

Greater Mekong Subregion

Responses to Infectious Diseases Project

(GMS-RID)

Quarterly Performance Report

For the Period

July through September 2010

Submitted by

Kenan Institute Asia

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**Quarterly Performance Report No. 4
for the Period
From July through September 2010**

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ACRONYMS

ADPC	Asian Disaster Preparedness Center
AED	Academy for Educational Development
API	Animal [Avian] and Pandemic Influenza
BVBD	Bureau of Vector Borne Disease (Thailand MOPH)
CDC	Center(s) for Disease Control
COP	Chief of Party
DAI	Development Alternatives Incorporated
DOT	Directly Observed Treatment
FAO	Food and Agriculture Organization
GMS	Greater Mekong Subregion
GMS-RID	Greater Mekong Subregion – Responses to Infectious Diseases Project
IDA	Infectious Disease Adviser (GMS-RID Project)
K.I.Asia	Kenan Institute Asia
MDR	Multi-Drug Resistant
MMP	Mekong Malaria Programme
MOH	Ministry of Health
MOPH	Ministry of Public Health (Thailand)
NCCPHP	North Carolina Center for Public Health Preparedness
PHP	Public Health Program (of Kenan Institute Asia)
PMI	President’s Malaria Initiative
RC	Regional Coordinator (GMS-RID Project)
RDMA	Regional Development Mission Asia
RTI	Research Triangle Institute
TB	Tuberculosis
UNC	University of North Carolina
USAID	United States Agency for International Development
USP	United States Pharmacopeia
WHO	World Health Organization
ZOID-SAR	Zoonotic and Other Infectious Disease Surveillance and Response

Program Description Summary

The USAID Regional Development Mission/Asia (USAID/RDMA) has established a cooperative agreement with the Kenan Institute Asia (K.I.Asia) to support regional and country-based infectious disease programs. This five-year cooperative agreement, Greater Mekong Subregion – Responses to Infectious Diseases (GMS-RID) has an estimated budget of \$4.4 million for the period (September 16, 2009 – September 15, 2014). This award will permit K.I.Asia to carry out activities from its headquarters in Bangkok on a region-wide basis and/or in all of the following countries in the Greater Mekong Subregion (GMS): Burma, Cambodia, China, Laos, Thailand, and Vietnam.

Through this Cooperative Agreement with Kenan Institute Asia, USAID is helping to stop the spread of infectious disease in the Greater Mekong Subregion through an integrated program designed to strengthen effective GMS regional, national and local responses to avian and pandemic influenza (API), malaria, tuberculosis (TB) and other infectious diseases.

The GMS-RID Goal: Increased capacity for collaboration on infectious disease prevention, surveillance and response in the GMS.

To achieve this goal, the project is expected to achieve the following objectives:

1. To improve cross-border infectious disease surveillance and response focusing on API, malaria, TB and other emerging infectious diseases in the GMS.
2. To manage malaria drug resistance control including malaria containment and elimination projects.
3. To establish public private partnerships, with a focus on USAID Global Development Alliance (GDA) initiatives.

The above objectives will be reached through strategic programming and partnership development for infectious disease prevention and control in the GMS to include but not limited to the following approaches:

- Trans-boundary and multi-sectoral, i.e. animal and human health, collaboration
- Regional, national, and local capacity building in infectious disease surveillance and response
- Facilitation to enhance inter-country cooperation
- Learning exchanges between host country governments and implementing partners and adaptation of good practices to local contexts
- Grant/subgrant/subcontract management
- Public-private sector alliance building for innovative approaches to infectious disease control
- Integration of activities that promote gender equality and avoid adverse gender impacts

To reach the above stated objectives, this program will achieve these results:

- 1) Effective and sustainable mechanisms established for international dialogue for the prevention and control of communicable diseases including cross-border planning and activities in at least 5 key cross border provincial sites in the GMS.
- 2) Mechanisms established for monitoring and analyzing situation of mobile and migrant populations and risk associated for acquiring avian influenza, malaria, TB, and other infectious diseases, for use in formulation, application, and evaluation of innovative strategies to mitigate those risks.
- 3) Results of pilot malaria elimination initiatives and good practices in Thailand documented and disseminated.
- 4) Annual learning exchange meetings conducted with Burma Border Malaria Task Force with representation by cross-border non-governmental organizations.
- 5) A minimum of 3-5 public private partnerships supported per year to prevent and control infectious diseases in the GMS.

For FY 2010, fourteen selected provinces with important international border land crossing points of entry are targeted for support as follows.

China PR	Lao PDR	Thailand	Cambodia	Vietnam
Mengla County, Yunnan	Luang Nam Tha			
	Bo Keo	Chiang Rai		
	Vientiane	Nong Khai		
	Bolikhamxay			
	Savannakhet	Mukdahan		Quang Tri
		Trat	Koh Kong	
			Kamphot	Kien Giang

2. Progress on Component 1. Cross-Border Infectious Disease Surveillance and Response

2.1 Progress of program activities in Quarter 4 (July – September 2010)

Activity A1. Cross-border collaboration on Zoonotic and Other Infectious Disease Surveillance and Response (ZOID-SAR)

A1.2. Technical training and planning workshop on joint cross-border coordinated response to zoonotic disease outbreaks (June 29 – July 2, 2010)

Activities Implemented and Results:

The training workshop, technical assistance, and results were reported in Quarterly Report No. 3.

Next Steps: See below.

Activity A3. Joint Action Program for cross-border collaboration on ZOID-SAR among Cambodia-Thailand, Cambodia-Vietnam, Lao PDR-Thailand, Lao PDR-Vietnam, Lao PDR-Yunnan.

Activities Implemented: Subgrant letters of agreement were executed with the following implementing partner organizations:

Cambodia: no subgrant – direct payment by K.I.Asia for activities

China: subgrant with Yunnan CDC

Lao PDR: subgrant with National Emerging Infectious Disease Coordinating Office

Thailand: subgrants with provincial health offices (Chiang Rai, Nong Khai, Mukdahan, Trat)

Vietnam: no subgrant – direct payment by K.I.Asia for activities.

Results: Submission of the first deliverables: project administration information, provincial health program information and work plans. Activities initiated at cross-border sites, including joint orientation and planning meetings.

Next Steps: Finalize planning and conduct joint cross-border exercises on zoonotic disease outbreaks (dates to be set by twin province sites). Tentative dates have been set for the following sites:

Luang Nam Thai – Mengla: orientation/planning meeting Oct. 12; H5N1 discussion exercise Dec. 7-8

Chiang Rai – Bokeo: planning meeting Oct. 13; anthrax discussion exercise Oct. 14-15

Mukdahan – Savannakhet: planning meetings Oct. 18-19; anthrax discussion exercise Nov. 16-17

Trat – Koh Kong: planning meeting Nov.12; anthrax discussion exercise (TBD)

Savannakhet – Quang Tri: planning meeting (TBD); anthrax discussion exercise (TBD)

Kamphot - Kien Giang: planning meeting (Dec. TBD); H5N1 discussion exercise (Jan. TBD)

Activity A4. Provide ICT set for cross-border outbreak information sharing (Kien Giang, Quang Tri)

Activities Implemented: K.I.Asia procured notebook computers, MS Office licenses, and all-in-one fac, printer, scanner machines to provide the hardware platform to support cross-border outbreak information sharing. The Vietnamese provinces only sent quarantine officials from Kien Giang and Quang Tri provinces, so K.I.Asia will deliver the ICT sets to those provincial health department offices when staff join the on-site activities in those provinces in the next quarter.

Next Steps: Provide ICT sets to Kien Giang and Quang Tri provincial health departments. Follow-up cross-border outbreak information sharing by the provinces with their twin-province cross-border sites.

Activity A5. Promoting coordination and sustainability for cross-border collaboration by making trips in the region to participate in regional meetings/events

Activities Implemented:

- **GMS:**

The COP participated in ADPC's workshop on pilot-testing/critique of the zoonotic diseases training package (One Health Approach). The workshop elicited input from a multi-disciplinary group to improve the package for use in the region. It is planned that modules from this package will be adapted in a participatory process hosted by the Veterinary Public Health Center for Asia Pacific (VPHCAP) at Chiang Mai University, with facilitation by K.I.Asia to formulate curricula for training public health and animal health officials in the GMS-RID cross-border sites, initially along the border of Thailand and Lao PDR. This process will be funded by DAI under the RESPOND project.

K.I.Asia's public health team participated in meetings with DAI/RESPOND, the VPHCAP/CMU, and the University of Minnesota to lay the groundwork to initiate joint planning for collaboration between the GMS-RID Project and the RESPOND Project for program synergy in the GMS. It was agreed that there is a high potential for convergence between these two USAID-funded projects. Further consultations will be conducted in the next quarter to plan the process for development of training curricula on zoonotic diseases in selected cross-border sites for community volunteers, health care facilities, and rapid response teams.

K.I.Asia's public health team participated in the Mekong Basin Disease Surveillance regional forum and executive board meeting, to explore continuing collaboration with MBDS, especially in the area of epidemiology capacity building. The Rockefeller Foundation clearly re-stated its intention to cease providing funding to the GMS countries to continue activities after 2011, which is the mid-point towards completion of the current strategic plan. There will be no additional funds provided to the countries for activities after FY 2010, although no-cost extensions could be allowed. Registration as a legal entity, the fundamental issue that has been pending for several years, was considered again during the Board meeting. It was agreed to sound out the six countries for their decision on the way forward in the next quarter. Several donors are interested in supporting MBDS as a platform for cooperation, but its' lack of legal status is a major constrain to funding support for the secretariat and joint activities.

K.I.Asia's GMS-RID team participated in the RDMA API partners meeting, which provided a useful forum for sharing experience and coordinating planning for the coming FY.

- **Lao PDR:**

K.I.Asia's public health team had a meeting in with the Director General of the Department of Livestock and Fisheries to introduce the GMS-RID project and consult about planned cross-border activities related to animal health and zoonotic disease outbreak investigation and response. He expressed appreciation, support, and willingness to collaboration on activities to be implemented under GMS-RID. A

consultation session was conducted with the U.S. Embassy Health Attaché/US CDC representative to consult about activities proposed for the FY 2011 workplan. He provided guidance, and also expressed agreement and support for the planned activities.

- **Thailand:**

K.I.Asia's COP and RC participated in the Border Health Network Development workshop and the second meeting of the Thailand National Committee on Border and Migrant Health Development organized by the Bureau of Policy and Strategy, MOPH. The workshop and meeting concluded the following: 1) border health is an area-based approach, while migrant health is a population-based approach; 2) there should be only one national committee for these two approaches, but separate sub-committees should be appointed to address these approaches; and 3) the master plan for border and migrant health will be re-formulated with support by GMS-RID and RTI as a five-year strategic plan to coincide with the 11th national economic and social development plan. Provincial plans will be formulated to pilot the implementation in five border provinces, including GMS-RID's sites in Mukdahan and Chiang Rai.

K.I.Asia's COP coordinated with RTI to facilitate its engagement with Thailand's MOPH as a co-sponsor in the process to re-formulate the master plan on border and migrant health development, including a mapping exercise in Chiang Rai. A meeting was held to develop a preliminary plan for the initial writeshop in November.

K.I.Asia's PHP team participated in a meeting with FAO and AED to formulate activities for FY 2011 under the joint framework for cross-border activities in the East-West Economic Corridor starting at Mukdahan-Savannakhet Provinces. Results of this meeting were incorporated into the FY 2011 workplans of the three partners.

- **Vietnam:**

Consultations were held with the USAID Mission in Vietnam, WHO, MOH, MARD and FAO regarding cross-border and GDA activities to be implemented in Vietnam in FY 2011. FAO, WHO and the Mission expressed their agreement with the planned activities and provided guidance. The Mission and WHO confirmed their commitment to provide funding for cross-border activities in Vietnam and to sponsor participants in the up-coming annual GMS-RID technical training workshop. MARD and MOH agreed with planned activities and sites, and expressed their appreciation and intention to collaborate in the planned activities for FY 2011.

Results: Coordination with other GMS key stakeholders to promote cross-border collaboration on ZOID-SAR.

Next Steps: Continue participating in regional forums on API and ZOID-SAR to promote coordination and sustainability of cross-border collaboration.

2.2 Constraints/Problems Affecting Implementation of This Component During This Quarter and Solutions

Problems:

- a. Delays in implementation of cross-border activities by provinces due to heavy workload at the end of the FY.
- b. Fluctuations in political/diplomatic relations between Cambodia and Thailand regarding border issues affected the enabling environment for cross-border collaboration, resulting in delayed implementation.

Solutions:

- a. Re-schedule cross-border activities in accordance with the availability of participating provinces.
- b. Patience and communications with high-level officials in the Cambodia MOH to seek support to move forward on cross-border activities.

3. Progress on Component 2. Infectious Disease Drug Resistance Control

3.1 Progress of program activities in Quarter 4 (July – September 2010)

Activity IR1.1 B1.1 Coordinate with PPHO and AED on developing BCC strategy and materials for pre-elimination programming in Phuket

Due to the delayed implementation of the AED KAP study, this activity will be postponed to FY 2011.

Next Steps: Coordinate with AED on the implications of the KAP study for BCC strategy in Phuket.

Activity IR3.3 B1. Phuket (Thailand) malaria pre-elimination pilot project

Full implementation of the pilot project began in July after the kick-off workshop in June. The reporting system based upon the logical framework indicators developed with assistance from the Malaria Consortium was implemented this quarter. The new DOT strategy has been implemented, including extended follow-up (P.f. 28 days, P.v. 60 days).

Results: Implementation proceeded according to plan. Based upon reports from case investigations, transmission has been interrupted in all three districts. Only two indigenous cases from two separate foci have been reported through September, with no clusters of indigenous cases.

Next Steps: Continued implementation of phase two of the pilot project.

IR3.3 B.2 Migrant Infectious Disease Risk Reduction Study in Phuket

K.I.Asia's Infectious Disease/Malaria Specialist conducted a rapid assessment of migrant's risk for malaria transmission in Phuket during August. A workshop was held to present the findings and obtain feedback from stakeholders. Participants included provincial and district health office officials, health center and hospital staff, the malaria elimination unit team, BVBD officials, local government and private sector representatives, Malaria Consortium, AED, and K.I.Asia PHP staff and consultants.

Results: The Phuket Malaria Team and Kenan Institute Asia staff conducted a qualitative rapid appraisal of foreign migrant workers in August 2010, studying migration patterns, epidemiology, population segmentation, and knowledge, attitudes, and practices (KAP) for malaria, dengue, chikungunya, and influenza. This tested health education methods, and provided guidance for a quantitative KAP survey led by the Academy for Educational Development (AED). Rapid appraisals gather moderately detailed information in weeks, faster than large quantitative surveys, and with larger samples than focus groups, providing enough information for program decisions, and uncovering causes and effects. Interviews were conducted with foreign migrants in Thai, with some migrants interpreting, and information was double-checked with Burmese and Mon health educators of World Vision.

Summary of Findings: Phuket is a tropical island, with vectors in forests and hills. The population consists of: local Thai citizen ethnic Malay Muslims and ethnic Thai Buddhists; migrant workers mainly from Burma, and also northeastern Thailand, Lao PDR, and Cambodia; and tourists. Poverty and high taxes in Burma, and opportunities to earn more, were the main reasons they came to Thailand. Malaria is endemic in many rural areas of Burma. Migrants came to Thailand along the coast from Kawthoung to Ranong, from Maliwan across the hills to Chumporn, or from Ye or Mawlamyine on roads through Kanchanaburi or Tak. Many got malaria travelling, and risked dangers. Most send money to their families in Burma regularly, return to visit their families every few years, and call their families on mobile phones. Working age people come, and live in nuclear families, some with one or two small children. Thailand allows foreign laborers to register legally to work and have health insurance, but only about half in Phuket did so. Those unregistered risk arrest, fines, and deportation. Almost all foreign migrants do low-skilled manual labor, and live at lower socio-economic status than Thai people.

Occupations most at risk of malaria are rubber tapping, construction, and fishing, when working at night, or sleeping near forested hills. Most sleep in nets, but do not often use repellents. Many sites have containers where dengue and chikungunya vectors can lay eggs. Most live in crowded camps, did not cover coughs or sneezes, and so can transmit influenza to many. Phuket has never had avian influenza, but almost all camps had chickens running freely, vulnerable to infection. The health knowledge varied from some who did not know how people got fevers, to others who knew malaria is transmitted by night-biting mosquitoes, dengue by day-biting mosquitoes, and ordinary fevers from person to person. The main factor affecting foreign migrants' treatment is whether they are registered for employment and health insurance. Those unregistered must pay higher treatment prices, and so often do not go for treatment until very sick, lengthening the time they can infect others. Some buy medicines and self-medicate. Only malaria officials regularly go to migrant camps to provide government services. Some migrant malaria patients travelled to several endemic areas, making it difficult to classify their history and determine how much transmission occurs in Phuket.

Opportunities for health communication vary. Rubber tappers and construction workers in camps interact with co-workers, but rubber tappers in hills live spread out and interact little. Over half from Burma can read Burmese. Those in big camps or in fishing villages learned to speak some Thai. Camps near roads have some electricity, televisions, mobile telephones, and pure water. Hill rubber plantations have less of these. Some can

understand Thai TV and radio. Some migrants in urban occupations have acquired malaria elsewhere, and gone for treatment in Phuket, but do not transmit malaria there.

Recommendations: Thai officials learning to speak more Burmese and Mon; increasing cooperation with migrants' employers, community leaders, and World Vision; making more brochures in Burmese and Thai languages; making audio recordings in Burmese and Mon languages, and distributing them on mobile telephones via memory cards and Bluetooth connections; training and supporting migrant health volunteers; posting health messages in Burmese and Mon on their telephone call center lines' menus; creating short movies in Burmese and Mon; increasing outreach to hill rubber tappers; and not pressuring malaria officials to avoid reporting of indigenous cases to eliminate malaria, but encouraging them to report accurately.

Next Steps: Implement the recommendations as feasible; provide the report results to AED to inform the design of the KAP study (below).

Activity IR3.3 B2.4 Coordinate with AED on a KAP study in Phuket

K.I.Asia's Infectious Disease/Malaria Specialist met with AED's KAP study subcontractors, worked with the Phuket Malaria Team to provide assistance in selection of study sites, and provided input from the rapid assessment on the populations, occupations, and health knowledge and behavior of the target group.

Next Steps: Coordinate with AED on the implications of the KAP study for BCC strategy in Phuket.

Activity IR4.2. B4.1 Support RTG MOPH BVBD to organize workshops to draft policy, strategy, and guidelines for elimination of malaria in Thailand

It was planned to coordinate with Thailand's Bureau of Vector-Borne Diseases to organize a follow-on writeshop in August to the June workshop entitled: "Applying the WHO Malaria Elimination Strategy in Thailand". The aim of the planned workshop was to support preparation of the final draft of the national strategic plan for control and elimination of malaria in Thailand. However, due to the extremely heavy workload of BVBD in leading a major revision of the Global Fund Round 10 malaria proposal for submission in August, the writeshop has been rescheduled to November 22-24, 2010.

Activity IR3.4 B.3 Trat malaria pre-elimination pilot project

Planned activities to prepare for initiating the second pilot site for malaria elimination in Trat province of Thailand were postponed for the same reasons above. It has been agreed with BVBD to re-schedule the initiation of pilot elimination in Trat to be combined with development of models in Chiang Rai and Mukdahan provinces after the national strategic plan is finalized in 2011.

Activity IR4.2 B5 Promoting sustainable malaria control and elimination

IR4.2 B5.1 Promoting coordination and sustainability for malaria control and elimination including cross-border collaboration by making trips in the region to participate in supranational network events

Activities Implemented: K.I.Asia provided technical assistance to the Thailand MOPH in formulation of the Round 10 malaria proposal in coordination with USP and the UNC. The Chief of Party, as a member of Thailand's Technical Committee on Global Fund malaria program, assisted in drafting the proposal, focused on containment/elimination of multi-drug resistant *P. falciparum* along Thailand's borders with Cambodia and Burma, with a proposed budget of \$100 million over a five year period.

K.I.Asia's GMS-RID team participated in the Mekong Malaria Programme partners meeting from September 22-23, including the day-long session on strengthening monitoring, evaluation, and surveillance of malaria in the GMS. Side meetings with Vietnam and Lao PDR malaria program managers and WHO indicated interest in exploring a potential cross-border collaboration initiative involving Quang Tri and Savannakhet provinces under GMS-RID. Further action on this will be considered upon completion of a malaria survey currently being conducted in the two provinces and dissemination of the results.

On September 24, K.I.Asia organized and facilitated a Mini-Workshop on Elimination of Malaria: "Elimination Strategies, New Tools and Indicators" to provide a forum for government agencies, international organizations, NGOs and other stakeholders to exchange information on approaches, strategic planning, indicators and tools for elimination of malaria in Mekong countries. 54 participants included Directors of national malaria programs in 6 GMS countries. Evaluation feedback from participants indicated that the material covered was appropriate for audience members (some of whom were contemplating elimination, or involved in the early stages of elimination in their countries), the workshop was conducted efficiently, and it reached expected outcomes having to do with information sharing. For more information, see workshop report.

Results: Coordination with Thailand's MOPH, WHO Mekong Malaria Programme, the Malaria Consortium, and USP to promote and develop strategies for malaria elimination.

Next Steps: Continue participating in regional forums on malaria control and elimination to promote coordination, sustainability, and cross-border collaboration.

3.2 Constraints/Problems Affecting Implementation of This Component During This Quarter and Solutions

Problems:

Delays in implementation of some activities with BVBD due to its heavy workload at the end of the FY, including preparing and submitting a large complex Global Fund Round 10 malaria proposal, and organizing the ACTMalaria Management of Malaria Field Operations international training course.

Solutions:

Re-schedule activities in accordance with the availability of BVBD.

4. Progress on Component 3. Public Private Partnerships

4.1 Progress of program activities in Quarter 4 (July – September 2010)

Activity C1. Global Development Alliance Building

C 1.1 Information production and dissemination

Activities Implemented: The GDA working team in collaboration with PHP working team visited potential project partners in Bangkok, and Phuket, Thailand and in Ho Chi Minh, Vietnam to present GDA program in details.

Results: From 8 potential project partners approached in the previous quarter - Asvilles (Veterinary drug company in Viet Nam) , SC Johnson & Sons Co., Ltd. (mosquito prevention products, repellent), DHL Global Forwarding Co., Ltd. (logistics operator who offers its infrastructure for disaster relief and communication), Phuket Chamber of Commerce, Phuket Real Estate Association, Phuket Tourists Association, Phuket Lions Club, and Bangkok General Phuket Hospital, two companies expressed interests to work on the focuses diseases – Malaria and Avian Influenza under GDA model.

Draft concept notes have been developed for SC Johnson and CP Vietnam Livestock Corp. SC Johnson's proposal is related to vector - borne diseases including Dengue and Malaria while CP Vietnam Livestock Corp. has expressed interests to work on Avian Influenza especially on poultry biosecurity through paravet education in hot spot area along North Vietnam- South China cross border. However, due to the two companies are new to project development in public health sector, discussion for project formulation is still on process since private sector has limitation in working with vulnerable group which are program's target, especially with migrant workers and about area which are targeted group of USAID but not strategic area of private sector.

Next steps: To ensure project proposal development meets private sector's need and USAID's program objectives, the working team is drafting an expression of interests check list for potential partners to fill in before develop proposal in details.

Activity C 2. GDA Subgrants

1. Colgate-Palmolive (Thailand) Co., Ltd. (CPT)

Activities Implemented: Colgate-Palmolive (Thailand) Co., Ltd. (CPT) finished seminar for 324 school teachers in Ventiane, Savannaket and Champasack in April 2010 and teaching materials for clean hands teaching technique and AI knowledge tool kits were distributed to 200 new schools and replenishment to 500 existing schools in June 2010. CPT conducted project evaluation and measurement for final report.

Results: Questionnaires were sent out to measure understanding of AI knowledge and prevention through personal hygiene on random basis.

Next steps: Evaluation results will be made in final report to be submitted in early November 2010.

2. Total Access Communications Public. Co., Ltd., (DTAC)

Activities Implemented: Total Access Communications Public. Co., Ltd., (dtac), worked with I.N.N. Radio Co., Ltd. and Rak Ban Kerd Foundation to implement AI and Malaria seminar in high risk area of 10 provinces as follows: Prachuap Khiri Khan, Chumphon, Khon Kaen, Mae Hong Son, Chiang Rai, Phitsanulok, Kanchanaburi, Chai Nat ,Nakhon Si Thammarat, Si Sa Ket, Ubon Ratchathani ,Chanthaburi.

The seminar aims to introduce communication infrastructure to build awareness of AI and malaria prevention through DTAC's SMS service, and support the surveillance systems and reporting channels for suspicious cases of AI and malaria through DTAC's *1677 hotline.

Results: Approximately 1,200 local community leaders and community people as well as school children participated into an inter-active seminar. In addition, 22 Malaria surveillance team members in Phuket received dtac's support on telephone card to report and follow up suspicious cases.

Next Steps: Evaluation and measurement of project activities have been conducted and will be summarized in Final report to be submitted in December 2010.

4.2 Constraints/problems affecting implementation of this component during this quarter and solutions

Communicating project objectives, priorities, and site targeting with private sector partners requires effort to build common understanding of and appreciation for each other's objectives.

5. Progress on Project Workflow Activities

5.1 Progress of program activities in Quarter 4 (July – September 2010)

Activity W2. Annual Workplan: Annual workplans for API and malaria were drafted and submitted to RDMA.

Activity W5. Quarterly Reports: The quarterly performance report and the accrual report was submitted to RDMA.

Activity W13. Recruitment of Project Staff: A replacement for the Field Coordinator was recruited started employment in this quarter.

5.2 Constraints/Problems Affecting Implementation of This Component During This Quarter and Solutions

None

6. Activities and Events Planned for Implementation During the Next Quarter

Component 1. Cross-Border Infectious Disease Surveillance and Response

- Participate in planning meetings and cross-border simulation exercises:
 - Luang Nam Tha – Mengla: orientation/planning meeting Oct. 12; H5N1 discussion exercise Dec. 7-8
 - Chiang Rai – Bokeo: planning meeting (Oct. 13); anthrax discussion exercise (Oct. 14-15)
 - Mukdahan – Savannakhet: planning meetings (Oct. 18-19); anthrax discussion exercise (Nov. 16-17)
 - Trat – Koh Kong: planning meeting (Nov.12); anthrax discussion exercise (Jan. 13-14)
 - Savannakhet – Quang Tri: planning meeting (TBD); anthrax discussion exercise (TBD)
 - Kamphot - Kien Giang: planning meeting (Dec. TBD); H5N1 discussion exercise (Jan. TBD)
- Coordinate with the Bureau of Policy and Strategy of Thailand’s MOPH to organize a national strategic planning writeshop to re-formulate the Master Plan for Border and Migrant Health for 2012-2016 (Nov. 25-27).
- Participate in consultations with DAI RESPOND Project, the VPHCAP/CMU, and the University of Minnesota to plan for collaboration between the GMS-RID Project and the RESPOND Project to adapt the ADPC’s zoonotic diseases training package (One Health Initiative) for development of training curricula on zoonotic diseases in selected cross-border sites for community volunteers, health care facilities, and rapid response teams.
- Consult with the Planned Parenthood Association of Thailand to develop an integrated communicable disease prevention initiative -- “Healthy Bridge, Healthy Border” during the construction of the Lao-Thai Friendship Mekong Bridge Construction Project Between Ban Houay Xay, Bokeo Province, Lao PDR and Chiang Khong District, Chiang Rai province, Thailand
- Participate in the RDMA COPs meetings and the annual USAID-MOPH strategy dialogue.
- Participate in the RDMA API partners meeting.

Component 2. Infectious Disease Drug Resistance Control

- Support RTG MOPH BVBD to organize a writeshop to finalize the national strategic plan for malaria control and elimination in Thailand (Nov. 22-24).
- Meet with the PMI team planning for the MMP activities for FY 2012 (Dec. 1).
- The COP will deliver a presentation on “Informatics Tools: A Pilot Study of Malaria Elimination In Thailand” at the International Malaria Colloquium 2010 (IMC2010) “Malaria: new hopes, new challenges” (Dec. 2).
- Monitor implementation of the Phuket malaria elimination pilot project by the Malaria Association of Thailand.

- Collect preliminary information on the malaria situation and districts with potential for inclusion in the pilot elimination project in Chiang Rai, Thailand.

Component 3. Public Private Partnerships

- Send Expression of Interest check list to potential project partners – SC Johnson & Sons Co., Ltd., Bangkok Phuket General Hospital for GDA – Malaria and CP Vietnam Livestock Corp. and Elanco in Vietnam to fill in and refine concept paper to submit to RDM/A team before develop a full proposal.
- Approve and sign subgrant agreements with partners that submitted proposals meeting our criteria.
- Monitor the evaluation and reporting activities of projects which finish their activities.

Workflow Activities

- Recruit and employ replacement for the Field Coordinator; recruit Assistant Coordinator.
- Revise and submit the PMP for Year 2.
- Draft a five year strategy/vision document for GMS-RID and consult with the RDMA to reach agreement on a common vision.
- Submit Quarterly Financial Report with Accruals.
- Submit Quarterly performance report.
- Submit reports on planned vs. actual targets for API and malaria PMP indicators.