THE INTERNATIONAL EMERGENCY MANAGEMENT SOCIETY

Newsletter - ISSUE 30 – September 2017

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Inaguration of TIEMS Philippines Chapter 18th July 2017

The International Emergency Management Society

TIEMS continues its international development, and is spreading out its activity more and more worldwide, welcoming new members and chapters. These new members and chapters add valuable expertise and cultural diversity to the TIEMS international network, which comprises users, planners, researchers, industry, managers, response personnel, practitioners, social scientists, and other interested parties within the emergency management and disaster response community. This network constitutes a large international multidisciplinary group of experts, with an exceptional range of educational backgrounds and varied experience. Read more about this network and its activities in this newsletter.

Joseph Pollack
TIEMS Newsletter Editor

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Message from TIEMS President

Tropical storms Harvey and Irma are threatening the islands and countries in and around the Caribbean, and South East Asia is experiencing more heavy rain and floods than ever before, with tragic consequences including loss of life, many homeless, and huge material damage. Mexico just had an earthquake of 8.1 magnitude, also with loss of life and heavy material damage. This was the strongest earthqauke felt in Mexico in the last 100 years.

The only way to fight against the devastating consequences of the above and other disaster events, is to focus more on disaster preparedness, including the preparedness of each individual, i.e., teaching people that they are themselves "the first responders", and they must be prepared to look after their own safety and be ready to take care of family and friends before any help can be expected.

Unfortunately, as a consequence of climate change, we can expect an even greater magnitude and frequency of natural disasters.

We are constantly considering what we can do in TIEMS to improve global disaster preparedness, and in this newsletter we report on our latest activities to contribute to the creation of more resilent societies worldwide.

TIEMS ORGANIZATION UPDATE

I am proud to announce the establishment of the TIEMS 14th chapter, the TIEMS Philippines Chapter, which was inaugurated in Manila the 18th of July this year. There is an exceptionally qualified local TIEMS team in Manila, and their first Philippines Chapter Newsletter is included in this newsletter, describing the chapter's focus, activities, and founding members. They are a very welcome addition to the TIEMS family.

Civil Protection organizations are relied upon in disasters, and it is important that they are well prepared with the right knowledge and equipment to help and protect the public during disaster situations. The World Bank has Launched a Study on the State of Civil Protection in the World: Typologies, Good Practices and Economic Returns. As part of this study, TIEMS is partnering with the Global Facility for Disaster Risk Reduction (GFDRR) of the World Bank to address the growing need to support civil protection systems' response to disasters worldwide.

The first status and progress report of this work will be presented at the TIEMS 2017 Annual Conference, which will be held in Kyiv, Ukraine, 4 – 6 December this year.

TIEMS chapters will be involved in this World Bank project, as part of the TIEMS mission to ensure the education, training and certification necessary to maintain a high level of professionalism in emergency and disaster management, across civil protection organizations, and supporting organizations including academia, NGO's and others. TIEMS will add value to this work through the TIEMS Academy and the TIEMS QIEDM Certification concept. A joint TIEMS-World Bank workshop will disucss these TIEMS initiatives in the context of the World Bank project at the TIEMS annual conference in December.

Oslo 10th September 2017
K. Harald Drager
TIEMS President

TIEMS Korean Chapter has also taken an initiative to hold a workshop in Kyiv during the TIEMS 2017 Annual Conference, with the title,
"*Leveraging TIEMS DM Expertise to strengthen local community resilience through Global DRR Platform2.*"

Both the World Bank and the Korean initiative are described later in this newsletter. The full announcement and call for papers for TIEMS 2017 annual confernce is included in this newsletter, and I look forward to another excellent TIEMS event in Kyiv, with good international and local participation.

Since 2012, TEMC (TIEMS Emergency Medicine Committee) & BHGF (Beijing Huatong Guokang Foundation) have cooperated with world-known universities and medical institutes in US, UK, Germany, Canada, Italy, Ireland, Sweden, Israel and many other countries, including Harvard Medical School, Johns Hopkins University School of Medicine, Mayo Clinic, Cleveland Clinic, University of Cambridge and so on, to carry out over 50 international education programs for healthcare leaders and hospital department leaders. Around 750 healthcare leaders and 1200 department directors/ academic leaders have participated in the programs, which have promoted medical communication and cooperation, as well as technological progress and discipline development between China, Europe, and America.

To further consolidate learning outcomes and establish regular communication mechanisms, as well as to sustain an international high-end dialogue platform, TEMC & BHGF decided to hold the "First TEMC&BHGF International Medical Forum and 6th Harvard China Programs Experience Exchange Meeting" in 2017, the fifth in a succession of successfully held Harvard Medical School China Programs Forums. At this event there will be one main forum and six sub-forums, including the President Forum, Cardiology Forum, Oncology Forum, Clinical Laboratory Forum, Critical Care Medicine Forum, and Pharmacy Forum. The event will take place in Nanjing, China, 11 – 12 November of this year, and the announcement is found below in the newsletter.

The ASSET EU project is being finalized in 2017, with a brokerage event in Rome 30 – 31 October this year, and the announcement is found in this newsletter. Also included in the newsletter are the conclusions and findings of an ASSET High Level Policy Forum (HLPF) discussion on three topics:

1. Particiaptory Governance in Public Health
2. Ethical Issues in Pandemic Preparedness Planning
3. Vaccination Hesitancy

I encourage the readers to answer a survey on these findings included in the newsletter, and add their own views and comments on these issues.

New Volunteers in TIEMS

The TIEMS International Group of Experts (TIGE), consisting of all TIEMS Directors, Officers and TIEMS Chapter Board members, has grown with the addition of new Philippines Chapter founding members and recruitment of new TIEMS Board members. The TIGE has now has 102 members from 23 countries. The list of TIGE members, including names, positions, and fields of expertise, is found at the following link:

http://www.tiems.info/images/pdfs/TIEMS-2016-International-Group-of-Experts-ex-e-mails-ver6.pdf

TIEMS has not had any representaion in Latin America and Caribbean (LAC) since 2010, when an earthquake struck Chile, and made it impossible to hold our planned workshop there and continue our just started operation in LAC. I am therefore very happy to announce that Diego Fernandez Otegui has been appointed TIEMS Regional Officer for LAC, and his brief bio can be viewed at the following link:

http://www.tiems.info/index.php/about-us/tiems-board-of-directors/2-uncategorised/137-diego-fernandez-otegui

He will be reaching out to the emergency management community in LAC, and we hope to see increased activity, new TIEMS chapters, and the first TIEMS event in LAC very soon.

Have a good and interesting reading!

Editor's Message

This back-to-school issue is exciting in many ways. First of all, I am very happy to present the new format for the newsletter - it's a more modern look, and it aligns nicely with the recent changes to our website. Have you taken a look? As you can see, TIEMS has spent quite a lot of time to modernise its communication tools. Enjoy!

This issue is full of big news for TIEMS: we are entering a period of substantive collaboration with the World Bank's GFDRR program. TIEMS is now coming to terms with being one of the largest, most active associations of emergency management professionals and decision makers in the world. We will be supporting the World Bank with access to our members and with highly specialised research and professional insight. Contact your TIGE member to know more!

This issue also describes a serious game from our distinguished TIEMS member Nathaniel Forbes, a man synonymous with water and sanitation security. The article highlights the importance of preparation and training and offers a comestible format that we can use to highlight opportunities for intersectoral collaboration during response and recovery.

It's summit season in South East Asia and our eminent Chinese colleagues will feature prominently in the Shanghai Fire Conference as well as in two emergency medicine conferences in November. Learn more about these below.

Speaking of conferences, the TIEMS global conference is approaching very fast - so submit your articles and invite your colleagues before the deadline. We have already got a very exciting program with a special focus on cyber warfare through best in class speakers and talks from Ukraine. The social program looks to be very useful for networking, and I for one am very much looking forward to discovering a historical European city in good company. Perhaps the most important news in this newsletter comes from the Phillipines. Sign up for their newsletter for high quality updates written by a mix of political decision makers and emergency managers. We are sharing their inception newsletter below so they can introduce themselves. In my opinion the Philippines are among the most innovative in terms of public engagement, and we've got a lot to learn from them.

Finally, the ASSET Project is comming to a close with some very important results. Within a paradigm where emergency managers must balance civil liberties and public health considerations, the ASSET project addresses numerous policy and public engagement issues. It's results are unequivocal - 94% of citizen respondents want to be engaged again! TIEMS will be following up in terms of public engagement in its own way - we're creating a public engagement working group - get in touch with your favorite TIGE member to know more and participate.

As always, stay up to date with the latest news by reading our newsletter. Read also to learn of special opportunities and the most relevant events!

Joseph Pollack, www.publicinterest.network

TIEMS UPDATES AND ANNOUNCEMENTS

TIEMS – www.tiems.org

MISSION

TIEMS prepares the world for emergencies. We are a global forum for education, training, certification, and policy for emergency and disaster management. We do not respond to emergencies: we ensure that others are ready to respond. This is important internationally because some parts of the world otherwise have limited support for preparation.

As the international community discovers and develops new technologies, methodologies, and best practices, we offer conferences, ongoing forums, and training courses that rapidly and continuously spread the knowledge to every corner of the community. As policy makers grow to understand both the need for preparation and the support TIEMS provides, we expect to influence policy choices that strengthen cooperation among regional communities before a disaster strikes.

CHAPTERS

Chapters provide a regional focus for TIEMS activities. This is important because every region has unique circumstances and challenges, so there is no planning process that applies everywhere. Currently we have chapters representing:

Belgium/Netherlands/Luxembourg, China, Finland, India, Iraq, Italy, Japan, Korea, Middle East and North Africa, Nigeria and West Africa, Philippines, Romania, United States of America and Ukraine.

Each chapter is autonomous. Some of its members are also members of international TIEMS, and others are only members of the chapter, with local rules governing membership. The chapter establishes local activities and coordinates with the rest of TIEMS as needed.

The TIEMS Secretariat, located in Brussels, is available to the chapter for administrative support. The chapter reports annually to the Secretariat about chapter activities, plans and finances.

ACTIVITIES

- **International conferences, workshops and exhibitions**, held worldwide, focus on Emergency Management and Disaster Response topics
- **Research & Technology Development** projects support initiatives, coordination and participation
- **Task Force Groups** provide an international group of experts to assist with emergency operations worldwide
- **TIEMS Academy**, providing international education, training and certification programs in Emergency Management and Disaster response

MEMBERSHIP

As a member of the TIEMS, you are part of an international community of leaders and practitioners in emergency management, with diverse backgrounds in engineering, science, government, academics, military, and industry working together to make the world a safer place. Membership affords unique opportunities to learn, serve, and network.

Learn: From the multi-disciplinary, multi-national TIEMS community and through special programs.

Serve: By helping us in our mission to reduce the impacts of disasters and emergencies worldwide.

Network: With regional and international colleagues to develop valued personal and professional relationships, and enhanced opportunities.

You are welcome to join us as a TIEMS member.

K. Harald Drager
TIEMS President

TIEMS 2017 Annual Conference in Kyiv, Ukraine

The International Emergency Management Society TIEMS

WELCOME TO UKRAINE FOR THE TIEMS WORLDWIDE CHAPTERS' NETWORKING GALA

TIEMS ANNUAL CONFERENCE & ASSEMBLY 2017

DECEMBER 4-6, 2017

Final call for papers and posters

Abstract submission: October 1, 2017
Notification of acceptance: October 15, 2017
Full paper submission: November 30, 2017
Early bird registration: October 15, 2017

For submitting a paper or poster abstract, log in at:
https://easychair.org/conferences/?conf=tiemsac2017

VENUE

G.E. Pukhov Institute for Modelling in Energy Engineering
15, General Naumov Str., Kiev, 03164, Ukraine

CRISIS PSYCHOLOGY • VIRTUAL & INTERACTIVE TRAINING MEDIA FOR FIRST RESPONDERS • PUBLIC-PRIVATE PARTNERSHIPS FOR CRITICAL INFRASTRUCTURE PROTECTION • CYBERPSYCHOLOGY EMERGENCY MANAGEMENT • PUBLIC SAFETY COMMUNICATIONS VOLUNTEERS IN DISASTER RELIAF AND ARMED CONFLICT AREAS CIVIL-MILITARY COOPERATIONS • BEST PRACTICES • STANDARDS

THE INTERNATIONAL EMERGENCY MANAGEMENT SOCIETY - TIEMS UKRAINE CHAPTER
Healthy - Safe - Happy - Prosperous

REGISTRATION

Early bird / After Oct. 15 / On-site

Invited speaker - Free

TIEMS member - 200/250/300 Euros

Non-member - 250/300/350 Euros

GOV/MIL/NGO - 150/200/250 Euros

Active student - 100/125/150 Euros

Volunteer options are available!

SUPPORTERS

TOUR OPTIONS

- **Laboratory of Crisis and Disasters Psychology of National University of Civil Protection of Ukraine in Kharkov on Dec. 2-3, 2017**
- **International Chornobyl Center (e.g. radioecology) on Dec. 7, 2017**

Young Scientist Award is supported by the Rotary Club of Eastern Helsinki (Finland)

TIEMS 2017 Annual Conference Draft Program

TIEMS 2017 Annual Conference in Ukraine - Draft Program (ver. 1b)

Monday 4-Dec-2017	Tuesday 5-Dec-2017	Wednesday 6-Dec-2017	Thursday 7-Dec-2017
Registration *workshops are free for delegates* Workshop 1: Extreme medicine (Basic level) (0.2 CEU), 2h Workshop 2: Leveraging TIEMS Disaster Management Expertise to strengthen local community resilience through Global DRR Platform, Web-based technologies for Disaster Risk Reduction (UNISDR) (Basic level) (0.2 CEU), 2h Workshop 3: Assessments of vulnerabilities of cyber in electrical power grids: Case Ukraine 2015-2017 (Basic level) (0.2 CEU), 2h Workshop 4: Robotics and UAS in emergency services (Basic level) (0.2 CEU), 2h	Welcome & Opening **Plenary Session 1:** Global trends and challenges in emergency management	**Plenary Session 4:** Recreation and new business models of exclusion zones like Chernobyl	Tour 1: Visit to the Chernobyl center (Kyiv region) Tour 2: Visit to National University of Civil Protection of Ukraine (the city of Kharkov) (exceptionally on 2-3 Dec-2017)
	Coffee Break with visit to Posters & Exhibition (30 min)		
	Plenary Session 2: Sustainable Disaster Risk Reduction – Policies, Programmes etc. **TIEMS Annual General Meeting (1h)**	**Plenary Session 5:** Education in emergency management, civil protection and QIEM certification	Guided Tour of Conference City and Surroundings (e.g. the residence of the former President of Ukraine Viktor Yanukovych)
	Lunch with visit to Posters & Exhibition (1 hour)		
	Plenary Session 3a: Extreme medicine in armed conflict zones	**Plenary Session 6:** Emergency management and cyber	TIEMS Cultural Festival with Focus on Ukrainian Art & Music
	Coffee Break with visit to Posters & Exhibition (30 min)		
	Plenary Session 3b: Extreme psychology in armed conflict zones	**Plenary Session 6:** Emergency management and cyber	
Poster Sessions	Networking Dinner	Award ceremony, summary & conclusions	

TIEMS 2017 Deadlines and Link for Submitting a Paper or Poster Abstract

Abstract Submission: 1st October 2017
Notification of Acceptance: 15th October 2017
Full Paper Submission: 30th November 2017
Early Bird Registration until: 15th October 2017

The link for submission:

https://easychair.org/conferences/?conf=tiemsac2017

TIEMS 2017 Annual Conference Payment & Registration

The registration fee is as follows in Euro:

Registration type	Before 15th October	After 15th October	On Registration
Invited Speakers	0	0	0
TIEMS Member	200	250	300
Non TIEMS Member	250	300	350
Government/Military/NGO's	150	200	250
Active Students	100	125	150

The registration fee includes one year membership in TIEMS.

No refund of registration fee after 1st November.

Early bird registration is open until 15th October.

Please, go to the following link for regsitartion and payment:

http://www.tiems.info/index.php/events-reg-pay/tiems-2017-annual-conference

TIEMS 2017 Annual Conference Sponsorship Packages

Enhance your business exposure and on-site awareness with one of our following sponsorship packages:

	Diamond Sponsor € 5,000*	Platinum Sponsor € 4,000*	Gold Sponsor € 3,000*	Silver Sponsor € 2,000*
Conference Pass (Full)	10 conference passes	8 conference passes	4 conference passes	3 conference passes
Exhibition Catalogue	Logo and full page ad	Logo and full page ad	Logo and full page ad	Logo and full page ad
Networking Pass	6 Networking Dinner tickets	4 Networking Dinner tickets	2 Networking Dinner tickets	1 Networking Dinner ticket
Logo Placement	• Promotional emails • Printed literature • Show backdrop • Directional signage	• Promotional emails • Printed literature • Show backdrop	• Promotional emails • Printed literature	• Promotional emails
Social Media	3 LinkedIn Posts	3 LinkedIn Posts	2 LinkedIn Posts	1 LinkedIn Post
Website	Home page logo placement and link to sponsor website	Home page logo placement and link to sponsor website	Logo listing and link to sponsor website	Logo listing and link to sponsor website
Booth (Optional)	ask a quitation	ask a quitation	ask a quitation	-

*All prices are in Euros.

The above sponsorship packages are subject to availability

The above sponsorship packages are subject to availability

For further information, contact us at tiemsukr@gmail.com

Maximize your branding and impact by becoming a sponsor of our networking events:

	Networking Dinner **€ 5,000***	**Training first-responders kits for National University of Civil Protection of Ukraine** (the replacement of out-of-date kits) **€ 10,000***
Availability	Exclusive opportunity	Exclusive opportunity
Conference Pass (Full)	3 conference passes	5 conference passes
Exhibition Catalogue	Logo and full page ad	Logo and full page ad
Logo Placement	• Promotional emails • Printed literature • Company logo projected at venue	• Promotional emails • Printed literature • Company logo projected at venue
Social Media	4 LinkedIn Posts	4 LinkedIn Posts
Website	Home page logo placement and link to sponsor website	Home page logo placement and link to sponsor website
Promotion	• Exclusive email broadcast • Banner** placement in premium location onsite at TIEMS	• Exclusive email broadcast • Banner** placement in premium location onsite at TIEMS

*All prices are in Euros.

**Sponsor provides banner.

The above sponsorship packages are subject to availability.

For further information, contact us at tiemsukr@gmail.com

TIEMS 2017 Annual Conference Custom Sponsorship Opportunities

Flexible sponsor options are available and can be tailored to suit your organization's individual needs.

Website / Email Broadcast or E-Newsletter	**Fee € ***
Company logo with link front page (2 months)	1,000
Company logo with link in exhibitor pages (2 months)	1,000
Banner ad (1 month)	500
One-time company highlight with link in email broadcast	500
Exhibition Catalogue	
Back cover – color	1,500
Inside front cover – color	2,000
Inside back cover – color	2,000
Full page (ROP) – color	2,500
Other Marketing Options	
Badge paper	5,000
Badge lanyard	7,500
Badge paper & lanyard	9,000
Show bag	5,000
Show bag – brochure insertion (material provided by sponsor)	1,000
Show bag – souvenir insertion (material provided by sponsor)	1,500
Product show case	1,500
Poster stand (design provided by sponsor)	1,000

*All prices are in Euros.

The above sponsorship packages are subject to availability.

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For further information, contact us at tiemsukr@gmail.com

TIEMS 2017 Annual Conference Practical Information

DISCLAIMER

We made every effort to ensure that the information presented here is correct, but please note that Ukraine is a very dynamic country and many things can change without any notice. The organizing committee cannot accept responsibility for absolute correctness of this information at the time of the conference. In this information we do not attempt any advertising for companies, facilities, products or services. Everything mentioned here is either used by the members of the organizing committee, or recommended by their friends. If you think you'll need this information when in Kyiv, we kindly ask you to print it out at home and take a copy with you!

There is a huge number of attractions. Ukraine has become a popular tourist destination during the last years. Besides, majority of information and services that are readily available are targeted towards business travelers prepared to pay quite unreasonable prices. For this reason, and because of predictable inability to answer all questions in person during the conference, we decided to prepare this information summary.

TRAVEL INFORMATION

ENTRY REQUIREMENTS

All travelers from all foreign countries have to go through the Border Control and Customs checks on arrival in Ukraine.

Most travelers, including citizens of the **EU, Australia, New Zealand, the USA and Canada**, can enter Ukraine **visa-free** with just their passports for between 30 and 90 days.

Check, if you are eligible for visa-free entrance on the website of the Ministry of Foreign Affairs of Ukraine: http://mfa.gov.ua/en/consular-affairs/entering-ukraine/visa-requirements-for-foreigners.

Other nationals are advised to contact an Ukrainian embassy for visa requirements. A visa must be obtained in advance from an Ukrainian embassy or consulate.

LOCAL TRANSPORTATION

Kyiv International Boryspil Airport is the closest airport to the Kyiv City Center. The easiest way is to take a taxi straight from the airport to residence. Estimated time between Airport and Kyiv City Centre 30-40 minutes.

Kyiv International Airport Zhuliany is only 8 km from the center and handles mostly domestic travel and flights from Europe. Estimated time between Airport Zhuliany and Kyiv City Centre is 20 minutes.

Taxis can often be found waiting directly outside the terminal, in the passenger drop-off/pick-up area. However, you can use Uber app to get to your accommodation. Uber and Uklon perfectly work in Ukraine.

Taxi from airport to the city center costs approximately 200-300 UAH (hryvna) (= á 10 USD). Please notice that taxi accepts only the cash, no credit cards. Drivers accept also the payment in USD. There is ATM/cash dispenser right in the arrival lobby.

TRANSPORTATION TO AND FROM KYIV

Most participants will arrive by plane to the main airport in Kyiv - Boryspil. There are shuttle buses from the airport ("Skybus") to metro Boryspilska and to the Main Railway Station (Southern-Pivdennyi), 25 hryvnyas (UAH). Taxi from Boryspil airport will cost 160-180 hryvnyas (UAH) if ordered by phone or around 250-300 hryvnyas (UAH) if you go by Boryspil official taxi waiting near the terminal exit (but these ones provide receipts and some of them take credit card – ask before boarding).

Drivers waiting at the railway station will ask all sorts of high prices, but if you walk 100 metres away you may get a taxi at a reasonable price. If you prefer to use metro, go from the airport to the Boryspilska metro station.

Travel to the airport will take around 30-60 minutes depending on the traffic. A taxi from a hotel ordered by phone from the city centre to Boryspil airport would cost around USD 20-25 (150-200 UAH) depending on the time of the day (more expensive at night). It is better to agree on the fixed price from the beginning irrespective of the meter.

MEALS

There are a number of reasonably priced and good places to have lunch around the conference location, e.g. "Puzata Khata" (Bessarabska Square 1/2 and Khreshchatyk St. 15). Full course meal costs there 3-6 USD.

Lots of fast food places can be found in underground malls - Globus under Maidan Nezalezhnosti (close to Kozatsky hotel) and Metrohrad (with Internet cafe) under Bessarabsky Square, with much less along Khreshchatyk Street being a place for more expensive restaurants. There are two McDonalds outlets along Khreshchatyk Street. There are also quite a few set-lunch, coffee, pizza, sushi and Chinese places, though Kyiv still lacks a full variety of ethnic restaurants. Prices in these places differ - from around 30-50 hryvnyas for a meal at a Ukrainian fast self-service places to 60-100 hryvnyas for a set lunch in fancier ones.

You will get enough advertising for more expensive restaurants in the airline magazine and in the airport, so we do not go on in detail into this subject.

MONEY AND BANKING / CASH AND CARDS

Ukraine is essentially a cash economy. Credit cards are gaining wider acceptance in larger cities. Now there are lots of cash machines (they give only hryvnyas). Credit cards may be used in some hotels, Western-style restaurants, international airlines and some shops. Such venues usually display logos of the credit cards they accept on their doors. If they have no such logo - then there is no purpose to ask. However, they never promise that they accept your particular card. Generally Visa and Mastercard are most useful.

Changing foreign currency for Ukrainian hryvnyas (or another currency) is legal only at banks, currency exchange desks at hotels, and licensed exchange booths. Exchange booths do not cash travel cheques and do not deal with credit cards. In any case bring some cash with you - you may not be able to use a credit card/travel cheque in the airport/railway station. It is better to bring US dollars or Euros (or Russian roubles). Most other hard currencies can be changed, but at worse rate and in a limited number of places.

General safety rules apply - do not flash large sums of money and never exchange currency with private people - it is illegal and with high probability is a scam.

CASH MACHINES

There are cash machines around that would allow to get money (hryvnyas only) with credit or debit cards (carrying Cirrus/Maestro logo). However, we would recommend using a bank for this purpose.

EXCHANGE RATES

Euro to Ukraine Hryvnia (EUR to UAH) (as of Sept. 10, 2017, 1 EUR = 31.44 UAH)
https://themoneyconverter.com/eur/uah.aspx
United States Dollar to Ukraine Hryvnia (USD to UAH) (as of Sept. 10, 2017, 1 USD = 26.13 UAH)
https://themoneyconverter.com/usd/uah.aspx
Russian Rouble to Ukraine Hryvnia (RUB to UAH) (as of Sept. 10., 2017, 1 RUB = 0.45 UAH)
https://themoneyconverter.com/rub/uah.aspx

Exchange rates in exchange offices in Kyiv are slightly higher.

Exchange rate in cash machines may be nominally better than in booths, but with all fees applied it comes lower. Exchange rate in exchange booths is usually as shown - street booths charge no commission.

When changing you currency, look closely at the exchange rate - there are some not-so-honest places, especially along Khreshchatyk that display their much lower rates in a way that they look at little bit higher that usual at the first glance - e.g. 8.0017 with 8.10 being a "good" rate at the moment, profiting on people in hurry who tend to look at last figures only. E.g. "0" may be much smaller than other figures. If you see that a transaction does not satisfy you, you are entitled to reverse it if you do it immediately, however a language problem may come here.

Banks and exchange booths in airports, hotels and restaurants, and in residential districts far from the city centre normally have much worse exchange rates than those in the city centre.

FOOD

Buying your own food in shops is a reasonable alternative to eating in cafes/restaurants. There are some grocery shops ("gastronoms") around the conference facility. A little longer walk will take you to "Sil'po" or "Megamarket" supermarkets. Both are perfectly OK for everything else and have a large advantage over regular shops that they are usual self-service supermarkets, so you do not need to tell what you want to buy. They also carry a variety of health foods that are not always present in "gastronoms". Western foods were popular in Kyiv upscale shops at the start of the market economy, but now only few brands can be found - local consumers consider old and new domestic brands better (and cheaper), so many more expensive Western foods were priced out from the market.

Ukrainian specialities to try from grocery shops:

- Chocolate bars (Lviv, Svitoch or Roshen are the best)
- Boxed chocolates (signature brand of Kyiv is Vechirnyi Kyiv - brown box with some red and yellow). Despite low price compared to many famous Western brands they are of a really remarkable quality (and are made of real chocolate)
- Ukrainian-made ice creams (other than international brands)
- cottage cheese (at Bessarabsky or Volodymyrsky markets) - the kind that is sold in the markets is a totally different from what is sold in shops
- Pickled cucumbers, ketchups, jams, pickles, fruit preserves, smoked chicken, rye bread, - and just any bread, ice creams, yoghurts, kefir, smoked fish, cakes, ready-made foods, salads

The closest self-service grocery shop ("gastronom") is located at Shevchenko Boulevard down to Khreshchatyk at the distance of around 500 metres.

SOUVENIRS

Usual place is (a picturesque street worth visiting on its own, that goes from the end of Volodymyrska Street (go to the Opera House, turn right, pass the Opera House and go along the street up to the Andriivska Church - beautiful blue-and white church standing over a hill) to Podil. You will not be mistaken, as you'll see lots of souvenir stands right there. Andriivsky Uzviz does down to the left (and souvenir prices will also go down quite a bit as you'll go down the street). Another useful places are small shops along Khreshchatyk.

ALCOHOL AND TOBACCO

Situation is this area is so different from many countries that it is worth some special attention. Locally produced alcoholic drinks are quite cheap in Ukraine (in shops, but not in restaurants). However, counterfeit production is still quite widespread. These counterfeit products are rarely a major health hazard, but to be on the safe side, buy such drinks (anything other than beer or juice-vodka mixes) only from a large grocery shop and at the restaurants or better cafes. NEVER buy any strong alcohol or wine from kiosks, private persons or street cafes (other than street tables of a higher-end establishment). This is an occasion to break the usual travellers' rule -"do as locals do". The locals have more experience in telling what is safe, and being at home they take much less risk drinking questionable vodka. This paragraph is also an appropriate place to warn once more against any drinking with strangers, even if they offer a free drink.
Cigarettes are sold everywhere, with cheaper prices from old ladies in the streets. Note that smoking is forbidden in public places.

LANGUAGES

Please do not expect taxi drivers, shop assistants, emergency service workers, servers at a restaurant or anybody else in Ukraine to speak English or other foreign languages, except the young generation. Your best strategy will be to learn a few words like "Thank you", "hello" and "a beer (pyvo)" (or "a coffee (cofeh)").

The Soviet system of learning languages was designed in such a way that people might be able to read technical information but could not speak at all. The present system of language training is way better, and many young people do get good English speaking skills during their time at school, but these young people usually have better things to do than work as taxi drivers, waiters or shop assistants.

MOST ESSENTIAL UKRAINIAN WORDS ENGLISH TRANSLITERATION

Hello (more formal, during the day) Dobry dehn

Hello (informal) Pryvit

Good morning Dobroho ranky

Good evening/night (greeting) Dobry vehchir

Goodbye Doh pobachehnyah

Thank you Dyakuyuh

Yes Tahk

No Nee

Please (to accompany a request) Buhd laskah

Excuse me (to apologise) Probachteh

What is the price of this? Skeelky tseh koshtuyeh?

Restroom/toilet Tualeht

USEFUL TIPS

Time - officially Ukraine has one time zone two hours after Greenwich Mean Time. Daylight saving time is set from the first Sunday in April to the last Sunday in October (so in June it is three hours after the GMT).

Business hours - usual working hours in offices/institutes are 9.00-18.00 with the lunch break at 13.00-14.00, Monday to Friday. Most common opening time for smaller shops is 10.00-19.00, Monday to Saturday, sometimes 10.00-18.00 on Saturday. Larger shops and most cafes work 10.00-20.00 with no lunch break, every day including official holidays. Most bank branches work 10.00-18.00, Monday to Friday, lunch break at 13.00-14.00 or 14.00-15.00, Saturday 9.00-14.00.

Utilities: Electricity standard is 220 volts, 50Hz. An adapter may be needed for Western European appliances and a voltage converter for Northern American.

Tap water in Kyiv is chemically safe but may contain elevated levels of lead from the pipes. This problem is remedied by letting the tap run for 10 seconds before collecting

the water. There is also no detectable radiation in the water. Better hotels have their autonomous hot water supply, so we hope you will not suffer from absence of hot water.

Public restrooms (sometimes they charge 1-2 hryvnyas) are available in most underground malls around Khreshchatyk Street and in McDonalds. They are scarce in other locations.

LOCAL TRANSPORTATION

Most transportation during the conference will be made by foot, as the Pedagogical University is located in the city centre close to almost everything. Many places that can be reached in 15-20 minutes do not have convenient public transport to them, so walking will be the best option. So the first transportation tip is to bring good shoes.

Metro travel is cheap (5 hryvnyas per ride (á 0.12 USD), safe and reliable. To pay for a ride you should buy plastic tokens in cash windows at the metro stations.

There are also trams, trolleybuses and buses (5-7 hryvnyas for a ride) that may be crowded or not so frequent. Mini-buses are 5-7 hryvnyas per ride, and the fare is the same for the particular type of transportation irrespective of the actual distance of your travel. There is no comprehensive source of information about all minibus routes (more than a hundred), and we considered them not really relevant for conference participation or sightseeing, so do not give any of such information here.

Taxis may be quite inexpensive and convenient if you know the rules. There are licensed taxis (with plates on the top). To stop a taxi if you see one lift your hand on the side of a road. Private cars may stop and function as taxis if you lift your hand on the side of a road (not advised for foreigners). Look at the meter or negotiate the price at the start. Reasonable fare around city centre (to and from Kyivo-Pecherska Lavra, Kontraktova Ploshcha, House of Organ Music etc.) shall not exceed 35-40 hryvnyas (or 20 for a very short ride) irrespective of the number of people. Taxi to the Open Air Museum may be 60-80 hryvnyas. Taxis may be ordered by phone. However, English-speaking drivers are rare. A card with the name and address of your hotel written in Ukrainian/Russian may be useful.

Medical facilities: We ask all participants to get adequate medical insurance for the whole period of their stay in Ukraine. We do not have any insurance for participants and will not be able to provide any financial assistance in case of any emergency.

Medical care in Ukraine may be considered limited by Western standards. However, **all basic medical supplies are available in state-owned and very numerous private pharmacies (drugstores). Many drugs that are sold in the Western countries solely with a doctor's prescription can be bought here without any prescription and much cheaper.** Ukraine is a country with well-trained doctors but often inadequate medical facilities. However, **numerous private clinics exist including western-type clinics with Western or at least English-speaking medical staff.** Despite health service declared as free, Ukrainian doctors in public hospitals will expect cash payment for their services (with insurance not relevant in this respect: hospitals would accept applicable foreign insurance, but insurance money does not reach doctors except in private clinics). All

sorts of non-conventional medicine (herbal, homeopathic, acupuncture etc.) are very popular in Ukraine.

In case of emergency, the 03 ambulance service shall be called (or a private ambulance if there is an insurance or willingness to pay the bills). As to any dental emergencies, there are several good private dental clinics around the institute (and prices may be much lower than in e.g. the US - many Ukrainians living now in the US come here with the purpose of doing dental work).

REGISTRATION OF FOREIGN NATIONALS

All foreigners arriving to Ukraine shall receive a registration card at the border with note of their arrival date, and produce this card at their departure. As distinct from previous (now cancelled) regulations no registration with visa authorities is required for short-term visitors.

CUSTOMS

You can bring any amount of cash/cards/travel checks, but there are certain limits for non-declaring/using green corridors at customs (recently it was equivalent of US$ 1,000). If you have more cash then all cash should be declared.

It is not allowed to take out of Ukraine antiquities, any old things manufactured before 1954 (more than 50 years ago) and works of art (the notion of work of art is applied mostly to pictures) without a special permit that is costly and difficult to get (and it cannot be guaranteed that it would be possible). The organisers cannot provide any assistance in getting such permits, and the regular procedure may take weeks.

Our recommendation is not to buy any antiquities, old things and pictures except in shops and request the relevant permits to take them out of the country (art galleries and antiquities shops normally provide permits for taking their goods out of the country). This is applicable to any pictures even to those that are absolutely obvious souvenir stuff and have no relation to art.

Ukrainian customs can be expected to fight pirated software and music in the framework of showing to the world that copyright protection is in place. So we would not advise buying software or music tapes and CDs without special holographic labels showing that these products are legal.

Airlines/Embassies: as you may need contacting the Embassy of your country, or your airline during your stay in Kyiv, you would find useful to get their addresses/phone numbers at

http://www.allabout.kiev.ua/embassies-in-kiev.shtml
http://www.whatson-kiev.com/essential/essentials.php?catid=25

Important Numbers (unfortunately you cannot expect an English-speaking operator, except maybe at the international telephone operator and Medicom private ambulance service)

Fire/rescue service 101
Police 102
Emergency medical aid / ambulance service 103
Emergency - gas supply company 104
Emergency - water, electric sewerage systems 1557
Emergency - elevators in buildings 1586
Information about hospitalised patients 1503
Directory assistance – Kyiv 109
Medikom - private ambulance service (expensive) 1555
Taxi service (one of the many, not the cheapest one but known as reliable and easier to call) 1558
Paid directory assistance 1509
Address information service 1561
Time 121
Telegrams 1566
Pharmacy information 1567
CIS countries telephone operator/inter-city calls 171
Long distance service 173

SAFETY TIPS

Despite some highly publicized crime stories and general prejudice, **Ukraine and, in particular, Kyiv is very safe**. However, usual safety tips applicable to any country should be taken into account: watch your possessions; do not go to deserted locations after dark; do not drink with strangers; if you intend to go out and drink alcohol leave your documents and valuables at your hotel (take a passport photocopy with you). Do not flash your money/thick wallets/credit cards, do not engage in street gaming or take money or wallets that are not yours from people who say that they found them; do not change currency with private persons.

The security issue that is characteristic for many countries of the former Soviet Union is that local police holds checks targeted at fighting illegal immigration that is a huge problem for this country. Persons of African or Asian descent, including citizens of Western countries, may encounter stops by police, especially in locations away from the city centre. Under Ukrainian law, individuals may be detained for up to three hours while their identity documents are being verified. In such circumstances, demand the incident immediately be reported to your Embassy.

UKRAINE FACTS

- Location: Eastern Europe, bordering the Black Sea, Poland, Slovakia, Hungary, Romania, Belarus and Russia
- Area: 603,700 sq. km Land boundaries: 4,558 km Coastline: 2,782 km
- Highest mountain: Hoverla in Carpathian Mountains 2,061 m
- Natural resources: fertile arable land, iron ore, coal, manganese, natural gas, oil, salt, sulphur, graphite, titanium, magnesium, kaolin, nickel, mercury, timber

CHECKLIST FOR PARTICIPANTS

- Passport;
- Invitation from the organisers (scanned or faxed version is sufficient);
- Talk transparencies/poster;
- Photocopy of the passport - title and visa pages;
- Voltage converters/adapters - if needed;
- Phone numbers and addresses of your airline and embassy;
- Printout of the necessary information.

TIEMS 2017 Conference Workshop – Web based Technology for Disaster Risk Reduction

2017 December 4th

Event Title: ***Leveraging TIEMS DM Expertise to strengthen local community resilience through Global DRR Platform***

Organizing Partner: Dongguk University Research Team

Abstract

The workshop presents a web-based platform on DRR technology that can be leveraged by the TIEMS expert group to serve as a catalyst for transforming community resilience through information sharing and developing innovative and practical methods and technologies on mitigating disaster risks. The primary function of website is to offer an easily accessible Q&A and discussion board for DRR experts to engage in a thorough dialogue regardless of time and space both during emergencies and at normal times. Such function will be the foundation in expanding specialized DRR expert groups coming from different regions with various specialties. Furthermore, they can further educate DRR professionals from developing countries and facilitate consultations among different stakeholders including the private sector. In addition to demonstrating the DRR platform on building community resilience, it aims to review current challenges of information and technology sharing both at the country and regional level and identify collaborative measures to enhance capacity building and knowledge exchange.

Background

This year marks the second year since the adoption of the *Sendai Framework for Disaster Risk Reduction* 2015-20130. The new global blueprint for DRR particularly aims to achieve "the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries".[1] Particularly, it underscores the importance of strengthening

[1] UNISDR. Sendai Framework. Accessible on http://www. unisdr.org/we/coordinate/sendai-framework

multi-stakeholder engagement among government agencies, academia, private sector, civil society and other actors through cross-sectoral and inter-agency DRR community platforms.

In response to such objective, developing measurable hazard and disaster baseline and indicators has been identified, as a key follow-up action to ensure evidence-based monitoring and evaluation of local, national and regional DRR initiatives and progresses. However, the *Sendai Framework Data Readiness Review 2017 on Disaster-related Data for Sustainable Development Report*[2] notes existing data gaps: poor data availability, quality and accessibility among UN Member States, as a remaining challenge in achieving the global agenda with only 87 countries reporting national readiness status as of February 2017. But in order for relevant stakeholders to formulate and utilize disaster related statistics and database, capacity building and information sharing are critical areas for improvement that have been repeatedly addressed since the 4th Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR) in 2010.

Recognizing ongoing data-related issues, **a Korean research team** has developed a web-based technology and information sharing platform for DRR. Showcased and demonstrated at the 6th AMCDRR and the 2015 Global Conference on DRR, the platform reiterated the need to formulate a group of DRR experts equipped with practical knowledge and skills, serving as the technical advisory group to the national disaster risk reduction committee in setting up national baseline and analyzing application and progress in building community resilience.

Expected Formation and Duration: 90 mins (Date and Time, TBC)

- 20mins- Platform demonstration
- 10mins- Q&A
- 60mins- Discussion* **(Chaired by K. Harald Drager)**
  **The discussion session could include four to five presentations from TIEMS expert on challenges of information/data/technology sharing; efforts to resolve such issues (national mechanisms); and case studies.* (Potential presenters to be identified earlier)

[2] UNISDR. Disaster-related Data for Sustainable Development: Sendai Framework Data Readiness Review 2017. Accessible on: http://www.unisdr.org/files/53080_entrybgpaperglobalsummaryreportdisa.pdf

TIEMS Emergency Medicine Committee (TEMC) 2017 Conference

The International Emergency Management Society Emergency Medical Committee (TEMC), Beijing Huatong Guokang Foundation (BHGF)

2017 TEMC & BHGF International Medical Forum

Nov. 11-12, 2017
Nanjing, China

Background

Since 2012, TEMC & BHGF has cooperated with world-known universities and medical institutes in US, UK, Germany, Canada, Italy, Ireland, Sweden, Israel and many other countries, including Harvard Medical School, Johns Hopkins University School of Medicine, Mayo Clinic, Cleveland Clinic, University of Cambridge and so on, to carry out over 50 international education programs for healthcare leaders and hospital department leaders. Around 750 healthcare leaders and 1200 department directors/ academic leaders participated in the programs, which promoted medical communication and cooperation as well as technological progress and discipline development between China and European, American countries.

To further consolidate the learning outcomes and establish regular communication mechanisms as well as sustained international high-end dialogue platform, TEMC&BHGF decided to hold the "First TEMC&BHGF International Medical Forum and 6th Harvard China Programs Experience Exchange Meeting" from 2017, in the succession and development of the 5 successfully held Harvard Medical School China Programs Forums. The forum will set up one main forum and six sub-forums, including President Forum, Cardiology Forum, Oncology Forum, Clinical Laboratory Forum, Critical Care Medicine Forum, and Pharmacy Forum.

Guests and Participants

Mr. K. Harald Drager, Chairman of the International Emergency Management Society, around 20 experts from internationally renowned medical institutions such as Harvard University, Johns Hopkins University, Cleveland Clinic, Cambridge University, Alliance Manchester Business school, Ireland

St. Patrick's Mental Health Services, Germany Lippe Hospital; and around 800 participants who have been participated in TEMC&BHGF international healthcare management program as well.

Forum President

Chinese President: Ms. Chen Ran, Director of TEMC and Chairman of BHGF; Mr. Han Guangshu, President of Nanjing Drum Tower Hospital

Foreign President: Mr. K. Harald Drager, Chairman of the International Emergency Management Society; Mr. David Roberts, Dean of External Education, Harvard Medical School

Organization & Management

Organizer: TEMC&BHGF
Undertaker: Nanjing Drum Tower Hospital
Supporters: Jiangsu Province Health and Family Planning Commission, Nanjing Municipal Health and Family Planning Commission

First TEMC&BHGF International Medical Forum and 6th Harvard China Programs Experience Exchange Meeting (TBD)

November 10, 2017 (Friday) afternoon

Friday: 12: 30-21: 00 on-site registration and check in

Registration Place: Nanjing Youth International Convention Center

November 11, 2017 (Saturday) all day

TEMC&BHGF International Medical Main Forum

Place: Grand Ballroom of Nanjing Youth International Convention Center

Conference Theme: Leading Innovation and Win-Win Cooperation

Speakers:

1. Mr. Han Guangshu, President of Nanjing Drum Tower Hospital
2. Ms. Chen Ran, Director of TEMC and Chairman of BHGF
3. Leader of Jiangsu Province Health and Family Planning Commission (TBD)
4. Leader of Jiangsu provincial government (TBD)
5. Mr. K. Harald Drager, Chairman of the International Emergency Management Society
6. Mr. David Roberts, Dean of External Education at Harvard Medical School (to be confirmed)

7. Leader of Johns Hopkins University School of Medicine (to be confirmed)
8. Leader of Cleveland Clinic (to be confirmed)
9. Leader of University of Cambridge School of Medicine (to be confirmed)

Agenda of Main Forum

9: 30-10: 30 Opening speech and keynote speech of the conference (Plenary Session)

10: 30-10: 40 Harvard University, TEMC & BHGF Strategic Cooperation Signing Ceremony with Nanjing Drum Tower Hospital (To be confirmed)

10: 40-11: 00 refreshment

11: 00-11: 30 program album releasing ceremony (foreign representatives, Nanjing Drum Tower Hospital, Jiangsu Provincial Health and Family Planning Commission, TEMC & BHGF, partner leadership, other guests to participate)

11: 30-13: 30 lunch

14: 00-15: 40 Speech of Main forum

15: 40-16: 00 refreshment

16: 00-18: 00 Speech of Main forum

18: 00-18: 30 handover ceremony for holding next TEMC&BHGF International Medical Forum

Main Forum Speakers:

1. Foreign guests (3-4, to be determined)
2. Leader of National Health and Family Planning Commission (to be invited)
3. Leader of Jiangsu Health and Family Planning Commission (to be invited)
4. Leaders of other provincial Health and Family Planning Commission (to be invited)
5. Mr. Han Guangshu, President of Nanjing Drum Tower Hospital

November 11 (Saturday) evening

19: 00-21: 30 Forum Dinner (6 sub-forums held separately)
President Forum, Cardiology Forum, Oncology Forum, Clinical Laboratory Forum, Critical Care Medicine Forum, and Pharmacy Forum.

Place: Nanjing Youth International Convention Center

November 12 (Sunday) morning

08: 30-09: 00 Group photo of sub-forums
09: 00-12: 00 Parallel Meeting

Sub-forum (1): President Forum
Sub-forum (2): Cardiology Forum
Sub-forum (3): Oncology Forum
Sub-forum (4): Clinical Laboratory Forum
Sub-forum (5): Critical Care Medicine Forum
Sub-forum (6): Pharmacy Forum
Sub-forum (7): Finance Forum

November 12 (Sunday) afternoon

12: 00-14: 00 Buffet lunch, check out
14: 00-18: 00 Hospital Visits according to attendee' will (Routes and Transportation arranged by Nanjing Drum Tower Hospital. TBD)
14: 00-18: 30 Leave

TIEMS Partnering with the World Bank in a Civil Protection Study

Launch of a Study on the State of Civil Protection in the World: Typologies, Good Practices and Economic Returns:

TIEMS partnering with the Global Facility for Disaster Risk Reduction (GFDRR) of the World Bank Group to address the growing need to support civil protection systems' response to disasters

The Global Facility for Disaster Risk Reduction (GFDRR) of the World Bank Group partners with TIEMS to address the growing need to support civil protection systems' response to disasters

Hurricane Harvey that recently hit the US territories of Texas and Louisiana causing devastating floods has showed that even the most developed countries are not spared heavy damage, losses of life, and the many other impacts associated with natural disasters. More and more, natural and man-made disasters are causing around the world a spectrum of destruction and desolation, leaving every year millions of human beings, many disaster-prone countries, and fragile environments, in a complex situation of vulnerability and challenging recovery.

Increasingly, the governments of both developing and developed countries are becoming aware of the need to prepare, respond to, and recover from disasters in a sustainable way, to guarantee safety and the preservation of development gains and trends.

In the wake of this increased awareness, a correlated type of recognition has emerged: the need to increase the capacity of institutions such as civil protection and disaster management systems to respond to the immediate and long term needs generated by disasters.

The concept of civil protection is well-known by practitioners from the field of disaster risk management and by government officials; yet, civil protection systems around the world suffer from major weaknesses. Introduced for the first time in 1931 in the post-World War I period, civil protection then aimed to protect vulnerable civilian populations, historical monuments and cultural assets from disasters. The concept has evolved over the years becoming "civil defense" or "civil security" in certain areas, and now includes the wider dimension of disaster preparedness. The main weaknesses of civil protection systems today include the coexistence of diverse typologies and practices of civil protection, based on geographic characteristics, as well as differeneces in governance structures and levels of development. Another major difficulty is the lack of human, financial, material and technical resources in numerous developing countries. Finally, the marginal use of pre-disaster collaboration between governments and institutions, and the lack of optimal coordination in post-disaster situations remains widespread.

In addition to the afore-mentioned difficulties, there are knowledge gaps concerning the factors that can lead to effective responses, such as understanding of the economic returns of investments in civil protection systems. These remain a major challenge that hinders governments' and international development organizations' capacity to improve their systems.

To address these growing needs and knowledge gaps, the Global Facility for Disaster Risk Reduction (GFDRR) of the World Bank Group is launching this September a study on the "State of Civil Protection in the World: Typologies, Good Practices and Economic Returns". TIEMS will contribute to the development of the study by providing the expertise from its network of 24

countries, along with specific contributions on the research, education, outreach and awareness-raising needs for international emergency management.

The study is expected to be carried out during the next 18 months, and it will analyze the institutional diversity of civil protection systems and practices, as well as focus on country case studies to identify lessons learnt and good practices. The case studies will be carefully selected to reflect regional diversity and several levels of development. Finally, the study will develop an analysis of the economic returns of investments in civil protection and preparedness.

It is expected that the study will provide several outputs useful to support the actions of the diverse network of public, private and civil society actors involved in civil protection systems, including a global population survey measuring the engagement of the communities and their feedback on civil protection and preparedness activities.

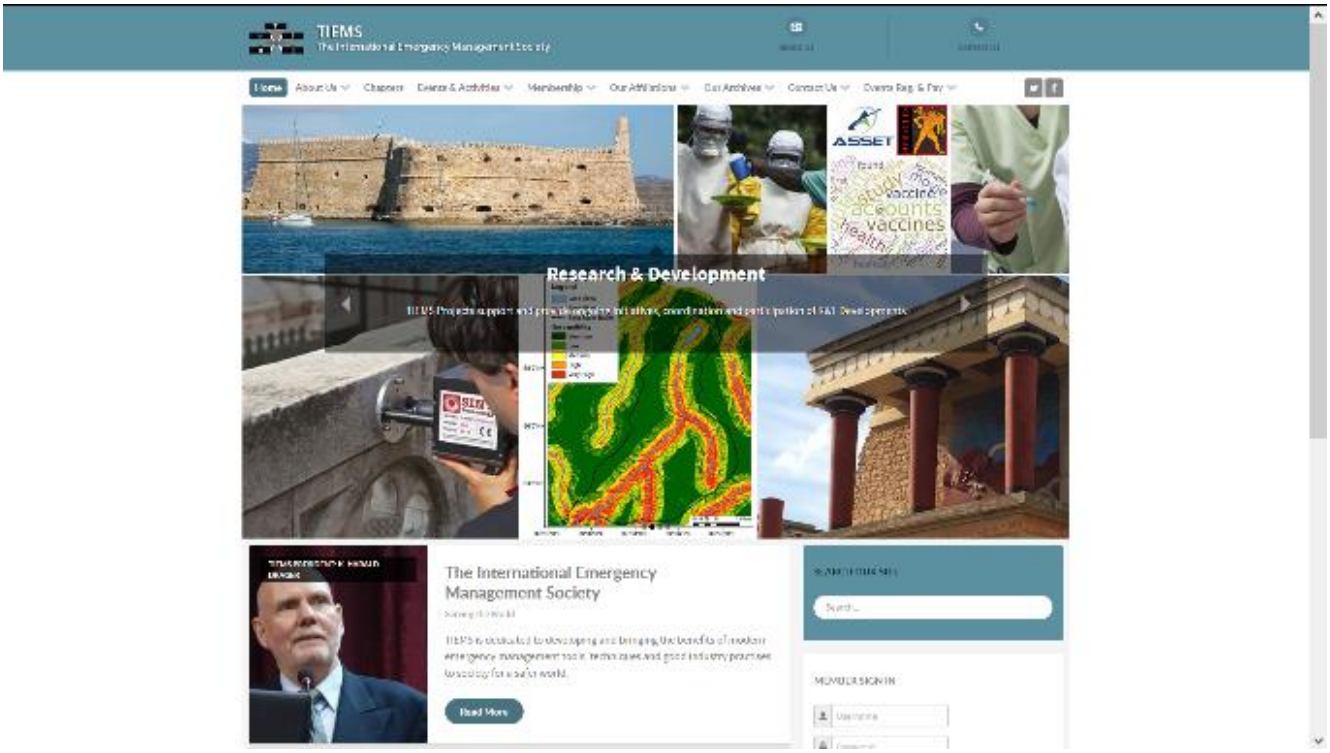
TIEMS has invited the Global Facility for Disaster Risk Reduction (GFDRR) to its 2017 Annual Conference in Kyiv, Ukraine, to further discuss the details of the study and present the preliminary results reached.

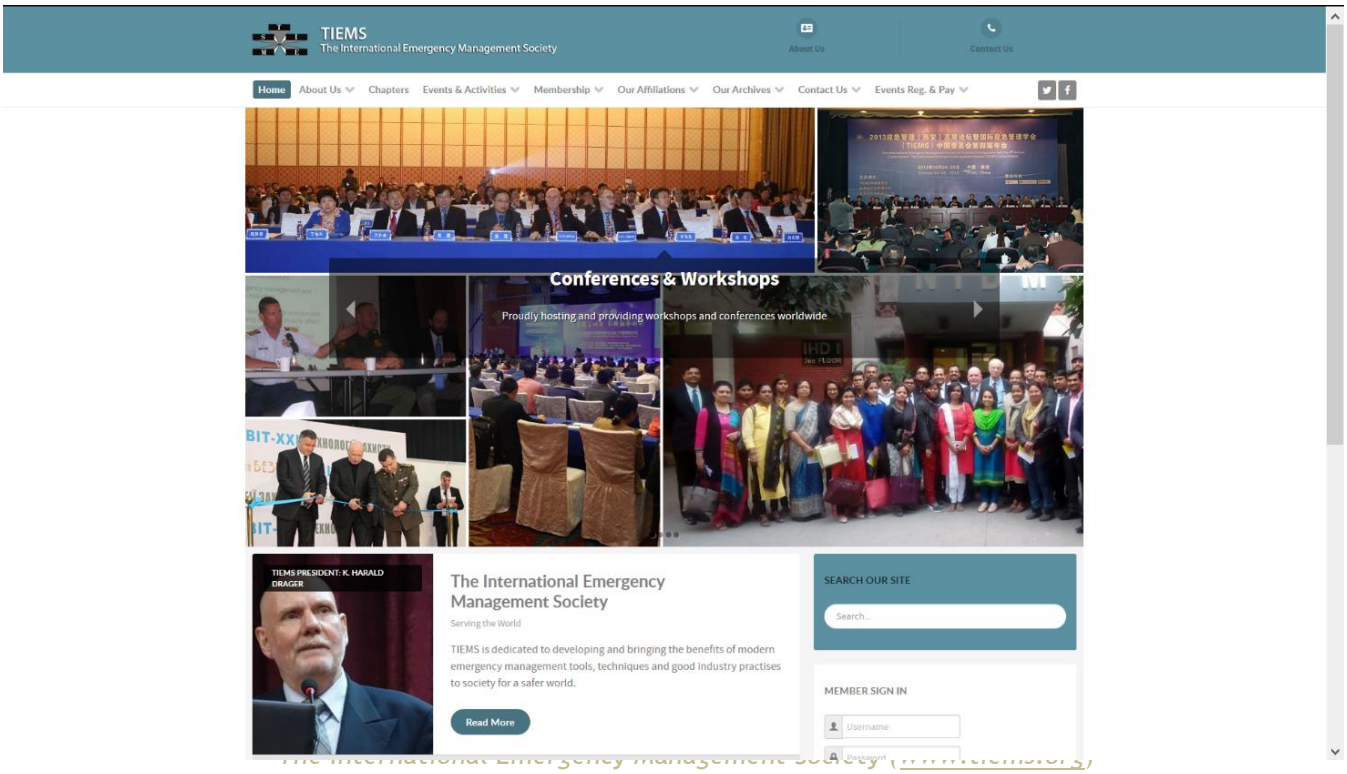
TIEMS looks forward to the questions and contributions of its members during this promising event. It also welcomes questions, comments and contributions from its members on the study, which can be sent to the following email address: Angeli Medina: angelism60@gmail.com

For more information regarding GFDRR, please visit the website www.gfdrr.org

TIEMS New Web-site

The TIEMS Board of Directors made the decision to develop a new web-site at the TIEMS 2016 Annual Conference in San Diego. The TIEMS new web-site was put online 12th June, 2017 and looks as shown below:



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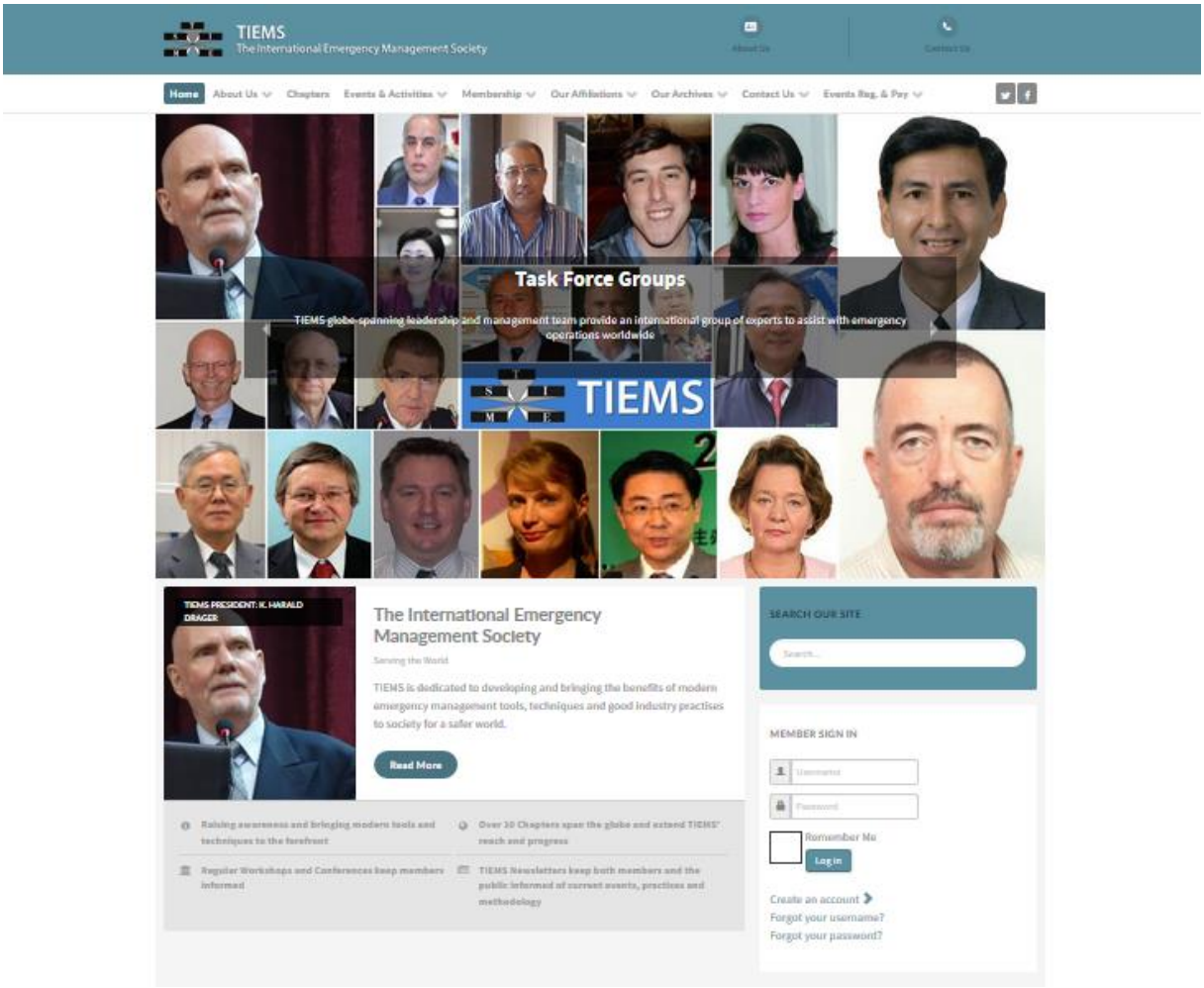
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TIEMS globe-spanning leadership and management team provide an international group of experts to assist with emergency operations worldwide
TIEMS
TIEMS PRESIDENT: IK HARALD DRAGER
The International Emergency Management Society
TIEMS is dedicated to developing and bringing the benefits of modern emergency management tools, techniques and good industry practises to society for a safer world.
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TIEMS Philippines Chapter Newsletter

TIEMS PHILIPPINES CHAPTER

TIEMS - PHILIPPINES

Group photo from TIEMS Philippines Chapter Launch

L-R Dean Maricelia Antonio, Col. Judith Geronga-Dolot, Mr. Jose dela Cruz, Angeli Medina, Dr. Maria Lourdes Otayza, Dr. Ricardo De Leon, Dr. Harald Drager, Dr. Jaime Almora, Mr. Dennis Villasenor (proxy for Undersecretary Austere Panadero), Vice Admiral Alexander Pama, Rear Admiral Roberto Estioko, Dr. Rodney Jagolino.

TIEMSPC Founding Members not in the picture: Congressman Joey Sarte Salceda, Undersecreatry Ricardo Jalad, Undersecretary Renator Umali Solidum Jr., Undersecretary Austere Panadero, and FSUPT Roberto Genave.

The International Emergency Management Society

TIEMS continues its international development, and is spreading out its activity more and more worldwide, with members and chapters. New members and chapters add valuable expertise and cultural diversity to the TIEMS international network, which comprises of users, planners, researchers, industry, managers, response personnel, practitioners, social scientists, and other interested parties within emergency management and disaster response. This network constitutes a large international multidisciplinary group of experts, with different educational backgrounds and various experiences. Read more about this network and its activities in this newsletter.

TIEMS Newsletter Editor

In this issue

ABOUT (TIEMS)

- TIEMS was founded in Washington, USA in 1993, and is today registered as an international, independent, not for profit NGO in Belgium, see Certificate
- TIEMS is a global forum for education, training and certification in emergency and disaster management
- TIEMS international expert network comprises users, planners, researchers, industry, managers, response personnel, practitioners, social scientists, and other interested parties within emergency and disaster management
- Within its network TIEMS stimulates to the exchange of information on the use of innovative methods and technologies within emergency and disaster management to improve society's ability to avoid, mitigate, respond to, and recover from natural and technological disasters
- TIEMS works locally through its worldwide chapters which provide a regional focus for TIEMS activities
- TIEMS activities comprise international conferences, workshops and exhibitions, research and technology development projects, task force groups of experts from TIEMS international group of experts, and TIEMS academy providing international education, training and certification programs
- TIEMS offers membership, sponsorship and partnership

TIEMS up-to-date presentation: TIEMS Brochure
TIEMS Board leads the organization with the following: TIEMS Vision
TIEMS Address: Rue Des Deux Eglises 39, 1000 Brussels, Belgium.
TIEMS Executive Office Postal Address: Østvangveien 29, 0588 Oslo, Norway.

TIEMS Member Benefits

As a member of TIEMS, you are part of an international community of leaders and practitioners in emergency management, with diverse backgrounds in engineering, science, government, academics, military, and industry - working together to make the world a safer place. Membership affords unique opportunities to *Learn*, *Serve*, and *Network*.

Learn

From the multi-disciplinary, multi-national TIEMS community, and through special TIEMS programs.

Serve

By helping TIEMS in its mission to reduce the impacts of disasters and emergencies worldwide.

Network

With local and international colleagues to develop valued personal and professional relationships, and enhanced opportunities.

Message from TIEMS President

I am proud to present this 29th issue of TIEMS regular newsletter with reports and announcements from TIEMS and others worldwide activities and operations.

TIEMS ORGANIZATION UPDATE

The one page description of TIEMS, is informing about how TIEMS has developed since its inaguration and the focus the society has today with four main activities:

1. ***International Conferences, Workshops and Exhibitions***, where networking and exchange of experience to learn from each other is the prime focus. In 2017 TIEMS is arranging 13 events worldwide in 7 countrie***s***
2. ***Research and Technology Development Projects***, where TIEMS today participates in two EU projects; ASSETS and HERACLES, with update reports in this newsletter
3. ***Task Force Groups***, where TIEMS can provide international experts for local assistance in a disaster situation. TIEMS International Group of Experts (TIGE) comprises 86 top international experts from TIEMS chapters worldwide, with different background an expertise.
4. ***TIEMS Academy***, providing educational material available on-line worldwide, and establishing an international on-line certification of Qualifications in International Emergency and Disaster Management ***(TIEMS QIEDM Certification)***.

TIEMS 13 chapters worldwide provide the local expertise and add the cultural dimension, which is important to know in an international cdisaster situation. A dialogue is on with more countries, which have shown interest to become part of TIEMS international network of chapters and members, and more chapters are expected being established the coming years.

For TIEMS worldwide constituency, TIEMS provides learning from each other, an opportunity to serve as a TIEMS Director or Officer, and thus add value to TIEMS work towards more resilient societies worldwide, and networking with other experts with different background and experience.

REPORTS FROM TIEMS EVENTS & CHAPTERS

TIEMS arranged its first workshop in New Delhi in India 10th February this year on higher education in disaster management. Experts from all over India participated and it was observed a high standard on presentations, and that Indian experts have a lot to add to TIEMS worldwide activities and operations.

As a follow up of the successful workshop in India, TIEMS plans to arrange TIEMS 2019 Annual Confernce in India, and will now focus on strengthen the TIEMS Chapter organization in India, such that we reach out all over India for the TIEMS 2019 Annual Confernce.

TIEMS 2017 Annual Confernce is to be arranged in Kyiv, Ukraine, 4 – 6 Decemeber this year.

Oslo 8th May 2017
K. Harald Drager
TIEMS President

TIEMS is strengthen its chapter in India with new board members and an adviosry board with members from all Indian states this year, and look forward for increased TIEMS activity in India in the years to come.

In this newsletter we have started with presenting the different TIEMS chapters with introducing the chapter board members and describing the focus and activities of the chapter. First out is TIEMS USA Chapter, and below in the newsletter, you can find the names, pictures and affiliations of TIEMS USA Chapter board members, and a brief description of the chapter activities with the TIEMS 2016 Annual Conference last year in San Diego. This year the TIEMS 2017 USA Chapter Conference will take place at the University of Maine 12 – 16 June. The announcement of this year's conference in Maine is enclosed in this newsletter.

In the upcoming newsletters the other 12 TIEMS chapters will be presented showing the strength of TIEMS Chapters and International Expert Network.

TIEMS RTD PROJECTS

The HERACLES EU project main objective is to design, validate and promote responsive systems/solutions for effective resilience of cultural heritage sites against climate change effects, considering as a mandatory premise an holistic, multidisciplinary approach through the involvement of different expertise.

This will be operationally pursued with the development of a system exploiting an ICT platform able to collect and integrate multisource information in order to effectively provide complete and updated situational awareness and support decision for innovative measurements improving cultural heritage site resilience, including new solutions for maintenance and conservation.

TIEMS participate in the project with a team of four TIEMS members, from Croatia, USA and Norway, and is responsible for adding value with expertise on end user requirements, risk and vulnerability analysis, guidelines and datasheets for virtual training courses, risk management procedures for end users, demonstration and result analysis, dissemination and communication and an impact, exploitation and business model.

Enclosed in this newsletter is a HERACLES report from the consortiums visit to the two cultural sites in Crete; the Minion Knossos Palace and the Heraklion Fortress. HERACLES is a fascinating project with high ambitions, and it shows that emergency management and disaster response expertise is of importance in different settings.

The ASSET projects is about epidemics and pandemics and is now in its fourth and last year. In this newsletter is a report on the ASSET project citizen consultations, performed at the same time in 8 European cities. The response to questions put forward to more than

400 randomly selected citizens are summed up and statistically presented. The ASSET citizen consultations show that citizens across Europe are willing to follow the advice from health authorities. In an emergency situation, citizens even supported the infringement of individual rights for the collective good.

However, citizens emphasized that public health authorities must communicate in an honest and transparent matter. Citizens do not want to be protected from the realities of a situation; rather they want to know what the uncertainties and risks are. Participants in the meeting urged general practitioners (GPs) and authorities to increase their online presence and to engage in dialogue with their publics. The public desires clear and updated information on vaccination and pregnancy and believe that improved communication and dialogue can restore trust and build better relationships between health authorities and publics. Finally, citizens in the meetings expressed a desire for opportunities to provide input for policy development and action in the case of epidemic or pandemic crisis.

The findigs of these consultations underline that participatory governance is the way forward, not only in public health, but for authorities in most settings in order to build trust towards the public.

MISCELLANEOUS ARTICLE

An excellent article by Epidemiologist Donato Greco, is recommended reading. Its tile is: ***Let us make Peace with Germs***!

Editors' Messages

This first edition of the TIEMS Philippines Chapter newsletter highlights the establishment of TIEMS Philippines Chapter (TIEMSPC), The International Emergency Management Society's (TIEMS) newest chapter. A small step for the TIEMSPC but a giant leap in the field of emergency/disaster management and disaster risk reduction in a country that is constantly hit by natural disasters. The TIEMS Philippines Chapter was officially launched by Dr. Harald Drager at the Department of Interior and Local Government (DILG), hosted by Dr. Ricardo De Leon, President of Philippine Public Safety College. This is a significant initiative for those of us concerned with learning the best practices in disaster risk reduction, emergency/disaster management, mitigating the effects of climate change and addressing emerging infectious diseases and public health issues.

As reported in the Asia-Pacific Disaster Report 2015, approximately 742 million city dwellers in the region are at 'extreme' to 'high' disaster risk – often living in multi-hazard hotspots that are vulnerable to cyclones, earthquakes, floods, and landslides. This population is projected to increase to 980 million by 2030. By 2030, this population will increase to around 980 million. A recent study of 1,300 cities globally found that among the top 100 cities that are most exposed to natural hazards, more than half belong to four countries in Asia-Pacific: Bangladesh, China, Japan and the Philippines. [VeriskMaplecroft (2015), '56 percent of 100 cities most exposed to natural hazards in the Philippines,
Japan, China and Bangladeh.' https://www.maplecroft.com/portfolio/new-analysis/2015/03/04/56-100-cities-most-exposed-natural-hazards-found-key-economies-philippines-japan-china-bangladesh-verisk-maplecroft/Accessed 23 February 2016]. Disasters from all hazards, ranging from natural disasters, human-induced disasters, effects of climate change to social conflicts can significantly affect the healthcare system which requires a paradigm shift from a reactive approach to a proactive disaster risk reduction and management.

The healthcare system is an essential part of the of the national and local community disaster response network that is expected to function and collaborate with government agencies, and non-governmental organizations in building a resilient healthcare system. Healthcare Continuity is the ability of healthcare system to provide services and support to the community during and after a disaster or mass casualty event. Building a disaster resilient healthcare system requires an in-depth analysis of its vulnerabilities, hazards and application of risk reduction and recovery strategies. The healthcare system learned many lessons ranging from natural disaster such as Super Typhoon Yolanda/Haiyan, social conflicts, to emerging infectious diseases, e.g. Ebola, Zika virus and pandemic FLU. Study shows that 75% - 85% of patients and victims of disasters would self refer to the nearby hospital than arrive to the Emergency Room via Emergency Medical Service (EMS). Hence, it is imperative that hospitals have plans in place to increase its surge capacity, avoid supply chain disruptions and protect its critical functions in order to continue healthcare operations. The Healthcare Continuity Reserve Corps initiative seeks to support hospitals by increasing their surge capacity in time of disaster.

Angeli Medina
TIEMS Philippines Chapter Newsletter Editor

According to the Economic and Social Commission for Asia and the Pacific (ESCAP), “political leadership is critical for the success of disaster risk reduction and management.” In 2015, the Asia-Pacific was faced with numerous catastrophic disasters and has seen significant progress in the political leadership in disaster preparedness and response as evidenced by its recovery response to super typhoon and flooding in the Philippines. In the aftermath of the Typhoon Haiyan in 2013, the Government of the Philippines adopted the d a “Zero Casualty” policy [UNISDR (2015), Philippines Zero Casualty policy pays off; https://www.unisdr.org/ archive/46282]. The “Zero Casualty” policy developed by Rep. Joey Salceda involved “effective and timely communication of early warnings and targeted evacuations through efficient mobilization of government resources and engagement of vulnerable communities.” This includes cooperation of the National Disaster Risk Reduction and Management Council (NDRRMC) at the national level with various government agencies, private sector firms and partners on disaster preparedness and response strategies. At the local level, Zero Casulaty policy emphasised the importance of all local government units and communities in taking collaborative and collective actions, communication and focused or targeted measures in high-risk areas.

The “Zero Casualty” policy resulted in a significant improvement from past experiences in terms of lives lost and number of people affected, which was shown in the case of Typhoon Koppu in October 2015. When the typhoon hit the Philippines, all systems were on alert and necessary steps were taken to implement the “Zero Casualty” policy. The efforts of the Government of the Philippines have been praised internationally and the experience can be shared regionally with other countries to reduce the impact of disasters in the future. [Disasters in Asia and the Pacific :2015 Year in Review,United Nations, Economic & Social Commission for Asia and the Pacific (ESCAP), p.19]

Rep. Joey Salceda
TIEMS Philippines Chapter
Newsletter Editor

Let me take the opportunity of this editorial to showcase the Mutual Assiatance Agreement (MAA) initiative among hospitals in the Philippines. The Philippine Hospital Association are committed to adopt the MAA as a major advocacy. In a disaster zone, hospitals are always in the center of disaster response activity trying its best to prevent further loss of human lives and provide life saving services. However, hospitals in a disaster area are victims themselves but have to continue serving the community despite its problems on structural, manpower, equipment, communications and supplies.

The **Mutual Assistance Agreement (MAA)** is the missing link that is necessary to link together, formally, the hospitals and healthcare institutions to better respond and recover from disasters. It is based on the supposition that the hospitals can best help other hospitals in the midst of a disaster situation. It relies on the inherent good nature of man to help others when a life threatening event happens. In the presence of a disaster situation causing multiple casualties, patients will swarm to a hospital expecting to receive life saving intervention regardless of whether a hospital is partially or fully incapacitated from the disaster. The surge of patients to the hospitals will create another disaster situation unless immediate and appropriate rescue attempt or assistance is offered to the hospital. It is believed that hospitals outside of the disaster zone can better provide expeditious, timely and appropriate resue measures to the hospital in need of assistance. The MAA is expected to create a formal understanding, establish expectations, define engagement, expand awareness and set up commitment among hospitals that will lead to an expeditious, more efficient and effective delivery of healthcare services to disaster victims.

The implementation of the MAA objectives can be made easier and more sustainable on a national scale with its linkage to the two-way **Patient Referral Network** called **Service Delivery Network (SDN)** of the Department of Health (DOH). This patient referral system and the Disaster Response System partnership can be further enhanced to work on real time, 24 hours a day (24/7), with the collaboration of the organization called **Extreme Collaboration for Healthcare (XCH) which offers the use of the Asian Medical Management System digital platform developed by Dr. Carl Taylor (TIEMS USA Chapter Board Member) and his team, for disaster response.**

The Service Delivery network is designed to link Barangay (Village) Health Stations (BHS) with higher health centers such as Barangay Health Centers (BHC), District Hospitals, Provincial Hospitals and Medical Centers. These are grouped in what is called Inter-local Health Zones (IHZ) that are assigned all over the country. The engagement of these organizations shall ensure sustainable implementation of day to day patient referral while making sure that in the event of unforeseen disaster, the system of mutual assistance will come to play smoothly. Cyberspace connectivity will provide real time information before, during or after the disaster. In the event that internet service is disrupted, the presence of MAA will make easier the access for assistance by whatever means possible.

I would also like to highlight Dr. Carl Taylor and his team's proposal to establish a "tailor"-made open source & purpose-built credentialing system. In his own words: *"Much of my professional career (apart from healthcare and health research) has been in medical disaster response. For the past 15 years, part of that medical disaster response has focused on tools and processes to connect hospitals to manage medical surge capacity. My Kenyan team and I have developed AMS. AMS is a medical surge capacity tool. It is free to good hospitals or public health response agencies. To review please see http://ams.xchlive.org. In disasters I resent untrained people wandering in, I am not untrained […], We do not seek donations. If AMS adds value to assist hospitals in responding, then consider it yours. If it does not or is not needed, then at least I have offered."*

Dr. Carl Taylor's AMS system and it's codebase will eventually be made available through ow2.org. TIEMS will be needing your help to support an advisory board for the community AMS and the many other open source applications for the hospital & emergency response domain.

Dr. Jaime Almora
TIEMS Philippines Chapter
Newsletter Editor

TIEMS Philippines Chapter
Newsletter Editor

Reach out to TIEMS and TIEMS Philippines Chapter if you would like to tell the world about a promising or interesting initiative.

Jaycee dela Cruz
TIEMSPC Secretariat

The International Emergency Management Society

TIEMS – www.tiems.org

MISSION

TIEMS prepares the world for emergencies. We are a global forum for education, training, certification, and policy for emergency and disaster management. We do not respond to emergencies: we ensure that others are ready to respond. This is important internationally because some parts of the world otherwise have limited support for preparation.

As the international community discovers and develops new technologies, methodologies, and best practices, we offer conferences, ongoing forums, and training courses that rapidly and continuously spread the knowledge to every corner of the community. As policy makers grow to understand both the need for preparation and the support TIEMS provides, we expect to influence policy choices that strengthen cooperation among regional communities before a disaster strikes.

CHAPTERS

Chapters provide a regional focus for TIEMS activities. This is important because every region has unique circumstances and challenges, so there is no planning process that applies everywhere.
Currently we have chapters representing:
Belgium/Netherlands/Luxembourg, China, Finland, India, Iraq, Italy, Japan, Korea, Middle East and North Africa, Nigeria and West Africa, Romania, United States of America and Ukraine.

Each chapter is autonomous. Some of its members are also members of international TIEMS, and others are only members of the chapter, with local rules governing membership. The chapter establishes local activities and coordinates with the rest of TIEMS as needed.

The TIEMS Secretariat, located in Brussels, is available to the chapter for administrative support. The chapter reports annually to the Secretariat about chapter activities, plans and finances.

ACTIVITIES

- **International conferences, workshops and exhibitions**, held worldwide, focus on Emergency Management and Disaster Response topics
- **Research & Technology Development** projects support initiatives, coordination and participation
- **Task Force Groups** provide an international group of experts to assist with emergency operations worldwide
- **TIEMS Academy**, providing international education, training and certification programs in Emergency Management and Disaster response

MEMBERSHIP

As a member of the TIEMS, you are part of an international community of leaders and practitioners in emergency management, with diverse backgrounds in engineering, science, government, academics, military, and industry working together to make the world a safer place. Membership affords unique opportunities to learn, serve, and network.

Learn: From the multi-disciplinary, multi-national TIEMS community and through special programs.

Serve: By helping us in our mission to reduce the impacts of disasters and emergencies worldwide.

Network: With regional and international colleagues to develop valued personal and professional relationships, and enhanced opportunities.

You are welcome to join us as a TIEMS member.

K. Harald Drager
TIEMS President

TIEMS Philippines Chapter
Founding Members/ Board of Directors

Dr. Jaime Arnibal Almora FPCS, FPSGS, FICS, FPSUS, FPALES
PUROK 4 BULANAO, TABUK CITY, KALINGA • BIRTHDATE: MAY 7, 1957 AGE: 60
SEX: **Mobile No: (+63) 917 816 3866**
Email: dr_jaime_almora@yahoo.com
OCCUPATION: **Owner and Medical Director 1997 – Present**
Almora General Hospital Tabuk City, Kalinga, Level 1 Hospital, 85-bed capacity w/ 50-bed registered capacity
TYPE OF PRACTICE: **General Surgery**
Diagnostic Ultrasonology
Laparoscopic and Endoscopic Surgery
PRESENT POSITIONS:
Medical Director, Almora General Hospital, 1997 – Present
Vice President for Luzon, Philippine Hospital Association
President, Providencia Medica Inc., a Pharmaceutical Company
Board of Director, Philippine Hospital Association, 2012 – Present
President, Philippine Hospital Association, Kalinga Chapter, 2005 – Present
Chairman, Committee on Disaster Preparedness and Response, PHA
PAST POSITION:S
Board Secretary, Philippine Hospital Association, 2013 – 2015
President, Philippine College of Surgeons North Eastern Luzon Chapter
Chairman, Philippine Hospital Association COMELEC, 2004 – September 2012
President, Philippine Hospital Association, Region II Reg'l Council**,** 2004 – 2005
Governor, Philippine Medical Association, Northeastern Luzon**,** 2003 – 2004
President, Kalinga Medical Society**,** 1998 – 1999
Member, Board of Trustees, Kalinga State College, 2000 – 2004
Founder and Group Chief, Regional Emergency Assistance Communications Team (REACT), Chico River Group, 1995 – 1999
President, Rotary Club of Tabuk**,** 1995 – 1996
Chief of Clinics, Kalinga Apayao Provincial Hospital**,** 1994 – 1998
Proprietor, Getwell Drugstore, Tabuk, Kalinga, 1985 – 2011
Chairman, Committee on New and Emerging Diseases, PHA 2014 – 2015
EDUCATIO:N
St. Louis University Baguio City

Doctor of Medicine 1978 – 1982
St. Louis University Baguio City
Bachelor of Science in Biology 1974-1978
SCHOOLS ATTENDED/TRAININGS
Philippine General Hospital Manila
Endoscopic and Laparoscopic Surgery 1996
University of Santo Tomas Hospital Manila
Diagnostic Ultrasonography 1991
Baguio General Hospital and Medical Center Baguio City
General Surgery 1986-1990
Mary Johnston Hospital Fertility Care Center Manila
Pelvic Laparoscopy and Laparoscopic Tubal Ligation 1985
PROFESSIONAL MEMBERSHIPS/ACADEMIC SOCIETIES
Philippine Assoc. of Laparoscopic & Endoscopic Surgeons, Fellow since 2009
Philippine Society of Ultrasound in Surgery, Fellow since 2006
Phil. Society of ultrasound in Clinical Medicine Inc., Affiliate Member since 2004
International College of Surgeons – Phil. Chapter, Fellow since 2004
Philippine College of Surgeons, Fellow since 1999
Philippine Society of General Surgeons, Charter Fellow Since 1999
Philippine Board of Surgery, Diplomate since 1997
AWARDS/DISTINCTION
National Winner
Productivity Olympics Service Sector, Small Enterprise Category 2013 National Wage and Productivity Commission
Best In Productivity Improvement Program – Finalist
National Level Service Sector, SME 2011 National Wages and Productivity Commission
Best in Business Excellence and Resource Management Regional Winner, Small Enterprise-Productivity Olympics 2011 Department of Labor and Employment-CAR
Star Elite Award Regional Winner Small and Medium Enterprise 2011 Dept. of Trade and Industry, CAR
Award of Distinction
Exemplary Practice In Entrepreneurship 2006 Kalinga Medical Society
Magsasaka Siyentista Award
Farmer Scientist for Hybrid Rice Seed Production 2006 Philippine Council for Agriculture, Forestry and Natural Resources Research and Development (PCARRD), Highland Agriculture and
Resource Research and Development Consortium (HARRDC), Kalinga Apayao State College
Most Healthy Hospital
Private Level II Category 2005- 2006 Department. of Health, RFU-CAR
Outstanding Regional Chapter
President
2005 Philippine Hospital Association
Outstanding Group Chief Award 2000 Regional Emergency Assist Communications Team (REACT)
Paul Harris Fellow
1995 Rotary International
Recipient

National Integration Study Grant Program for College Education 1975- 1982
National Scholarship Center Department of Education, Philippines

Elinor Grace Andam, ACBCP, Business Continuity Manager

Elinor Grace B. Andam is the Business Continuity and Information Security Assistant Manager under Technology process. Elinor earned her more than 10-years of experience in Management System practice in the field of Information and Communications Technology and Real Estate Developer and Services -- ePLDT Vitro Data Center, SM Prime Holdings and CB Richard Ellis Philippines. She handled several ISO certification and re-certification projects for these companies, Quality Management System (ISO 9001), Information Security Management System (ISO 27001), Business Continuity Management System (ISO 22301) and Environmental Management System (ISO 14001). Elinor is also a certified Associate Business Continuity Professional (ABCP). Elinor is tasked to maintain and improve the Business Continuity and Information Security controls established in Intelenet Global Services Philippines.

Dean Maricella Antonio, Master in Crisis & Disaster Risk Management (MCDRM), Philippine Public Safety College

FIRE SENIOR INSPECTOR MARICELIA LAGRIMAS ANTONIO stands at the forefront as a Chief Research and Academic Affairs Division of the National Fire Training Institute and the Dean and project coordinator of the Master in Crisis and Disaster Risk Management Program of the Philippine Public Safety College. She was designated as the Training Coordinator for the Community Based Disaster Risk Reduction Management (CBDRRM), a program by the Department of the Interior and Local Government (DILG) which aims to improve the immediate

response to natural and human- induced disasters and caters not only to local government units but also to civil society organizations and the youth.

She is a registered nurse and a holder of a Master's Degree major in Public Administration. She later earned units in Doctor in Public Administration studies at the Pamantasan ng Lungsod ng Maynila.

FSINSP ANTONIO is renowned for her leadership abilities and outstanding work ethics. She was nominated for the Civil Service Commission Pag-asa Award Category in 2014 by the Philippine Public Safety College (PPSC) and the Bureau of Fire Protection (BFP). She was also accorded various awards and recognition such as PPSC Plaque of Recognition in 2015 as the Project Coordinator for the donation and training projects of the Firefighters Without Borders (FFWOB) Foundation, The Netherlands, Model Employee of the Year in Officer Category in 2012, and the Masipag Award. She is also being recognized as one of the international instructors of the course under the Program of Enhancement for Emergency Response (PEER) National Society for Earthquake Technology (NSET) of USAID.

General ret./ Dr. Ricardo De Leon, President, Philippine Public Safety College

Dr. Ricardo De Leon was first appointed to top PPSC post by then President Aquino in 2014. The PPSC is considered the premier educational institution for the personnel of the Philippine National Police, Bureau of Fire Protection, and Bureau of Jail Management and Penology. Dr. De Leon, a graduate of Philippine Military Academy in 1971, previously served as executive vice president of Centro Escolar University from 2008 to 2014. He also previously worked as interim president of Mindanao State University.

Armed with a new appointment as PPSC President under President Rodrigo Duterte's administration, Dr. Ricardo F. De Leon has once again inspired and challenged the men and women of the PPSC in his inaugural speech during the March 13 flag raising ceremony at the head office. With a fresh mandate as the extended 10th president of the PPSC, he extolled everyone for joining him in taking the long road to transformation way back from when the PPSC was at the crossroads. He thanked key officials for all the indispensable supports that he

needed at a time when the going was tough. Their supports really mattered because the reforms he initiated have succeeded judging from tangible results that are visible all over the constitutive units of the PPSC.

He narrated all the success stories of the many breakthrough projects under PPSC Vision 2022 Accelerate Peace for Program such as the PNPA cadet square with four dormitories; the 5-storey building facility for classrooms and dormitories including the new academic building and staff house for the National Police College (NPC); the massive infrastructure upgrade at the regional training centers notably at the NCR Training Center (NCRTC), the show window of the National Police Training Institute (NPTI); the major makeover of the training facilities of both the National Fire Training Institute (NFTI) and the National Jail Management and Penology Training Institute (NJMPTI); and the construction of the new academic and laboratory building for the National Forensic Science Training Institute (NFSTI). To date, all but two of the six constitutive units are now ISO-9001-2008 fully-certified together with the NCRTC. Furthermore, six of the 17 regional training centers nationwide are fully QMS compliant while the rest are halfway through this stage. President De Leon has once again asked the support of all PPSC officials and employees to join him in his legacy journey

Jose "Jaycee" dela Cruz, MBA, CBE, CBCP, AMBCI,

Mr. Jaycee is a private practitioner on Business Continuity Management. Born on December 4, 1960, he is a graduate of Bachelor in Applied Economics at the Polytechnic University of the Philippines; and a product of CMT/ROTC Advanced Course and member of PUP Pylon Class of 1982, as **Corps Commander**. He did not pursue his military career since he has given various opportunities to work in private sector, his work exposures are more on Information Technology & Business Continuity Management on various institions: Insurance & Banking Industries, Software Development Companies & other Financial Business Institutions.

Mr. Jaycee holds two (2) masteral degree, namely: Master in Business Administration (MBA) and Certificate in Business Economics (CBE-non-thesis masteral course for executives); and various IT related courses on Systems Development Management, Project Management, Business Continuity & Disaster Recovery Management.

Mr. Jaycee holds Vice President positions in various corporate business institutions; he has been IT Executive for more than 20 years on several corporations, namely: Metrobank Group,

Yuchengco Group, Loyola Group of Companies, Bankers Association of the Philippines (BAP) & Philippines Insurers & Reinsurers Association (PIRA, Inc.).

Mr. Jaycee is actively engaged in religious organization particularly in Couples For Christ Foundation, where he is designated as CFC missionary for Social Development Program that provides coordination among various programs, namely: **CFC Order of St. Michael**, giving inter-faith evangelization program to all uniformed men & women in the AFP; **CFC Migrants Program**, evangelizing OFWs & their families (local & abroad); **CFC OIKOS Society**, socio-renewal on environment; **CFC Care Health Foundation**, providing health care to CFC & Non-CFC communities; **CFC St. Thomas Moore**, providing socio-political renewal; **Isaiah 61:1**, evangelizing prisoners through spiritual transformation; **CFC Cooperative Federation**, socio-economic renewal for CFC members. Furthermore, Mr. Jaycee is a member of Extra-Ordinary Ministers of Holy Communion (EMHC), a certified Catechist issued by Institute of Catechetics of the Archdiocese of Manila (ICAM); he is also pursuing his studies in Master in Religious Studies at Maryhill School of Theology.

Mr. Jaycee is currently managing his own consulting services; focusing on accounting & auditing services, project management & business continuity management. He also holds Directorship positions in various organizations, namely: Business Continuity Managers Association of the Philippines (BCMAP-Board Secretary), Disaster Resiliency Institute Philippines (DRIP-Board Member) & Cooperative Federation (Board Member & Chief Executive Officer).

Judith P. Geronga-Dolot, SSG-ll, Deputy Director & Assistant Executive Officer, Incident Management Team, Bangko Sentral ng Pilipinas

DEPUTY DIRECTOR
Security Services Group II
Bangko Sentral ng Pilipinas
Malate, Manila
Responsible for the supervision and management of the Bank's VIP, Cash Escort and Electronic

Security operations primarily for the BSP Head Office and Security Plant; Oversees the provision of technical assistance in the procurement of electronic security equipment

ASST. EXECUTIVE OFFICER
Incident Management Team (IMT)
Bangko Sentral ng Pilipinas
Malate, Manila
Assists the Executive Officer in the supervision and management of the Bank's IMT Operations Center (IMTOC); Oversees the conduct of the IMT's annual training program and year-round emergency drills; Plans and monitors all activities set forth in the Bank's IMT capability-building program

ASIA-PACIFIC CENTER FOR SECURITY STUDIES
Honolulu, Hawaii
Course: Advanced Security Cooperation
Fellow's Project: Integration of BSP Security Units

NATIONAL DEFENSE COLLEGE OF THE PHILIPPINES
Camp Gen. Emilio Aguinaldo, Cubao, Quezon City
Degree: Master in National Security Administration
(Bronze Medalist: Best Thesis Award)

UNIVERSITY OF THE PHILIPPINES
Diliman, Quezon City
Degree: Master in Business Administration
BS Psychology (Cum Laude)

POLYTECHNIC UNIVERSITY OF THE PHILIPPINES
Sta. Mesa, Manila
Secondary School (Valedictorian)

ACTING DEPUTY DIRECTOR
Firearms Mgt., Security Training & Transport Operations Group
Bangko Sentral ng Pilipinas
Malate, Manila

PUBLIC AFFAIRS MANAGER
MEDIA AFFAIRS MANAGER
Held other supervisory positions
Manila International Airport Authority
Pasay City, Metro Manila

SOCIAL DEVELOPMENT AFFAIRS OFFICER
Office of the Prime Minister
Old Senate House, T. M. Kalaw, Manila

HEAD, SECURITY & TRANSPORT SUB-COMMITTEE
Various BSP-hosted international conferences and bilateral meetings with IMF, WB, ADB and other Central Banks
Bangko Sentral ng Pilipinas

MEMBER, Technical Working Group
Infrastructure Committee
Bangko Sentral ng Pilipinas

EXECUTIVE OFFICER
Disaster Control Organization
Bangko Sentral ng Pilipinas

ASSISTANT PROJECT MANAGER FOR
OPERATIONAL READINESS & TERMINAL TRANSFER
Project Management Office
NAIA Terminal 3 Project

CHAIRPERSON, COMPLAINTS & ACTION CENTER
Manila International Airport Authority

CHAIRPERSON, ORGANIZING COMMITTEE
1st ASEAN Airports "SARS" Summit

OFFICIAL SPOKESPERSON
Manila International Airport Authority

CRISIS MANAGEMENT IN A CENTRAL BANK
Czech National Bank
Prague, Czech Republic

BUSINESS CONTINUITY AT BANGKO SENTRAL
IV Meeting of Central Bank Heads of Security
Santo Domingo, Dominican Republic

BUSINESS CONTINUITY AT BANGKO SENTRAL
Seminar on Risk Management with Special Emphasis on Business Continuity Planning in Central Banks
SEACEN – CEMCo – BOJ
Seoul, Korea

SUPT Roberto Marinas Genave

ACADEMIC

Primary	Balibago Elementary School
High School	Sta. Rosa Educational Institution
College	Adamson University (Computer Engineering) Philippine National Police Academy
Graduate Studies	International Academy of Management and Economics (Master in Business Administration)

CAREER HISTORY

1993-1995	CADET (Philippine National Police Academy)
1995-1998	INSPECTOR
1998-2010	SENIOR INSPECTOR
2010-2015	CHIEF INSPECTOR
2015- 24 APR 2017	SUPERINTENDENT
25 APR 2017-PRESENT	SUPERINTENDENT / ACTING DIRECTOR NATIONAL FIRE TRAINING INSTITUTE

Dr. Rodney A. Jagolino, MNSA

Dr. Rodney A. Jagolino is a Resident Felow and Chief, Center for Policy and Strategyof the PHILIPPINE PUBLIC SAFETY COLLEGE (PPSC), Department of Interior and Local Government (DILG). As a Fellow, he initiates and facilitates the generation of strategic analyses, policy studies, and scholarly research in pursuit of a more responsive public safety, security, peace and justice education and training. He is the Editor in Chief of the Philippine Public Safety Review (ISNN 2647-5547) which recently published two volumes entitled "Mainstreaming Public Safety in National Security" and "Building Domestic Internal Capacity for National Security and Development." Included in the Journal is his paper on "The Essentials of Leadership Development for Philippine Public safety in the 21st Century and "The New Master in Public Safety Administration (MPSA) as a Distinct Field of Security Studies."

Concurrently, he is the Officer in Charge of the Office of the Vice President of Academics. As the Vice President for Academics he overseas the development and enhancement of the mandatory and career courses for the Non-Commissioned and Commissioned Officers of the Philippine National Police (PNP), Bureau of Fire Protection (BFP) and the Bureau of Jail Management and Penology (BJMP). Recently, he facilitated the revival offering of the Master in Public Safety Administration to ensure that the next generation of public safety and security administrators and leaders deepen, expand, and adopt a comprehensive and strategic framework and global outlook for public safety and security administration and governance by introducing innovative and forward-thinking strategies and programs built on the capacity of Institutions and International cooperation mechanisms.

Likewise, he facilitated the maiden run of the Master in Crisis and Disaster Risk Reduction Management (MCDRRM) to ensure the country builds institutional capacities for and creates a critical mass of Managers and Leaders on Crisis and Disaster Risk Reduction and Emergency management. Furthermore, he just initiated the process of developing a Master in Forensic Science and Investigation Management (MFSIM) that will cater to the professional growth, knowledge exchange and sharing of best practices for the officers of the PNP Crime Laboratory, National Bureau of Investigation (NBI) Crime Laboratory, Philippine Drug Enforcement Agency (PDEA) and the BFP Arson Investigation.

During the Aquino Administration, he was the Managing Director and Supervising Fellow of the INstitute of Public Management (IPM) of the DEVELOPMENT ACADEMY OF THE PHILIPPINES (DAP). As IPM Head, he manages and oversees the implementation of various executive and leadership courses and graduate degree programs of the Acsdemy. Foremost among these Programs were the Master in Public Management major in Development and Security (MPM DevSec) and the Master in Public Management major in International Development and Security (MPM-IDEVSec) both twinning programs with the Armed Forces of the Philippine (AFP) Command and General Staff Course and the AFP Strategic Intelligence Course respectively. He was co-facilitator for the Multilateral Organizational Performance Assessment Network (MOPAN) Philippine Country Dialogue for UNDP, UNICEF, UNAIDS and World Bank commissioned by the Organization for Economic Cooperation and Development (OECD).

During the Arroyo administration he was appointed as Assistant Secretary and Chief of Staff to the Secretary of National Defense (SND) and National Security Adviser (NSA). He provides executive, administrative and technical support to the SND and NSA in the exercise of their policy making, management and oversight functions in the broad concerns of Defense Diplomacy, Philippine Defense Reform (PDR), Armed Forces of the Philippines Modernization Program, Disaster Risk Management and rehabilitation, Veterans Affairs, UN Peacekeeping Missions, Reservist Affairs, Defense System Management and with respect to the coordination, integration and formulation of domestic, foreign, military, political, economic, social, environmental and educational policies relating to national security.

During the Ramos and Estrada Administrations he served as the Planning and Development Management Officer of National Program for Unification of Development Council, OFFICE OF THE PRESIDENT in Malacanang. He oversees the implementation of community based assistance programs for former rebels, demobilized combatants and civilian victims of internal armed conflicts aimed to address their economic, social, political and psychological rehabilitation needs.

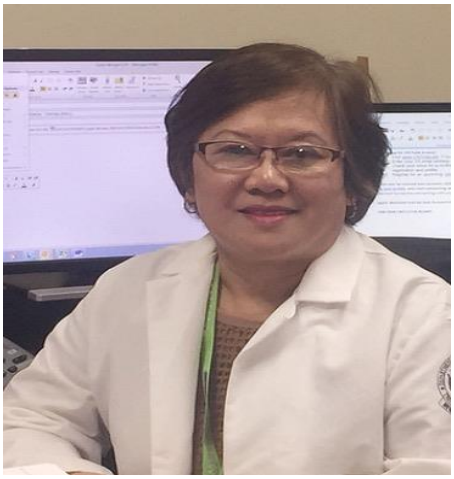
He finished his Executive Doctorate in Education Leadership from the Development Academy of the Philippines and completed his Masters in National Security Administration from the National Defense College of the Philippines.

Undersecretary Ricardo Jalad, Office of Civil Defense

Undersecretary Ricardo B. Jalad is the 12th Administrator of the Office of Civil Defense, having assumed the post on June 30, 2016. Prior to his appointment, he served the Filipino public for almost 32 years as an officer of the Philippine Army. A member of Philippine Military Academy Class of 1983, he retired from the Armed Forces of the Philippines on January 28, 2015 with the rank of Brigadier General. Among his distinguished military assignments include being the Assistant Division Commander of the Philippine Army's 5th Infantry Division in Gamu, Isabela from May 2013 to September 2014, two months of which (from February to April 2014) was spent as the Acting Commander of the said Division. His other assignments included the following: Brigade Commander of the 2nd Mechanized Infantry Brigade in Iligan City from February 2012 to May 2013; Chief of the Unified Command Staff, Southern Luzon Command in Lucena City from July 2010 to January 2012; and Inspector General of the 4th Infantry Division from October 2009 to June 2010. He also served as Battalion Commander of the 2nd Mechanized Infantry Battalion in Central Mindanao and concurrently as Commander of Task Group Kutabato from 2002 to 2004, as well as Battalion Commander of Army Aviation Battalion in Fort Magsaysay, Nueva Ecija from 1997 to 2000. Undersecretary Jalad has a Masters in National Security Administration (MNSA) from the National Defense College of the Philippines. He also took the following courses during his military career: Executive Course in Security Studies at the Asia Pacific Center for Security Studies in Hawaii, USA; Command and General Staff Course at the Training and Doctrine Command in the Philippine Army; and Regimental Officer Advance Course at the School of Armour in Australia, among others.

Being a former military officer, he has developed an early appreciation of the mandate of the Office of Civil Defense and NDRRMC. His active involvement in rehabilitation and recovery efforts in the aftermath of Tropical Storm Sendong that struck Iligan City in December 2011 is just an example of his earlier efforts as a strong advocate of DRRM. Specifically, in partnership with the local government of Lanao del Norte, he led the construction of two apartment buildings to serve as a relocation area for storm victims in Iligan City. Hardworking, dedicated and imbued with a high degree of professionalism and commitment to public service, Undersecretary Jalad is

determined to work for the enhancement of the country's DRRM efforts, acknowledging that every person and every sector has an important role to play.



Angeli Medina MPA, BSN, RN, CHPCP, CBCP, CEN

Angeli is a Nurse Educator at New York Harbor Healthcare System VA.

She graduated from the University of Santo Tomas, College of Nursing in 1975. She earned her Masters in Public Administration with Focus on Public Policy from the University of Hawaii in 1999. She is a DRI Certified Business Continuity Professional, DRI Certified Healthcare Provider Continuity Professional, Associate Member of Business Continuity Institute, Certified Emergency Nurse, Trauma Nurse Certified. Angeli received her training on Healthcare Leadership for Mass Casualty and Hospital Emergency Response Training (HERT) from the Center for Domestic Preparedness (CDP), Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA), Anniston, Alabama. She received a scholarship on disaster management training scholardship from the National Disaster Health Consortium, Wright State University, College of Nursing, Dayton, Ohio. She is a Basic Cardiac Life Support (BCLS) and Advance Cardiac Life Support (ACLS) Instructor. She also received her certification on Basic and Advance Disaster Life Support Certification from the National Disaster Life Support Foundation.

Her poster and article on "Promoting a Culture of Disaster Prpearedness" was presented during the World Conference on Disaster Management in Toronto and published by the Journal of Busienss Continuity and Emergency Planning, Henry Stewart Publications, London. Her other articles on disaster preparedness were published by the Nurses Association ENA Connection. She has given presentations on "Nurses Healing the World: Climate Change & The Fight for Climate Justice" during 2014 & 2015 Left Forum at the City University of New York and at the nursing conferences in New York and Philippines. She is a member of the New York

Association of Contingency Professionals, Disaster Recovery International (DRI) and DRI Healthcare Continuity Committee.

Angeli is an Executive Board Member & President of the Veterans Affairs Educators Integrated Network. She is a member of the Disaster Emergency Management Personnel System at New York Harbor Healthcare Systemn and participated in deployment to support national security events. Angeli is an active member of the New York City Medical Reserve Corps and Healthcare Continuity Reserve Corps under the Philippine Hospital Association Disaster Preparedness and Response Committee.

Dr. Maria Lourdes Otayza, BOD, Philippine Hospital Association

Elementary St. Theresa's College, Manila
High School
College Far Eastern University
B.S. Medical Technology
(Internship at USAF-RMC Clark Air Base)
Doctor of Medicine
(Rotating Clerkship at Englewood Hospital, New Jersey)
Ateneo De Manila Graduate School of Business
Master in Hospital Administration
Tulane University Graduate Study and Professional Decelopment

Postgraduate Training

University of the Philippines- Philippine GeneralHospital
Internship
Residency in Obstetrics & Gynecology (4 yrs)
Subspecialty Fellowship in Perinatology (2 yrs)
ManilaCentralUniversity
Ultrasound & Doppler Velocimetry

Distinctions / Awards

University Scholar, FEU
Summa Cum laude, B.S. Medical Technology
Most Proficient Intern, Highest Academic Achievement Award, USAF-RMC ClarkAB
Magna cum laude, Doctor of Medicine
Lederle Scholar
FEU-NRMF Alumni Outstanding Graduate Award
Academic Awards in various subjects
Finalist, POGS Interesting Case Presentation Contest (Sept. 1991)
Dean's List, Ateneo De Manila Graduate School of Business
3rd Place, POGS-Medichem Scientific Research Paper Contest (1999)
Special Award, POGS-Medichem Scientific Research Paper Contest (2000)
Dept. of Science & Technology Regional Researcher of the Year (July 2000)
UP-PGH Dept. of Obstetrics & Gynecology Award for Outstanding Alumni in Research (November 2000)
Outstanding Woman Obstetrician-Gynecologist Award by the FIGO Selection Committee, FIGO XVIII Congress, Kuala Lumpur, Malaysia, November 9, 2006
Hubert HumphreyFellow (U.S. State Department Scholarship) in Disaster Preparedness Planning, Public Health Policy. TulaneUniversity New Orleans, LA, 2007-2008
Awarded CESO V Rank, 2007
21st Dr. Jose P. Rizal Gawad Karangalan, Philippine Medical Association (2012)
2016 Outstanding Ilocano (2016)
Civil Service Pag-Asa Awardee (2016)

Licensure / Board Exams Passed

Medical Technology Licensure Exam 1983
Physicians' Licensure Exam 1988
Phil. Obstetrical & Gynecological Society (POGS) Diplomate Exams (Written & Oral) 1993, 1995
Civil Service Executive Examination Passer 1999
Career Executive Service Board Eligible August 16, 2000 (MATB Batch Topnotcher)

Positions/ Affiliations

MarianoMarcosMemorialHospital & MedicalCenter
Medical Center Chief II, February 03, 2014 to present
MarianoMarcosMemorialHospital & MedicalCenter
Chief of Hospital III
February 4, 2002-present
Ilocos Training & Regional Medical Center, OIC, 2000 – February 3, 2002
Training Officer, Dept. of OB- GYNE
1996- July 2001
Head of Perinatal Section
Director, Menopause Clinic
Chief of the Medical Professional Staff 1999- 2002

United DoctorsMedicalCenter
Assistant Professor, School of Midwifery 1995
Training Officer, Dept. Of OB-Gyne 1996-1998
Perinatology Consultant 1995-2002
St. Anthony of Jesus Polymedic General Hospital 1994-2000
The Medical City (Visiting Consultant) 1995-2002
FELLOW, Phil. Obstetric & Gynecologic Society
Treasurer, POGS Region I Chapter 1999
Secretary, POGS Region I Chapter 2000, 2007
PRO, POGS Region I Chapter 2001
Editor, POGSR1 Chronicle 2000- 2003
Committee Chair for Souvenir Program of the 1999 POGS Midyear Convention
Chair, POGS Region I Chapter Committee on Research 1999
Chair, POGS Region I Chapter Committee on Finance 1999
Chair, Executive Committee, Region I Health Research & Development Committee
1999- 2002; Co-Chair 2003 - 2011
Associate Editor, Scientific Journal of the Perinatal Association of the Philippines
1999- 2003
Preceptor, Women's Health Training Program (DOH-AusAid)
PMA Life Member (Taytay-Angono-Cainta Chapter Active Member)
Member, La Union Medical Society Sept. 2001
Member, Perinatal Association of the Philippines (PAP) 1996 till present
Founding Member, Philippine Society of Maternal-Fetal Medicine 1996 till present
Life Member, FEU-NRMF Alumni Society
Founding Member, Friends of ITRMC Foundation, Inc. 2000 – Present
Member, DOH Technical Working Group for Hospital Re-engineering Phase II 2001
Secretary, DIWA Class 32
Member, Ilocos Norte Medical Society, 2002 to present
Member, DOH Technical Working Group for Prioritization of Unfinished Infrastructure 2002
Vice-Chair, Regional Management Health Workers Consultative Council 2002
Member, Regional Committee for the Security of Critical Infrastructure 2004
Vice President for Luzon, AHA – 2005-2007
Founding Member, Board of Trustees- Salun-at Foundation, Inc.
Member, Regional Hospital Training Board, 2007
Member, American Public Health Association
President- Perinatal Association of the Philippines Inc. –Ilocos Chapter I 2010-2011
Member - Council for Residents' Education Enhancement & Development (CREED) 2011-2012
President – Philippine Obstetrical and gynecological Society – Ilocos Chapter – 2012
Co-chairman, Region 1 Health Research
and Development Consortium (R1HRDC) 1998-2012
Chairman, R1HRDC 2012 to present
Chairman, Research Agenda Committee 2012 to present
Association of Health Administrators, Inc
Board of Director November 19, 2013 to present
Philippine Hospital Association (PHA)
Board of Director November 20, 2013 to present

Corporate Secretary, PHA 2016 to present

Presentor:

- International Hospital Federation 39th World Hospital Congress in Chicago Illinois, October 5-8, 2015
- International Hospital Federation in Durban, South Africa- November 1-3, 2016
- International Hospital Federation in Washington D.C. –February 2-3, 2017

Congressman Joey Sarte Salceda,

District Representative, Albay 2nd District, House of Representative, Philippines

Representative Joey Sarte Salceda has been voted unopposed to his 1st term as Congressman of the Second Congressional District of the Province of Albay. He is currently the Senior Vice Chairman of the House Committees on Ways and Means, Economic Affairs and Local Government. He is also the Vice Chairman of 2 other committees, namely: House Committee on Appropriations, and House Special Committee on Climate Change.

He was a 3-term Governor of Albay, and unopposed in four of six gubernatorial elections. He was also a 3-term Chairman of Regional Development Council (RDC) of Region V having been nominated alone for the position.

Recently, Representative Salceda was elected as Chairperson of the Department of National Defense Multi-Sector Advisory Council (DND MSAC) for the implementation of the Philippine Defense Transformation Roadmap 2028. He was also the Chairperson of the Regional Advisory Committee for Philippine National Police Transformation and Development (RACPTD).

Under his leadership as Governor starting in 2007, the Province of Albay has just been judged by the DILG as the Best Province in Local Governance, ranking No. 1 among the 80 provinces. Its disaster management body, the Albay Public Safety and Emergency Management Office (APSEMO) is a pioneer in Asia, leading the Province of Albay to its Galing Pook Award for Outstanding Governance Program on Disaster Preparedness; and the Gawad Kalasag Hall of Fame Award for Best Disaster Risk Reduction and Management Council for three consecutive years. This year, the Province of Albay was declared by UNESCO as a Biosphere Reserve; was awarded with Manuel L. Quezon Achiever's Award from Department of Health for its implementation of the National Tuberculosis Control Program and for achieving a tuberculosis-free province; and was also awarded with Tourism Star Philippines Award from Department of Tourism for internationally recognized efforts in the growth of its tourism industry.

Congressman Salceda has been a member of the Board of the Green Climate Fund (GCF), the finance arm of the United Nations Framework on Climate Change Convention (UNFCCC). He was its Co-Chairperson (for Developing Countries) – the first Asian to chair the GCF – which was established by the Conference of the Parties to the UNFCCC in December 2011, intended to help developing countries adapt to the impacts of climate change. He was also acknowledged as the First Senior Global Champion on Disaster Risk Reduction and Climate Change Adaptation by the United Nations International Strategy for Disaster Reduction (UN-ISDR).

Congressman Salceda also pioneered the establishment of the Climate Change Academy, the first in the country. He is recognized as the "Green Economist" and the father of the "Albay and Manila Declarations on Disaster Risk Reduction (DRR) and Climate Change Adaptation (CCA)"; the declarations that paved the way for the enactment of the Republic Act 9723 (The Climate Change Act of 2009) and Republic Act 10121 (The National Disaster Risk Reduction and Management Act). These laws established disaster risk reduction and climate change adaptation as both a national and local priority for building community resilience to climate change impacts and disasters.

Congressman Salceda has worked with Swiss Bank Corporation Warburg and ING Barings, and was named the best analyst (and the best paid as well) in the 90's. He has also worked as the Chief of Staff of then Congressman Raul S. Roco, and a Congressional Fellow of Speaker Ramon V. Mitra. He was elected as the Congressman of the Third District of Albay for 3 consecutive terms, holding key positions such as Chairman of the Committees on Appropriation, Economic Affairs, Oversight and Trade & Industry. He also served as an economic adviser to the Philippine presidents, and was the Presidential Chief of Staff of Gloria Macapagal Arroyo.

A native of Polangui, Albay, he was born in 1961. He is a graduate of Bachelor of Science major in Management Engineering, Cum Laude at the Ateneo De Manila University. He earned his

Masters Degree in Business Management with Distinction from Asian Institute of Management and was conferred Doctor of Humanities, Honoris Causa by the Bicol University.

Undersecretary Renato Umali Solidum, Jr., Department of Science & Technology, Disaster Risk Reduction and Climate Change

Philippine Institute of Volcanology and Seismology (Phivolcs) director Rene Solidum has been appointed undersecretary for Disaster Risk Reduction and Climate Change Affairs at the Department of Science and Technology.“Dr. Renr Umali Solidum Jr. brings with him years of experience in disaster risk reduction and management particularly in the field of geological hazards like earthquakes and tsunamis,” the DOST said in a statement. He initiated several projects that include improved volcano monitoring system, tsunami warning system, earthquake monitoring system and the Rapid Earthquake Damage Assessment System, a software that can produce seismic hazard and risk maps before and immediately after an earthquake," it added.

'DISASTER IMAGINATION.' Science Undersecretary Renato Solidum Jr discusses 'disaster imagination' at the Agos Summit on Disaster Preparedness. "If not for disaster imagination, your preparedness may not be appropriate. "This was the statement of Renato Solidum Jr, Department of Science and Technology undersecretary for disaster risk reduction and climate change, during his speech at the Agos Summit on Disaster Preparedness on Saturday, July 8.

According to Solidum, while disaster preparedness is important, people will only be convinced to prepare after they have internalized what can happen to them and their family in times of disasters."We need [imagination] for disaster preparedness. We need to have science-based – not only based on experience – hazard and risk scenarios for extreme events like earthquakes, super typhoons, tsunamis, storm surges, and big volcanic eruptions," he added. But Solidum emphasized that risk imagination needs to be applied not only at the local level, but also at the regional and national levels.

"Extreme events cannot be prepared for singly by the local government. Extreme events must be prepared for, orchestrated at the national or regional level; otherwise, if we don't have these scenarios and no conductor, our efforts we think are good, but these will not be aligned. And when these large-scale disasters will occur, we will find out that we are not working as a whole to prevent large-scale disasters."

Here are 3 things to do when imagining a disaster:

1. **Identify all the hazards in the place of interest.** This can be one's house, office, building, or in the case of a mayor, the town.

2. **Depending on the scale of the hazards, determine the areas that can be affected.** In the case of an earthquake, Solidum said one must find out which areas will be affected or not.

   "You pinpoint those areas that will not be affected to be the ones helping those that will be affected."

3. **Assess not only the hazard but also the impact.** This means counting buildings, houses, and structures that will be damaged, the number of people who will die or get injured, and even the economic losses and social interruption. "We need to do that so that we can prepare plans to save lives and countermeasures like engineering and non-engineering solutions to reduce the risks."

   The assessment of impact also involves evaluating critical facilities such as ports, airports, and hospitals, and preparing plans on how to respond so that these facilities can be operational immediately after a disaster.

   "We have to define what we call a recovery time objective, a deadline when we will operate these. If we don't put a deadline... it will be a slow process, and people will complain. And this has been the most serious sickness in many of our plans. If we have a preparedness to respond before a disaster, then we also have a preparedness to recover and everything will be tackled and be back to normal as soon as possible."

Imagining a Metro Manila quake

During his speech, Solidum gave an example of disaster imagination by imagining a West Valley Fault earthquake in Metro Manila.

"Let us say if, for example, we transport the Leyte earthquake to Manila, the death in Leyte is so far two, the death in Metro Manila will be 23,000. Why? Because of the number of buildings and houses, the number of people, and the fact that there are non-engineered buildings here,"

Solidum said, referring to the magnitude-6.5 earthquake that struck the province of Leyte on Thursday, July 6.

The casualties are estimated to be higher in the event of a magnitude-7.2 earthquake: 31,000 deaths. Thousands are also estimated to sustain serious to very serious injuries during both scenarios.

"What we should do though is reduce the number of victims by strengthening the houses and buildings. That's a lot, and we will need P2.3 trillion ($45.45 billion)* to recover and build back houses and buildings, and that is almost 1 year annual budget of the government – budget intended to be distributed in all regions of the Philippines," Solidum explained.

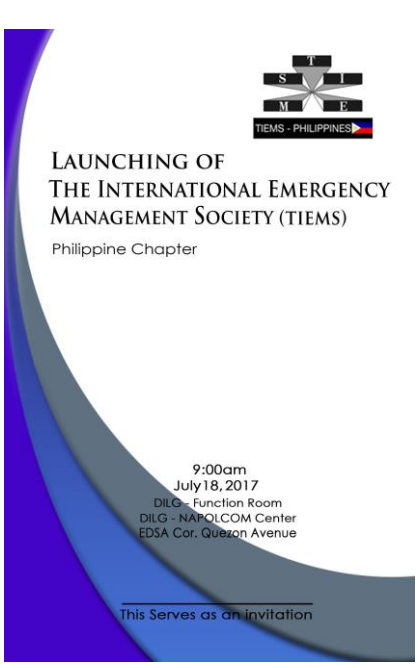
He added: "So a big earthquake affecting Manila will not only directly affect Manila and surrounding provinces; it will indirectly affect the whole country."

Solidum then urged the audience to monitor hazards, warn areas that can be warned if the event can be forecasted, and share information that is important to people.

"[Our] role [is to] properly and timely respond to this information. We need to make sure we are in a safe location, that our houses and buildings have been done so that we have a safe construction. We need to prepare our own lives, our own assets and businesses. We also need to prepare in case this event would happen and most importantly recover as soon as possible."

Doing all these based on disaster imagination "can not only make the Philippines a place that is more fun to visit, but a place which is more safe to live in," Solidum added. [Rappler.com]

LAUNCH OF TIEMS PHILIPPINES

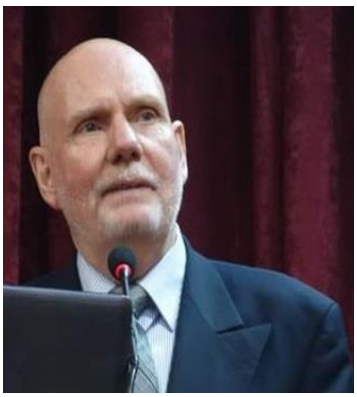


The International Emergency Management Society

Did you know...

That TIEMS Philippines Chapter will be TIEMS 14th Chapter and launched 18th July in Manila during an inauguration event....

Details below!



TIEMS Philippines Chapter Announcement and Joint Actions

TIEMS Philippines Chapter Launcing Event and List of Founding Members

Official Launch of the TIEMS PHILIPPINES CHAPTER

Under the bylaws adopted by TIEMS Philippines Chapter, the Board Members are committed to the promotion of disaster preparedness, disaster risk reduction and mitigation of the effects of climate change in the Philippines through application of the three pillars of TIEMS, i.e. education, communication and research. As part of this strategy, TIEMS Philippines Chapter seeks to support the mandates of the National Disaster Risk Reduction and Management Council, Office of Civil Defense, Department of Science and Technology, Business Continuity Managers Association of the Philippines, Mutual Assistant Agreement initiative of the Philippine Hospital Association (PHA) including Healthcare Continuity Reserve Corps initiative, Philippine Public Safety College mission, and hope to partner with the Philippine Nurses Association, and Universities in the Philippines, etc.

The Joint Action comprises three specific projects:

- Organizing forums, symposium and training to promote education and communication on disaster preparedness and disaster risk reduction.
- Inviting graduate students to share their research work on disaster risk reduction and mitigation of the effects of climate change during forum/symposium with the

Tuesday, 18 July 2017, 9:00am

DILG FUNCTION ROOM
DILG/ NAPOLCOM CENTER

TIEMS PHILIPPINES FOUNDING MEMBERS
(in alphabetical order):

- Dr. Jaime Arnibal Almora, VP/BOD, Philippine Hospital Association
- Elinor Grace Andam, AMCBCP, BCM, Wells Fargo Bank
- Dean Maricelia Antonio, MCDRM, Philippine Public Safety College
- Jose dela Cruz, MBA, CBE, CBCP, AMBCI, BOD, BCMAP & DRI Phil.
- General/Dr. Ricardo De Leon, President, Philippine Public Safety College
- Judith Geronga-Dolot, Deputy Director & Asst. Executive Officer, IMT, BSP
- FSUPT Roberto Genave, Director, National Fire Training Institute
- Rodney Jagolino, VP for Academics, Philippine Public Safety College
- Undersecretary Ricardo Jalad, Office of Civil Defense
- Angeli Medina, BSN, MPA, CHPCP, CBCP, AMBCI, CEN, Nurse Educator
- Dr. Maria Lourdes Otayza, BOD, PHA, Medical Center Chief ll
- Congressman Joey Sarte Salceda, House of Representative
- Undersecretary Renato Umali Solidum Jr., Dept. of Science and Technology, Director of PHIVOLCS

Local Member:
Dr. Ryan Jay Cua

public officials, disaster management specialists, students and public in general.
- Organizing outreach programs in the community across the country to promote healthcare continuity and disaster preparedness to save lives in time of disasters.

TIEMS - PHILIPPINES

As TIEMS President I welcome the new TIEMS Chapter to TIEMS family and I will be present during the launching event in the Philippines.

K. Harald Drager
TIEMS President

Our Mission

TIEMS is a Global Forum for Education, Training, Certification and Policy in Emergency and Disaster Management. TIEMS is dedicated to developing and bringing the benefits of modern emergency management tools, techniques and good industry practises to society for a safer world.

The next TIEMS Philippines Chapter Newsletter

The next TIEMS Philippines Newsletter is planned for October 2017.

TIEMS (International) issues its electronic newsletter quarterly, and it is distributed to more than 100 000 experts worldwide, with articles on global emergency and disaster management events and activities, TIEMS news, etc.

Advertisement is possible on *these terms*

International

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Philippines

Contact TIEMS Philippines Secretariat at maricelia_antonio@yahoo.com

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3. Dr. Jaime Almora, dr_jaime_almora@yahoo.com
4. Dr. Rodney Jagolino rodneyjagolino@gmail.com

Issue no. 1 is planned for August 2017 and contributions are welcome. Please, contact one of the editors or TIEMS Secretariat or TIEMS Philippines Chapter Secretariat if you have news, an article of interest or like to list coming events of interest for the local, national, global emergency and disaster community or like to advertise in this issue.

The ASSET Project Findings and Conclusions

The ASSET High Level Policy Forum (HLPF) Insights on Relevant Science-in-Society Related Issues in Public Health Emergencies of International Concern

The ASSET (Action plan in Science in Society in Epidemics and Total pandemics) program High-Level Policy Forum (HLPF) brings together European health policy/decision makers to discuss strategic priorities and challenges associated with response to pandemics and epidemics. After initial meetings in 2015 and 2016, the HLPF engaged in an online discussion of three key issues:

- ***Particpatory Governance in Public Health***
- ***Ethical Issues in Pandemic Preparedness Planning***
- ***Vaccination Hesitancy***.

The discussion of these issues continued at the third and final ASSET HLPF meeting in Brussels on 28 April 2017. This report summarizes these HLPF discussions and the insights gained from them, and the main findings are:

- **Citizens Voice and Participation**

  Citizens believe that honesty and transparency can increase the public trust (no matter how bad the situation is), and that it is their right to know the facts and have an accurate understanding of the situation. Public health authorities should devote more resources to collecting citizen input on polices for epidemic preparedness and response.
- **Trust in Information**

  General practitioners and health professionals need to be trained to adapt to changes in society, and decision makers should be urged to be visible and present on the web, as the the Internet is an increasingly important medium for all kinds of communication.
- **Risk Communication**

  Authorities should communicate public health risks clearly and transparently, though information campaigns supported by experts and politicians, to restore trust between authorities and the public. These information campaigns need to be long term in nature, and communciations should be segmented to target the many different audiences that exist in relation to epidemic and pandemic events.
- **Vaccination**

  Low vaccination coverage is a significant public health problem, and the reasons for it are complex and vary across countries and population groups. Improving vaccination coverage requires a multifaceted strategy that provides updated, clarified, and standardized informational materials targeted to particular groups such as pregnant women and the elderly.
- **Ethics and Laws**

  Public health interest should take priority over individual freedom in pandemic situations. Laws should reflect shared basic principles across the EU, be tailored to local history and culture, and be complemented by information campaigns and incentives.

Introduction to the ASSET HLPF

The objective of the ASSET EU program (Action plan in Science in Society in Epidemics and Total pandemics) is to create a blueprint for a better response to pandemics and Public Health Emergencies of International Concern (PHEIC). This is to be achieved through improved forms of dialogue and better cooperation between science and society at various stages of research, innovation, and implementation, according to a trans-disciplinary strategy to be implemented at local, national, and international levels.

The ASSET High Level Policy Forum (ASSET-HLPF) is one of several project outputs. It brings together selected European health policy/decision makers from 12 different countries (Bulgaria, Denmark, France, Greece, Ireland, Israel, Italy, Luxembourg, Norway, Romania, Sweden and United Kingdom) in a continuing dialogue to promote on-going reflection on European strategic priorities and challenges for tackling pandemics and PHEIC. The ASSET-HLPF works from a base of scientific assessment, followed by an appraisal phase, in which know-how and opinions of stakeholders are added to the discussion.

The Forum was charged to consider and revise specific issues related to EU strategic priorities in pandemic preparedness, including communication and other responses. It was envisioned that the Forum might produce recommendations; however, its primary role has been to create mutual trust, improve communication, and provide a "safe" environment to address questions, which are otherwise difficult to discuss.

The Forum aimed to strengthen the perception that further dialogue among the participants would be fruitful due to increased insights into each other's perspectives, and the intrinsic value of conversation between parties concerned with multiple aspects of public health. Members of the Forum did not participate in any official position, but it was hoped that participation might influence policy decisions in a variety of ways.

The process of pandemic and PHEIC response necessitates effective interaction among several relevant actors. As this interaction must happen very quickly and under intense public scrutiny, preparedness is essential. The network of stakeholders can be well-prepared only through building trust and good working relationships prior to the occurrence of emergencies. In addition, identifying and discussing important policy issues and examining how they can be improved can best be done through the consideration of the multiple viewpoints of the main stakeholders.

The ASSET-HLPF is intended to provide such an opportunity, to allow productive interaction among decision makers in Europe. It is a place for stakeholders to meet, learn from each other, and come up with better policy proposals. The ASSET-HLPF has convened three physical meetings (click on the city to link to meeting reports):

1. Brussels 12th March 2015
2. Copenhagen, 15th January 2016
3. Brussels, 28th April 2017.

In addition to these physical meetings, a virtual discussion was carried out on the dedicated ASSET Community of Practice (COP) web-based platform. This discussion centered on three specific issues:

- ***Particpatory Governance in Public Health***
- ***Ethical Issues in Pandemic Preparedness Planning***
- ***Vaccination Hesitancy***.

Details and findings of the discussions are explained in the next section of this report.

1. Selection of Three Issues for the ASSET HLPF Discussions

The focus of the ASSET-HLPF has been on significant challenges in epidemic/pandemic preparedness and response, including communication as well as several SiS related aspects. HLPF members were asked to identify the most relevant areas of concern affecting public health crisis management in Europe, and three main themes were selected:

1) Participatory Governance in Public Health
2) Ethical Issues in Pandemic Preparedness Planning
3) Vaccination Hesitancy.

A brief introduction to the three themes follows.

1.1 Participatory Governance in Public Health

ASSET convened eight Citizens' Consultations in as many European countries (Bulgaria, Denmark, France, Ireland, Italy, Norway, Romania, Switzerland), simultaneously carried out on 24th September 2016, asking 425 citizens questions, relevant to preparedness and response during epidemics, pandemics or in general PHEIC.

A comprehensive report of the results of the citizen consultations cited the following main conclusions:

- **Risk Communication**
  Citizens believe that developing honest, clear and transparent communication can restore and further increase the public trust (no matter how bad the situation is). They think it is their right to know and understand occurrences.
- **Trustable Sources**
  General practitioners and health professionals should be trained to adapt to changing society, and decision makers should be urged to be visible and present on the web, as the use of Internet is increasing.
- **Ethics**
  In pandemic situations, public health interest should take precedence over individual freedom.
- **Vaccination**
  Informational materials for vaccination needs to be updated, clarified and standardized, even considering particular target groups, such as pregnant women and the elderly.
- **Participation**

Public health authorities should devote more resources to collecting citizen input on policies for epidemic preparedness and response.

1.2 Ethical Issues in Pandemic Preparedness Planning

As influenza pandemics are unpredictable but recurring events that can greatly impact human health and socio-economic life on a global level, the World Health Organization (WHO) recommends all countries prepare a pandemic influenza plan following WHO's guidelines. The WHO guidance (2009 revision) highlights ethical principles such as equity, liberty, and solidarity, and states that any measure limiting individual rights and civil liberties (such as isolation and quarantine) must be necessary, reasonable, proportional, equitable, not discriminatory, and not in violation of national or international laws. WHO also developed a framework of detailed ethical considerations to ensure that certain fundamental concerns (such as protecting human rights and the special needs of vulnerable and minority groups) are addressed in pandemic influenza planning and response.

Experts from the ASSET project conducted a study to assess the extent to which ethical issues are addressed in the national pandemic plans developed by ten European Union/European Economic Area (EU/EEA) countries and by Switzerland, member of the European Free Trade Association (EFTA). The study used a semantic analysis based on two keyword lists: (1) a generic list of keywords representing areas of possible ethical interest; and (2) a more specific list of keywords related to particular ethical issues that might be specifically addressed in each national pandemic plan.

The semantic analysis showed there was little mention of ethics, and a lack of discussion of ethical issues, in the pandemic plans developed by most European countries; the exceptions were Switzerland, United Kingdom, Czech Republic and France. The analysis also revealed multiple areas within the various plans where ethical considerations were relevant, but not addressed. Although this analysis was limited, it highlights ethics as an important area to consider for future drafters of pandemic plans. It also suggests the benefit of reviewing and updating all national pandemic plans to include ethical considerations, as well as other SiS issues, such as gender and participatory governance, which have proved to be of great relevance to pandemics and PHEIC.

1.3 Vaccination Hesitancy

The "WHO Recommendations Regarding Vaccine Hesitancy" is a collection of materials produced by a group formed by WHO and UNICEF in 2012 to study the issue. The definition of vaccine hesitancy used by this group is "*delay in the acceptance of, or the refusal of, vaccinations, despite the availability of vaccine services*". Although skepticism regarding vaccinations is a phenomenon that has existed since the earliest vaccines, today this fear is supported and amplified by the fact that anybody can read about contradictory viewpoints on the Internet, even when such information is not scientifically based.

The WHO Strategic Advisory Group of Experts on Immunization (SAGE) emphasizes that it is urgent and necessary to develop institutional systems and organizational competencies on the local, national, and global levels to proactively identify, monitor, and address vaccine hesitancy, as well as to respond promptly to anti-vaccine movements that disseminate disinformation about possible adverse events following immunization. The final recommendations of SAGE concentrate on three main categories: (1) understanding the determiners of vaccine hesitancy; (2) highlighting the organizational aspects that ease the acceptance of vaccines; and (3) evaluating the instruments necessary for opposing this phenomenon.

In Italy, to address a worrying trend of decreasing immunization rates, some local and national authorities have suggested preventing unvaccinated children from entering childcare centres or nursery schools. This proposal ignited a public debate about whether this simple and quick measure is appropriate or effective. Some believe the situation is not serious enough to justify taking such action, and others fear the action would have little effect, or even backfire in the end. A previous analysis by the ASSET project, in fact, could not find any relationship between immunization rates in the EU/EEA countries, and whether vaccination was mandatory, for polio, pertussis and measles, suggesting that such measures will not by themselves guarantee good vaccination coverage. A new feature on the ASSET website suggests practical interventions as an alterntive to mandatory vaccination, to improve dialogue with reluctant families, and with health professionals who do not support or openly discourage vaccination.

Donato Greco, former General Director of Health Prevention at the Italian Ministry of Health, WHO consultant, and currently participant in the ASSSET project states: "*Low coverage in vaccinations is a complex issue, with several causes in different countries and in different population groups. It needs to be faced with a multifaceted strategy*".

2. Summary of Perspectives Expressed during Discussion of the three Issues

2.1 Participatory Governance in Public Health

Where will a similar (to ASSET's Citizens Consultation) process be relevant in European public health politics?

Such a process is applicable almost everywhere because the current practice shows that when the communication between health authorities and the population is poor, there are always problems. The most recent example is the Ebola epidemic in West Africa, but the situation is similar in all other outbreaks and epidemics. The flu pandemic in 2010 showed that it is impossible to implement effective control measures without proper understanding by society. This is also relevant to all promotional activities related to the prevention of diseases, which

should take into account the degree of health literacy for particular issues, such as antibiotic resistance and the proper use of antibiotics. Although it may seem questionable to consult the public on health issues for which they are ill-informed, it is actually more important to consult with the public when there is a low level of health literacy.

The case of antimicrobial resistance (AMR) is an issue that health care workers, decision makers and, consequently, lay public too, know little about. In this situation, Knowledge, Aptitude, Practices or Behaviours (KAP/B) studies could be a valuable way to guide consultation. On the other hand, sexually transmitted infections (STI) or Public Health Emergencies of International Concern (PHEIC) represent good examples of communicable diseases for which public consultation will be especially informative in designing effective interventions. Similar consultation processes can be relevant in any situation that involves the spreading of something dangerous. Some examples are: circulation of a radioactive cloud; dissemination of a new allergen that induces intense skin reactions; and dispersion of a phenomenon that impacts the public health whether visible or not. In developing interventions, public health authorities should be transparent with regard to levels of exposure. Citizens can improve the situation assessment by collecting local data and sending it to regional or national authorities. Public health aurthorities can then feed information back to the public. In the European context, the level of citizen engagement should be gauged to achieve the desired level of trust, and communication should be centrally coordinated.

In the end, the way people respond to public health campaigns and activities is influenced by how these actions satisfy their need for information and security. This is why it is important to know what people want and think regarding public health subjects, not only in the domain of communicable disease, but also subjects such as the impact of smoking on the general population, support offered to young mothers, and decisions regarding chemicals used in some steps of food production. In **Romania** as well as in other European countries for example, at present an important public health problem is the refusal of vaccination, which is influenced not only by vaccine shortages and people's mistrust of the health system, but also by public persons who promote ideas against vaccination.

What is the most relevant input from citizens to policy-makers?

As discussed above, authorities need to invest in reaching out and engaging citizens. This needs to be done not only when there is a pandemic event on the horizon, but continually in pre-event phases. There is a need for a strategic long-term approach to citizen-centric social policy delivery. This means authorities must modify their structures for implementing policy, and they must develop more expertise in market research and citizen engagement.
Citizens want to make vaccination mandatory for some health care professionals as well as for vulnerable population groups. The main issues that a decision maker should address are which members of the population groups must be vaccinated, and to what extent individual freedom is limited for the sake of community health protection. Making this choice and having it accepted requires that citizens understand the risks that health personnel are exposed to,

and how health personnel represent an important link in the chain of transmission of communicable diseases. In order to have successful programmes, we must take into account what the citizens want and expect from authorities. Mandating vaccination raises ethical questions, which is the topic of the next issue discussed by the HLPF.

Any information available to the public can be important, whether or not it is from a reliable source. If civil society is concerned with something, that should be considered, whether their concern is justified or not. Sometimes even unconfirmed rumors can have very serious consequences. No information should be overlooked and go unanswered, especially information that affects the level of trust in public health institutions. If measures are to be effective, they must consider the wide diversity of values all over Europe.

Citizens have expectations of their politicians and policy makers in terms of priorities during a pandemic. It is important to find out what citizens feel are the most important parts of pandemic preparedness. Is it stockpiling antivirals? Is it vaccine delivery within three months? The World Bank notes that while citizens need to be a driving force in policy change, they can only do this if they have the language that will allow them to be a part of the discussion. It needs to be a two-way dialogue. In the past, policy makers and politicians decided the priorities; now we understand that we need a bottom-up approach. Citizens are telling us that they wish to be protected from the next pandemic, and they also insist our planet be protected from climate change, that we have measures in place to avoid a nuclear war, and so on. Steps must be taken to insure that citizens provide their input from an educated or a knowledgeable place, in order to guide authorities in selecting the best measures to protect them and their families from the next pandemic. The specifics of the best approach differ from country to country, because citizens of each European State have different expectations for their government, and there will also be different levels of interest in citizen engagement, dialogue and interaction.

It is difficult to proactively engage the spectrum of stakeholders that influence and are affected by pandemic response. While some stakeholder representatives are willing to attend meetings, they rarely have the time to provide substantial input. Stakeholder engagement needs to be done during “peace time”, but it can be difficult to create this engagement when a health emergency seems hypothetical.

Currently, surveillance data at local levels is provided primarily by physicians. However, citizens can provide complementary local data and increase the sensitivity of the surveillance system. This could be particularly useful for the detection and monitoring of an emerging epidemic.

People want transparency and they need accurate and complete information. Critical information for epidemics includes not only how the disease spreads and what measures should be taken to prevent it, but also truthful information about how serious the disease is, what resources of the country are being used to fight against it, and what outcomes people should expect. Of course, caution must be taken because there can be a fine line between

establishing trust and creating a panic in the population. This emphasizes the importance of trusted, expert spokespeople from the appropriate domains of expertise in order to demonstrate credibility. Also, the way information is presented is particularly important, so that the message is accessible, correct, and complete. For example, media outlets may over-simplify or sensationalize the message, creating an undesirable impact on the general public. More transparency can lead to better response from citizens, based on a clearer understanding of the consequences of their actions, resulting in better outcomes, for example reducing the spread of disease. Transparency is clearly demanded by citizens, and it will definitely improve the trust they have in the institutions responsible for public health.

What is the most interesting finding?

Looking at the results of the ASSET Citizens Consultations, stakeholders were most positively impressed by the following:

94% of people want the process to be repeated. This indicates a willingness of citizens to engage and provide input. Moreover, this provides evidence that citizens consider themselves competent to be part of the decision-making and policy process by providing data, concerns, etc., and by participating in the dissemination of information released by public health authorities.

The consultations showed people want health care worker (HCW) vaccination to be manditory; there is no other evidence of this aspect in the literature. We know vaccination compliance among HCWs has been trending lower, even though vaccine uptake has been confirmed to be one of the most effective measures for public health protection.

Citizens trust most the people they communicate with most directly. These are often General Practitioners.

People also often believe what they read on the internet. The web is an attractive source because it provides quick access to multiple sources, from around the world, perhaps less censored and less subject to national politics. Unfortunately, these sources are often uninformed opinion or unverified and false information provided by people who are not experts. An example of this is the anti-vaccination movement, which has been a major problem for public health. Knowing that people often get their information from the internet, we could use websites to promote correct and updated information, which citizens would learn to trust.

Only after learning what they can from General Practitioners (GPs) and the Internet, people rely on international health authorities and finally the national health authorities. This is something public health authorities should take into consideration, and work to improve, perhaps in collaboration with GPs and through more effective use of the internet.

2.2 Ethical Issues in Pandemic Preparedness Planning

How have the following topics been addressed (or not addressed), in the pandemic plans associated with your nation or region?

a. Allocation of scarce resources, such as diagnostic laboratory testing, influenza vaccines, or antiviral drugs

In Bulgaria and in Italy ethical issues are not directly addressed in the National Pandemic Plan, but at the country level actions resulting from the plan comply with European practice. In case resources are insufficient for all needs, their allocation is predetermined in the plan and this allocation is to be done in a clear and transparent manner. Priority is given to essential public structures important for health and life, such as water supply, food supply, public services, and activities of healthcare facilities.

In France, diagnostic tests have not been an issue in past pandemics because sufficient quantity of influenza vaccines and antiviral drugs were available. A priority list of people to be vaccinated was set up. This included health care workers (HCWs), essential services (army, firemen, etc.), elderly, people with underlying chronic diseases, and pregnant women. However, an order of priority within the list was not established.

In general, national Ministries of Health are involved in pandemic planning at the country level, and other relevant stakeholders, such as universities and researchers, are not much involved. The allocation of scarce resources is not explicitly dealt with in many of the pandemic plans across Europe; this issue is left open to decisions made on a case-by-case basis, depending on an assessment of factors such as the specific cause of the pandemic, associated risk factors, and the consequent high-risk groups.

Not surprisingly, many plans across Europe are similar in that they mention a priority to protect HCWs and essential staff. The allocation of scarce resources in these plans is fairly uniform, identifying high risk groups that will be prioritized, such as people with pre-existing lung conditions in the cases of influenza or asthma. These people would be prioritized for rapid diagnosis and for vaccines and antiviral drugs, but that would all depend on a risk assessment based upon initial epidemiological information, so most plans at the European level are quite flexible.

The plan approved by European Decision 826 in 2009 for the A/H1N1 virus outbreak is an illustrative example of the reaction in the case of a pandemic threat. (This plan is available on the European Centre for Disease Prevention and Control (ECDC) website.) The general strategy of the plan includes the rapid production of vaccine doses, and priority allocation of the vaccines to personnel working in high risk areas, to those susceptable to developing complications, and to those particularly likely to transmit the disease. A very important aspect is protecting HCWs. The plan also clearly identifies risk groups (according to WHO:

pregnant women, children between 6 and 35 months old, people older than 65 years old), and the order in which they will receive the vaccine.

b. Compulsory vaccination

The issue of compulsory vaccination is an ethical issue that is debated across Europe. If this is to be imposed, it should be regulated by established law, and not by ad hoc rules. The laws should be accompanied by informative promotion campaigns, so they are accepted, if not by everybody, then at least by most of society. In Romania, for instance, there is not a compulsory vaccination law; however, a proposal for such a law is currently being debated. Although vaccination is not compulsory in Romania, their national pandemic plan states that both health care personnel and the general population must follow general measures of protection and hygiene.

c. Limiting personal freedom through isolation and quarantine

Given that limiting personal freedom cannot be done outside the law, isolation and quarantine are permissible only in special cases, under judicial control and court decisions. **In Ireland,** a number of legal instruments passed by the legislature deal with issues such as tuberculosis, so if someone has been diagnosed with a disease that poses a threat to public health, they can be isolated for a certain length of time until they are deemed to be non-infectious. The rules around quarantine are slightly more difficult to implement, and indeed it is a very specialised area. **In France**, when the H1N1 pandemic started (30 April 2009), hospitalization became compulsory for all subjects confirmed infected by laboratory test, regardless of clinical symptoms (severe or not). This compulsory hospitalization was maintained until mid-June. This decision was heavily contested by the population. School closures were also ordered in some regions.

The main evidence from the ASSET study of pandemic plans across the European Union, is that ethical issues are often not explicitly addressed, and that in the event of a pandemic, the legal backing and underpinning for measures such as isolation and quarantine are inadequate, and they could be easily challenged.

For example, if bird flu disease emerged in County Mayo in Ireland, and it could be contained by creating a cordon sanitaire around the area, that could very easily be challenged by a member of the public, preventing containment. In other countries such as the UK, authorities are given emergency powers, or the ability to enact emergency legislation, which would enable setting up a cordon sanitaire in emergencies.

European plans in fact identify criteria for deciding if isolation at home or in the hospital is appropriate. Limiting the spread of disease through quarantine or isolation also implies the limitation, if possible, of travelling in affected countries, or border controls. Other measures mentioned in European plans include temporary suspension of transport, schools or other institutions.

d. Use of human subjects in research

In general, the approach to this ethical issue is quite clear across Europe. Most countries have ethics committees that assess use of human subjects in scientific research, and such activities cannot be implemented without the consent of these committees. The use of human subjects in research on pandemics is generally not specifically addressed by pandemic plans, but as in other situations, the well-being of humans prevails, and generally human subjects are not used in pandemic studies.

In France where ethical issues are mentioned in pandemic plans but not addressed in detail, there are in fact very strict rules and ethical committees governing research in universities and research institutions, so this ethical issue is carefully monitored to a very high standard, ensuring this area is well covered. **In France**, when the pandemic occurred in 2009, the incorporation of human studies was poorly organized; for example, the follow-up of patients was not performed until the end of the pandemic. In the post-pandemic period, a validation process for clinical trials was implemented, allowing the quick activation of a clinical trial in the case of future pandemics. In the European Framework Programme for Research and Innovation Horizon 2020 there has been a major increase in the importance, recognition and profile given to ethical issues around the use of human subjects in research, including interviewing subjects as well as vaccinating and treating them. For people participating in research, there are extensive controls and protection mechanisms, particularly for more vulnerable subjects such as the elderly or young people. However, these rules are generally not specifically included in National Pandemic Plans.

Do you believe your current plans adequately address ethical issues? What changes do you believe should be made?

Freedom and human rights may be restrained during pandemics, and people may oppose the decisions taken regarding the prioritisation of scarce resources. However, if the principles by which they are administered are well explained and proper arguments offered, citizens will be more accepting and responsive.

In Bulgaria and in Italy, the current pandemic plan does not adequately consider ethical issues. Forthcoming updates to these plans are expected to add new items that will clarify and cover ethical issues more widely.

In Romania, ethical issues in the current plan are addressed according to WHO and ECDC guidelines, so they can be considered quite adequate.

In France, the current plan mentions ethical issues but they have not been fully addressed and reviewed. For example, although the use of human subjects in research has been addressed in the plan, the appropriate ethical committees have not been consulted. The overall pandemic plan should be reviewed by a committee concerned with general ethics, to find other potential concerns that could hamper the execution of the plan in case of future pandemics.

In general, to better address these relevant aspects it would be useful to include ethics guidelines which are shared at the international levels by Member States. In this way, each

country's plan would include common mechanisms to put into practice, achieving a homogeneous approach across nations.

Would it be appropriate to incorporate international guidelines (e.g., the WHO Checklist) into national pandemic plans? What mechanism do you recommend to enable this?

It would be useful indeed to include international guidelines to insure best practices in each country, and to achieve interoperability among different countries, since epidemics affect not only one country. There are only a few international guidelines to consider - first within WHO; second in the International Health Regulations, where there are sufficient mechanisms for international cooperation; and third, for the European countries - Decision № 1082/2013/EC on serious cross-border health threats, which involves two institutions – the Health Security Committee (HSC) of the European Commission and the ECDC. It should be possible to rely on a set of international guidelines to be adopted by member states, and they would be obliged under the International Health Regulations (IHR) to ensure that they had ethical guidelines incorporated into their pandemic plans. **In Italy**, for instance, the pandemic plan has not been modified and further improved since 2011, fundamentally because of limited resources available for all public health prevention activities. If Member States had such a commonly agreed European document, procedure implementation would be easier. The public health sector must cope with evident limited availability of resources, so the activation of specific task forces to work on special issues is difficult. The mechanism that should be put into practice obviously depends on each member state, and the mechanism must ensure enough input from academics, policy makers, and people who are implementing pandemic plans on the frontline.

Thus, it is clearly essential that national plans incorporate international guidelines, ensuring that the heart of each pandemic plan is coherent around the globe. Plans should also take into consideration the specifics of each country. The WHO has the legitimacy to prepare a basic core for preparedness and response plans, and include a cross-checklist for country-specific plans. The specific mechanism put into practice should be tailored to each Member State, with input from academics, policy makers, and people who are actually implementing pandemic plans on the front line.

In Romania, international guidelines have already been incorporated into the national pandemic plan, and they work well. Some guidelines have not been fully incorporated because they imply the use of resources that are not currently available, so they need to be adapted. This reminds us that the mechanism for incorporating guidelines must insure the necessary resources are available, including adequately trained personnel.

Can you recommend other approaches to improve consideration of ethical issues in pandemic planning across the EU?

Greater input from citizens would be one; a more educated, aware and informed public will ensure that ethical issues are dealt with in advance of a pandemic. There is the need for a greater capacity to understand, implement, and improve public health law. It is recommended that a network of public health lawyers be set up across Europe, along with programs to foster greater knowledge and awareness about public health law among the public health community, including public health physicians, public health nurses, and people

working in policy. As stated above, ethical guidelines from WHO should be incorporated into national preparedness and response plans. However, a pandemic plan that outlines policy, which is not backed up by legislation, can fail in the event of a pandemic. Policy cannot be implemented without legal underpinning. Creating better plans requires better input from citizens, from public health lawyers, and from end users, the people who are at the front line.

Clearly one of the key elements in dealing with ethical issues is communication: if people could be better informed regarding disease and its transmission, they would probably have a better reaction to issues such as quarantine and the allocation of scarce resources.

2.3 Vaccination Hesitancy

Under what conditions should mandatory vaccination be considered? Can laws be passed in Europe to compel the population to agree to be vaccinated? What kind of laws are necessary?

How can these laws be enforced? What kind of sanctions can be imposed on people refusing to be vaccinated?

How will different countries in Europe respond to proposed legislation on mandatory vaccination?

The correlation between vaccine refusal and the incidence of certain diseases has already been established. Improving the level and quality of immunization at a populational level is the best method of protection against infectious disease (that are preventable through vaccination).

For instance in **Romania** in 2015, the DTaP vaccination rate was about 30% lower than the previous year. It is worrying that the proportion of the people who refuse vaccination (for themselves or for their children) increases year by year. This phenomenon is associated with a higher risk of developing vaccine-preventable diseases. The decrease in vaccination rates can lead to outbreaks. In this situation, vaccination should be mandatory, to avoid the spread of disease.

As examples, two years ago the identification of two cases of polio paralysis in Ukraine represented a threat for Romania, given the geographical proximity and the declining immunization rates. Moreover, the death of two children (one from Spain and another from Belgium), following infection by Corynebacterium diphtheria, produced an international "state of alert" about the importance of vaccination.

In the presence of highly transmissible pathogens, vaccination should be mandatory for HCWs everywhere. This will allow the health system to remain active, and avoid transmission between HCWs and patients. For security reasons, other essential groups such as army and firemen, should also be subject to mandatory vaccination. **In France**, the legal structure

exists to make vaccination mandatory for HCWs, upon recommendation by public health authorities. Another national example is Finland where mandatory vaccination for HCWs is about to enter into force.

Mandatory vaccination should be avoided if possible, and practised only under a public health threat with high risk to the population. However, even in this circumstance, preliminary explanatory work is needed for public acceptance. People are less against mandatory immunization when they are convinced of the benefits. If vaccination is made mandatory for the entire population, public health authorities should insure the availability of sufficent vaccine doses. Entry to the work place or schools should be refused to people who are not vaccinated. In the post-pandemic period, vaccination should remain mandatory if the pathogen continues to circulate.

A temporary law is an option for for countries that do not have a mandatory vaccination plan. In the case of a pathogen with low transmission rate, mandatory vaccination is unnecessary.

Whether to immunize children should be the decision of Government, not parents. People should bear in mind that events in one European country can affect all of Europe, and we must stand together. The health of future generations depends on what is being done today. The immunization of children is key to preventing certain infectious diseases, epidemics, and pandemics and it is essential to convince, motivate, or compel parents to vaccinate their children. Besides preventing specific infectious diseases in individuals and thoughout communities, vaccinations also reduce illness from complications. Effective information campaigns are the preferred way to gain compliance, however regulations should be developed to discourage parents' refusal to vaccinate their children by imposing constraints and curtailing privileges.

Pandemic response can require restriction of basic human rights, which raises questions that are the specialty of ethicists, questions of law and ethics that may be quite far from the focus and interests of public health officers and scientists. It should be kept in mind that from the public health viewpoint, the general aim is to protect public health, and that the key issues in this context are what laws are necessary, how can these laws be enforced, and what kind of sanctions would be most effective.

To better address the issue of vaccination, a complex strategy is needed for healthcare services; a strategy oriented towards prevention practices, health education, promotion and training. Law enforcement needs to consider socio-economics and how that affects the population’s access to health services, including vaccine related services.

A key element of the strategy is an open dialogue with the population, through several channels. Given the importance of the doctor-patient relationship and the influence of medical personnel on the population's opinion of vaccination, there is a need for effective, reliable communication from physicians and HCWs. Physicians should focus their efforts on increasing parental compliance, especially when parents express uncertainty about the benefits of vaccines or misconceptions and fears. Of less influence but important nonetheless are other sources of information for the population, such as health insurance companies,

vaccination campaigns, and internet advice. Actions related to these sources can include: expanding vaccination campaigns, creating online information platforms for vaccination, or offering mobile services for public health awareness. These channels can emphasize the importance of vaccination, or, for example, provide a free-of-charge medical guide with up-to-date, concrete and accessible information to parents, presenting pro-vaccination data to increase confidence in the medical procedure. These channels can also be used to counter scepticism about the benefits of vaccinations, fear of extremely severe adverse reactions, and anti-vaccination campaigns.

Another part of the strategy to be considered is sanctions. Although sanctions could be applied in a wide variety of ways, there is a critical need for debate about their use and associated penalties. When sanctions are required, they might include, for example, people losing the ability to use some public goods, funds, or payments, in recognition of their not making their contribution to the public health. Other sanctions might include a requirement to pay out of pocket, rather than using health insurance or free medical care, for an illness that would have been prevented through vaccination. People who refuse vaccination might also incur sanctions such as paying more taxes to the state, or losing welfare, health insurance benefits, or childcare.

An ASSET report on unsolved scientific questions concerning epidemics and pandemics outlines how, as we are living in the "post-trust" age, trust is a most important issue. If citizens trust government and public health institutions, and their community as a whole, citizens will believe vaccination will protect their own health, and mandatory vaccination will not be necessary.

The legal system is only one component of the solution to improve the current situation, and it is not always the most effective. Indeed, the law is a one-way communication tool; equally important to progress is two-way communication (and collaborative decision making) between decision-makers and civil society. Citizenship engagement must be a high priority. The Ministry of Health adopted a citizen consultation approach to vaccination **in Bulgaria and Romania** to foster vaccine compliance (and other important public health practices) among "Roma" people, using an effective system of health mediators. If these two states had simply decided to impose vaccination on these people by law, success would have been very unlikely.

It is noteworthy that countries in Europe differ in their social structure and therefore their vaccination practices. Differernces in vaccination practice also apply between Eastern versus Western countries or Scandinavian versus Mediterranean Member States. For example, in Southeast Asia mandatory isolation and quarantine were applied when SARS, H5N1, and bird flu outbreaks occurred, and people complied. Whether that approach would work in other countries or in Europe is an open question. As another example, in Finland there is work in progress to make vaccination mandatory for HCWs.

The problem of vaccines is definitively far from a simple one, with many controversies on the subject, involving issues such as human rights, medical ethics, and conflicts of interest in the geopolitical sphere. Mass and social media have a strong effect on the population, sometimes exaggerating negative news and accidental "errors" resulting from vaccination, as well as

presenting ill-founded accusations against the medical system. In spite of the fact that this is distorted and false information, in free society, this can compel people to deny immunization to their own children.

The success of an immunization program depends not only on technological advances in health care, but also on a compliant population that believes vaccination is beneficial, resulting in wide vaccination coverage. While technological advances have a similar impact across Europe, compliance of various populations differ. We can expect that the countries in Europe will respond differently to any legislation on mandatory vaccination, depending on history, culture, and influence of media in the region. The dominant political orientation (conservative, liberal or other ideology) will influence any proposed legislation. Until now, such factors have consistently blocked efforts that would prevent, control or even eradicate several potentially devastating infectious diseases.

In summary, vaccination is a critical public health practice that cannot be refused. It is freely available to all; it benefits the individual by preventing the target disease and associated complications; and it protects the community, especially vulnerable at-risk populations. Although immunization policies are decided at the national level, the importance of vaccination for all of Europe warrants the use of a European legal framework to compel compliance in Member States. An example of such a European legal framework is EU Decision № 1082/2013/EC on serious cross-border health threats, and two related international institutions, the Health Security Committee to the European Commission, and the European Centre for Disease Prevention and Control (ECDC).

3. General Insights and Lessons Learned from the ASSET HLPF Discussion

Citizens voice and Participation

Citizens believe that honesty and transparency can increase the public trust (no matter how bad the situation is), and that it is their right to know the facts and have an accurate understanding of the situation. Public health authorities should devote more resources to collecting citizen input on polices for epidemic preparedness and response.

The ASSET public consultations show a significant need and willingness of citizens to be engaged more actively in public health actions related to pandemic events. These exercises show that citizens want to be more engaged with all kinds of civic policy making and delivery. Agencies need to be more proactive and invest more time and financial resources to reach out to, inform, and engage citizens.

This represents quite a challenge because public health is an area were funding is cut on a regular basis. The recent financial crisis has been particularly hard on public health funding. Limited funding for even basic public health activities makes it difficult to start new intiatives in citizen consultation. However, investment in transparent and honest communication is fundamental to building trust, and building trust is a prerequisite to successful public health outcomes for pandemics. Citizen consultation activities need to be consistent and encourage active listening and response to citizens' concerns and worries during pandemics. Before and after pandemics, more investment should also be put into encouraging citizens to help with planning and implementation of programs, as well as evaluating their effectiveness, efficiency and acceptability.

Although it is clear that civil society wants to contribute and be engaged, experience shows that this engagement is difficult to implement. The challenge starts with selecting the contributors: who should represent the citizen? NGO's? Professional networks representing particular groups such as patients? Lobbies? Academic experts and associations? How to really involve the basic citizen? Forum discussions which can easily be biased? Through online consultations and questions from the authorities?

Experience shows very limited response to public surveys, often only from groups whose independence is questionable. So, the key question is: how to engage citizens in an inclusive and unbiased way?

Trust in information

General Practitioners should be trained to adapt to changing society, and decision makers should be urged to be visible and present on the internet, as its use is increasing.

The common theme for these two points is that further investments are needed to educate and train both GPs and decision makers. On the one hand GPs need to be better trained as facilitators, rather than just expert practicioners, and on the other hand decision makers need to learn to be proactive in the constant online conversation. This education and training will occur only if supported by adequate investments, otherwise it will certainly not happen. In pandemic scenarios, communication plans need to be established and expert staff needs to be available to advise decision makers. Too rarely do decision makers consider communication needs. They need to be trained for effective communication, and they need to also carefully consider advice coming from public health experts.

Risk Communication

Create transparent and clear risk communication to restore the trust of society.

Experience to date shows that this is something easy to say but hard to do. Effective risk communication requires that authorities, supported by experts and politicians, need to develop strategic communication and marketing plans. These plans need to be long term in nature, and invest in brand building, develop citizen insight and understanding, and target segmented communications to the many different audiences that exist in relation to pandemic events.

An example of such a strategy is discussed in the summary report of the conference "Lessons Learned for Public Health from the Ebola Outbreak in West Africa – How to Improve Preparedness and Response in the EU for Future Outbreaks", held in Luxembourg 12-14 October 2015. The report offers recommendations that have been endorsed by all communication experts attending the meeting, including the Health Security Committee communicators network members, WHO and ECDC. The report identifies difficulties experienced by the officials in charge of communication during the Ebola crisis, and recommends needs for priority attention by Member states and EU authorities. The report

concludes that approaches have not evolved much since the 2009 pandemic, which reflects how difficult it is to implement change, even when it has been endorsed by Ministers at the highest level.

Pregnancy and vaccination

Update, clarify and standardize influenza vaccination advice materials for pregnant women.

Evidence from the literature as well as public health exprience indicates that improving vaccine uptake among pregnant women has to be a key element in any strategy. Information materials should be subdivided, to target pregnant women in groups with similar attitudes, understanding, and behaviours. These materials should also focus on fathers-to-be, grandparents, and other supporters who can influence health related behaviours.

Ethics and laws

In emergency situations, public health interest should take priority over individual freedom. Laws should reflect shared basic priciples across the EU, be tailored to local history and culture, and be complemented by information campaigns and incentives.

The consistency and acceptance of restrictions on personal freedoms to protect public health would be facilitated by establishing common criteria for such action. In this context, the PANDEM project carried out a review and analysis of ethical and human rights issues:

"*Ethics… can make a significant contribution to debates such as what levels of harm the public are prepared to accept, how the burdens of negative outcomes should be distributed across the population and whether or not more resources should be invested in stockpiling antiviral medications*"

(Thompson, A.K., et al., Pandemic influenza preparedness: an ethical framework to guide decision-making. BMC medical ethics, 2006).

- Pandemic management is not purely scientific, as it involves decisions which should reflect the moral values of the society
- Human rights need to be respected not just on moral grounds but also to comply with national and international obligations
- Pandemic response will often involve decisions which reduce individual rights for the common good. This may be justifiable but only if decisions are based on transparent principles which are clearly non-discriminatory and protect the vulnerable
- Effective pandemic management requires public trust and support. Ethical principles such as openness and collaboration are necessary to achieve this trust and support, as well as to reduce the likelihood of panic
- Resources may be scarce and rationing may be necessary, and this will draw upon implicit or explicit ethical principles.

- Several frameworks are in place on ethical issues in pandemic preparedness planning (WHO, Int. treaties, Siracusa, National etc etc)
- Greater prioritisation of ethics and human rights in pandemic planning is recommended (eg allocation of scarce resources)
- Greater alignment of national pandemic preparedness plans between EU Member States is recommended
- Increased research into ethics and human rights in pandemic planning is recommended (human rights has received almost no attention – duties of health care workers re risk to their life).

These conclusions support the importance of having predetermined, well-thought-out, transparent plans, and clearly understood laws. These elements create a solid foundation for ethical pandemic response. In planning and carrying out ethical pandemic response, the role of participatory governance is particularly important. Ethical principles, policies, and rules are to some degree fixed, however there are always judgements required to implement them. For example, at a 2006 workshop in Washington D.C., four principles were suggested as ethical guidelines for pandemic response:

- Utility - act so as to produce the greatest good
- Efficiency - minimize the resources needed to produce an objective or maximize the total benefit from a given level of resources
- Fairness - treat like cases alike and avoid unfair discrimination (that is, discrimination based on irrelevant or illegitimate characteristics of a person or group)
- Liberty - impose the least burden on personal self-determination necessary to achieve legitimate goals (or, broadly speaking, do not trade all freedom for security).

In applying principles such as these, we are faced with questions such as "which good is best?" or "how much benefit would be obtained?" or "what is fair?" or "what is the cost of giving up freedom?" In some situations, these questions have clear, objective answers, however in many cases it is often not so clear. It would seem that in these cases, public participation, i.e. participatory governance, is particularly important, to allow decisions that reflect local values, and decisions that the public may disagree with, but will see as having been fairly arrived at.

As in the discussion of vaccination hesitancy and whether vaccination should be mandated, we see again that public participation definitively represents an important complement to the foundation laid by plans and laws.

Appendices

a. *Introduction* to the ASSET High Level Policy Forum
b. *Terms of Reference* for the ASSET High Level Policy Forum
c. *Participatory Governance in Public Health: Background information Topic Introduction with key questions to be answered*

d. *Ethical Issues in Pandemic Preparedness Planning: Background information Topic Introduction with key questions to be answered*
e. *Vaccination Hesitancy: Background information Topic Introduction with key questions to be answered*

A Survey on ASSET project Findings and Conclusions

The ASSET High Level Policy Forum (ASSET-HLPF) is one of several ASSET project outputs. ASSET-HLPF brings together selected health policy/decision makers from 12 different countries (Bulgaria, Denmark, France, Greece, Ireland, Israel, Italy, Luxembourg, Norway, Romania, Sweden and United Kingdom) in a continuing dialogue to promote on-going reflections on European strategic priorities and challenges for tackling pandemics.

A virtual discussion has been carried out in this forum focusing on three specific issues:

1. Participatory Governance in Public Health
2. Ethical Issues in Pandemic Preparedness Planning
3. Vaccination Hesitancy

Details and findings of this discussions are described in the following

Report

We appreciate if you would participate in a Survey on the findings and conclusions on above report on Public Health and Pandemics and Epidemics!

As background for the survey, please, read the report and familiarize yourself with the findings and conclusions. It will take you approx. 30 minutes to read the report!

The survey will take you approx. 5 minutes to complete.

Start Survey

Thank you for participating in the survey.

The ASSET EU Project Final Event

6MAIN SIS/RRI THEMES

ASSET Strategic Plan outlined some priorities in the field of pandemics or infectious emergencies, which follow 6 main themes:

GOVERNANCE
- Following 2009 A(H1N1) pandemic, authorities still have to face **mistrust**;
- the **perception of conflict of interests** by the public is not completely solved;
- in **risk and outbreak communication** there is still space for improvement;
- **ethical**, **law**, **human rights and gender issues** are scarcely considered.

UNSOLVED SCIENTIFIC QUESTIONS AND OPEN ACCESS TO SCIENTIFIC OUTCOME
- Communicating **uncertainty**;
- role of **new social media**;
- top-down uni-directional **decision process**;
- **new informal surveillance approaches**;
- **involvement of GPs**;
- **non-pharmacological preventive steps** (e.g. frequent hand-washing);
- **inter-disciplinary** scientific approach.

CRISIS PARTICIPATORY GOVERNANCE AND SCIENCE EDUCATION
Previous challenges, along with:
- neglect **local conditions**;
- lack of **flexibility**;
- **underestimation** of citizens needs and capacity hurdle an effective participation of citizens in the management of a crisis.

ETHICS, LAW AND FUNDAMENTAL RIGHTS
Ethical, human rights and legal issues, which include:
- **solidarity**;
- **public good versus personal privacy and freedom**;
- **transparency and informed consent**;
- **stigmatization**;
- **resource allocation**;

are also relevant for their impact on the spread of diseases.

GENDER ISSUES
- **Pregnant women** can be more vulnerable;
- women have **lower rate of immunization**;
- mainly men in **clinical trials**;
- few women in **decision committees**;
- scarce attention to this theme in **preparedness and response plans**.

INTENTIONALLY CAUSED OUTBREAKS
- National and international authorities should have policy documents **ready to be used** in case of emergency;
- security and ethical implications of any measure must be discussed **before the crisis**;
- countries and institutions should also consider participation in **international regimes** for these issues;
- **attitudes of citizens** should also be explored.

6TARGETS FOR ACTIONS

AUTHORITIES
- **Restore trust**
- **Improve communication**
- **Consider SiS issues**

HEALTHCARE PROFESSIONALS
- **Improve awareness, knowledge and communication skills**

SCIENCE
- **Favour mutual, interdisciplinary exchange**

PUBLIC
- **Rebuild trust mainly by establishing a two-way, active and transparent communication**

MEDIA
- **Consider SiS issues**
- **Manage uncertainty and flexibility**
- **Manage the spread of misinformation**

INDUSTRY
- **Favour dialogue, also in order to disclose COI**

The **ASSET FINAL EVENT** "Share and move for mobilization and mutual learning at local, national and international levels on Science in Society related issues in epidemics and pandemics" mirrors the structure of its own Action Plan that is focused on the 6 main targets for action and the 6 main Science in Society (SiS) themes for a Responsible Research and Innovation (RRI) applied to the field of pandemic and epidemic preparedness and response. The format is something like a prototype case for enhancing **advocacy** and **intersectoral** approach in a **multisetting** scenario applied to fostering preparedness and response toward public health emergencies of international concern (PHEIC), like epidemics and even pandemics. This idea relies on the willing to make the ASSET final event a practical and usable model for stakeholders and other possible users, and could also represent a prototype for future similar actions.

The **ASSET FINAL EVENT** is made of two parts:

- the **brokerage event** (the specific timeslot assigned is from 11 to 13 on the 30th October and lasts all the two days long in several forms, as it implies electronic and paper poster displays, videos, interviews, interactive seminars, social media corners, etc.);
- the **final conference** (3 plenary sessions; 6 parallel sessions divided in 2 slots).

www.asset-scienceinsociety.eu

co-funded by the EU. GA: 612236

ASSET

share and move to face nasty bugs

30TH OCTOBER 2017

11,00 ASSET BROKERAGE EVENT

Paticipants: Civil Protection, MML or other similar EU projects: University of Manchester; Global Future; DARWIN Project; [...]

13,00 LUNCH BREAK

Share and move_The scenario for mobilization and mutual learning at local, national and international levels on Science in Society related issues in epidemics and pandemics

14,00 INTRODUCTION: **ASSET AND THE EU FRAMEWORK**
The ASSET project and where it is placed in the European program
Edyta Sikorska, ASSET Project Officer; European Commission (*to confirm)*
Chairperson: Valentina Possenti

14,30 PLENARY SESSION I: **SIS-RELATED ISSUES IN PHEIC MANAGEMENT**
Massimo Ciotti; ECDC
Chairperson: Donato Greco

15,30 PLENARY DISCUSSION

16,00 THREE PARALLEL SESSIONS

I. UNSOLVED QUESTIONS AND OPEN ACCESS
Session Leaders: Manfred Green, Alberto d'Onofrio, Mitra Saadatian, [...]

II. PARTICIPATORY GOVERNANCE AND SCIENCE EDUCATION
Session Leaders: John Haukeland, Eva Benelli, Agoritsa Baka, [...]

III. ETHICAL AND GENDER ISSUES
Session Leaders: Dimitri Dimitriou (Synectika); Tom Robertson, Peggy Maguire, Vanessa Maria Moore, Rebecca Maria Moore, [...]

17,00 CLOSURE

31ST OCTOBER 2017

Share and move_The case-study for mobilization and mutual learning at local, national and international levels on Science in Society related issues in epidemics and pandemics

09,30 PLENARY SESSION II: **VACCINATION/VACCINE HESITANCY**
Darina O'Flanagan (international level), Caterina Rizzo or other ISS expert (national level), Pierluigi Lopalco (Pisa University, local level) [...]
Chairperson: Alberto Perra (former ASSET Scientific Coordinator, Director of Prevention at LHU Rome 5)

10,30 PLENARY DISCUSSION

11,00 BREAK

11,30 THREE PARALLEL SESSIONS

IV. POLICY DECISIONS AND CONFLICT OF INTEREST
Session Leaders: Ministries of Health, Education, Internal and Foreign Affairs; [...]

V. LAY PUBLIC ENGAGEMENT
Session Leaders: *Let's be social*: Walter Quattrociocchi (CSSLab Coordinator at IMT - School for Advanced Studies di Lucca), Alberto Tozzi (Bambino Gesù Hospital, Rome); [...]

VI. ETHICAL IMPLICATIONS
Session Leaders: SATORI and PANDEM projects; Daniela Ovadia, [...]

13,00 PLENARY SESSION III: **FROM SIS TO SWAFS IN H2020**
The SiS concept in H2020
Edyta Sikorska, ASSET Project Officer; European Commission (*to confirm)*
Chairperson: Valentina Possenti

14,00 LUNCH BREAK

co-funded by the EU. GA: 612236

ASSET

share and move to face nasty bugs

The **ASSET Final Event Corporate Organizing Committee** is formed by people from all partner institutions (14) who have been involved in the project

Valentina Possenti, Barbara De Mei, Paola Scardetta, Eva C. Appelgren, Arianna Dittami, Lorenzo Fantozzi, Valerio Occhiodoro, Sabrina Sipone	**Istituto Superiore Sanità, ISS – Rome, Italy**
Eva Benelli, Donato Greco, Roberta Villa, Debora Serra, Michele Bellone, Alessandra Craus, Roberto Satolli, Giulia Candiani	**Zadig Srl – Rome, Italy**
Veronika Dimitrova, Emilia Naseva	**National Center of Infectious and Parasitic Diseases, NCIPD – Sofia, Bulgaria**
Manfred Green, Anat Gesser-edelsburg	**Haifa University, HU – Haifa, Israel**
Kare Harald Drager, Tom Robertson, Kailash Gupta	**The International Emergency Management Society AISBL, TIEMS – Brussels, Belgium**
John Haukeland, Lise Bitsch	**Fonden Teknologirådet, DBT – Copenhagen, Denmark**
Alberto d'Onofrio	**International Prevention Research Institut, IPRI – Lyon, France**
Agoritsa Baka, Pania Karnaki, Afroditi Veloudaki	**Institute of Preventive Medicine Environmental and Occupational Health, Prolepsis – Athen, Greece**
Mitra Saadatian, Emilie Romeo, Ondine Frete	**Lyonbiopole Health Cluster – Lyon, France**
Peggy Maguire, Vanessa Maria Moore, Rebecca Moore	**European Institute of Women's Health Limited, EIWH – Dublin, Ireland**
Kjesrti Brattekas, Janita Andreassen Bruvoll	**Norwegian Defence Research Establishment, FFI – Oslo, Norway**
Ariel Beresniak	**Data Mining International Sa, DMI – Geneva, Switzerland**
Mircea Ioan Popa	**Universitatea De Medicina Si Farmacie'carol Davila' Din Bucuresti, UMFCD – Bucharest, Romania**
Olivier de Bardonneche, Emmanuel Muhr, Céline Blanchon	**Absiskey – Grenoble, France**

Pre-announcement of Inte Global Facility for Disaster Reduction and Recovery (GFDRR)

GFDRR is a global partnership established in 2006 to support developing countries to understand, manage, and ultimately reduce their risk from natural hazards and climate change. Hosted at the World Bank, GFDRR is supported by 37 countries and 11 international organizations, and works with over 400 sub-national, national, regional, and international partners. GFDRR's governance, mission, and operating framework are defined in its Partnership Charter.

The long-term strategic objectives of GFDRR are set and monitored by the Consultative Group (CG), which is GFDRR's primary advisory and decision-making body. The CG includes donor members and observers, invited developing country members, intergovernmental organizations, international financial institutions, and civil society organizations. The CG is chaired by the World Bank and co-chaired by a contributing CG Member that rotate annually. The GFDRR Secretariat carries out GFDRR's mission, and is responsible for the preparation of the annual work program, awarding and monitoring of grant resources, as well as reporting to the CG.

The large majority of GFDRR grant resources are dedicated to its in-country engagements that support on-the-ground implementation of the Sendai Framework. The GFDRR Secretariat also maintains thematic initiatives that provide technical expertise to help advance strategic areas of engagement and facilitate global cooperation. Promoting resilience to climate change and enabling gender equality are both central to achieving GFDRR's mission, and these two themes are embedded into all GFDRR activities.

Operating Principles

GFDRR's strategy is underpinned by seven operating principles detailed below.

Demand-driven approach to ensure maximum impact

Development programs can only have a deep and lasting impact if they emerge from, and are embedded in, national priorities and institutions. GFDRR-funded activities respond to specific requests from national and sub-national authorities, ensuring the necessary ownership needed to achieve positive results. A demand-driven approach also helps countries more effectively coordinate support from other development partners.

Leveraging development investments and policies

To achieve the scale needed to make vulnerable communities resilient, GFDRR finances activities that are expected to have the most impact. GFDRR provides technical and/or financial assistance to leverage additional investment for resilience building by informing and mobilizing resources from national governments or development partners; enabling development investment by directly supporting the design/ or implementation of a DRM operation; and co-financing DRM operations with other development partners to increase the scale of interventions, which often lead to domestic investment and policy change. Since its creation in 2006, GFDRR has helped leverage over $20 billion of investment for disaster and climate resilience operations from the World Bank alone, and over $2 billion from other development partners.

Focusing on inclusive design and participation

Resilient development will not be achieved unless all stakeholders are involved in the planning and implementation of disaster risk management interventions. Therefore, GFDRR's activities are designed to ensure that activities addressing disaster and climate risk engage all levels of society, especially civil society and communities, who can champion disaster and climate risk management solutions, bringing resilience to scale. Furthermore, GFDRR is committed to integrating disability, age, poverty, and other social vulnerability dimensions in its activities to inherently ensure inclusive and equitable outcomes.

Empowering women and mainstreaming gender

Focus on the gender dimension addresses the unique roles that women can play in preparedness, response, recovery, and resilience-building, as well as the differential vulnerabilities experienced by women and men. Moreover, specific activities are designed to: (i) ensure gender equality in disaster prevention and preparedness, and during recovery and reconstruction planning; and (ii) maximize impacts on the ground by tailoring interventions and building on the agency of women.

Jointly addressing disaster and climate risk

Climate change poses a particular threat to development achievements as it is likely to exacerbate all drivers of risk. Building on its current work in this area, GFDRR integrates resilience to climate change into all its activities by: (i) improving identification and understanding of risk under future climate scenarios; (ii) avoiding the creation of new risks and reducing existing risks; and (iii) supporting design and implementation of investment policies so that they include climate resilience measures.

Developing knowledge and sharing best practices

GFDRR is committed to ensuring that national authorities and development actors embrace evidence-based decision-making through timely access to accurate and targeted information and to state-of-the-art decision-making methodologies and tools. GFDRR achieves this by

investing in analytics and research to enable advocacy; documentation and dissemination of best practices and lessons learned; and by making sure foundational disaster risk information is open, accessible, understandable, and usable by governments, the private sector, and other development actors.

Prioritizing a results-oriented approach

GFDRR reports on results achieved under its programs. Information on progress is generated at three main levels: (i) input of financing and other resources; (ii) output of projects and programs; and (iii) contribution to outcomes on the ground. This information is presented in GFDRR's Annual Report, as well as in dedicated analysis in other documents. A key characteristic of the monitoring and evaluation process is the establishment of a learning loop to ensure that lessons are applied to future programs and to objective criteria on which grant-financing decisions are made. GFDRR is also committed to improving how it measures resilience and the impact of disaster risk management interventions on the ground, a challenge that will be overcome by expanding analytical activities with partners.

Areas of Engagement

GFDRR's approach to delivering on its strategy is organized by priority areas of engagement, which support priorities for action outlined in the Sendai Framework, as well as contribute to achievement of the Sustainable Development Goals and the Paris Agreement.

Promoting open access to risk information

An understanding of risk is the foundation upon which all disaster and climate resilience actions are built. GFDRR utilizes cutting edge science and technology to create robust disaster risk information that is openly available and easily understandable by all actors responsible for managing disaster and climate risk. Moreover, GFDRR supports communities to map their exposure to disasters and climate change, ensuring that their voice and knowledge is part of the resilience solution. This data, knowledge, and insight underpins all GFDRR strategic objectives. By 2021, GFDRR aims to make **disaster risk information openly accessible at the district level in all its countries of engagement**.

Promoting resilient infrastructure

Publicly funded infrastructure such as transport, health care, drinking water, sanitation, telecommunications, and electricity, must be designed as resilient, so that basic services are maintained during disaster and infrastructure users are not put at risk by sub-standard structures. Furthermore, infrastructure development attracts population and investment, and its localization should be such that it steers development toward safer areas. GFDRR provides technical assistance to governments to improve the design, operations and maintenance, and contingency planning of new and rehabilitated infrastructure. One area of focus for GFDRR is

making school infrastructure safe and resilient by informing planned or ongoing investments. Over the next three years, GFDRR aims to expand its efforts to build safer schools in at least 10 additional countries to make an estimated **200,000 classrooms safer from disasters, benefitting up to 7 million students**.

Scaling up the resilience of cities

Unless urban planning practices radically change, urbanization will remain one of the major drivers of the increase in risk in the next decades. GFDRR will support at least 30 cities to develop and implement resilience plans through its partnership with the urban development team of the World Bank and Medellín Collaboration. This initiative will align identified investments in resilience with viable financing strategies, ensuring that plans become actions. The program aims to support a doubling of the World Bank program on urban resilience and leveraging at least **$1.5 billion over the next three years, from public and private resources**.

Strengthening hydromet services and early warning systems

Governments around the globe are demanding better accessto effective hydro-meteorological services and early warningsystems, as success stories continue to highlight their value insaving lives and livelihoods. GFDRR offers technical expertiseand capacity building, both to governments supporting thedesign of hydromet modernization programs and through itsengagement in the World Bank/WMO Africa Hydromet Initiative and the Climate Risk Early Warning Initiative (CREWS). Through CREWS, and other initiatives, **100 million people in low income countries and small island states will get access to climate early warning services over the next three years**.

Deepening financial protection

The ability of governments to manage the financial impact of disaster and climate shocks is critical to long-term recovery and sustainable development. GFDRR, through its partnership with the Finance and Markets Global Practice of the World Bank, connects financial expertise with government and industries to develop comprehensive financial protection strategies, create innovative policies and instruments, and structure effective financial protection programs. By 2021, GFDRR aims to train more than **500 government officials in financial protection and enable direct and indirect insurance programs that will eventually cover more than 100 million people**.

Building resilience at community level

Through its Inclusive Community Resilience (ICR) Initiative, GFDRR taps into grassroots expertise in disaster risk management and promotes scalable models that engage directly with communities to empower them to lead resilience actions. Over the next three years,

GFDRR aims to work with the World Bank teams to extend support through adaptive social protection, including documenting lessons learned and promoting areas of engagement. As a result of this initiative, **community engagements and social protection will eventually reach at least 15 million people by 2021**.

Deepening engagements in resilience to climate change

Climate Change is both an operating principle and an area of engagement to support integration of resilience to climate change in its program. GFDRR provides specialized expertise, data, tools, and technical assistance to ensure all investments in resilience are designed taking into account future climate change and variability. This is especially critical for projects or policy related to long-lived investments, such as in urbanization or transport, which need to be designed today with deep uncertainty on future climate patterns. This work takes place through partnerships with sectors such as transportation, education, and others, which will be continued and expanded to new sectors. Through its activities GFDRR pays greater attention to small island nations, which are particularly exposed to increasing frequency and intensity of hydro-meteorological events and sea level rise. Over the next three years, GFDRR will **target enabling at least US$ 3 billion in climate resilience investments from development partners**.

Enabling resilient recovery

GFDRR has been engaged in every major disaster since its creation in 2006, helping countries assess the impact of disasters and supporting recovery planning including in fragile and conflict situations. GFDRR has developed substantial knowledge and expertise in needs assessment and recovery planning. Over the next three years, GFDRR will aim to **provide training to at least 1,000 government officials** on post-disaster assessment and recovery planning. GFDRR aims to strengthen its standby response capacity to help coordinate and support post disaster assistance.

For more information: www.gfdrr.org

Cocktails and a crisis CPE: Cocktail Party Exercise

Could you – *would* you? - run a table top exercise at a conference for participants who had no crisis management experience? Would you choose cocktail hour to try?

I did. It was fun. And instructive.

I usually run table top exercises the way you probably do: assemble those responsible for executing an existing plan in a room; show some slides to set the scene; use a Master Event List (MEL) to manage 'injects' or 'drips' (event developments), coach a few role players, facilitate a 'hot wash' afterward to collect reactions, follow-up with a few pages of sagacious recommendations. And an invoice.

In a professional exercise, participants already know their roles and responsibilities. They don't expect instructions; they expect challenges.

The sixty (60) players in this exercise, however, were disaster researchers letting their academic credentials down at the end of a three-day conference. The organizer's objective was to give

participants "a feel for what a table top exercise is like", warning me that "very few" of them had ever participated in one. Each worked at a different educational institution, and so had no common plan or frame-of-reference. Some worked outside the U.S., so English language proficiency was also a challenge.

I spent a lot of time considering scenarios, but all had the same, fatal flaw: none of the participants would have any idea how to respond unless I told them how. How could that be done 90 minutes, over vodka-and-tonics?

Struggling as the date of the event crept up, I talked with Dr. Robert Kay at Incept Labs in Australia who offered a simple, blinding insight:

"It's not an exercise. It's *entertainment*."

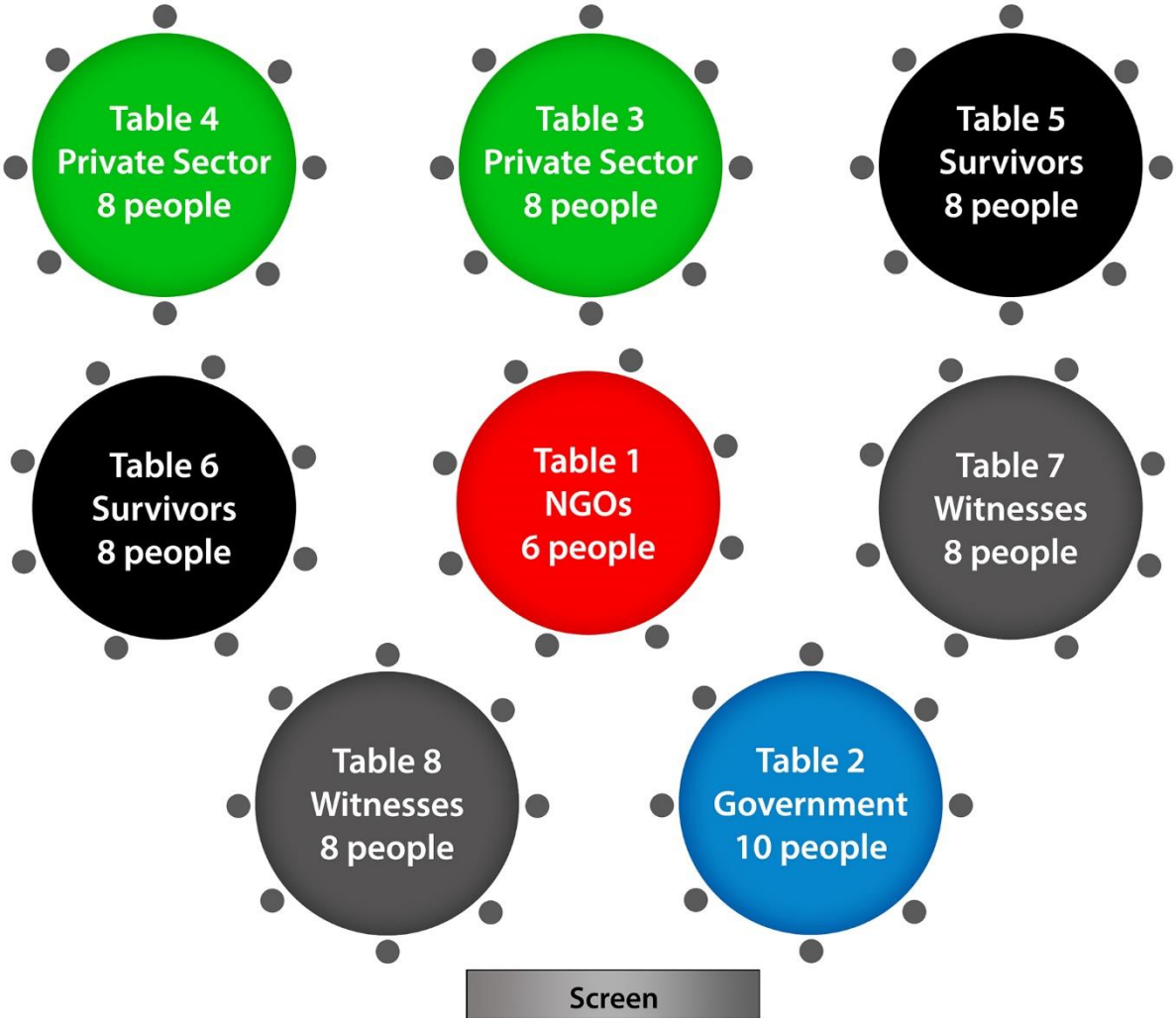
I immediately stopped worrying about scenarios, choosing Hurricane Matthew, which had happened two weeks earlier, as a model for Hurricane "Nat". To make travel and supply logistics challenging, I located it on an island like Haiti: the imaginary Republic of Resilia– inaccessible by land, two (2) hours by air from the nearest airport and with a port for only two (2) ships.

My objective

I am fixated on one objective in exercises these days, the same one in the Rush Hour Tabletop Exercise I run in Singapore once a year with Tan Puay Kern ("PK"): to demonstrate the little-appreciated but critical importance of public-private sector cooperation in disaster preparation, response and recovery. My view is summed up in this aphorism: 'In a disaster, all the needs are public but all the resources are private'.

The #1 "lesson" after *every* disaster is that responses would have been more effective if communication had been better, faster and clearer – before and during the event. I wanted the participants to feel viscerally the truth of that observation (if it really were a "lesson", we would have learned it by now), but it wasn't my main objective. Most any exercise reveals it, in my experience.

I decided to have five (5) sectors common to any disaster, and to assign everyone to one of them as shown in this diagram and the following descriptions:



1) **NGOs** Six (6) people at Table 1: Medical Treatment, Logistics, Food, Shelter, Disease Management and Religious Faith Support. This table had the smallest number of people to simulate the relative proportion of relief workers to survivors and other responders. I used functions (*e.g.*, "food") instead of organization names (*e.g.*, World Food Program) and "faith" instead of named religions to make them broadly understood.

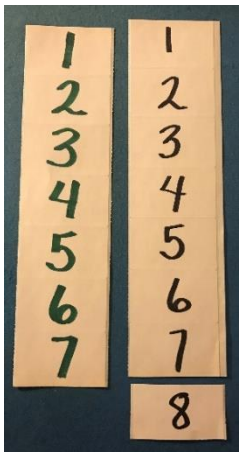
2) **Government** Ten (10) people at Table 2: Mayor, Police, Fire & Rescue, Hospital, School, Water Utility, Electric & Gas Utility, Public Sanitation, Public Works and a National Disaster Management Agency. All were seated together at one, large table to facilitate interagency communication. Next time, I might seat them at two (2) tables to make interagency communication a bit more challenging.

3) **Private Sector** Sixteen (16) people at Tables 3 & 4: Bottled Water & Portable Electrical Generators, News Media (all kinds), Telecom (all kinds) Provider, Insurance, Toilets, Building Supplies, Transportation (all kinds) & Fuel, Grocery Store. The two (2) Private Sector tables had identical vendors, so that each had a direct 'competitor' at the other table. Telecom could have been a Government function, but in most developed countries, telecom

operators are private companies. One vendor sold both bottled water and generators, as many superstores do, but I gave construction materials to a separate vendor.

4) **Survivors** Sixteen (16) people at Tables 5 & 6. Each survivor exhibited one of eight (8) common disaster consequences: broken leg, parents missing, spouse died, home damaged, home destroyed, restaurant damaged, lost pet, illegal immigrant with limited language capability. Survivors at both tables had the same needs in order to create multiple, simultaneous demands for the same assistance (and to make role writing easier). To accommodate a larger number of participants in future exercises, I could expand the number of Survivor tables (more people with a broken leg, for example).

5) **Witnesses** Sixteen (16) people at Tables 7 & 8. Anyone local or remote, not directly affected by the event but looking for information it – you, at home, for example – is a Witness to a disaster. I intended to simulate a remote audience that could be expanded or contracted as the number of participants warranted.



With only the organizer's estimate of the number of participants, and no information about their skills or experiences, I had a dilemma: **How to assign an unknown number of participants to roles and tables** quickly? I put a numbered placard, A2-size (double Ledger-size) blank sheets of paper, marker pens and the appropriate number of adhesive labels (*photo at left*) on each table, color-coded by sector. As they entered the hotel meeting room, participants picked any table at which to sit without knowing what constituency each table represented; I asked them not to add or remove chairs from the tables. When they were all seated, I asked everyone to pick any one of the stickers on the table and paste it on his or her shirt.

There was a wrinkle I hadn't considered: a group of non-native English speakers congregated at what I'd planned to be the Government table. As I suspected that might create verbal communication problems, I just swapped the table placards so that they became Survivors.

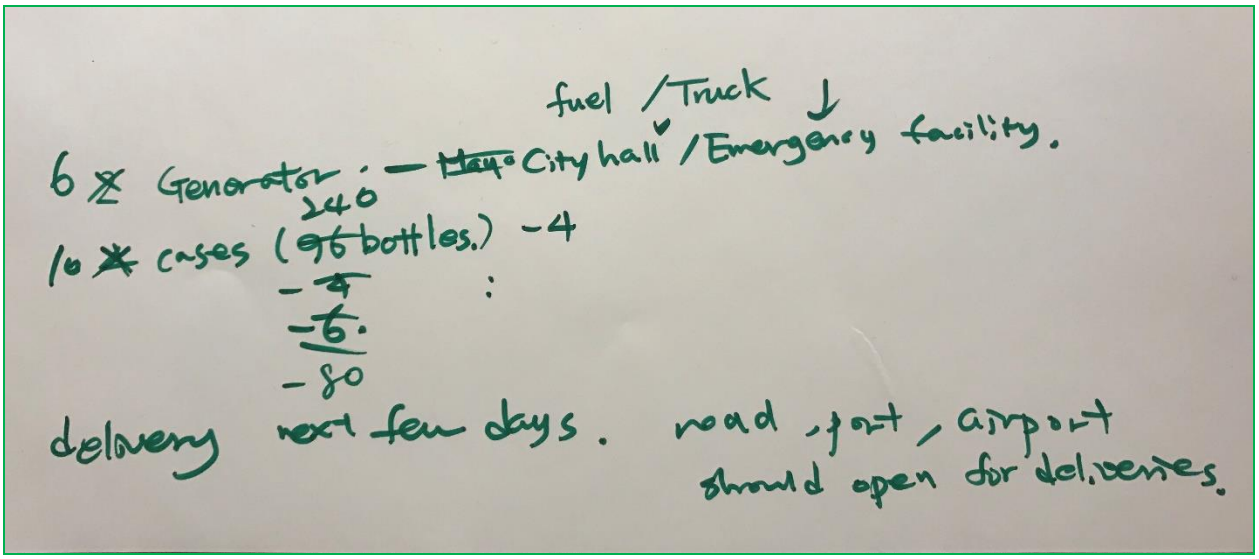
Limitations of Scale

In the immediate aftermath of any disaster, there are never enough resources available to meet all the demands for help. I couldn't overwhelm the six (6) people at the NGO table, however, or the Private Sector suppliers of building supplies with "thousands" of supplicants with only sixteen (16) potential Survivors.

To simulate resource constraints, I specified in the relevant role descriptions the number of toilets, the amount of fuel available, the capacities of shelters or the number of people the hospital could serve, as you see in sample role player instructions below. I scaled the numbers to the (approximate) number of participants, which required a considerable amount of cross-checking role descriptions for consistency (*e.g.*, if the Fuel person has xx gallons/litres of diesel, how many trucks should the Transportation person have?). I hoped those artificial restrictions would force NGO's and Government to turn some people away, or spur Private Sector providers

to respond to increased demand for limited resources by raising their prices, just as they do in a real disaster.

As it turned out, that worked like a charm. In this photo (*below*), you see the Private Sector tracked their inventories of generators and water bottles as they allocated them. (Coloured markers made it easy to see afterward what notes had been made by each group; green was the Private Sector.) You also see that some of the requests for resources came from the Government (*e.g.*, "City Hall"), just as in a real disaster - and exactly what I hoped would happen to illuminate interdependence between the public and private sectors.



Event Time Periods

With only 90 minutes for an introduction (10 minutes), an exercise, two (2) debriefs (15 minutes each) and a wrap-up (10 minutes), I decided to have only two (2) Event Time periods: Day 1 (20 minutes) and Day 3 (20 minutes). Most of the serious challenges in a disaster take place in the early days anyway, don't they? Just in case, I wrote instructions for everybody for a Day 7 Event Time, but as expected, we ran out of time before they were needed.

The Exercise

Photo credit NBC News http://www.trbimg.com/img-57f8311a/turbine/os-hurricane-matthew-pictures

I set the scene with only this image from Hurricane Matthew and two (2) screens that listed the consequences of the event:

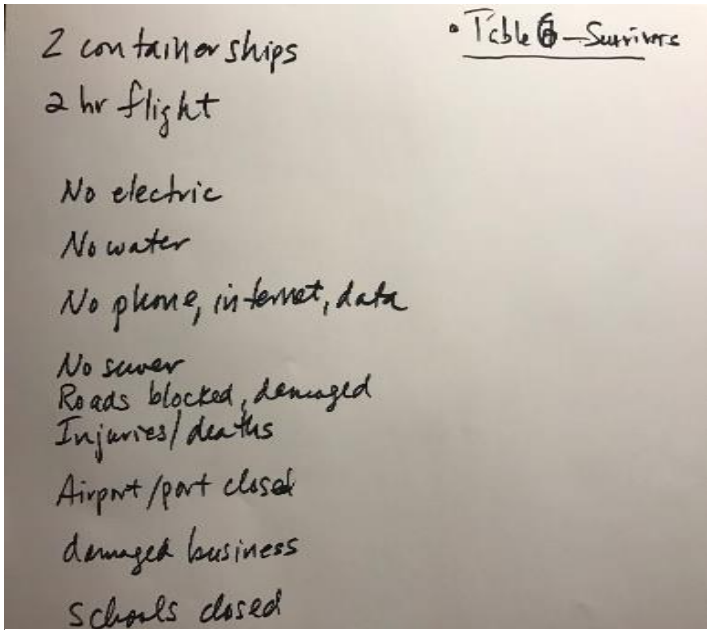
Consequences

No electricity
No water
No phone, internet or mobile
No sanitation infrastructure
No ground transportation

Consequences

Injuries and deaths
Airport and port are closed
Destroyed & damaged buildings
Many businesses closed

Resilia's infrastructure was totally devastated, perhaps unrealistic in a larger, developed country and definitely overkill in a professional exercise. My consideration was how to explain the disaster consequences quickly and simply to people who might be listening while selecting their hors d-oeuvres. I wanted participants to imagine themselves temporarily back in the Stone Age, or in Haiti. Mostly I didn't want them to assume they'd be able to use their phones, drive to the store for supplies or expect quick response from emergency services. I was happy to see every table taking notes like these (*photo at right*), without prompting.



Each table had three (3), large, blank sheets of paper and marker pens with which to take notes; many did.

Roles & instructions

I spent the time I normally spend on scenario developments, I spent writing role descriptions and instructions for each of the sixty (60) participants. To start the exercise, I handed out a sheet to each table with brief, printed instructions for each label number. From these, each participant first learned what was expected of his or her role number on Day 1 in Event Time:

> **Table 1 NGO Medical, Label 1**: "You deliver medical treatment, like the Red Cross/Red Crescent Society.
>
> On Day 1, you have only enough local, trained volunteer doctors and nurses to **treat two (2) people**. When you have treated two (2) people, you cannot treat any more people."

> **Table 2 Government, Label 3**: "You run the only hospital in Resilia.
>
> On Day 1, your hospital is functioning but only has staff, equipment and medicine to serve two (2) people. Your hospital has its own generator for electricity, but will run out of diesel fuel by Day 3.

> **Table 2 Government, Label 8:** "You run the Public Works department in Resilia. Your organization builds roads and bridges, maintains public street lighting, maintains water and sewer pipes.
>
> On Day 1, your four (4) employees are overwhelmed with requests for repair, debris removal, and restoration of public infrastructure (roads, water pipes, sewers, traffic lights). You must allocate and prioritize the requests.

> **Tables 3/4 Private Sector, Label 1** You run one of two (2) private companies [*a duplicate provider at the other Private Sector table*] in Resilia sells bottled water and portable electrical generators. You do not sell fuel (gasoline/petrol or diesel fuel).
>
> On Day 1, you have two (2) generators available and four (4) cases (96 bottles) of water available to sell. You can set any prices you like. However, because there is no telephone

service, customers must come to your store. You have no trucks or delivery vehicles available, so customers must carry the items or provide their own transportation.

Tables 3/4 Private Sector, Label 5: "You run Resilia PortaPotties, one of two (2) private companies in Resilia that **rents portable toilets**.

On Day 1 your business is open, but you have no telephone service so potential customers cannot reach you. If customers happen to walk to your office on foot, you have two (2) portable toilets to rent but have no way to deliver them because the roads are closed and you have no trucks. After you rent those two (2) toilets, you have no more toilets to rent. You can charge any price you like.

Tables 3/4 Private Sector, Label 2
You run Resilia Media, the only media company in Resilia. It is a private company that controls all the local news media in Resilia.

On Day 1, because there is no electricity, you cannot broadcast or print the newspaper and you have no internet connection. You have two (2) reporters available; none of your other reporters can get to work as they are taking care of their families at home.

Tables 5/6 Survivors, Label 5: "Your **home has been damaged**, has no electricity or water, and is uninhabitable (you cannot stay there). Four (4) members of your family, including you, were living there. Your home is insured.

Like other survivors, you will need toilet facilities within four (4) hours, and potable (drinkable) water (or other liquids) within eight (8) hours. You have canned food in your house for one (1) day."

Tables 7/8 Witnesses, Label 3: "Your **daughter is in Resilia** on a college trip for three (3) weeks. You see the reports about the disaster and are worried about her. You cannot reach her by telephone or email.

No communication to or from Resilia is possible on Day 1. What ways do you try to find out if she is OK?"

Tables 7/8 Witnesses, Label 7: "Your employer**, a company that assembles consumer electronics, has four (4) employees visiting Resilia** when the hurricane strikes. The employees are there to decide whether your company should open an office and sales showroom in Resilia.

You see reports of the disaster on television and the internet. You tried calling and texting all the employees, but none of them answered. Their families are calling your company to find out if the employees are OK, and what your company is doing to help or locate them.

What should your company do to locate and help those employees, and what should your company tell their families?"

A note: Witnesses were to remain at their tables; everyone else could move around. Witnesses had to get information delivered to them as you would observing on a TV or computer screen. I imagined that many of them would "self-deploy" anyway at a cocktail party. As it turned out, fewer people than expected turned up, so I eliminated both tables of Witnesses before I started

the exercise. If more than expected had turned up, I could have populated those Witnesses tables - or created more Survivors tables.

Each person took time to read his or her role description; I saw many people reading their role descriptions aloud to others at their tables. That sharing - obviously necessary - took extra time that I will take into account the next time I run the exercise.

I purposely gave no oral explanation about what roles other tables or participants were playing. I wanted Survivors to be forced to ask where to go for help. I wanted NGOs to be unprepared for a surge of requests for aid. I wanted the Private Sector to decide about how to allocate limited resources. The confusion that resulted served to provide disaster verisimilitude – and it served as terrific reception 'icebreaker'. As you would imagine, the initial consequence was barely-controlled, but happy, chaos.

The NGO table (Medical, Food, Shelter, Logistics, Disease Management and Faith Support) was immediately busy on Day 1.

After 20 minutes I called timeout for a group debriefing. I gave each person at each table an opportunity to speak; not all of them did.

- I asked the Survivors, 'What did you need and did you get it?'
- I asked the NGOs, 'How many people came to you for help and were you able to provide it?'
- To the Government: 'Who came to you and what did they want?'
- To the Private Sector, 'Did you have what people wanted, and if not, how did you allocate your resources?'

Only through this debriefing did participants learn – if they had not already - what sector each table represented, where they were seated and what resources or needs they had. There were some laughs, of course: the PhD professor who ran the portable toilet business (*Private Sector, Label 5, above*) drew several guffaws and was a great sport about it. The Mayor at the Government table luxuriated in his elected leadership but complained he had little to do. The media person was particularly crestfallen that he had no way to disseminate news (*Private Sector, Label 2, above*)

The Survivors found the NGO table, Government found it had little to offer without Private Sector resources and the Private Sector found how to take commercial advantage. Mission accomplished.

Day 3

For the second segment, I handed out new sheets of role descriptions to each table – the same roles but with updated numbers. My aim was for participants to see how much smoother the response was with even the little information they'd learned from Day 1 and the debriefing.

Table 1 NGO Logistics, Label 2: On Day 3, tents, toilets & empty water bottles have arrived. You have enough for (ten) 10 people. You have no transportation to deliver them; anyone who wants one must come get it.

Label 1 Mayor

You are still the elected Mayor of Resilia. Your constituents are not happy and begin to protest loudly.

Label 5 Public Water Utility

On Day 3, you confirm that Resilia's water reservoir is contaminated. You must treat the water before releasing it. That will take at least seven (7) days.

Label 4 Insurance

On Day 3 your office is now open and telephone service to your office has been restored. You have two (2) adjusters available for damage assessment; they do not have vehicles to get around Resilia. You still cannot make any claim payments to customers.

Label 5 Toilets

On Day 3 you have six (6) more portable toilets to rent but have no way to deliver them unless you can rent a truck. You can charge any price you like.

Label 7 Survivors

On Day 3, your **beloved family pets, two (2) large dogs, are still missing**. You want help to locate them; your two (2) children are in tears. Your home has no electricity or water, but is not damaged.

On Day 3 the action shifted to the Private Sector (at left in photo).

I facilitated a second, much shorter debriefing to end the exercise. It was patently obvious to everyone how far a little knowledge and practice can go.

You always hope participants "get into" their roles in an exercise. I knew that had happened when the news media role player- a research scientist specializing in GIS - surreptitiously used my computer to mock up a tweet for his debriefing: "Mayor arrested for embezzling relief funds!" (alas, I was laughing too hard to take a picture).

We started at 17:30 and finished at 19:15; no one seemed to mind that we ran over time by 15 minutes. Everybody went off to dinner with smiles on their faces. I repaired to the bar.

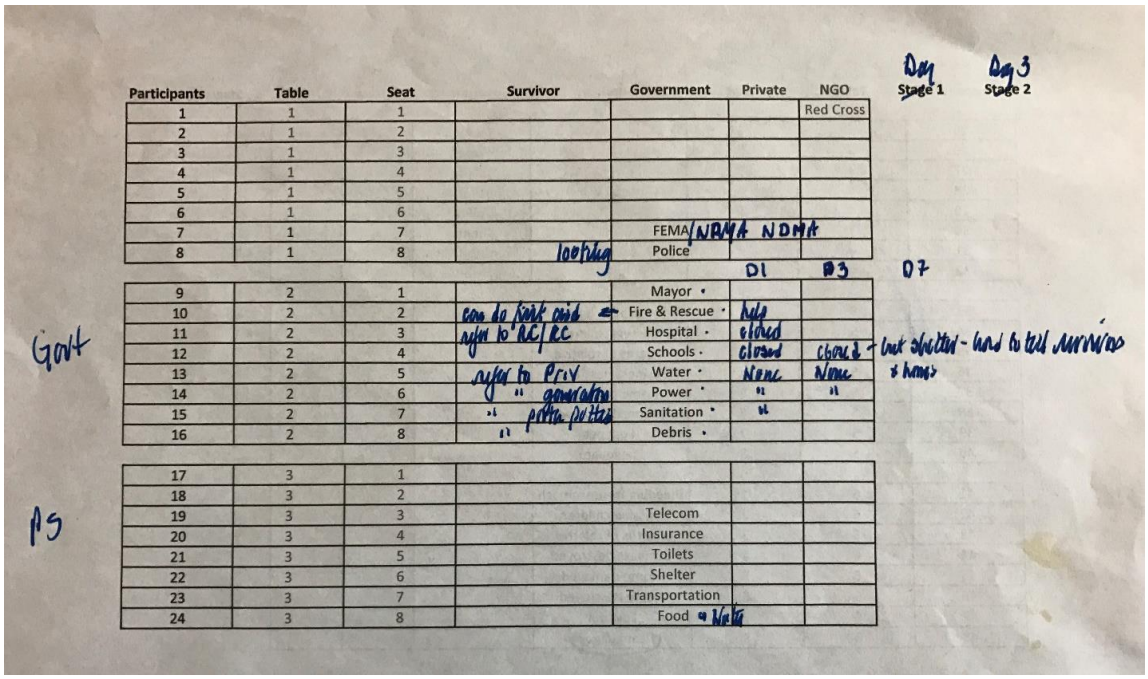
The organizers were effusive in their thanks. Even the reception bartender, a hotel employee whose husband had just been deployed to Haiti with the U.S. Army, told me how much she'd enjoyed watching. She said her husband's own experience sounded very much like the exercise simulation. #verisimilitude

Conclusions

1. Role playing a scenario worked well for fifty (50) to sixty (60) interested but inexperienced participants. With fewer people, there wouldn't have been enough players to have all the provider roles and a 'critical mass' of survivors. It might work for up to one hundred (100) people, in my estimation, but I'd shorten the first debriefing period or extend the time to two (2) hours.
2. It was a lot of work to write one hundred twenty (120) role descriptions (60 people x 2 Event Periods) and cross-check the numbers of resources, but I can't say that it took longer than writing a detailed scenario and Master Event List (MEL). I can say that facilitating an exercise in which you know exactly how each person is going to react is much easier than wondering how many

experienced resilience professionals will wander off into the deep weeds of their imaginations in response to your carefully-crafted scenario.

3. I started an MEL of sorts (*photo*), which served me better as a luncheon placemat (where I did my best thinking) than as a guide to managing the exercise. Next time, I'll add columns for exactly how many resources each person has in each stage; that will make cross-referencing easier. When I worked out that I could put all the role instructions for a table on a two-sided sheet, I saved a few trees by printing all of them on just sixteen (16) sheets of paper - one for each table for Day 1, one for each table for Day 3. I never looked at the completed version of the MEL during the exercise.



Participants	Table	Seat	Survivor	Government	Private	NGO
1	1	1				Red Cross
2	1	2				
3	1	3				
4	1	4				
5	1	5				
6	1	6				
7	1	7		FEMA NRMA NDMA		
8	1	8	looking	Police		
9	2	1		Mayor •		
10	2	2	can do Rank aids ←	Fire & Rescue •	help	
11	2	3	refer to RC/RC	Hospital •	closed	
12	2	4		Schools •	closed	closed
13	2	5	refer to Priv	Water •	None	None
14	2	6	" generators	Power •	"	"
15	2	7	" porta potties	Sanitation •	"	
16	2	8	"	Debris •		
17	3	1				
18	3	2				
19	3	3		Telecom		
20	3	4		Insurance		
21	3	5		Toilets		
22	3	6		Shelter		
23	3	7		Transportation		
24	3	8		Food • Water		

Day 1 Stage 1 Day 3 Stage 2
D1 D3 D7
Gov't
PS
out shelter - hard to tell survivors + homes

4. The liquor helped loosen tongues, perhaps also brains. It was a "mixer," after all: the point was to get people to interact. The standard of evaluation was not an Exercise Check List. The appropriate measure was the Chips-and-Salsa Standard: the more chips-and-salsa left over, the more engaging the exercise must have been.

5. I'd be surprised if anyone left the room not appreciating the value of public-private cooperation in disasters. When you must negotiate with someone to use a toilet, you feel viscerally what a survivor might feel - even if you numb the embarrassment with alcohol, applied internally. I also want to hope they have new appreciation for the role of a professional Emergency Manager.

   I wonder: could be intermittent employment for a resilience professional in semi-retirement suffering through January in America's Frozen North? Get in touch: I'll be here all winter.

China (Shanghai) International Fire & Emergency Expo

Welcome to Visit

Date: Nov. 8-10 , 2017
Venue: Shanghai New International Expo Center
Exhibition Scale: 30,000 sq. m.
Visitors: 30,000

China(Shanghai) International Fire & Emergency Expo will launch with great attention on Nov 8-10, 2017 in Shanghai. The three-day event shines the spotlight on the latest fire & rescue technologies and focuses on the two main activities of The International Safety Forum and Overseas Matchmaking Meeting.
We are committed to make Shanghai the radiation center of fire and emergency rescue products, which will contribute to combining it with the national strategies of the "The Belt and Road", the Yangtze River Economic Belt and the new Eurasian Continental Bridge Construction. We will be active in displaying the cutting-edge fire technology and fire products and providing a wholly new platform for building the good relationship between national fire organizations, emergency rescue associations with the countries and regions all over the world.

Organizer
China National Machinery Industry International Co.,Ltd. (Sinomachint)
China Ocean Aviation Group Limited (COAG)
Guangzhou Lisheng Exhibition Co., Ltd.

Co-organizer
Cepreven
Associação Portuguesa dos Bombeiros Voluntários (APBV)
Taiwan Fire Equipment Association
Industrial Safety and Health Association （ISHA）of the R.O.C
National Safety Council of Australia Foundation

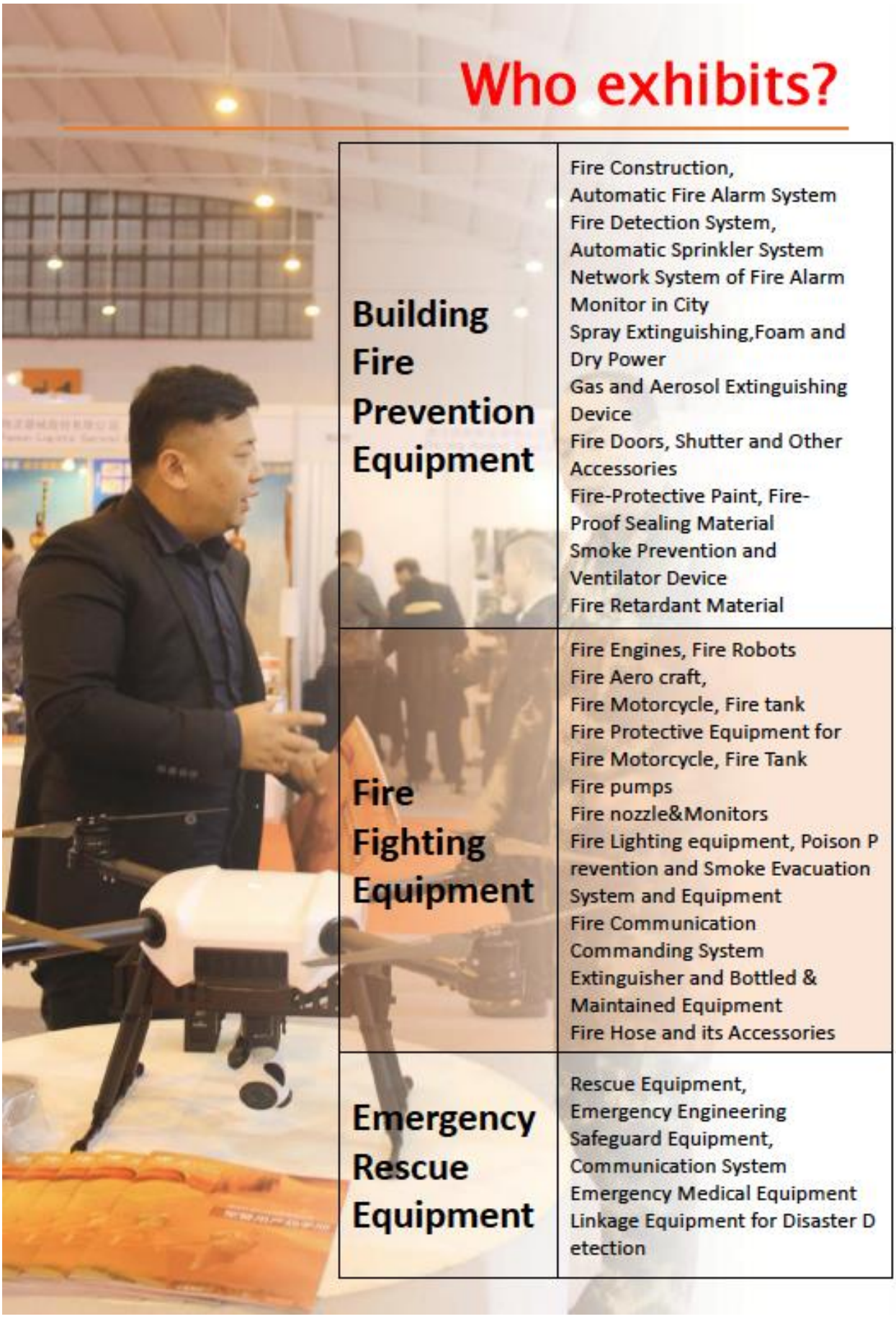
Activities at a glance

SESSION 1 International Safety Forum

"ISF" provides attendees a valuable opportunity to share knowledge and information, learn about one another and get to know each other in fire industry around the world. There will be some engaging presentations and countless insightfuland inspiring discussions which will speed up the development of fire industry.

SESSION 2 Face to Face Matchmaking Meeting

The conference is aimed at providing a good trading platform for worldwide exhibitors and purchasers, increasing the economic and trading effectiveness of the expo, further strengthening the economic and trading ties to realize mutual benefit and win-win.



Who exhibits?

Building Fire Prevention Equipment	Fire Construction, Automatic Fire Alarm System Fire Detection System, Automatic Sprinkler System Network System of Fire Alarm Monitor in City Spray Extinguishing,Foam and Dry Power Gas and Aerosol Extinguishing Device Fire Doors, Shutter and Other Accessories Fire-Protective Paint, Fire-Proof Sealing Material Smoke Prevention and Ventilator Device Fire Retardant Material
Fire Fighting Equipment	Fire Engines, Fire Robots Fire Aero craft, Fire Motorcycle, Fire tank Fire Protective Equipment for Fire Motorcycle, Fire Tank Fire pumps Fire nozzle&Monitors Fire Lighting equipment, Poison P revention and Smoke Evacuation System and Equipment Fire Communication Commanding System Extinguisher and Bottled & Maintained Equipment Fire Hose and its Accessories
Emergency Rescue Equipment	Rescue Equipment, Emergency Engineering Safeguard Equipment, Communication System Emergency Medical Equipment Linkage Equipment for Disaster D etection

Practical Information

Shanghai New Intertional Expo Center

Add: No.2345 Longyang Road, Pudong New District, Shanghai, China

Opening Hours

Nov 8-9 from 9 am - 5 pm
Nov 10 from 9 am - 2pm

How to enter?

Enter with Pre-registration Form for free or register on site.

Contact Us

The organization team is there for you. For more information and Pre-registration Form, please contact us.

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Next TIEMS Newsletter

The next TIEMS Regular Newsletter is planned for December 2017.

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Issue no. 31 is planned for December 2017 and contributions are welcome. Please, contact one of the editors or TIEMS Secretariat if you have news, an article of interest or like to list coming events of interest for the global emergency and disaster community or like to advertise in this issue.