

Public Health Emergency During Mass Gathering Simulation Exercise Guide



G20 Okayama
Health Ministers' Meeting

October 20, 2019



GHP

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Abbreviations

| | |
|---------------|---|
| CEPI | Coalition for Epidemic Preparedness Innovations |
| G20 | Group of Twenty |
| GDP | Gross Domestic Production |
| IHR | International Health Regulations |
| PCR | Polymerase Chain Reaction |
| PHEIC | Public Health Emergency of International Concern |
| PPP | Per purchasing power |
| UNESCO | United Nations Educational, Scientific, and Cultural Organization |
| WHO | World Health Organization |



Disclaimer

The exercise scenario and location contained in this document are entirely fictional and are intended for training and exercise purposes only. This simulation exercise was developed with a focus on raising awareness of health security during a mass gathering event with participating Health Ministers and senior officials at the Group of 20 (G20) Okayama Health Ministers' Meeting held on October 19-20, 2019 in Okayama, Japan.

It is not the intention of this exercise and the scenario to implicate any one sector, any individual country or specific event. Rather, the scenario has been written to demonstrate the importance of preparing for and responding to public health emergencies, especially during mass gathering events.

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Acknowledgements and development team

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The team members from the Department of Global Health Policy, Graduate School of Medicine, the University of Tokyo consisted of Professor Kenji Shibuya, Dr. Haruka Sakamoto, Dr. Anna Kubota, Ms. Hiroko Taniguchi and Ms. Aya Ishizuka.

The map of the fictitious country, Anycountry, was developed by Bowlgraphics inc., and the photo of a model virus in creating the fictitious virus, *Anycountry virus*, was generously provided by the National Institute of Infectious Diseases, Japan.

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Finally, we would like to thank the participants of the preparatory meetings and dry runs for their insightful comments, which significantly helped improve the exercise from technical and practical perspectives.



1

Introduction

The World Health Organization (WHO) defines “**mass gathering**” as planned or spontaneous events attended by a sufficient number of people to strain the planning and responses resources of a community, state or nation.¹ These events, whether they be sports, political, religious or cultural gatherings, can be of risks from a public health perspective. For instance, a large concentration of people in an overcrowded space for an extended period of time is a recipe for the transmission of infectious diseases. Furthermore, the transient and globalized nature of the world today makes detection and control of infectious diseases even harder. Leaders all over the world, especially those in the health sector, are bound to face such a difficult situation, where they must decide how to handle an outbreak at a mass gathering by effectively working with other sectors and timely disseminating information to the public.

The purposes of this simulation exercise are:

- To share country experiences on preparation for and response to outbreaks during a mass gathering (especially on the importance of multisectoral collaboration and appropriate risk communication to citizens)
- To acknowledge among participating countries on the importance of collaborative promotion of health security, as indicated in the International Health Regulations (IHR)².

1 WHO. “What is WHO’s role in mass gatherings?” (<https://www.who.int/features/qa/mass-gatherings/en/>) accessed August 15, 2019.

2 IHR is an international legal instrument that requires countries to report certain disease outbreaks and public health events to WHO.



2

Outline of the exercise

The simulation exercise was developed for the G20 Okayama Health Ministers' Meeting in Okayama, Japan, which took place on 20th October 2019. The exercise consists of five separate sessions, designed to last approximately 2 hours in total. The participants will be first introduced to the scenario and background information in Session 1, identify and discuss the key issues that would arise in an outbreak during a mass gathering in Sessions 2, 3 and 4, and summarize and capture the main points in Session 5. The exercise will enable the participants to progress action on preparing for and responding to public health emergencies during a mass gathering event in their countries.

2.1 Programme

The outline programme for the exercise is as shown below. Please note timings are approximate and may be subject to change; however, the exercise should last approximately 2 hours.

Sample schedule:

| Session | Time | Content |
|--|--------|--|
| 1 Introduction | 2 min | Chair: Opening remarks |
| | 2 min | Facilitators: Introduction to the exercise |
| | 3 min | Practice of voting machine |
| | 3 min | Film 1 |
| 2 Outbreak of a disease | 3 min | Film 2 |
| | 2 min | Facilitators: Supplementary information |
| | 2 min | Interactive session (voting question) |
| | 2 min | Facilitators: Summary and transition |
| 3 Appropriate Information Disclosure | 3 min | Film 3 |
| | 2 min | Facilitators: Supplementary information |
| | 43 min | Interactive session (voting question, facilitated discussions) |
| | 2 min | Facilitators: Summary and transition |
| 4 Importance of Multisectoral Coordination | 2 min | Film 4 |
| | 2 min | Facilitators: Supplementary information |
| | 40 min | Interactive session (facilitated discussions) |
| | 2 min | Facilitators: Summary and transition |
| 5 Closing | 2 min | Film 5 |
| | 2 min | Facilitators: Summary and closure |
| | 1 min | Chair: Closing remarks |

2.2 Conduct of the exercise

The exercise will provide a confidential forum for questions and voting followed by free speech and discussion, and participants should feel free to engage positively without feeling under pressure or scrutiny. Where appropriate, information received may be shared outside the meeting, but discretion should be applied in order to protect the identity or organization of the speaker.

For instance, the exercise can begin with Session 1 where a short introductory film will allow participants to reflect on how mass gatherings can be an issue from public health perspective. This session will be followed by three sessions (Sessions 2, 3 and 4), where a mix of voting and discussions will be held after a film viewing in each session for participants to engage in depth on each suggested topic. At the G20 Okayama Health Ministers' Meeting, the participants voted on whether to hold a mass gathering after an outbreak in Session 2, voted and then engaged in free speech discussions on how to disclose information in Session 3, and discussed based on guiding questions on how to effectively work together multilaterally on decisions that are beyond the scope of the Ministry of Health.

At the end of the exercise, a final summary session (session 5) will capture the key points to help participants identify actions in preparing for and responding to public health emergency during mass gatherings in their countries.

2.3 Facilitators

Two to three facilitators are recommended to moderate the exercise for a smooth operation. In the case of two facilitators, one person should lead the session while also keeping track of the time, while the other person provides technical input to the discussions. In the case three persons are available to facilitate, one person should lead and facilitate the discussion, second person be a timekeeper, and the third to provide technical inputs to facilitate the discussion.

At the G20 Okayama Health Ministers' Meeting, Dr. Yasuhiro Suzuki, Chief Medical Officer and Vice Minister for Health at the Ministry of Health, Labour and Welfare of Japan, and Dr. Ichiro Kurane, former Director General and Honorary Staff Member, the National Institute of Infectious Diseases, Japan served as the facilitators of the exercise (See Annex). Dr. Suzuki played the role of leading and facilitating the overall discussion, while Dr. Kurane provided technical expertise as an expert on infectious diseases. They led the discussions for the exercise and assisted participants to identify the key challenges and issues raised.



3

Simulation exercise scenario and background information

3.1 Background on fictitious settings: country, disease and mass gathering

In this simulation exercise, a fictitious country called Anycountry, is preparing to host a fictitious international event, International Wellness and Arts Week. However, with just one month to go, an outbreak of a respiratory infection by a fictitious virus, *Anycountry virus*, occurs. The details of the fictitious settings, including the country, Anycountry; the international event, International Wellness and Arts Week; and the fictitious virus, *Anycountry virus*, can be found below.

3.1.1 Background on fictitious country - Anycountry

Topography

Anycountry (total population: 20 million) is a mid-sized nation, bordered by several countries in the east and north, and is surrounded to the west by the WestSea and to the south by the SouthSea. 80% of the country consists of mountainous terrain, while there is a peninsula that projects out into the WestSea and SouthSea. The country also has numerous islands, including the beautiful BlueOcean Island that attracts many international tourists throughout the year.

Anycountry's capital, CapitalCity, is the largest city in the country with a population of 3.5 million people. It is situated inland and as a city of historic significance, it has many United Nations Educational, Scientific, and Cultural Organization (UNESCO) World Heritage Sites. These sites are one of the main attractions drawing international tourists to Anycountry and thus represent important sources of income.

Aside from CapitalCity, there are three major cities in Anycountry: Dancerville, Touriston, Artistown, each with a population of 0.8 to 1.2 million people. Dancerville, which is the second largest city, is situated along the shores of SouthSea and has an international airport. Artistown, a city in the northeastern part of Anycountry, has a domestic airport. Touriston, located at the tip of the peninsula, is a major port hub. All these cities are connected by road and railway, and also are homes to several industrial economic zones. The International Wellness and Arts Week (a fictitious event for purposes of the simulation. The details of the event will be explained in a later section) will be held, on a rotational basis, in all four of these cities.



Figure 1: Map of Anycountry

Population

The population of Anycountry is 20 million people, of which those under 15 years old make up for 20%. The average life expectancy is 80 years old. The average literacy rate is 97%.

Economy

Anycountry is a middle-income country whose Gross Domestic Product (GDP) per capita is 25,000 USD per purchasing power (PPP). Its economy is based on service and industrials sectors. Important industries come from tourism that is supported by the UNESCO World Heritage Sites in the CapitalCity and many of the beautiful islands, including the BlueOcean Island. It also has a booming shipping industry. The country is also a significant agricultural producer to its surrounding countries.

It is Anycountry's first time hosting a large scale event like that of the International Wellness and Arts Week. Financing from the Global Development Bank has been provided to develop infrastructure within the country, including the construction of event venues and a long distance rapid rail system, as well as strengthening of health systems.

Health System

Anycountry provides free public healthcare to all its residents. However, most of the public medical facilities often lack medical supplies and commodities, and patients often face a long wait time before they can be seen by a health professional.

On the other hand, there is a large private sector, especially in the urban areas. Half of the population seek medical care at private institutions, and therefore, pay a high out of pocket expenditure.

There are several types of hospitals (both public and private), as well as clinics across the country but specialized tertiary care tends to be concentrated in urban areas.

Most health professionals working in rural areas only speak the Anycountry language, and cannot communicate in English or other universal languages.

3.1.2 Description of a fictitious infectious disease - *Anycountry virus*

There is still much left unknown regarding the transmission route and human-to-human transmission of *Anycountry virus*. It has been confirmed that the possibility of an outbreak is high with a close human to human contact, such as in medical and nursing care facilities.

Main symptoms include that of respiratory infection. Therefore, standard precautions and protection against general respiratory infections are advised. Anycountry is working to execute early detection and immediate isolation of patients and quarantine of contact cases in their own homes. Medical preventive measures (vaccine and preventive treatment) and curative treatment have not been established yet.

The incubation period is about 2 days. There is almost no transmission potential before the symptoms occur. The infectivity seems to last for a week from symptom onset.

Although a pathogen diagnosis system has been established using the Polymerase Chain Reaction (PCR) method, it has been pointed out that detection sensitivity is low in the early stages of symptom onset. About 80% of those who develop symptoms recover with symptom management and supportive care, but about 20% develop severe complications and require intensive care.

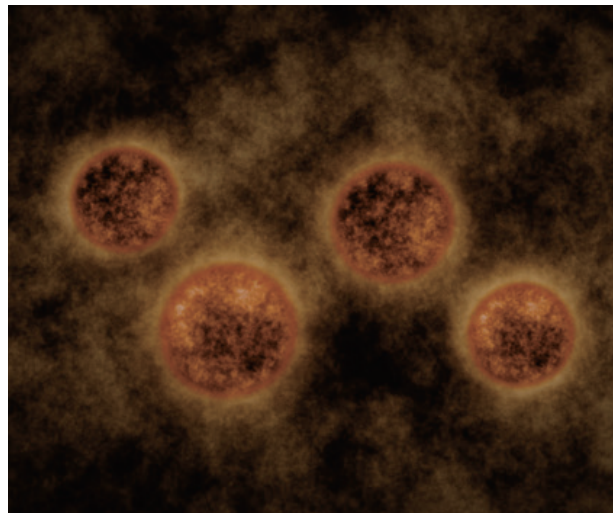


Figure 2: Photo of *Anycountry virus*
Photo Credit: National Institute of Infectious Diseases, Japan

3.1.3 Description of a fictitious mass gathering - International Wellness and Arts Week

International Wellness and Arts Week is an internationally recognized music and dance festival held every five years in different countries. Prominent world class artists and dancers are selected to perform for the festival with the aim of raising awareness and funds for health promotional activities.

The festival attracts a total of over 1 million people regardless of age and gender for the duration of 12 days. It is an internationally influential event where members of royal families, heads of government and political leaders participate every time and the tickets for the general public are hard to obtain. The festival is also broadcasted live, which is viewed by millions across the globe. The economic impact of the festival is said to be of 10 billion US dollars and the legacy effect to be 100 billion US dollars. Most of the revenue from the festival is donated to health promotion related activities across the world.

Anycountry will be hosting this festival for the first time from September 1 to 12, 20XX. Four major cities have been selected to host the festival for three days on a rotational basis. The cities include the capital of Anycountry, named CapitalCity, with a population of 3.5 million, and three other major cities with a population of 0.8 to 1.2 million each (Dancerville, Touriston, Artistown).

In order to host this festival, Anycountry has established an organizing committee chaired by the head of government of Anycountry. In addition, as a first timer of hosting such a large-scale event, Anycountry is receiving financial assistance from the Global Development Bank to develop infrastructure within the country, including the construction of event venues and a long distance rapid rail system, as well as strengthening of health systems.

3.2 Exercise scenario

Session 1 Introduction

Following an opening remark by the chair and introduction of facilitators, an overview of the exercise is given by the facilitators and an introductory film (film #1) is shown to the participants.

Timeline of events illustrated in film #1

In this session, participants are given an overview of the exercise by the facilitators and are shown an introduction film, which will set the tone for participants to reflect on what to do when an outbreak occurs during a mass gathering. It is merely an introductory film and does not touch upon the fictitious scenario. The details of the film is presented in Section 3.3.1.

Voting and Discussion Questions

There is no voting or discussion question during this session. If the organizers are using a voting machine, as the development team did for the G20 Okayama Health Ministers' Meeting, a test voting question is recommended to test the functions of the machine and to allow participants to familiarize themselves with the machine. The development team held a practice voting before the viewing of film #1 during the G20 Okayama Health Ministers' Meeting.

Session 2 Outbreaks of a disease

Session 2 starts with a viewing of film #2, followed by a supplementary explanation by the facilitators on the timeline of events. After the scenario of events are clarified, it is recommended that a voting question is presented to the participants to decide whether to go ahead with event planning despite an outbreak of a novel virus infection.

Timeline of events illustrated in film #2

summary of the film is presented in Section 3.3.1

May 4, 20XX

A patient with pneumonia-like symptoms was admitted to Main Hospital in IslandCity of Anycountry. Soon after, cases with similar symptoms emerge among the hospital staff of the Main Hospital.

IslandCity is the largest city on BlueOcean Island in the SouthSea of Anycountry. The population of the Island is about 0.4 million, where most major infrastructure, including medical, education, and administrative services of BlueOcean Island, are concentrated in the IslandCity. The International Wellness and Arts Week is not planned to take place in BlueOcean Island, but there are domestic flights

| | |
|-----------------------|---|
| | <p>that fly 5 times a day each to two of the host cities: CapitalCity and Dancerville.</p> |
| June 30, 20XX | <p>The novel virus that seems to cause the emerging infectious disease is identified as <i>Anycountry virus</i>. With the support of WHO, a PCR based pathogen diagnosis method is established.</p> <p>Anycountry's Ministry of Health and a team of experts continue an epidemiological investigation on the transmission route of <i>Anycountry virus</i>. The number of cases (including confirmed and suspected cases) reach a total of 45 at this stage, with 9 who are receiving intensive care. Of the detected cases, 25 were staff of the Main Hospital.</p> |
| July 20, 20XX | <p>With the support of WHO experts' advisory assistance, the number of new infections within Main Hospital reach zero.</p> |
| July 31, 20XX | <p>New cases of <i>Anycountry virus</i> continue to be reported in IslandCity. The total cumulative number of reported cases is 66, of which 12 required intensive care. The local health facilities are overstretched to control the outbreak, causing a strain on the local health system. At this point in time, public dissatisfaction with the entire situation is accumulating as well.</p> <p>Four cities in Anycountry, (CapitalCity, Dancerville, Touriston, and Artistown) are preparing to host the International Wellness and Arts Week, a major event that has been under way for the past five years. Teams of performers, representing each country across the globe, will be invited to the festival. With only a month to the festival launch, each participating country is showing concern regarding the event taking place under the current situation in Anycountry. At present, no case has been confirmed outside of IslandCity, and no case of Anycountry virus has been reported in other countries.</p> |
| August 1, 20XX | <p>With only a month until the opening of the festival, the Minister of Health conducts a press conference to provide an update on the situation. The Minister informs citizens that the infection of <i>Anycountry virus</i> is contained within IslandCity and that with WHO's support, the infection within Main Hospital has now been resolved and no new cases have been reported since July 20. The Minister called for its citizens to rest assured that <i>Anycountry virus</i> has not been detected outside of IslandCity and to remain calm as officials work to control the matter.</p> |

Government's response at this stage:

Given that the outbreak is limited within IslandCity and the infection in Main Hospital is controlled with the support of WHO, the matter is handled by the Infectious Disease Control Department within Anycountry's Ministry of Health (responsible for information gathering as well as notification of local governments and medical facilities nationwide).

At the local government level, the situation is regarded as an isolated outbreak in IslandCity, and the municipality of IslandCity is conducting a thorough surveillance including contact tracing. While preventative measures have not been established, the Ministry is calling on the general population to take standard precautions in line with general respiratory infections such as following the cough etiquette.

Voting and Discussion Questions

A voting question on the decision to continue with the festival plans was presented at the G20 Okayama Health Ministers' Meeting for this session. It is outlined as the suggested voting question for Session 2, under the Section 3.4 of this document.

Session 3 Appropriate information Disclosure

Session 3 starts with a viewing of film #3, followed by a supplementary explanation by the facilitators on the timeline of events. After the scenario of events are clarified, it is recommended that a voting question is presented to the participants on what information to disclose. This topic should be further discussed using some guiding questions.

Timeline of events illustrated in film #3

summary of the film is presented in Section 3.3.1

September 1, 20XX

The International Wellness and Arts Week commences in four cities of Anycountry: CapitalCity, Dancerville, Artistown, and Touriston. The festival will take place until September 12, 2019.

September 4, 20XX

In CapitalCity, a performer from GuestCountry develops a high fever and severe respiratory symptoms. On the same day, the performer was rushed to a nearby emergency hospital. (This person will be known as Case Z).

September 4, 20XX

Laboratory tests confirm that Case Z is infected with *Anycountry virus*. A designated health center immediately conducts an epidemiological

September 5, 20XX

investigation and finds that Case Z had visited IslandCity before the festival. Furthermore, it is reported that Case Z had visited the ambassador of GuestCountry to Anycountry as a courtesy call while Case Z had shown some signs of the *Anycountry virus* symptoms.

While the Ministry of Health has disclosed all relevant information of Case Z from a public health perspective including age, sex, and travel history, some social media and traditional media report of **speculations that a performer from ThirdCountry, not GuestCountry, is infected with *Anycountry virus*, and fake news spreads quickly.** ThirdCountry, as a result, suffers reputational and economic damages. There is no known effective preventative measure (vaccines or preventative treatment) nor a curative treatment, causing fear to rise among the public. There are many postings on social media that question the continuation of the festival as planned.

Meanwhile, Public Health Emergency of International Concern (PHEIC)³ has not been declared, but some countries have called for travelers to refrain from visiting Anycountry and for performance teams to be pulled out. **The situation, including the decision on cancellation of the festival, is beyond the scope of the Ministry of Health, requiring a multisectoral coordinated approach involving the head of government of Anycountry.**

Response of the general public:

Social media and major news outlets are reporting doubts about the continuation of the festival. Furthermore, false information is circulating on social media, from false reporting of deaths to false transmission routes or rumors of an existence of a curative treatment. The unknown details regarding the *Anycountry virus*, including the transmission route, are escalating fear among the public.

Furthermore, some social media and traditional media are **reporting fake news that a performer from ThirdCountry, not GuestCountry, has been infected with the *Anycountry virus*.** Visitors from outside the country are starting to cancel or postpone their trips.

3 PHEIC is a formal declaration by the WHO of an extraordinary event, which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response.

Government's response:

The opposition political party is calling for the government to announce for a cancellation of the festival and to implement travel restrictions of residents within IslandCity. In addition, there is a growing consensus that this issue is beyond the matter of the health sector. The head of government's office is contemplating to implement a multisectoral approach to address the issue.

As part of the response to the reporting of Case Z, the nation as a whole has geared up its surveillance system, conducting a thorough contact tracing. Given that a definite preventative measure for *Anycountry virus* is yet to be established, the government has called for the general public to take standard precautions in line with general respiratory infections.

Information disclosure:

With the false rumors causing confusion among the public and media, the government attempts to disseminate "accurate" information on the outbreak in order to gain the public's trust, including that of the international community. Despite the public and media interest on information not relevant from a public health perspective the information disclosed are limited in scope to protect the identity of the patient.

Voting and Discussion Questions

A voting question, followed by discussion questions for appropriate information disclosure, were presented at the G20 Okayama Health Ministers' Meeting in this session. They are outlined as the suggested voting and discussion guiding questions for Session 3, under the Section 3.4 of this document.

Session 4 Importance of Multisectoral Coordination

Session 4 starts with a viewing of film #4, followed by a supplementary explanation by the facilitators to get a common understanding that the outbreak situation remains to be the same. It is recommended that this session be further explored as a discussion session, using some of the suggested guiding questions.

Timeline of events illustrated in film #4

The scenario of the outbreak is the same as the Session 3. Please refer to Section 3.3.1 for the summary of the film content.

Voting and Discussion Questions

In this session, the focus of the topic is on the importance of multisectoral coordination to contain the situation and decide on the future of the festival. Instead of holding a voting on a particular scenario, this session may be best led as an open-ended discussion session. At the G20 Okayama Health Ministers' Meeting, the participants engaged in a discussion by sharing their own country experiences as outlined in the suggested discussion questions for Session 4, under the Section 3.4 of this document.

Session 5 Closing

Session 5 starts with a viewing of film #5, followed by a wrap up comments by facilitators and a closing remark by the chair. There is no suggested question for this session.

Timeline of events illustrated in film #5

summary of the film is presented in Section 3.3.1




September 12, 20XX

Case Z has fully recovered and is participating in the closing ceremony of the International Wellness and Arts Week. With a prompt and transparent information disclosure as well as a smooth multisectoral coordination across agencies, the outbreak of *Anycountry virus* infection is kept under control. The public health officials of Anycountry has conducted a thorough contact tracing and no new case of *Anycountry virus* infection has yet to be reported. With the swift government response and the lack of new case reporting, the public fear has dissolved and the government of Anycountry has restored its public's trust.

Voting and Discussion Questions

There is no suggested voting or discussion question for this session.

Case profiles (summary):

| |  Index Case |  Performer - Case Z |  Performer - Fake News |
|-------------------|---|---|--|
| Symptoms | Respiratory illness | Respiratory illness | Unknown (?) |
| Infection | Confirmed | Confirmed | Unconfirmed (?) |
| Date of onset | May 4 | September 4 | Unknown |
| Location of onset | IslandCity | CapitalCity | CapitalCity |
| Country of Origin | AnyCountry | GuestCountry | ThirdCountry |

3.3 Injects (films)

To introduce the participants to the fictitious scenario unfolding in Anycountry, a series of five short films were produced. A brief summary of each film can be found in the following section “3.3.1 Summary of each film.” The films are available for viewing on Youtube at the following link:



 YouTube

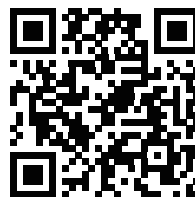
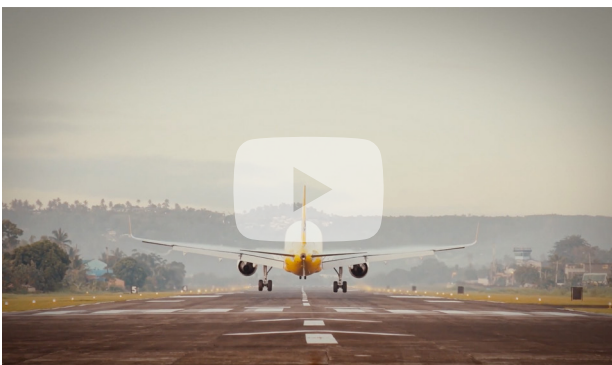
https://www.youtube.com/playlist?list=PL28h_EyyEYqvKyyExR1kG12td0Kfle-0x

3.3.1 Summary of each film

Film 1 (2 minutes)

Introduction to mass gatherings and their public health implication

This film highlights the importance of preparing for and responding to public health emergencies during a mass gathering. It starts with WHO’s definition of mass gathering, images of people in crowded spaces such as music festivals and sporting events, as well as images of people traveling in and out, and an image of an emerging infectious disease lurking around. The main message is we do not know when the next outbreak can occur during a mass gathering of international scale.



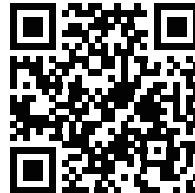
 YouTube

<https://youtu.be/qPtENTAU2Uk>

Film 2 (3 minutes)

Introduction to the scenario

This film gives an overview of the fictitious nation and the event, as well as the outbreak that occurs in IslandCity of Anycountry. With a month to go until the International Wellness and Arts Week, the Minister of Health provides an update on the outbreak to the general public.



YouTube

https://youtu.be/yl8j-t_f2_w

Film 3 (2.5 minutes)

Introduction to the topic of information disclosure

This film gives the viewers information on Case Z, the performer from GuestCountry, who falls ill with *Anycountry virus* infection while staying in CapitalCity. Case Z visited IslandCity before the onset of the symptoms and made a courtesy call to the Ambassador of GuestCountry in CapitalCity while showing signs of the infection.

False rumor starts to spread among social networks and the media indicating that a performer from ThirdCountry has fallen ill with the *Anycountry virus*. ThirdCountry, as a result suffers reputational and economic damages and an immediate action to control the matter is needed.



YouTube

<https://youtu.be/gxnW3AWe1tA>

Film 4 (1.5 minutes)

Introduction to the topic of multisector coordination

This film gives an overview of issues beyond the health sector associated with the spread of *Ancountry virus* infection. The scenario of the outbreak is the same as the film 3, but at this point, the opposition political party insists for the government to announce for a cancellation of the festival and to implement travel restrictions of residents within IslandCity. In addition, there is a growing consensus that response measures against *Ancountry virus* infection and the decision-making capacities may be beyond the matter of the health sector.



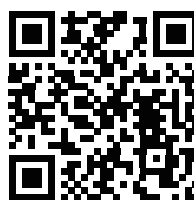
 YouTube

https://youtu.be/AUvN2_ZqG5I

Film 5 (1.5 minutes)

Closing

This film is an epilogue on how Ancountry handled the outbreak and the outcome of the International Wellness and Arts Week. With a prompt and transparent information disclosure as well as a smooth multisectoral coordination across agencies, the outbreak of *Ancountry virus* infection is kept under control. The public fear has dissolved and the government of Ancountry has restored its public's trust. The festival also continues to a successful conclusion.



 YouTube

<https://youtu.be/FDZB9Y2jjoM>

3.4 Voting and discussion questions

Following each film viewing of Sessions 2, 3, and 4, the facilitators should help the participants to engage with the issues presented in the film. The facilitators can lead discussions by asking the participants to imagine themselves in Anycountry’s Health Minister’s position and how they would respond to the evolving situation in Anycountry. Note that participants can either contribute from the perspective of their actual role or can adopt fictitious roles for the exercise.

Following are sample questions that were actually used during the exercise at the G20 Okayama Health Ministers’ Meeting .

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| <p>Session 2</p> <p>Outbreak of a disease</p> <p>Scenario timeframe: August 1, 20XX</p> <hr/> <p>Sample voting question</p> | <p>If your country was facing a similar situation as Anycountry, with just one month to the festival and limited information on <i>Anycountry virus</i>, would you suggest to the head of the festival organization committee, who is also the head of the government, to postpone/cancel the event? Or do you determine that the all is under control for the event to take place as planned?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid blue; border-radius: 50%; padding: 10px; margin-right: 20px;"> Please select ONE answer option </div> <div style="margin-right: 20px;"> <p>1</p> <p>Suggest for postponement or cancellation of the festival.</p> </div> <div style="border-top: 1px dashed gray; width: 100%;"></div> <div style="margin-right: 20px;"> <p>2</p> <p>Suggest for the festival to go ahead as planned, while also working on precautions.</p> </div> </div> |
| <p>Session 3</p> <p>Appropriate Information Disclosure</p> <p>Scenario timeframe: September 5, 20XX</p> <hr/> <p>Sample Voting Question</p> | <p>The government of GuestCountry is refusing to disclose the country of origin of Case Z. On the other hand, an immediate action is required to correct the false rumor and the damage caused to ThirdCountry.</p> <p>All information relevant from a public health point of view, including age, sex, and travel history, has been disclosed. While weighing the political considerations for GuestCountry as well as ThirdCountry</p> <p>Would you, as a Minister of Health, disclose the name of the country of origin of Case Z (i.e.: GuestCountry) if your country was facing a similar situation as Anycountry?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid blue; border-radius: 50%; padding: 10px; margin-right: 20px;"> Please select ONE answer option </div> <div style="margin-right: 20px;"> <p>1</p> <p>Disclose Case Z’s country of origin as GuestCountry.</p> </div> <div style="border-top: 1px dashed gray; width: 100%;"></div> <div style="margin-right: 20px;"> <p>2</p> <p>Would not disclose the country of origin of Case Z.</p> </div> </div> |
| <p>Sample Discussion Guiding Questions</p> | <p>Balancing diplomacy and public health needs:</p> <p>With pandemics, therefore when there is a risk of the infection spreading across borders, there may be political tension that arise between the country</p> |

with the outbreak and surrounding countries. What is your opinion on the appropriate balance of politics and public health in such a situation?

Public health needs and mass media:

How would you handle the media and the general public who take interest in information that is not always relevant from a public health perspective?

Dealing with false information on social media:

While social media can be an extremely effective tool in disseminating information swiftly to a wide audience, how would you control for “Fake news” that can crowd out reliable information?

Session 4

Importance of Multisector Coordination

Scenario timeframe:
September 5, 20XX

Sample Discussion Guiding Questions

Instead of holding a voting on a particular topic, this session may be best led as an open-ended discussion session. At the G20 Okayama Health Ministers’ Meeting, the participants engaged in a discussion by sharing their own country experiences based on the following guiding questions.

What are some measures necessary to ensure a smooth multisector coordination?

The role of the head of government:

In some cases of public health emergencies, the head of government takes the lead, instead of the Ministry of Health, in coordinating multisectoral responses. What is your opinion on the necessity of such a governance structure where the leadership has shifted from the ministry of health to the head of government?

Supplementary info: If deemed difficult to address the outbreak by the Ministry of Health alone, many countries often shift the leadership from the ministry of health to the head of government to place a multisectoral approach governance structure. On the other hand, some countries do not have such a multisectoral governance structure or multisectoral approach may not function well. Not all countries believe that multisectoral approach is the answer to everything given that problems such as a lack of accountability by any of the relevant ministries/agencies that result in inefficiency in operation can rise in multisectoral governance.

Obstacles and challenges:

What are some obstacles and challenges that lie in coordinating responses multisectorally?

Lessons learnt from past events:

If your country has hosted large scale events in the past (e.g.: Olympics and Paralympics, FIFA World Cup, Rugby World Cup, World Expos, Hajj, etc.), what kind of multisectoral governance structure did you have in place? Please share some good practices and lessons learnt.

3.5 Supplementary materials

In addition to the films, the following materials were developed specifically for the exercise during the G20 Health Minister's Meeting and are made available online on the Department of Global Health Policy, Graduate School of Medicine, the University of Tokyo.

<http://www.ghp.m.u-tokyo.ac.jp/>

Briefing package

A separate briefing pack was prepared for the exercise, which outlines the exercise objective, its length and key scenario. Participants may be given the briefing package prior to the exercise to familiarize themselves with the scenario and to prepare accordingly for the discussions to take place in the exercise. For the G20 Health Ministers' Meeting in Okayama, the participants were given the briefing package a month prior to the meeting. No other information was shared with the participants beforehand.

PowerPoint presentation (moderators card)

A PowerPoint presentation with moderator's notes was developed for the exercise to ease and guide the facilitation. Facilitators may show the presentation material to the exercise participants and refer to the notes as needed when running the exercise.

Summary of exercise sessions sub-scenario

An outline of the detailed scenarios in accordance with each session was prepared both in English and Japanese as a guiding material for facilitators and exercise organizers. In this material, facilitators can find a detailed summary of sub-scenario, film content, and questions for each session to get a better idea of how each session is to be run.



4

Relevant links

G20 Berlin Public Health Emergency Simulation Exercise Material

<https://www.bundesgesundheitsministerium.de/english-version/international/g20-health/g20-emergency-simulation-exercise.html>

International Health Regulations, second edition (2005)

<https://www.who.int/ihr/9789241596664/en/>

WHO Mass Gatherings website

https://www.who.int/ihr/ith_and_mass_gatherings/mass_gatherings/en/

WHO Simulation Exercise Manual

<https://www.who.int/ihr/publications/WHO-WHE-CPI-2017.10/en/>

Annex: Facilitators



Dr. Yasuhiro Suzuki

**Chief Medical & Global Health Officer Vice-Minister for Health
Ministry of Health, Labour and Welfare**

Dr. Suzuki was born in 1959. He graduated from the School of Medicine at the Keio University (MD) in 1984 and trained as a neurologist. He received his PhD in public health from Keio University in 1996 and two Masters degrees from the Harvard School of Public Health (MPH in 1989 & MSc in 1990).

Dr. Suzuki has a professional career at the Ministry of Health, Labour and Welfare, Japan, for 30 years covering infectious diseases, mental health, environmental health, food safety, international health, ageing & health, and health research policy. He also worked for the World Health Organization as the Executive Director for Social Change & Mental Health, and later for Health Technology and Pharmaceuticals (covering vaccines, immunization and biologicals) from 1998 to 2002.

He is currently the Chief Medical & Global Health Officer, Vice-Minister for Health in the Ministry of Health, Labour and Welfare, Japan from July 2017. Dr. Suzuki is married and has one daughter.



Dr. Ichiro Kurane

**Former Director General Honoray Staff Member
National Institute of Infectious Diseases Japan**

Dr. Ichiro Kurane was born in Japan in 1953. He received his M.D. in 1978 and Ph.D. in 1992 from Tohoku University School of Medicine.

He served as an Instructor, an Assistant Professor and an Associate Professor in the Division of Infectious Diseases and Immunology, Department of Medicine, University of Massachusetts Medical School, USA, from 1983 to 1995. He became a Professor and the Chairman of the Department of Microbiology, Kinki University School of Medicine, Japan, in 1995. He served as the Director of the Department of Virology 1, National Institute of Infectious Diseases, Japan, in 1998; then the Deputy Director General of in 2010; and finally as the Director General in 2015.

His main scientific specialty is mosquito-borne virus disease, in particular dengue fever and Japanese encephalitis. He is a former president of Japanese Society for Virology. He has published over 400 scientific papers in English and over 100 in Japanese. He is the chair of the Japanese committee, US Japan Co-operative Medical Science Program, and a board member of Coalition for Epidemic Preparedness Innovations (CEPI).