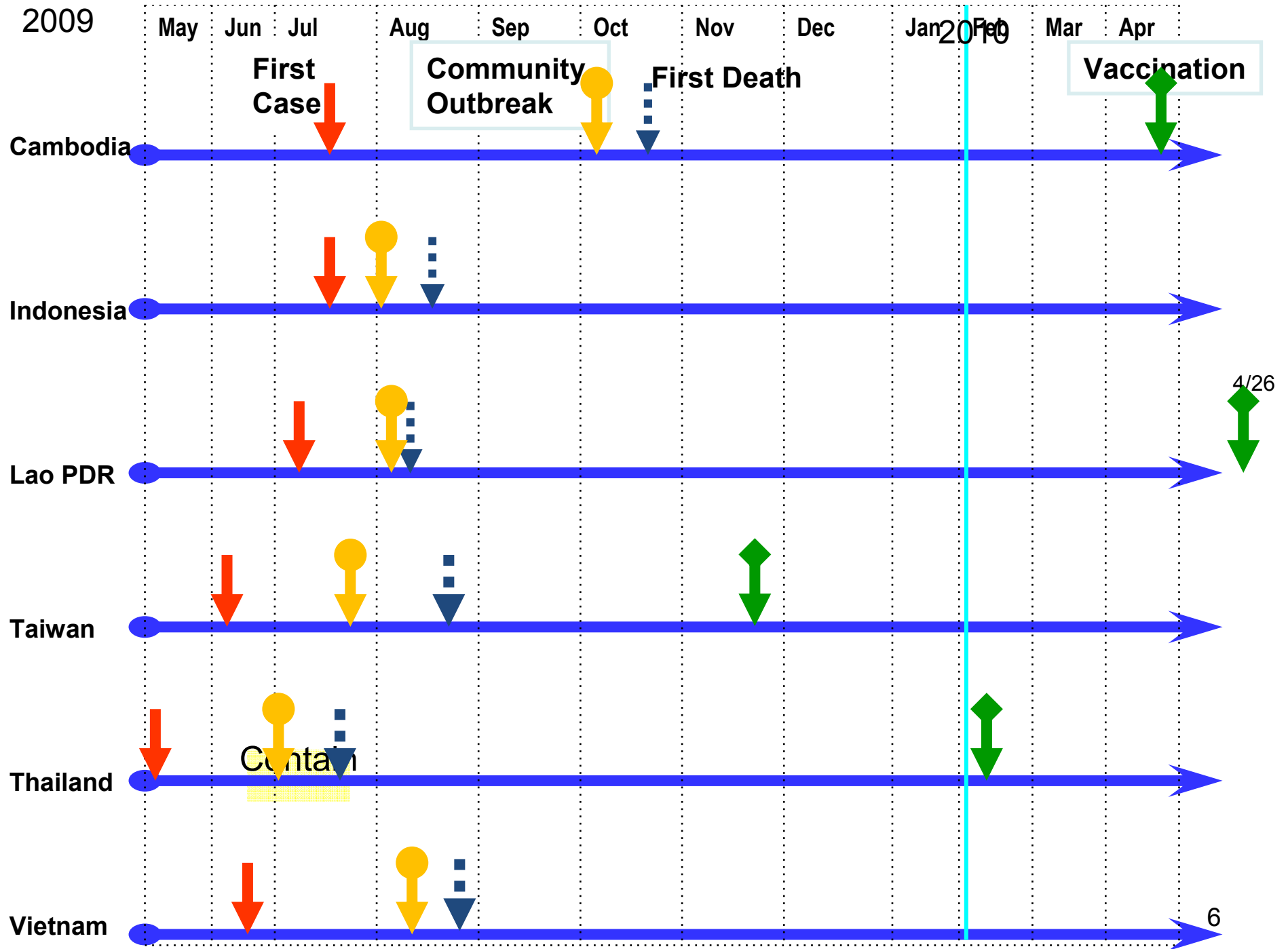


	CAM	IND	LAO	TAI	THA	VIE
Command & Control	V	V	V	V	V	V
Disease Surveillance	V	V	V	V	V	V
Border Control	V	V	V	V	V	V
Antiviral Drugs	V	V	V	V	V	V
Vaccine Policy	V	-	V	V	V	-
Doses (population covered)	1.8M (12.2%)	-	1M (15.8%)	15M (64.8%)	2M (3.2%)	-
Information, Communication and Education	V	V	V	V	V	V



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Stakeholder Analysis

- **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.**



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Methodology



Phase 1: In-depth interviews

Phase 2: Synthesis

June 2010 to November 2010





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 Organizations	5	1	0	0	1	0
Key Policymakers	7	14	0	7	7	6
Health Systems	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



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Main Findings

Governance and Budgets

- Taiwan specifically set up a command center for the pandemic. In contrast, Indonesia's Komnas FPBI and Laos' NEIDCO led the H1N1 response mechanism in their respective countries, which were both initially established to control Avian Flu. While, Cambodia and Laos were supported by international health organizations in their pandemic control efforts.
- Indonesia, Taiwan, Thailand, and Vietnam had government budgets specifically allocated for epidemic control.



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Main Findings

Vaccine Policy and Public Compliance with Vaccination

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



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Main Findings



Antiviral Drugs

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

Overall Assessment

- Cambodia and Laos reported resource shortcomings and limitation 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.



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Areas for Improvement



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



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Lessons Learned from AsiaFluCap

- How to develop, conduct and follow up on an international cooperative project, especially Rapid Analysis field study
- How to work with partners from different countries to develop a model for estimation of resource needs
- How to negotiate, compromise and reach a consensus when making questionnaires to collect data for resource characterization
- Highly appreciate assistance, brainstorming, cooperation and support from partners



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Acknowledgements

National Yang-Min University, Taiwan

Prof. Chung-Yeh Deng

Centers for Disease Control, Taiwan

Dr. Steve Hsu-Sung Kuo, Ms. Ying-Hwei Chen

Dr. Jen-Hsiang Chuang, Dr. Chang-Hsun Chen

Ms. Shu-Mei Chou, Ms. Yu-Min Chou

Ms. Yi-Li Shih, Ms. Chia-Chi Chang

Mr. Yi-Ta Yang, Ms. Yu-Chen Hsu



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LSHTM, UK

Prof. Richard Coker

Dr. Piya Hanvoravongchai

Dr. James Rudge

Ms. Nicola Lord

Ms. Wasamon Sabaiwan

RIVM, Netherlands

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Mr. Mart Stein

Hamburg University, Germany

Prof. Ralf Reintjes

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Dr. Sok Touch

Dr. Ly Khunbun Narann

University of Indonesia

Prof. Wiku Adasmitho

NEIDCO and University of Health Sciences, Lao PDR

Dr. Phommasack Bounlay

Prof. Menorath Sing

IHPP, Thailand

Dr. Weerasak Putthasri

Ministry of Health, Vietnam

Dr. Le Minh Sat

Dr. Pham Ngoc Chau

Dr. Hoang Van Luong



