

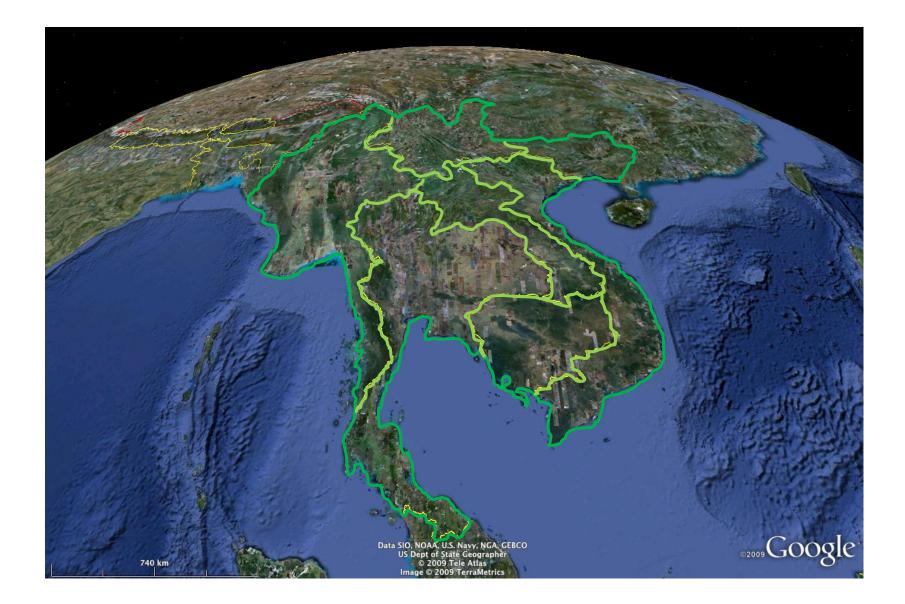


Mekong Basin Disease Surveillance

(MBDS)

MBDS Coordinating Office







MBDS: Mekong Basin Disease Surveillance Network

Cambodia China Laos Myanmar Thailand Vietnam

Land area: 2,570,426 sq km Population: 313,642,000 **MBDS** Strategies 1. Cross Border Cooperation 2. Animal-Human interface 3. HRD 4. ICT Capacity 5. Lab Capacity 6. Risk Com 7. Policy Research

Google



MBDS Cooperation





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MBDS LAO PDR

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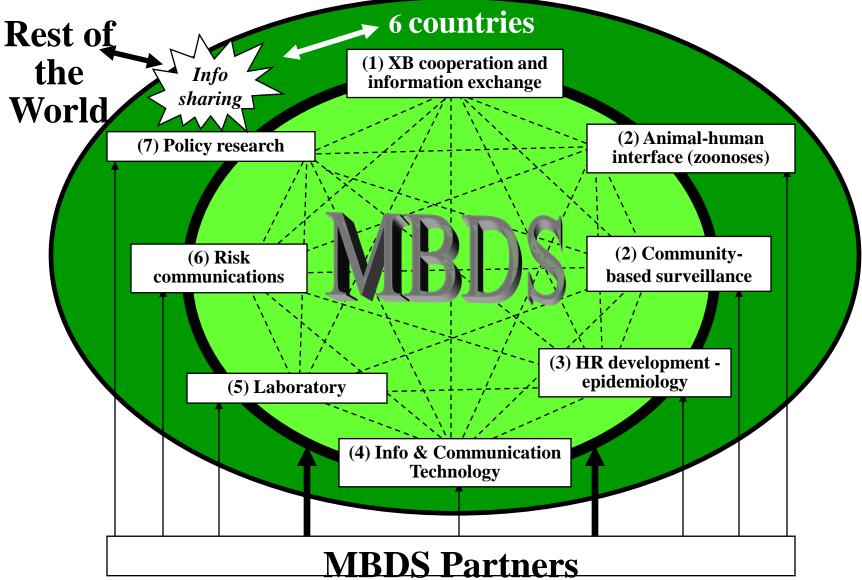


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MBDS Programming is Based on 7 Core Strategies





<u>Objective 1.1: Maintain and expand cross-border (XB) sites</u> <u>Activities</u>

- Identify new cross-border
- Exchange disease information (24 hours, weekly, monthly, quarterly)
- Convene regular (e.g., twice yearly) XB meetings
- Conduct supervisory visits and monitoring
- Establish and maintain border health quarantine
- Train public health and healthcare workers
- Procure and distribute PPE
- Ensure adequate infection control procedures
- Ensure capacity for patient isolation
- Ensure adequate local medical surge capacity planning
- Use resource mapping of all MBDS and other (non-MBDS) XB sites

Objective 2.1: Strengthen collaboration and information sharing between the human and animal health sectors at local to national and sub-regional levels across MBDS countries.

Activities:

- Complete the identification of priority diseases and relevant stakeholders for collaboration and information sharing between animal and human health sectors from national to provincial and local level.
- Develop and implement mechanisms for collaboration and information sharing between the animal and human health sectors, and orient relevant stakeholders .
- Design model tabletop exercise(s) (TTX) at province level, and distribute CD with TTX(s) to MBDS countries for use.
- Develop (and update as needed) a detailed plan/protocol for joint outbreak investigation, including technical procedures/steps and logistics that draw from existing guidance, e.g., WHO, Thai FETP, US-CDC.
- Implement regular information sharing between animal and human health sectors at all levels: National, province, district.
- Share information and experiences across MBDS countries about animal-human interface, for example taking advantage of MBDS Regional Forums for such a purpose
- Conduct at least one outbreak investigation, TTX or drill at each cross-border site each year, seeking to conduct *joint investigation of a zoonotic disease* as a particular priority.

Objective 2.2: Improve community-based surveillance

Activities:

- Select priority diseases for community surveillance purposes (within the context of countries' overall disease surveillance systems).
- Develop guidelines for community-based surveillance, including coordination between departments responsible for human and animal health if/as appropriate
- Build and test one or more models for community-based surveillance in selected XB sites, then evaluate and complete model and discuss more broadly at a MBDS regional conference
- Train volunteers and village health workers for community-based surveillance and implement on an ongoing basis for the early detection of priority diseases
- Maintain regular reporting from communities based on reporting requirements

Objective 3.1: Strengthen field epidemiology capabilities from national to local level and networking across <u>MBDS countries</u>

Activities:

- Review each country's human resources for epidemiology at all levels on an ongoing basis, and revise country plan for capacity building as needed
- Develop case studies for cross-border disease outbreak investigations, to be used for short- and long-term field epidemiology training
- Incorporate outbreak investigation into RRT/FETP training by conducting or providing technical support to outbreak investigations at cross-border or other areas
- Enhance short-course training in each member country by supporting curriculum design and training or providing lecturers/experts
- Support participants from member countries to existing workshop on laboratory and GIS
- Train epidemiology trainers (TOT): Train FETP alumni as training staff for countries establishing new long-term and short-term epidemiology training programs
- Support long-term and short-term epidemiology training: Support MD/DVM to attend 2 years program; support health officer/MD/DVM/lab technician to attend short-term "Surveillance and Rapid Response for Public Health Emergency Course"
- Use resource mapping as a mechanism for monitoring epidemiology capacity at local, provincial and possibly central levels.
- Conduct MBDS annual academic meeting of FETP
- Conduct periodic evaluation of short- and long-term epidemiology training

Objective 4.1: Establish ICT in support of disease surveillance and response at relevant local, provincial and <u>national sites</u>

Activities

- Policy advocacy: Present an ICT proposal for approval by MBDS leadership (consistent with IHR, identifying relevance to different stakeholders, enhancing multi-sector collaboration, identifying key role of ICT in the network)
- Assess ICT technical capacity and needs at relevant levels in each MBDS country
- Agree upon basic contents of ICT content and applications, among relevant stakeholders
- Pilot test ICT development, capacity building and implementation in one country first (Cambodia)
- Build upon experiences from pilot testing to establish ICT capabilities in relevant areas of other MBDS countries (e.g., equipment/supplies, training)
- Develop a regional policy for standardized data sharing, including recommendations for interoperability and licensing.
- Use 2-way ICT-based communications between local, provincial and central levels in routine surveillance reporting and outbreak investigation (examples include equipment and protocols for communications through internet, cell phone SMS messaging, satellite telephones, telephone hotline, email).
- Operationally test communications across MBDS countries (among Country Coordinators and with Coordinating Office) at least twice per year, or at a frequency determined by MBDS members.
- Use resource mapping to monitor status of ICT capacity in relevant project areas.

Objective 5.1: Improve laboratory capacity and proficiency for core diseases

Activities

- Acquire equipment and reagents based on needs and capacity assessment
- Set up laboratories following Good Laboratory Practices (GLP)
- Develop protocols for specimen collection, identification and transport, consistent with WHO guidelines
- Conduct training for laboratory testing of core disease
- Conduct laboratory evaluation within two years for each laboratory
- Conduct proficiency testing at least annually, using blind specimens
- Monitor laboratory network through resource mapping, to depict such elements as primary and reference laboratory capacity, by pathogen, organization, and other relevant parameters.
- Share experiences at annual MBDS Regional Forum and/or other relevant venues

Objective 5.2: Promote adoption appropriate new diagnostic technologies

Activities

- Identify new diagnostic technologies relevant to MBDS priority diseases, e.g, RT-PCR for influenza A/H5N1 and H1N1, PFGE
- Identify appropriate laboratory/-ies in MBDS countries for new technology
- Provide training in new diagnostic technologies to relevant laboratories
- Adopt standard testing protocol for new diagnostic technologies
- Procure and distribute new diagnostic test reagents
- Add new diagnostic tests to regular proficiency testing program

Objective 6.1: Develop and implement effective risk communications across MBDS, aligned with ASEAN plus three EID project and APSED.

Activities

- Establish risk communication task force/working group (high level officials, experts and publications, and dissemination)
- Conduct risk communications needs assessment in each country
- Develop an overall communication framework and a more detailed risk communication plan for the region, through one or more workshops to include communication specialists and appropriate representatives from MBDS member countries and taking into account the evolution of ASEAN plus three Risk Communication Strategy and APSED
- Develop risk communication curriculum by taskforce committee (communication specialist) in cooperation with WHO and pre-test it at existing national health education program
- Train facilitators using training materials
- Train different levels, different categories of audiences
- Establish public health emergency telephone hotlines
- Integrate health/risk communication messages into existing national dissemination of information (health education system)
- Develop and test risk communication materials (e.g., for TV, radio, print), together with appropriate representatives from the media
- Implement communications when appropriate situations arise, to sensitize governments, health personnel, teachers, other stakeholders
- Implement risk communication when appropriate situations arise, to mobilize the public throughout the country
- Monitor and evaluate risk communications efforts

Objective 7.1: Conduct policy research in each MBDS country and apply results locally Main Activities:

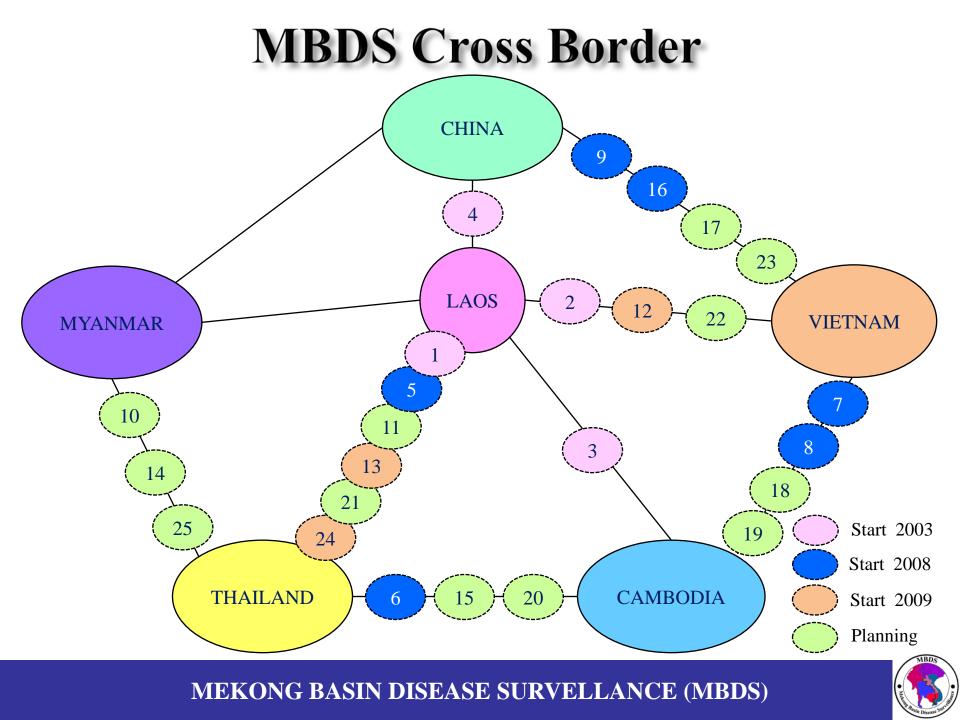
- Identify at least one priority for research each year, e.g., related to a specific core strategy or other element of MBDS programming and frame the research question(s)
- Determine if any technical assistance is needed and potential source of TA, e.g., from another MBDS country or an external partner, for protocol design, implementation, analysis and/or write up
- Design study protocol (background and justification, proposed study design, analysis plan, dissemination plan, timeline, resource requirements)
- Seek/obtain funding
- Conduct study, analyze results, write up report
- Apply research results in the country and measure outcomes

Objective 7.2: Disseminate research results across MBDS countries and beyond and apply where appropriate Main Activities

- Determine appropriate mechanism and timing for sharing research results with other MBDS countries on a case by case basis for each research study (e.g., via meetings, MBDS newsletter, listserve)
- Determine if it is appropriate to disseminate results beyond the MBDS community, and if so, best channel (e.g., publication, presentation at international meeting)
- Determine if technical assistance is needed and potential source (e.g., to support preparation of written report, manuscript for journal publication, or meeting presentation)
- Prepare product for dissemination (e.g., for MBDS newsletter, journal publication, meeting presentation)
- Disseminate research results
- Apply results where appropriate and measure outcomes

MBDS XB Model, Sites and Report Format





Description

- 1. Savannakhet (Laos) Mukdaharn (Thailand)
- 2. Savannakhet (Laos) Quang Tri (Vietnam)
- 3. Champasak (Laos) Stung Treng (Cambodia)
- 4. Luang Namtha (Laos) Mengla (China)
- 5. Bo Kaeo (Laos) Chiang Rai (Thailand)
- 6. Sakaeo (Thailand) Banteay Meacheay (Cambodia)
- 7. Takaeo (Cambodia) An Giang (Vietnam)
- 8. Kampot (Cambodia) Kien Giang (Vietnam)
- 9. Lai Chau (VIET) Luchun (CHI-Y)
- 10. Chiang Rai (Thailand) Tachilek (Myanmar)
- 11. Champasak (Laos) Ubon Ratchathani (Thailand)
- 12. Borikhamxay (Laos) Ha Tinh (Vietnam)
- 13. Vientiane (Laos) Nongkhai (Thailand)

- 14. Mae Sot (Thailand) Myawaddy (Myanmar)
- 15. Chanthaburi (Thailand) Battambang and Pailin (Cambodia)
- 16. Lang Son (Vietnam) Ping Xiang (China)
- 17. Guang Ninh (Vietnam) Dong Xiang (China)
- 18. Svay Rieng (Cambodia) Tay Ninh (Vietnam)
- 19. Kampong Cham (Cambodia) Tay Ninh (Vietnam)
- 20. Koh Kong (Cambodia) Trat (Thailand)
- 21. Kammouane (Laos) Nakorn Phanom (Thailand)
- 22. Khammouane (Laos) Quang Binh (Vietnam)
- 23. Quang Ninh (Vietnam) Quangxi (China)
- 24. Nan (Thailand) Sayabury (Laos)
- 25. Kauy Thauy (Myanmar) Ranong (Thailand)



MBDS Cross border information exchange

Schedule of exchange and content :

- Within 24 hours of Diagnosis: H1N1, AFP, SARS, Cholera/ Severe Diarrhea, Encephalitis, Tetanus, Meningitis, Diphtheria, PHEIC
- *Every Monday of the week*: Leptospirosis, Chikungunya, Dengue Fever, Typhoid Fever, Measles
- Every 5th day of each Month: Malaria, Pneumonia
- *Quarterly (Every three months)*: HIV/AIDS, Tuberculosis



MBDS XB Report Format

XXXXX Provincial Health Office, Country

XXXXXX province MBDS Cross-Border Coordinator No. XX /Country Name

MBDS Cross – Border Reporting Between

XXXXX (Country Name)/ XXXXX (Country Name)

Report: "within 24 hours; "weekly no: "Month: "Quarterly no: Date: DD / MM - DD / MM, YYYY

ID	Diseases		rom 01st week week 2010	Currei	nt week	Date founded	Affected Areas villages	Risk factors/Presuma ble causes	Remark
		Cases	Deaths	Cases	Deaths				
1	H1N1/ H5N1								
2	AFP								
3	SARS								
4	Cholera /Severe								
	Diarrhea								
5	Encephalitis								
6	Tetanus								
7	Meningitis								
8	Diphtheria								
9	PHEIC								
10	Leptospirosis								
11	Chikungunya								
	Dengue fever								
13	Typhoid fever								
14	Measles								
15	Malaria								
16	Pneumonia								
17	HIV/AIDs								
18	Tuberculosis								

Remark: Bold letters are border districts



Monthly Report Quarterly Report Reported by: XXXXX



MBDS XB

MBDS XB Thailand

- Mukdahan
- Sakaeo
- Nan
- Mae Sot **★**
- Trat
- Ranong ★
- **MBDS XB Laos**
 - Savannakhet
 - Bo Kaeo
 - Vientiane
- Champasak - Borikhamxay
- Luang Namtha
- Khammouane 🛧 Sayabury

MBDS XB China

- Mengla
- Ping Xiang
- Quangxi ★

- Chiang Rai
- Nongkhai
- Ubon Ratchathani ★
- Chanthaburi 🕇
 - Nakorn Phanom 🛧

- **MBDS XB Cambodia**
 - Stung Treng
 - Takaeo
 - Battambang and Pailin 🖈
 - Kampong Cham 🕇
- **MBDS XB Vietnam**
 - Quang Tri
 - Kien Giang 🛧
 - Ha Tinh
 - Quang Ninh *****
 - Quang Binh 🖈
- **MBDS XB Myanmar** ۲
 - Tachilek **★**
 - Kauy Thauy 🛧

- Banteay Meacheay
- Kampot 🕇
- Svay Rieng **†**
- Koh Kong

- An Giang
- Lai Chau
- Lang Son
- Tay Ninh ★

- Myawaddy ★

- **Remark : ★** Waiting for report
 - : **†** Planning

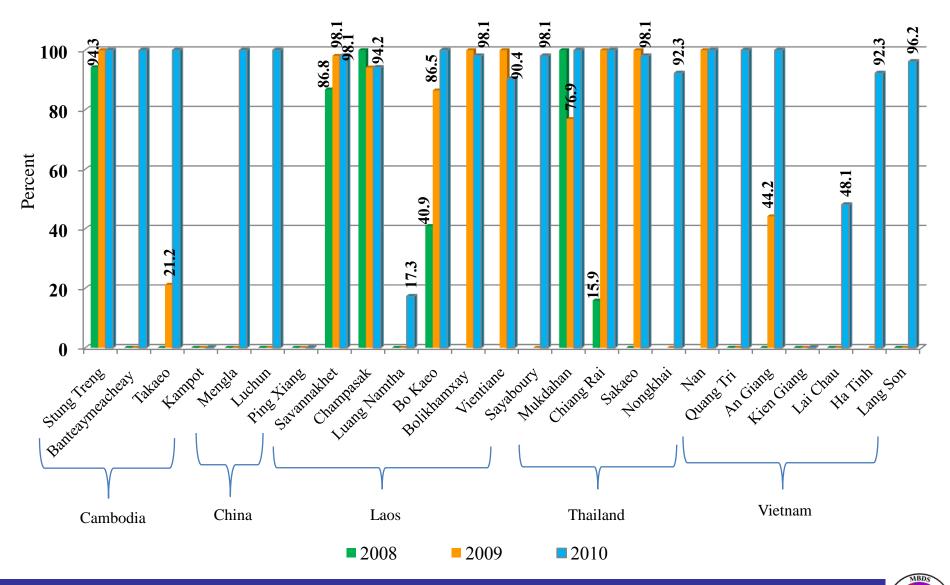


- Dong Xiang 🕇
- Luchun

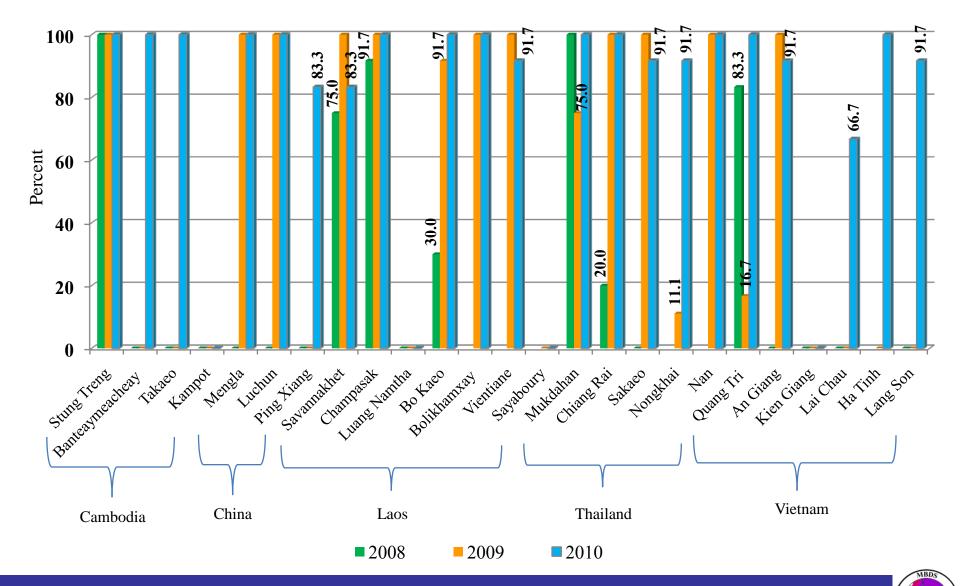
Frequency of MBDS XB Exchange Report 2008 – 2010



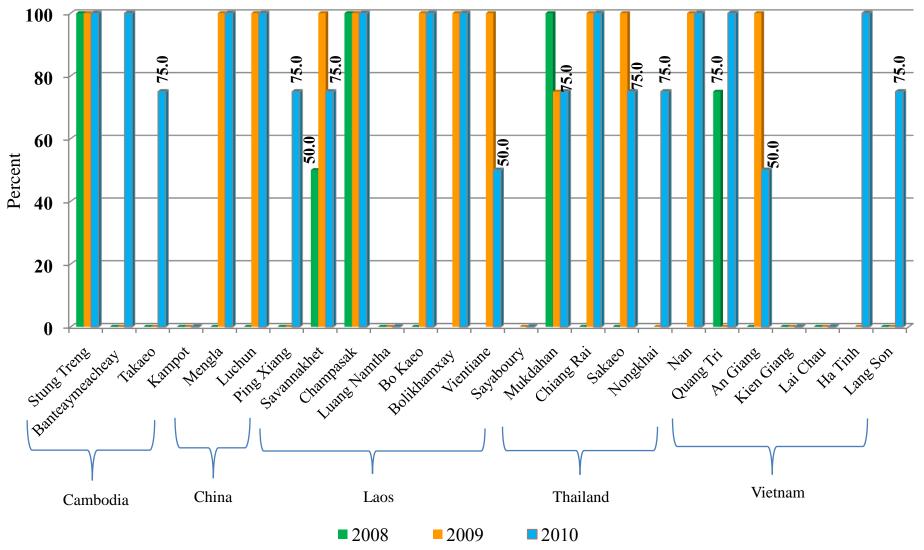
Percentage of Exchange Report MBDS XB : Weekly Report (2008 – 2010)



Percentage of Exchange Report MBDS XB : Monthly Report (2008 – 2010)



Percentage of Exchange Report MBDS XB : Quarterly Report (2008 – 2010)





Analysis on MBDS XB reported cases 2008 – 2010



Within 24 hours Report

- Diseases of report:
 - H1N1,
 - AFP,
 - SARS,
 - Cholera / Severe Diarrhea,
 - Encephalitis,
 - Tetanus,
 - Meningitis,
 - Diphtheria and
 - PHEIC



H1N1 reported cases from MBDS XB (2009 –2010)

MBDS XB	2009 (case)	2010 (case)	Total (case)
Nan	89	5	94
Nongkhai	-	61	61
Vientiane	56	0	56
Borikhamxay	44	0	44
Mukdahan	14	11	25
Sakaeo	0	20	20
An Giang	6	0	6
Chiang Rai	-	1	1
Bo Kaeo	0	0	0
Luchun	0	0	0
Mengla	0	0	0
Takaeo	0	0	0
Banteaymeanchey	-	0	0
Sayaboury	-	0	0



AFP reported cases from MBDS XB (2008 –2010)

MBDS XB	2008 (case)	2009 (case)	2010 (case)	Total (case)
An Giang	-	13	-	13
Savannakhet	4	-	3	7
Borikhamxay	-	2	4	6
Champasak	0	1	2	3
Sakaeo	-	0	1	1
Nongkhai	-	-	1	1
Mukdahan	1	-	-	1
Nan	-	1	0	1
Bo Kaeo	-	-	1	1
Vientiane	-	0	0	0
Luchun	-	0	0	0
Mengla	-	0	0	0
Stung Treng	0	0	-	0
Takaeo	-	0	0	0
Banteaymeanchey	-	-	0	0
Sayaboury	-	-	0	0





Cholera/Severe Diarrhea reported cases from MBDS XB (2008 – 2010)

MBDS XB	2008 (case)	2009 (case)	2010 (case)	Total (case)
Takaeo	-	3,653	25,163	28,816
Nongkhai	-	-	10,779	10,779
Quang Tri	-	-	5,235	5,235
Banteaymeanchey	-	-	3,591	3,591
Borikhamxay	-	1,911	832	2,743
Stung Treng	92	129	491	712
Vientiane	-	215	295	510
Champasak	47	146	246	439
Sayaboury	-	-	202	202
An Giang	-	0	8	8
Mukdahan	0	-	8	8
Luang Namtha	-	-	4	4
Chiang Rai	-	-	2	2
Sakaeo	-	0	0	0
Nan	-	0	0	0
Luchun	-	0	0	0
Mengla	-	0	0	0



Encephalitis reported cases from MBDS XB (2009 – 2010)

MBDS XB	2009 (case)	2010 (case)	Total (case)
Lang Son	-	43	43
Mengla	3	14	17
Nan	5	0	5
Chiang Rai	-	4	4
Savannakhet	-	1	1
Luchun	1	0	1
Sayaboury	-	0	0



Tetanus reported cases from MBDS XB (2009 – 2010)

MBDS XB	2009 (case)	2010 (case)	Total (case)
Mengla	6	4	10
Lang Son	-	6	6
Bo Kaeo	2	-	2
Savannakhet	-	1	1
Luchun	0	0	0



Meningitis reported cases from MBDS XB (2009 –2010)

MBDS XB	2009 (case)	2010 (case)	Total (case)
Banteaymeanchey	-	62	62
Savannakhet	-	26	26
Vientiane	-	24	24
Nan	-	22	22
Bo Kaeo	6	15	21
Chiang Rai	-	12	12
Sayaboury	-	8	8
Sakaeo	-	3	3
Luchun	0	0	0
Mengla	0	0	0



Diphtheria reported cases from MBDS XB (2009 –2010)

MBDS XB	2009 (case)	2010 (case)	Total (case)
Chiang Rai	-	1	1
Luchun	0	0	0
Mengla	0	0	0



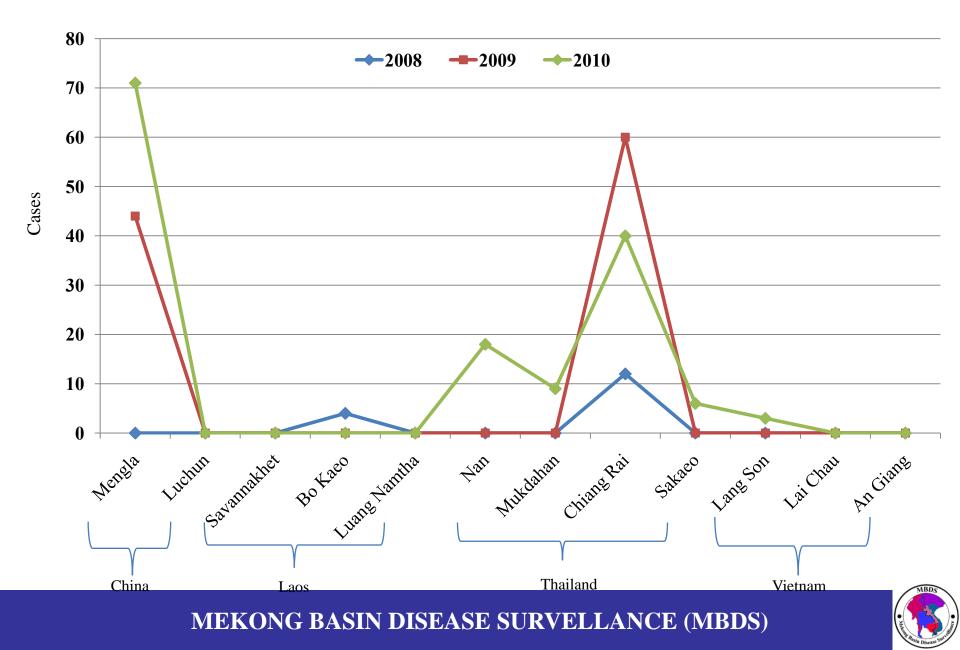
No reported cases for SARS and PHEIC In MBDS XB report during 2008–2010



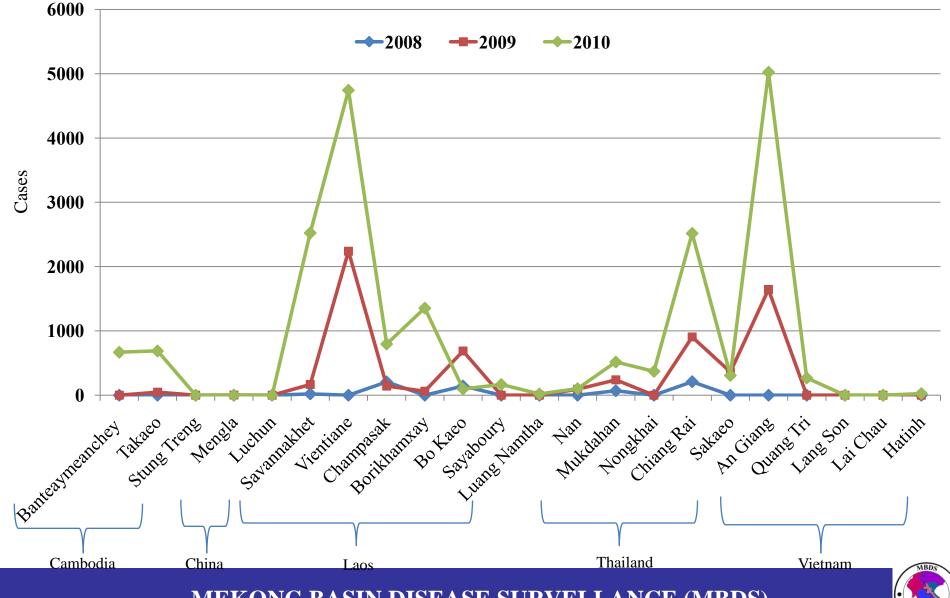
- Diseases of report:
 - Leptospirosis,
 - Chikungunya,
 - Dengue fever,
 - Typhoid fever and
 - Measles



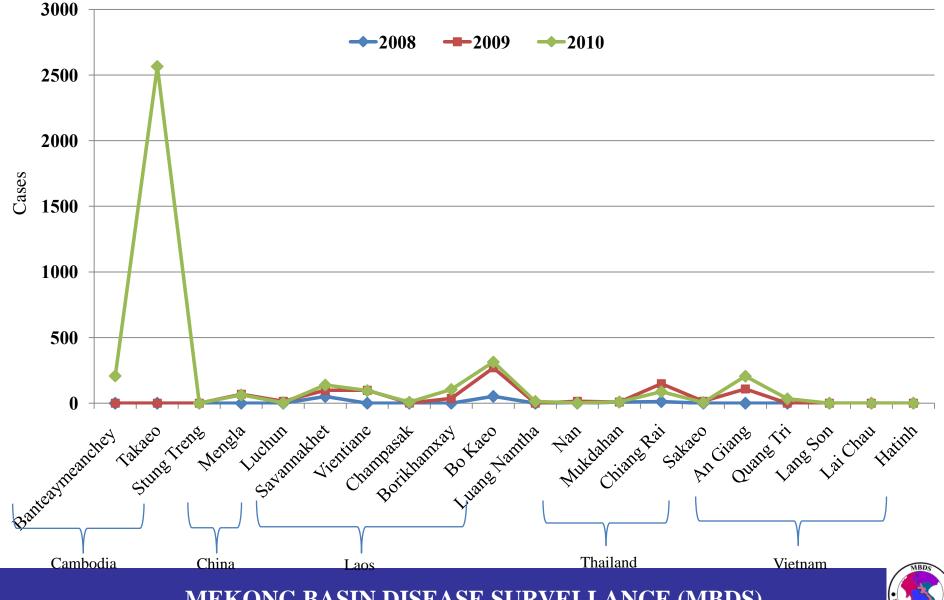
Leptospirosis reported cases from MBDS XB (2008 – 2010)



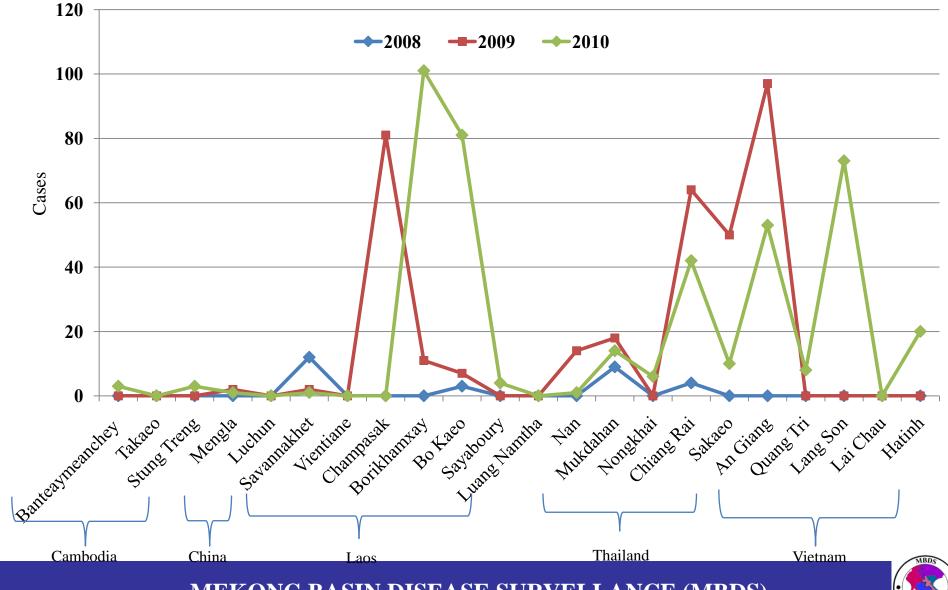
Dengue fever reported cases from MBDS XB (2008 – 2010)



Typhoid fever reported cases from MBDS XB (2008 – 2010)



Measles reported cases from MBDS XB (2008 – 2010)



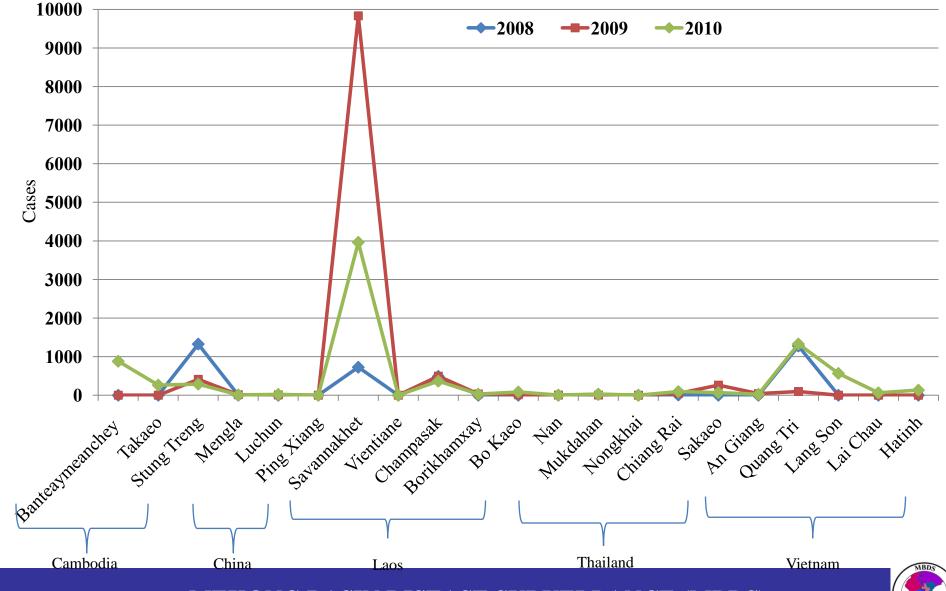
No reported cases for Chikungunya In MBDS XB report during 2008–2010



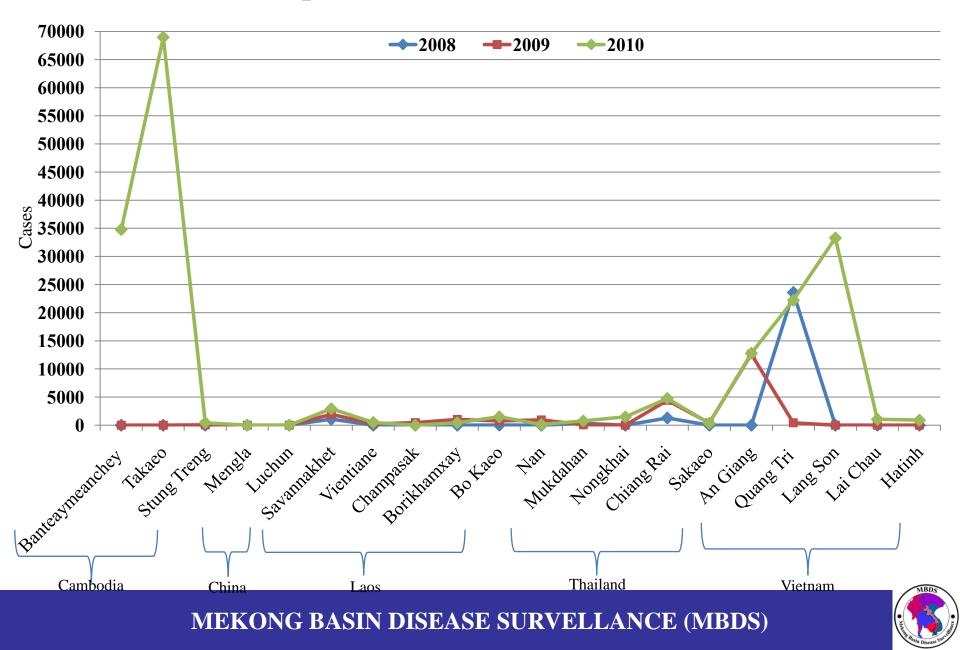
- Diseases of report:
 - Malaria and
 - Pneumonia



Malaria reported cases from MBDS XB (2008-2010)



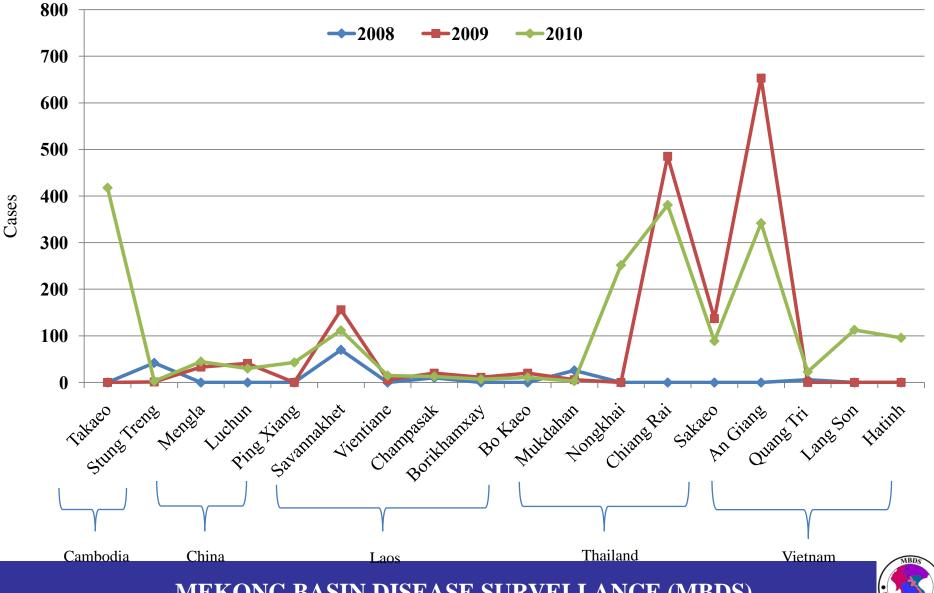
Pneumonia reported cases from MBDS XB (2008 – 2010)



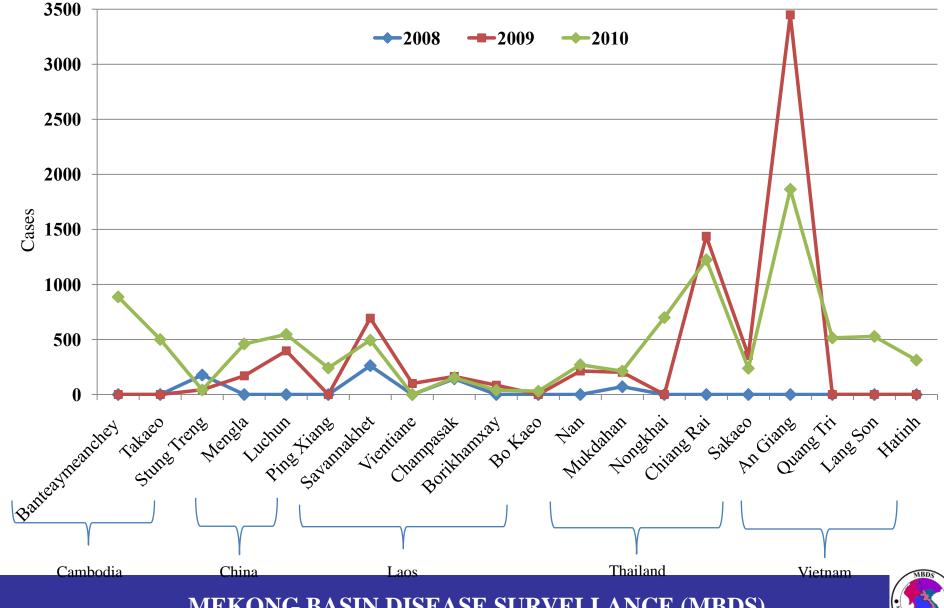
- Diseases of report :
 - HIV/AIDs and
 - TB



HIV/AIDs reported cases from MBDS XB (2008 – 2010)



TB reported cases from MBDS XB (2008 – 2010)



MBDS XB Web-based Reporting System

http://veegilo.manas.com.ar/reports



Within 24 hours Report

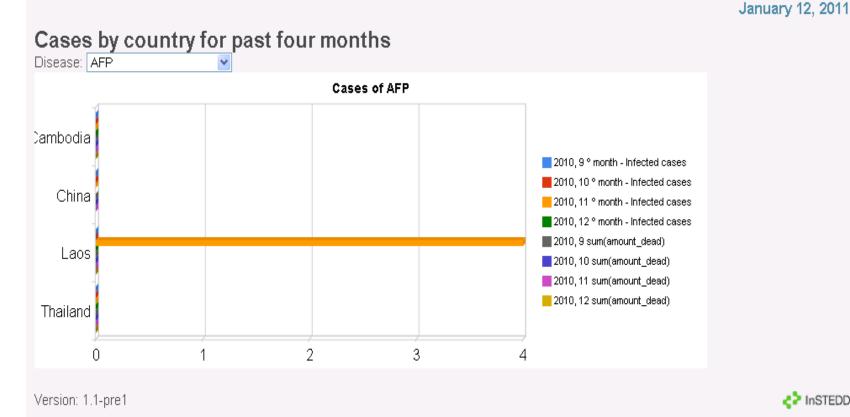




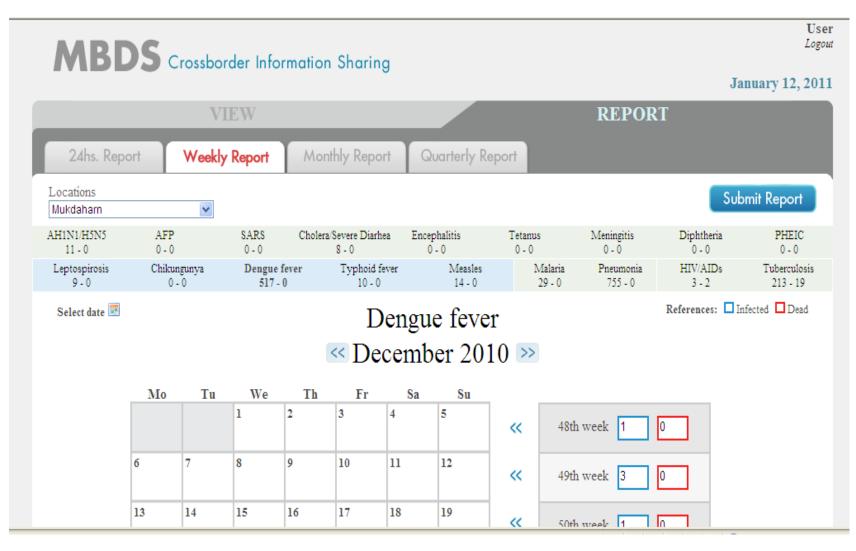
Within 24 hours Report



User Logout









MBDS Crossborder Information Sharing

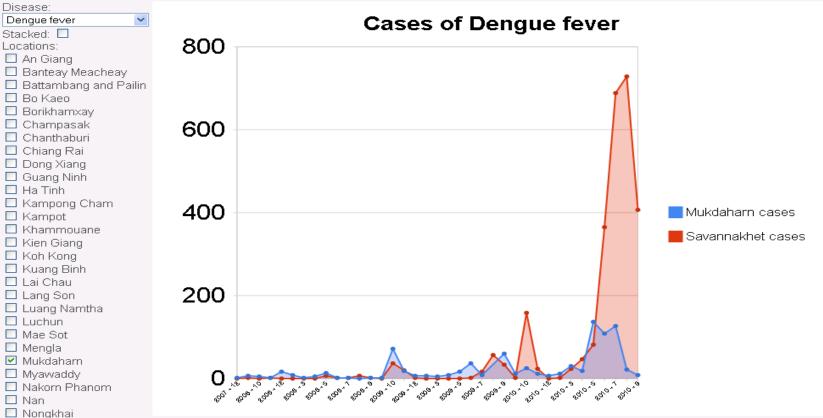
January 12, 2011

User

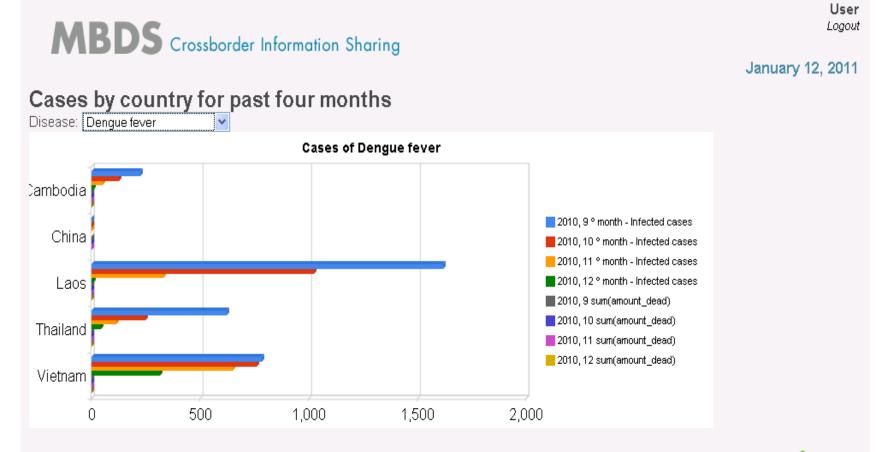
Logout

Cases by location

Ping Xiang







Version: 1.1-pre1

InSTEDD



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Location Bo Kaeo			*													Submit	Report
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Leptospir 0 - 0	pirosis Chikungunya Den			ue fever - 0	Typhoid fever 306 - 0			Measles Malaria 81 - 0 85 - 0			Pneumonia I 1498 - 0		HIV/AID 8 - 2				
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MBDs

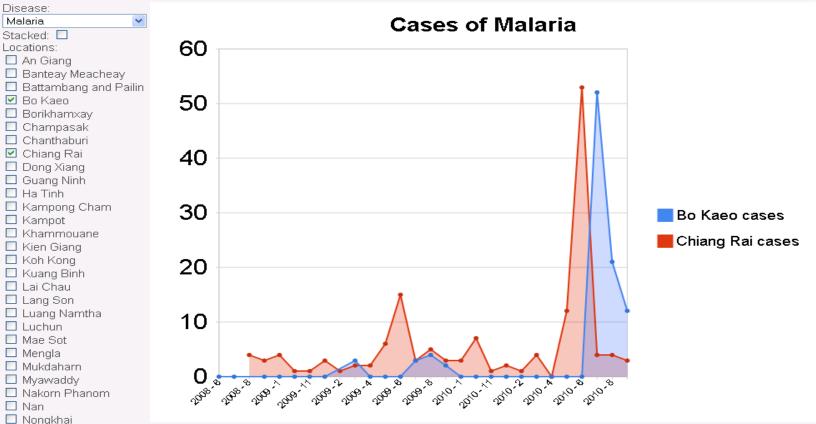
MBDS Crossborder Information Sharing

January 12, 2011

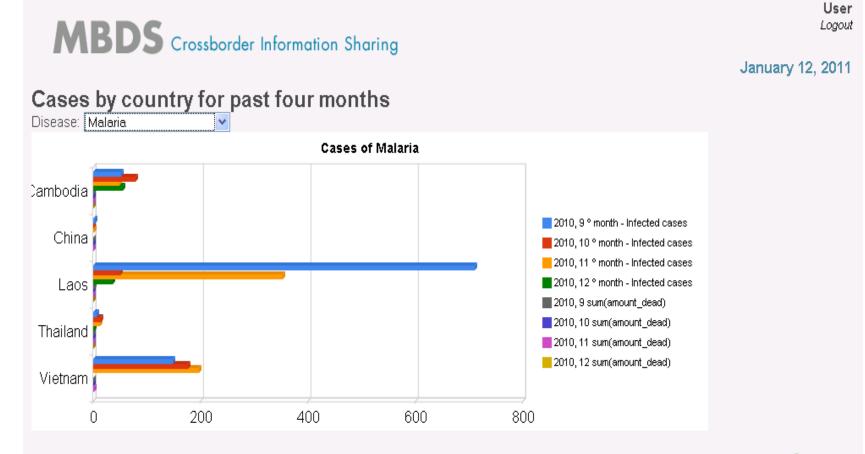
User

Logout

Cases by location



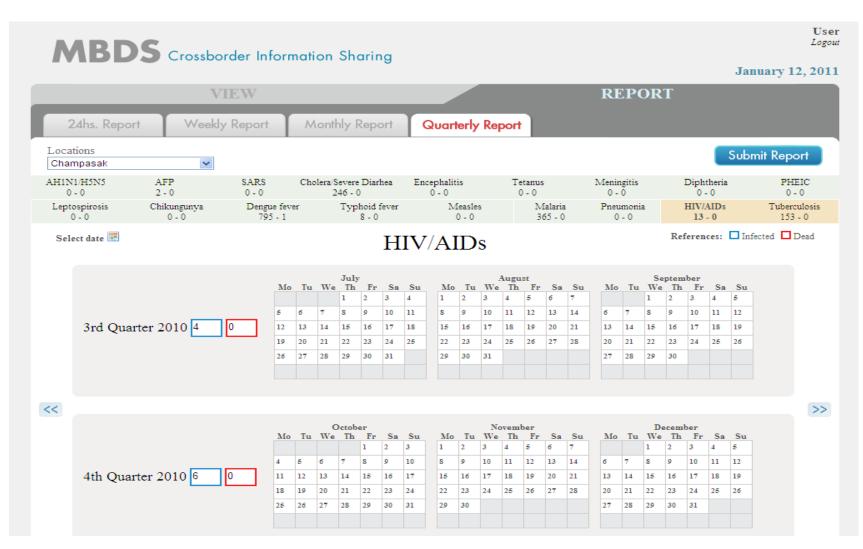




Version: 1.1-pre1

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MEKONG BASIN DISEASE SURVELLANCE (MBDS)

MBDs

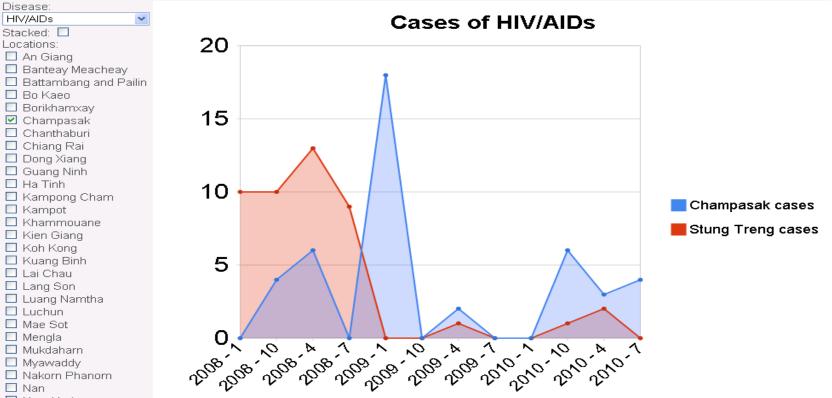
MBDS Crossborder Information Sharing

January 12, 2011

User

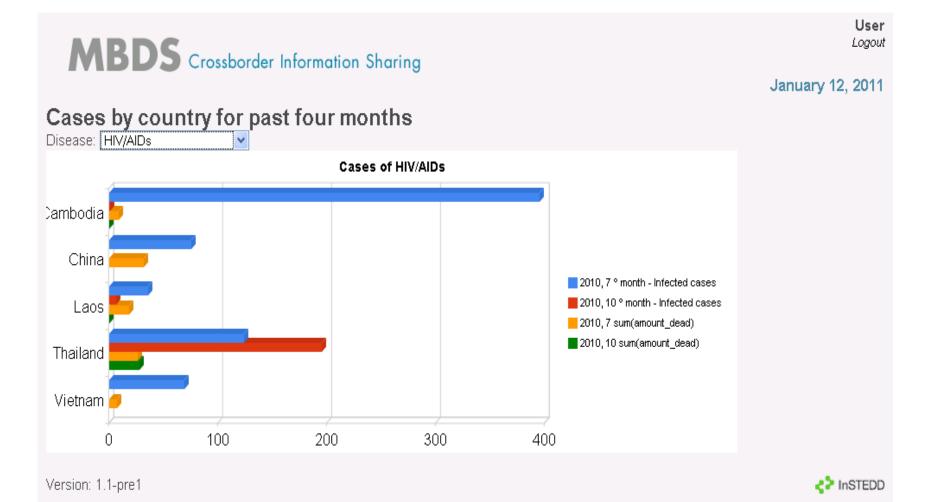
Logout

Cases by location



Nongkhai
Ping Xiang

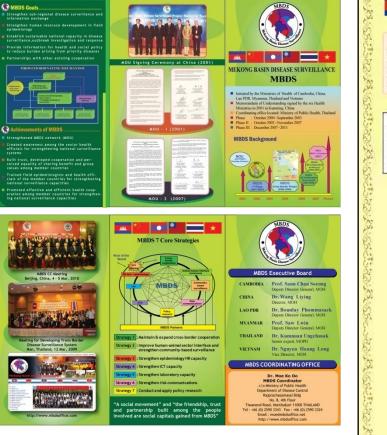






MBDS Newsletter, Brochure and Poster









Activity Photos



MBDS Annual Coordinating & EB Meeting 8-10 June, 2005





MBDS EB & CC Meeting 20-21 February, 2006





MBDS EB & CC Meeting 1-3 June, 2006





MBDS 5 Countries XB Conference 23-24 August, 2006





MBDS EB & CC Meeting 29-31 January, 2007





MBDS Annual Coordinating & EB Meeting 6-8 August, 2007



MBDS CC Meeting 8-9 October, 2007



MBDS Coordinating Committee Meeting 2-4 February, 2008





MBDS EB & CC Meeting Guilin, 26-27 Feb, 2009





MBDS ICT Forum 2-3 April, 2009, Mukdaharn, Thailand





MBDS Regional Forum Kunming, 10-12 Aug, 2009



MBDS EB & CC Meeting Kunning, 13 Aug, 2009





MBDS CC Meeting Beijing, 4-5 March, 2010





MBDS Regional Forum Luang Prabang, 18-19 Aug, 2010





MBDS EB Meeting Luang Prabang, 20 Aug, 2010





EAC Network Meeting





MBDS Cross Border Meeting

Between Kampong Cham, Svay Rieng, Takeo, Kampot (**Cambodia**) And Tay Ninh, Kien Giang, An Giang (**Vietnam**)

30 July 2010 (PHD, Kampong Cham Province)





MBDS Cross Border Meeting Between Vietnam, Laos, Cambodia and Thailand 4 August 2010 (Thien Cam, Hatinh)







MBDS Cross Border Meeting

Between Guangxi, Yunnan(China) And Lang Son, Quang Ninh, Lai Chau (Vietnam) 12 August 2010 (Nanning, Guangxi)





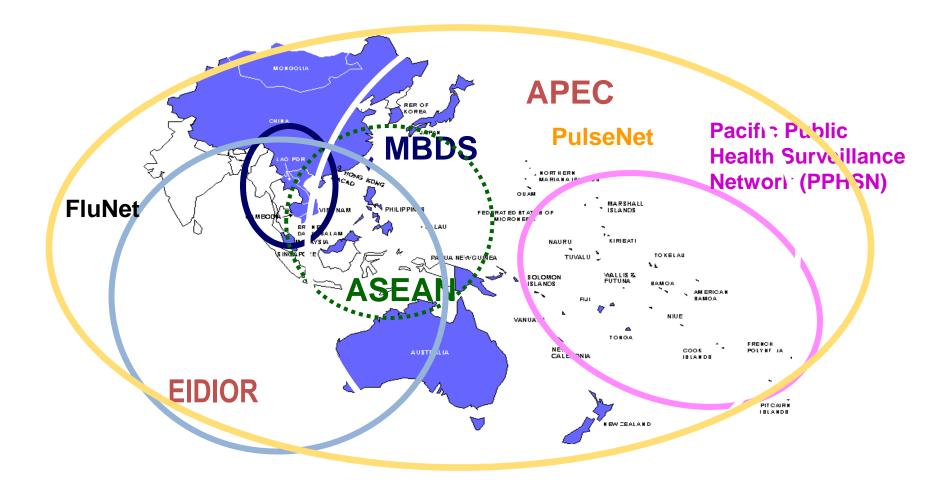








Regional Network





Acknowledgement

- Ministry of Health (MBDS member six countries)
- Rockefeller Foundation
- •RAND Corporation
- •InSTEDD
- •MBDS External Evaluation Team
- •WHO
- •NTI



Thank You Very Much

http://www.mbdsoffice.com

