

SEA-CD-156  
Distribution: General

# A Guide for Conducting Table-top Exercises for National Influenza Pandemic Preparedness



**World Health  
Organization**

Regional Office for South-East Asia  
New Delhi

© World Health Organization

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

December 2006

## CONTENTS

	<i>Page</i>
1. Introduction .....	1
2. How to use the Guide .....	1
3. Why do exercises?.....	2
4. Types of exercise.....	2
5. Preparation for exercises .....	4
6. Table-top exercises.....	4
6.1 Objectives .....	4
6.2 Scope of the exercise.....	5
6.3 Steps for conducting an exercise.....	5

### Annexes

1. Types of exercise.....	14
2. WHO pandemic phases .....	16
3. Scenario – Example .....	17
4. Evaluation checklist – Example .....	20
<i>Acknowledgements</i> .....	23
<i>References</i> .....	24



## **1. Introduction**

Avian influenza has spread rapidly worldwide as well as in the South-East Asia Region where four Member countries have been affected by poultry outbreaks and two with human cases. The importance of avian influenza lies in its potential to cause a global outbreak of human illness, a pandemic. A pandemic would result in increased morbidity, mortality and huge socio-economic impacts.

Countries in the Region are currently preparing for a potential pandemic. Such planning entails policy-making and taking steps to implement the policies and strategies followed by testing the procedures to feed back findings to improve the Plan.

National Influenza Pandemic Preparedness Plans (NIPPPs) exist in all countries in the Region. The strategies and activities contained within them must be implemented and the plans must be tested through exercises to determine if they would stand up to a real event.

In addition to detecting gaps in planning, exercises help to build capacity in countries. Exercises should be carried out at all administrative levels within a country and should be multisectoral. Moreover, conducting an exercise should not be a one-time activity. It should be a continual part of the preparedness process towards improvement of the plan and for preparing key persons who would be called upon to respond.

The purpose of this Guide is to set out a simple, user-friendly, step-by-step approach for conducting table-top exercises for use in countries. These are generic guidelines which may be adapted for use at all levels in a country.

## **2. How to use the Guide**

This guide will focus on table-top exercises. However in Section 4 a brief introduction is given about other types of exercise. Although this guide sets

out the steps required to undertake table-top exercises at national level, the steps may be adapted for use at all administrative levels within a country.

It is recommended that the table-top exercise be pilot-tested on a small scale first before it is actually carried out in order to test the appropriateness of questions for a given scenario, the communications and the facilities.

### **3. Why do exercises?**

Testing plans through exercises has been shown to be a practical, efficient and cost-effective way for organizations to prepare for emergency response and recovery. Exercises evaluate an organization's ability to carry out one or more portions of its plan.

The best time to conduct an exercise is before an event happens. It allows those who are likely to be involved to practise and reinforce their roles and responsibilities.

The purpose of an exercise is to practise a plan or elements of a plan to:

- Ensure that the plan would stand up to a real event and that there are no important gaps in policies and procedures
- Train the key persons involved i.e. those who would be responsible for planning and implementing the plan
- Strengthen the interdepartmental, interagency and intersectoral links between the various organizations that may be involved.

**Lessons learnt and gaps identified from working through an exercise should be used to revise the plan as well as to identify training needs.**

### **4. Types of exercise**

There are five main types of exercise which range from simple to complex, and from the least expensive to the most costly (Annex 1).

**Orientation:** This is the simplest and costs the least; the aim is to familiarize participants with plans, roles and procedures and is usually conducted by the author of the plan. This is the absolute minimum requirement for validating a plan.

**Table-top:** In this type of exercise, officials and key staff are gathered together informally to examine and discuss scenarios and to attempt to resolve problems based on the content of their plans. The success of this exercise is determined by group participation in the identification of problem areas. It can be as simple or as complex as necessary. The exercise can be held from a few hours to a few days. Equipment and resources are not deployed and time pressures are not introduced. The exercise depends on a series of written events. Many of these require little planning and coordination. However, a large-scale and rigorous table-top exercise requires dedicated planning resources, skilled facilitators and trained evaluators to be effective. Table-top exercises should determine if the plan includes the main components or strategies; they should also identify the need for capacity strengthening e.g. training needs.

**Drill:** This is used to develop and maintain a skill in a single response procedure such as communicating critical information, practice of a specialized emergency skill (e.g. donning personal protective equipment). It is limited in its scope and focuses on training and supporting specific skills and procedures as part of a larger organizational response.

**Functional:** This exercise concentrates on the policy and interactive elements of management of an emergency. It is interactive; conducted under time constraints and is conducted in a facility designated for coordination and management of a real event so that existing tools and technologies are available for use and can be evaluated.

**Full scale:** This exercise focuses on the operational capacity of response and management systems. It should be conducted to simulate reality without causing risk to the public and staff. It is more resource intensive than a functional exercise.

*Note: Different classifications may be used elsewhere but this classification has been derived from the Federal Emergency Management Agency guide.*

## **5. Preparation for exercises**

Exercises require careful preparation around clearly identified objectives. Once the objectives are identified, designing, developing, conducting and analyzing the results will allow those who are responsible for the plan to know what are its strengths and weaknesses. The key reasons to exercise a plan is to ensure that it addresses the country's unique situation; that preparedness activities can be implemented; and that the plan will work smoothly in the event of a real pandemic. It is important to follow a step-by-step approach when conducting exercises to ensure that no key activity is missed.

## **6. Table-top exercises**

### **6.1 Objectives**

The main purpose of table-top exercises is to ensure that the plan contains all necessary policies and procedures and that the key people know their roles and responsibilities.

#### ***(1) General***

The general objective is to update and validate NIPPPs to increase countries' capacity to deal with a pandemic and to raise awareness among key persons from the various multi-sectoral agencies.

#### ***(2) Specific***

The specific objectives are to:

- (1) Involve multi-sectoral agencies and stakeholders to ensure that they know their roles and responsibilities outlined in the plan
- (2) Identify gaps in strategies and implementation of the plan, particularly highlighting the coordination and communication issues within and between relevant departments and agencies
- (3) Identify persons/agencies from different sectors responsible for making key decisions and to highlight what that decision-making might entail

- (4) Evaluate, assess and strengthen capacity needs for operational aspects of the national or sub-national response to avian influenza and an influenza pandemic with all stakeholders

## **6.2 Scope of the exercise**

The entire NIPPP as well as its sub-components should be exercised. The aim should be to test the plan in all WHO pandemic phases (Annex 2). In addition, the following five WHO categories of objectives and actions for each Phase should be tested:

- Planning and coordination – which includes leadership, governance and ensuring adequate funds are in place to implement the plan
- Situation monitoring and assessment
- Prevention and containment (vaccines and antivirals and non-pharmaceutical Public Health interventions e.g. social distancing, quarantine)
- Health systems response
- Communications

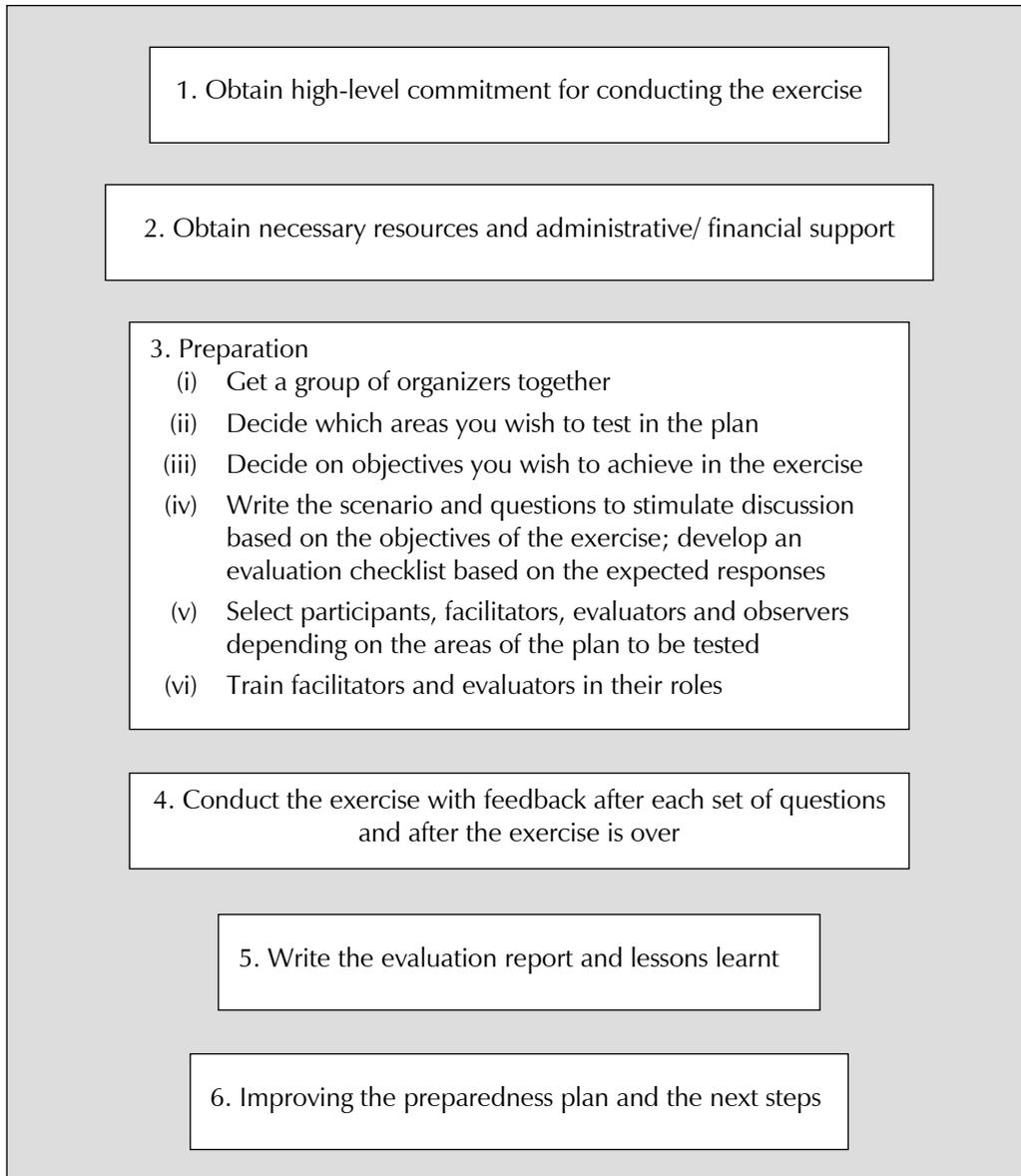
## **6.3 Steps for conducting an exercise**

The important questions to ask at the start of the exercise planning process include:

- (1) Is there a policy level commitment to undertake the exercise?
- (2) What are the scope and objectives of the exercise?
- (3) Who will coordinate the exercise?
- (4) Who should be involved in the exercise?
- (5) Who should be trained - capacity building
- (6) Logistics and facilities required

These are covered in the following step-by-step approach in Box 1.

**Box 1. Steps for conducting a Table-top exercise**



**(1) Obtain high-level commitment**

It is necessary to obtain high-level political commitment to effectively carry out table-top exercises at any level, whether national, regional or local.

Exercises require time and human and financial resources for preparation, implementation, and follow-up actions across the sectors involved in the plan.

**(2) Obtain necessary resources and financial and administrative support**

It is important to obtain agreement for all the necessary financial and administrative support that is required to carry out the exercise well ahead of the exercise to avoid unnecessary delays to the process due to, for example, persons not being able to leave their routine work.

**(3) Preparation for the exercise**

**(i) Organizers**

A group of about six to eight persons, the organizers, should be constituted from the key agencies and committees responsible for avian influenza and pandemic response. Their roles would be to design and coordinate a table-top exercise specific to the country situation.

The organizers should prepare for the table-top exercise by ensuring that all financial and administrative arrangements are in place, including booking an appropriate venue with necessary equipment; setting the dates and time; and inviting participants and ensuring that their needs such as travel requirements and accommodation if applicable, are met.

The general terms of reference of this group would be to:

- Create a programme for the table-top exercise
- Decide on the participants and observers
- Select and train facilitators and evaluators
- Develop and adapt exercise materials into a standard manual of operations including writing scenarios
- Coordinate and conduct the exercise
- Feedback evaluation into the pandemic preparedness plan

The organizers need to devote significant time and effort to the preparation and conduct of the exercise and to follow-up activities. They therefore need full support from the heads of their individual departments.

***(ii) Decide which areas you wish to test in the Plan***

When deciding which specific areas to test in the plan the risks and vulnerabilities for a particular country should be identified. In addition consideration should be given to where you need to focus training efforts when designing the exercise.

***(iii) Decide on the objectives you wish to achieve in the exercise***

Determining the objectives of the exercise follows Step 3 (ii) after the areas for testing are agreed. The objectives should be determined before writing the scenario. They should follow the WHO objectives.

***(iv) Write the scenario and questions based on the objectives of the exercise; develop an evaluation checklist based on the expected responses***

The exercise format is based on sequentially introducing narrative scenarios which contain key events. Depending on the part of the plan intended for evaluation, the specific objectives that need to be achieved for the exercise should be outlined before the development of the scenario. The purpose of the scenario is to create a storyline that reflects the context of the country situation within which to practise the National Plan. Examples of scenarios are provided in Annex 3. A formal evaluation plan may include a checklist which records the inputs made during the exercise and planned responses to the issues raised through the scenario. An example of an evaluation checklist is also provided in Annex 4.

***(v) Select participants, facilitators, evaluators and observers depending on the areas of the plan to be tested***

*Participants*

Groups or individuals could be from a single department/ministry or be multidisciplinary in nature. This will depend on which aspect of preparedness and response is being evaluated. For instance, if the goal is to identify gaps in collaboration between the Ministry of Health and the Ministry of Agriculture, then the two groups could participate together. The participants for an exercise should be drawn from among the agencies and government departments that are involved in developing and implementing

the plan. It is best if senior decision-makers or their deputies and those with direct responsibilities in decision-making and implementation participate. Thought should be given to inviting the agencies that are significant contributors to each of the strategies outlined in the National Plan. Other stakeholders and partners, such as non-governmental organizations and the private sector, may also be invited as participants, evaluators or observers. Participants in an exercise could be representatives from any or all of the following sectors and stakeholders (Box 2).

**Box 2.** *Potential agencies from which participants may be included for a table-top exercise*

These could include persons from private or public organizations/ authorities where relevant:

Health authorities e.g. MoH, health emergency coordinators, health ethicists, data managers, media relations and communications experts

Local hospitals e.g. health care staff, managers, forensic specialists

Reference laboratory

Drug Regulatory Authority

Pharmaceutical industry - manufacturers and distributors

Environmental health

Veterinary authorities e.g. media relations and communication experts

Social services

Tourism industry

Ministries of Education, Finance, Transport, Security, Civil Affairs

Military, Civil Defense

Essential services - water, electricity, telecommunications, food, water, medicines

Non-governmental organizations

Voluntary organizations

Public or private organizations

*Facilitators*

Good facilitation of the exercise will ensure that both the process and the outcomes of the exercise will help improve the plan. The role of the facilitators is to guide the participants through the scenario. Facilitators

should participate in the pre- and post-exercise briefing and evaluation and provide inputs into the report. The organizers may serve as facilitators.

#### *Evaluators*

Evaluators are important record-keepers who will have an important role in the feedback session. They will monitor the process and work with the facilitators to produce an evaluation report that assesses the effectiveness of the plan. They will also use the evaluation checklist developed before the exercise.

#### *Observers*

Observers from indirectly-involved stakeholders may be invited. Their role would be passive rather than as active participants in discussions. However they may contribute to the evaluation process.

### ***(vi) Train facilitators and evaluators for their roles***

#### *Facilitators*

All facilitators should be given an opportunity to meet and work through what is expected of them before the exercise to standardize inputs and outputs. They should be made familiar with the scenario and the expected answers. They should be advised on when to input the next sequence of events from the scenario and on how the intended interaction between participants should be facilitated.

#### *Evaluators*

There should be a session for all evaluators before the exercise is undertaken to orient them to what is expected of them during the exercise. They should be made familiar with the evaluation checklist and should be instructed that their role would be to contribute to the feedback sessions as well as to the report.

### ***(4) Conduct the exercise with feedback after each set of questions and after the exercise is over***

An exercise plan that outlines the structure of the exercise as well as the following details: date, time, location, duration, participants, purpose, type

of exercise, scope, scenario narrative and the evaluation process should be developed and given to participants.

Participants should be orientated on avian influenza and pandemic influenza in order that all participants are at a common level of understanding before the exercise begins. They should also be familiar with the plan to be tested. This is especially important for sectors which may not normally be involved in the day-to-day response. For instance if testing NIPPPs, the representatives from Ministry of Health and Agriculture will be more familiar with the subject compared to someone from the essential services sector e.g. electricity and water services. Participants should also be briefed on how the exercise will be conducted which will consist of scenarios that simulate a real event with related questions concerning the expected response.

The text of the scenario can be provided in a variety of ways including: handouts for each section, video/computer presentation or read aloud. Although the scenario may be built upon during discussions to identify other important or unanticipated contingencies, it should be in accordance with the objectives of the exercise and within the remit of the sub-group.

The scenario presentation should be followed by discussions among the participants on their expected responses to the questions posed. Discussions should be structured according to a set of key questions and with appropriate facilitation. The facilitator should ensure that the discussion stays within the scope of the exercise and in line with the capacity of participants. For instance, issues related to animal husbandry practices cannot be answered by the group working on the human health services response. The sequence of the proceedings during the exercise should be as follows:

- The description of a scenario of events is provided
- A set of key questions is presented to stimulate open discussions between participants to identify and resolve issues that arise. The ultimate aim is to determine the overall status of preparedness and readiness to respond to an event
- The scenario-questions-discussion sequence is repeated with subsequent inclusions that usually describe an unfolding or escalating situation.

After presentation of the scenario, participants may be divided into sub-groups, each dealing with a particular strategy as outlined in the plan. For smaller exercises (i.e. within a line ministry or agency), the relevant sub-groupings would be according to activities. Sub-groups should not exceed a maximum number of 20 persons; groups are most productive if the number of participants is between eight and twelve. Facilitator(s) and evaluator(s) as well as observers should be assigned to each sub-group. There should be 1 facilitator and evaluator each for every group.

The facilitator initiates the exercise process by summarizing the objectives of the particular sub-group and explaining how the process would work. After each scenario-question sub group session, the sub-groups should share their findings with the larger group. The sub-groups should be encouraged to interact with each other as needed, either during the sub group sessions or during the plenary, to solve problems that are identified. This will lead to better coordination. Sub-groups should discuss the listed questions and should consider the pros and cons and different perspectives of alternative ways to respond to the unfolding events. Participants should respond to the scenario questions based on current plans and procedures within their agencies.

Group discussions, although based on a list of key questions, must address the fundamental question: “are we prepared to respond?” This process will identify gaps in plans and also highlight needs for implementing the preparedness activities.

Before moving on to the next section of the scenario, the facilitator should encourage participants to summarize the most important points for the evaluator(s) to note.

#### ***(5) Evaluation of the exercise***

The expected outcome of the table-top exercise should be information that would indicate how to improve the plan. This information should capture the main points of the discussions and the specific gaps identified.

The main input for the evaluation will be through evaluators who in many instances may also be the rapporteurs assigned to each sub-group. It is important for evaluators to be knowledgeable about the expected responses to issues raised through the scenario. This will enable them to clearly articulate the gaps and weaknesses identified during the discussions

that need to be addressed in the subsequent drafts of the National Plan. All participants should have the opportunity to provide individual inputs into the final evaluation reports.

An evaluation of the outcomes should be conducted immediately after completion of the exercise. This could be through the facilitator(s) and the evaluator(s) feeding back their observations verbally to the assembled participants: what aspects of the plan worked well; what did not work; and what needs improvement. Participants should also have the opportunity to provide feedback on the exercise as well. It should also be noted which agencies have committed to undertake adjustments to their individual action plans according to the issues arising during the exercise.

### ***(6) Improving the preparedness plan and the next steps***

A full report with findings of the evaluation is an essential product of the table-top exercise. The findings must be incorporated into an improved National Plan otherwise the exercise would not have achieved one of its objectives. The report should note weaknesses in the plan and also where the plan is satisfactory but where there is a need for more familiarity or practise of certain components and how these could be addressed. It should also record any commitments made to adjust and strengthen the plan.

Preparing an outline of a concrete timeline for the next steps is very important to keep up the momentum of preparedness.

A follow-up exercise to evaluate the improvements and to demonstrate that lessons from the original exercise have been incorporated is recommended; this would be the minimum next step if other exercises have not been planned.

The organizers should advise about follow-up activities, including whether subsequent exercises, either more table-tops or other types of drills and simulations should be conducted beyond the follow-up mentioned above.

Regular exercises should be advocated at all levels of government, whereby not just pandemic influenza, but other types of health emergencies are incorporated into the response plan. The central-level authorities, i.e. the organizers can assist with training of trainers such as facilitators and evaluators at provincial and local levels.

**Remember: exercises are worth the effort. The worst time to plan is during the event!**

## Annex 1

### Types of exercise

	Orientation	Table-top Exercise	Drill	Functional exercise	Full scale Exercise
<b>Purpose</b>	This is an overview or introduction to familiarize participants with roles, plans procedures, equipment. It may be suitable for higher level officials to introduce them to the plan before conducting a table top exercise.	A facilitated analysis of an emergency situation in an informal stress free environment. Designed to elicit constructive discussion as participants examine and resolve problems based on existing operational plans and identify where the plans need to be refined	A coordinated, supervised activity normally used to test a single specific operation or function; it's role is to practise or perfect one small part of the response plan. This type of exercise is useful to practise communication lines, donning personal protective equipment, accessing antivirals etc.	A fully simulated interactive exercise that tests the capability of an organization to respond to a simulated event.	Simulates a real event as closely as possible; designed to evaluate the operational capability of systems in a highly stressful environment that simulates actual response conditions. Requires mobilization and actual movement of emergency personnel, equipment and resources.
<b>Format</b>	Group setting, little or no simulation. Can be lecture, discussion, video presentation etc	Begins with reading a short narrative (scenario) which sets the stage for the hypothetical emergency. Discussion is then generated (with statements and questions that lead from the short narrative) to focus on roles, plans, coordination. Events are described and participants discuss actions they may take in response.	As realistic as possible using any equipment or apparatus for the function being drilled	Simulates an incident in the most realistic manner without moving resources to an actual site.	Begins with a description of the event communicated to responders as it would happen in a real event. Personnel conducting the field component must proceed there where actions taken serve as input to the simulation taking place at the operations room or centre

	<b>Orientation</b>	<b>Table-top Exercise</b>	<b>Drill</b>	<b>Functional exercise</b>	<b>Full scale Exercise</b>
<b>Application</b>	Discussing a topic in a group setting; introducing a new policy or plan; explaining existing plan to new people	Low stress discussion of coordination and policy; an opportunity for key agencies and stakeholders to become acquainted with one another their roles and responsibilities.	Used to test a specific operation; also to provide training with new equipment, to practice or maintain current skills e.g. evacuation of an area, dispatch of PPE within a time constraint	Possible to test several functions and exercise several agencies without the costs of a full scale exercise; this is a pre-requisite to a full scale exercise	Reserve for the highest priority hazards or functions as they are expensive and time consuming.
<b>Preparation will depend on where the country is in conducting exercises</b>	Simple; 2 weeks; participants need no previous training	One month Need training of facilitators , evaluators, scenario development, participant selection	One of the easiest to design; preparation may take 1 month; participants need a short orientation beforehand.	6-18 months as staff need experience with the functions being tested; controllers, evaluators require training; this should be preceded by lower level exercises	1-11/2 years to develop which should include drills, table top exercises.
<b>Time</b>	Time may vary depending on the scenario, scope and context of the exercise				
<b>Resource needs</b>	As you move from orientation through to full scale exercise the resource needs increase				

## Annex 2

# WHO pandemic phases

New Pandemic Phases
<p><b>Interpandemic period</b></p> <p><i>Phase 1:</i> no new influenza subtypes detected in humans; an influenza virus subtype that has caused human infection may be present in animals; risk to humans is considered to be low.</p> <p><i>Phase 2:</i> no new subtypes detected in humans; a circulating animal influenza virus poses a substantial risk to humans.</p>
<p><b>Pandemic Alert Period</b></p> <p><i>Phase 3:</i> human infections with a new subtype; but no human-to-human spread; at the most rare instances of spread to a close contact.</p> <p><i>Phase 4:</i> small clusters with limited human-to-human transmission but spread is highly localized.</p> <p><i>Phase 5:</i> larger clusters but human-to-human spread still localized; virus is becoming better adapted to human but may not yet be fully transmissible.</p>
<p><b>Pandemic Period</b></p> <p>Phase 6: increased and sustained transmission in the general population</p>
<p><b>Post Pandemic Period</b></p> <p>Return to interpandemic period.</p>

## **Annex 3**

### **Scenario – Example**

#### ***Pandemic Phases 3, 4, 5***

***Objectives – to test all five categories of WHO objectives and specifically:***

- To ensure that communication protocols exist between ministries and external agencies
- To ensure that there are protocols for action by MoA – investigation; PPE; sampling; compensation issues
- To ensure that there are protocols for action by MoH – case investigation and management ; antiviral strategy; use of PPE; how and when to deploy the rapid response team (RRT)
- To ensure that there are protocols in place for rapid containment
- To ensure that there are protocols in place about use of limited antivirals and vaccines
- To ensure that protocols exist for PH interventions e.g. social distancing (school closure, mass gatherings)
- To ensure that health systems response protocols exist e.g. infection control protocols
- To ensure that there are provisions for surge capacity for health care workers
- To ensure a communication plan for communicating with public and the media

**You are Director in the Ministry of Health (MoH). Your colleague in the Ministry of Agriculture (MoA) rings you up one morning to say that there are rumours of poultry dying in a certain district. The dead birds**

**are mostly from backyard farms but commercial farms are also affected. This is the first such report in the country although there have been reports of poultry deaths in neighbouring countries.**

***Questions***

- (1) What is the response of the MoA?
- (2) What are the actions for the MoH at this stage?

**The Ministry of Agriculture has taken samples from the sick and dead birds and they have been found to be positive for HPAI H5. They are undertaking to cull all birds in the area. You are notified that a backyard farm worker has fallen ill and died but no specimens were taken before his burial. Two other members of his household are now suspect cases and samples have been sent to the reference laboratory. Some residents are asking questions about compensation for loss of income. The samples come back positive for H5N1.**

***Questions***

- (3) What are the steps to be taken by the MoH?
- (4) How does the MoA respond to the question of compensation?
- (5) What messages does MoH communicate to health care workers about handling corpses?

**After extensive case investigation efforts the transmission does not appear to be human to human but common source exposure to sick and dying chickens.**

***Questions***

- (6) How does the MoH inform the public?
- (7) Which other agencies does the MoH inform both internal and external to government?

**Several days later two more villagers fall ill and test positive for H5N1. Their histories do not reveal any contact with sick or dying poultry.**

**They are however relatives of one of the previous cases and stayed overnight in his household.**

**Questions**

- (8) What are the next steps for the MoH for this phase and possible human-to-human transmission?
- (9) Whom do they inform?

**Several villagers are now worried as more cases are being detected. They start questioning health care workers. They are requesting prophylactic antivirals.**

**Questions**

- (10) How does the MoH communicate to the public about their decision on who gets antivirals?
- (11) What messages are given to the public?
- (12) How will MoH ensure social distancing measures?

**Unfortunately more and more cases are being detected in larger clusters in different parts of the country. The public are starting to panic. Other countries have imposed import bans from the country.**

**Questions**

- (13) Is there a designated referral hospital? Does it have the required isolation facilities?
- (14) How does the hospital deal with the need for more staff?
- (15) What are the arrangements for disposing of corpses?
- (16) How is communication with the public and the media handled?
- (17) How does the country respond to trade bans imposed by other countries?

### Annex 4

## Evaluation checklist – Example

Q No	Questions	Expected Response	Actual Response (based on what is written in the plan)	Gaps	Recommended actions to address gaps
1	What is the MoA's response?	There should be SOPs in the plan for MoA response e.g. SOPs for investigation and sampling; PPE use; what steps are in place for animal workers to prevent transmission			
2	What are the MoH's actions?	Actions should be recommended for each phase of the pandemic and whether poultry are dying or not in the country; SOPs in the Plan should specify what to do if poultry deaths are reported for the first time with no human cases; enhanced surveillance, health education messages			
3	What are the steps to be taken by the MoH?	There should be a case investigation form in the plan asking about risk exposures - occupation, travel history etc; protocols for case investigation; case management; contact management; antiviral policy; do protocols exist for using PPE; how are they accessed? How to access laboratory sampling kits? Is there an arrangement for transport of specimens within and outside the country?			
4	How does the MoA respond to the questions about compensation?	There should be an agreed policy on this stated in the Plan; who are the decision-makers?			
5	What messages does the MoH communicate to health care workers about handling corpses?	There should be guidance for this in the health systems response part of the plan to include PPE and disinfectant use policies.			

<b>Q No</b>	<b>Questions</b>	<b>Expected Response</b>	<b>Actual Response (based on what is written in the plan)</b>	<b>Gaps</b>	<b>Recommended actions to address gaps</b>
6	How does the MoH inform the public?	Is there an outbreak communication plan? Does it set out roles and responsibilities? What about information, education, communication (IEC) material?			
7	What other agencies does the MoH inform, both internal and external to the government?	Is there a communication plan with spokespersons and whom to inform? Which agencies are informed? WHO/SEARO? HQ? FAO?			
8	What are the next steps for the MoH for this phase and possible human-to-human transmission?	Are rapid response teams (RRTs) deployed? Are there protocols for containment? Are these activated? How are antivirals distributed? Is there a protocol?			
9	Whom do the MoH inform now?	There should be a protocol for communicating at each phase – internal and external to government as in 7.			
10	How does the MoH communicate with the public about their decision on who gets antivirals?	How does the MoH justify their dissemination? Are there clear criteria decided on beforehand? Or does the MoH wait for WHO's guidance?			
11	What messages are given to the public?	Communication plan – is the IEC material ready? Who will prepare these?			
12	How will the MoH ensure social distancing measures?	Is there a written procedure as to who would be in charge? Who enforces this? What about school closure; prevention of mass gatherings?			
13	Is there a designated referral hospital?	Has a referral hospital (s) been identified? Have sufficient isolation facilities been identified and equipped?			
14	How does the hospital deal with the need for more staff?	Is there a protocol for surge capacity? How does it work?			

Q No	Questions	Expected Response	Actual Response (based on what is written in the plan)	Gaps	Recommended actions to address gaps
15	What are the arrangements for dealing with corpses?	There should be guidance for this in the health systems response part of the plan to include PPE and disinfectant use; has a site been identified? Who is responsible?			
16	How is communication with the public and the media handled?	Communication plan; are there nominated spokespersons?			
17	How does the country respond to trade bans imposed by other countries?	Who is responsible for dealing with issues that arise from this action? What is the link with national plans for implementing IHR (2005)?			

Note: the expected response column can be completed before the exercise.

## **Acknowledgements**

The Guide has been prepared by WHO's Regional Office for South East Asia with inputs from national experts. Contributions from the following national experts are gratefully acknowledged:

- Dr Supamit Chunsuttiwat, Senior Expert in Preventive Medicine, Department of Disease Control, Ministry of Public Health, Thailand
- Dr Darika Kingnate, Chief, Emerging Infectious Diseases Section, Bureau of General Communicable Diseases, Department of Disease Control, Ministry of Public Health
- Dr Saw Lwin, Director (Diseases Control) Department of Health, Myanmar
- Dr Soe Lwin Nyein, Deputy Director (Epidemiology) Central Epidemiology Unit, Department of Health, Myanmar
- Dr Sheena Moosa, Director Health Services, Ministry of Health, Maldives
- Dr Santoso Soeroso, Director, Professor Dr Sulianti Saroso Infectious Diseases Hospital, Ministry of Health, Indonesia

Comments from delegates at the SEARO Workshop on table-top exercises (30 November, 1 December 2006 at Bangkok, Thailand) are also gratefully acknowledged.

## **References**

- (1) WPRO Exercise Development Guide for Validating Influenza Pandemic Preparedness Plans 2006.
- (2) Federal Emergency Management Agency Exercise Design Course.
- (3) WHO global influenza preparedness plan The role of WHO and recommendations for national measures before and during pandemics WHO/CDS/CSR/GIP/2005.5