



USAID
FROM THE AMERICAN PEOPLE



Greater Mekong Subregion
Responses to Infectious Diseases Project
(GMS-RID)

Quarterly Performance Report

For the Period
October through December 2010

Submitted by

Kenan Institute Asia

Under Cooperative Agreement No. AID-486-09-00005

February 2011

**Quarterly Performance Report No. 5
for the Period
From October through December 2010**

Compiled by James Hopkins
Chief of Party
GMS-RID Project
Kenan Institute Asia

Contents	Page
1. Program Description Summary	3
2. Progress on Objective 1. Cross-Border Collaboration on Infectious Disease Surveillance and Response	4
3. Progress on Objective 2. Infectious Disease Drug Resistance Control	9
4. Progress on Objective 3. Public Private Partnerships	12
5. Progress on Project Workflow Activities	13
6. Activities and Events Planned for Implementation During the Next Quarter	14

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. AID-486-09-00005. The contents are the responsibility of Kenan Institute Asia and the Greater Mekong Subregion-Responses to Infectious Diseases (GMS-RID) program and do not necessarily reflect the views of USAID or the United States Government.

ACRONYMS

ADPC	Asian Disaster Preparedness Center
AED	Academy for Educational Development
API	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
DLD	Department of Livestock Development (Thailand MOAC)
DOT	Directly Observed Treatment
FAO	Food and Agriculture Organization
GMS	Greater Mekong Subregion
GMS-RID	Greater Mekong Subregion – Responses to Infectious Diseases Project
ID	Infectious Disease
IDA	Infectious Disease Adviser (GMS-RID Project)
IDSR	Infectious Disease Surveillance and Response
K.I.Asia	Kenan Institute Asia
MDR	Multi-Drug Resistant
MMP	Mekong Malaria Programme
MOAC	Ministry of Agriculture and Cooperatives (Thailand)
MOH	Ministry of Health
MOPH	Ministry of Public Health (Thailand)
NCCPHP	North Carolina Center for Public Health Preparedness
PHO	Provincial Health Office (Thailand)
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
XBC	Cross-border Collaboration

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 goal of the GMS-RID project is to strengthen effective regional, national, and local responses to API, malaria, and other infectious diseases in the Greater Mekong Subregion.

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

1. To strengthen capacity for cross-border collaboration on surveillance and response for significant infectious diseases in the GMS through multi-sectoral partnerships.
2. To address the potential for emergence, spread, and intensification of drug resistance by developing innovative approaches to control, contain, and possibly eliminate the pathogen.
3. To strengthen capacity for infectious disease prevention and control in the GMS through expanded involvement of the private sector.

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

- Effective and sustainable mechanisms established for international dialogue for the prevention and control of communicable diseases including cross-border planning and activities in key cross border provincial sites in the GMS.
- 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.
- Results of pilot malaria elimination initiatives and good practices in Thailand documented and disseminated.
- Annual learning exchange meetings conducted with Burma Border Malaria Task Force with representation by cross-border non-governmental organizations.
- Support for public private partnerships to prevent and control infectious diseases in the GMS.

Cross-border Sites:

In FY 2011, K.I.Asia will continue to support coordination among GMS countries for cross-border collaboration on infectious/zoonotic disease surveillance and response among China, Lao PDR, Thailand, Cambodia, and Vietnam. However, based upon consultations with the RDMA, the number of sites will be reduced to facilitate focusing limited resources on more targeted intensive activities in fewer sites with high potential to become best practice models of cross-border collaboration embodying the core capacities required under IHR (2005). Strategically located provinces with 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*

* Sites to be Phased-Out

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

2.1 Progress of program activities in Quarter 1 (October – December 2010)

Strategy 1A: Support development of national and sub-national core capacities required by the International Health Regulations (IHR using a One Health approach (OHA).

Activity Implemented: A3. Writeshop for re-formulation of Thailand's Master Plan for Border Health Development for 2012-2016

Thailand MOPH's Bureau of Policy and Strategy (BoPS) developed the first national border health master plan for 2007-2011 with support from WHO. Under GMS-RID, K.I.Asia supported a review of the implementation and weaknesses of the plan at the Thailand-Burma border-wide infectious disease forum in May 2010. The national border and migrant health committee agreed to a process to re-formulate the master plan to be included in MOPH's next five year plan from 2012-2016. K.I.Asia and RTI worked with the BPS to plan the meeting. This workshop was organized by the Bureau of Policy and Strategy with participants from a wide range of organizations involved in public health in Thailand, including the MOPH, WHO, local and international NGOs, US CDC, NESDB, National Security Council, Ministry of Interior, TICA, RDMA (Dr. Chansuda Wongsrichanalai), and K.I.Asia adviser Dr. Robert Vryheid. Representatives of The NESDB, National Security Council, Ministry of Interior, TICA presented policy directions, followed by presentations on future directions of INGOs, including K.I.Asia,

RTI, WHO, IRC, IOM, and Raks Thai. This was followed by presentations on cross-border collaboration by provincial health offices from GMS-RID sites (Trat, Chiang Rai, Mukdahan), and by Tak and Songkha. COP James Hopkins made a presentation on incorporating a One Health Approach into the master plan for border health.

Results: Working groups drafted a vision statement and identified strategic issues. For each strategic issue, goals indicators, strategies, and activities were set. The workshop successfully used a consensus process to mobilize stakeholder input to address the strategic issues related to border and migrant health. The six strategies of Thailand's Border Health Master Plan and implementation of activities were reviewed, gaps were identified, and recommendations made for revising each strategy for the up-coming five-year plan. Priorities specified in the draft plan include focus on potential transboundary outbreaks of infectious diseases (including SARS and H5N1), developing systems for surveillance and response, patient referral; developing manuals, reporting forms and mechanisms for ID information exchange in border areas and across borders; developing capacity of SRRTs; developing ICT capacity; developing and testing plans for emergency response to IDs in border provinces and across borders.

The overall satisfaction rating by participants was 3 out of 4. The resulting national strategy document (master plan) will form the policy and program basis for border and migrant health for the next five years in Thailand.

Next Steps: The draft strategic master plan is being circulated for comments by writeshop participants. In March, BoPS will organize a meeting to obtain feedback and suggestions from a wide range of stakeholders including the thirty border provinces, NGOs, international organizations, and other ministries. After incorporating that input, the strategy will be submitted for formal adoption by the MOPH. Then action plans will be formulated, including three provincial border and migrant health plans for Chiang Rai, Nong Khai, and Mukdahan, with support from GMS-RID. It is expected that RTI will also support a mapping exercise in Chiang Rai.

Strategy 1B: Develop replicable models of cross-border collaboration for coordinated responses to infectious diseases incorporating OHA.

Activities Implemented: B1.1 Coordination and planning meetings for joint exercises on cross-border coordinated response to zoonotic disease outbreaks

During this quarter, coordination and planning meetings were conducted to prepare for joint cross-border simulation exercises in the following sites:

- Mengla County, Yunnan with Luang Nam Tha, Lao PDR
- Chiang Rai, Thailand with Bokeo, Lao PDR
- Nong Khai, Thailand with Vientiane Municipality and Bolikhamxay, Lao PDR
- Mukdahan, Thailand with Savannakhet, Lao PDR
- Trat, Thailand with Koh Kong, Cambodia
- Savannakhet, Lao PDR with Quang Tri, Vietnam

Results: Twin border provinces shared information on the situation of infectious and zoonotic diseases and related food safety issues. They consulted on the design of the

cross-border simulation exercises including time and place, participants, scenarios, etc. Agreements were reached on the plans for exercises.

Activities Implemented: B1.2, 1.3 Joint exercises on cross-border coordinated response to zoonotic disease outbreaks

Exercises on cross-border coordinated response to outbreaks of anthrax in humans and animals were conducted in five sites: Chiang Rai-Bokeo, Nong Khai-Vientiane/Bolikhamxay, Mukdahan-Savannakhet, Savannakhet-Quang Tri, Trat-Koh Kong. An exercise on cross-border coordinated response to avian and pandemic influenza was conducted for Luang Nam Tha-Mengla County, Yunnan. Exercise participants included central, provincial and district health and livestock officials, and officials responsible for quarantine, immigration, and security. The first in Mukdahan revealed that participants had little knowledge about anthrax; thus it was decided to add a half-day case study-based training on anthrax prior to running the simulation exercise on cross border collaboration. This revised model significantly improved the knowledge base of participants and enabled better engagement during the exercises in Nong Khai-Vientiane-Bolikhamxay and Trat-Koh Kong.

Results: Contact information and flow charts were developed for each province to specify actions and coordinating the flow of information through horizontal, vertical, and cross-border communications.

Next Steps: Utilize the outputs of the exercises as form input to the annual technical workshop to inform formulation of generic public health emergency preparedness and response plans for infectious/zoonotic disease outbreaks in border sites. Conduct an exercise with Savannakhet – Quang Tri; consult with RDMA and Vietnam Mission regarding the future course of action for Kien Giang – Kamphot.

Strategy 1C: Support pilot implementation of integrated area-based collaboration using a One Health Approach in the East-West Economic Corridor (with FAO and AED)

Activities Implemented: C1. 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. A field trip was organized to observe a pig health monitoring project in Mukdahan and to meet with DLD officials regarding the proposed integrated initiative.

Results: Results of this meeting were incorporated into the FY 2011 workplans of the three partners. During the field trip, relations with the Mukdahan Provincial Livestock Office were developed. The Provincial Livestock Officer expressed interest in being involved in the initiative and stated that he would welcome technical assistance to integrate mapping of animal diseases with the GIS work being done by the Provincial Health Office.

Next Steps: Another meeting is needed to consult on the details of implementation of this initiative after Dr. Wantanee meets with the Director General of DLD to explain the initiative. While there is some progress on the Thai side, it is still unclear about how this initiative will move forward on the Lao side in Savannakhet. GMS-RID's interest is in

developing the cross-border information sharing on animal/zoonotic disease outbreaks, and it is still not clear how the integrated initiative will contribute to actualizing this.

Activities Implemented: C3. Exploration of the potential for improving the provincial capacity for mapping diseases in the eastern section of the GMS East-West Economic Corridor.

The IDA and the Field Coordinator surveyed the existing ICT capacity for mapping IDs in Mukdahan and Savannakhet.

Results: On the Thai side, it appears that the ICT person at the Mukdahan PHO has strong capacity for GIS and linking up the disease surveillance system with mapping at the household level using ArcInfo on their own server. Animal health information is not integrated with this system and no capacity exists for digitized spatial mapping of animal disease outbreak information. In Savannakhet, the GIS mapping resolution is limited to the village level for human disease information. There are some challenging issues regarding the transparent exchange of information on diseases across borders. Currently, ID information is shared using the MBDS Excel spreadsheet format that has limited application for various reasons, mainly, the aggregated nature of the data and lack of spatial presentation. There appears to be limited analysis of the data and/or processing of raw data into more meaningful epidemiological information in space and time.

Next Steps: Coordinate with the provinces to do some pilot mapping of IDs on both sides of the border in space and time, including animal diseases. Explore the nature and extent of data from outbreak investigations for a preliminary assessment of the surveillance and response system functioning during 2010 and identify potential actions to improve the capacity with reference to IHR core capacities.

Activity D2. Promoting coordination and sustainability for cross-border collaboration by making trips in the region to participate in regional meetings/events

Activities Implemented: RDMA-Thailand MOPH Annual Strategy Dialogue Meeting

K.I.Asia's COP delivered a presentation on the GMS-RID project results and planned activities for FY 2011.

Results: Representatives of WHO and MOPH expressed their appreciation for K.I.Asia's work supporting malaria elimination and cross-border collaboration.

Next Steps: Prepare for strategy dialogue with Lao PDR.

Activity Implemented: Consultations with RESPOND (DAI) AND VPHCAP/CMU

K.I.Asia's public health team participated in consultations with Development Alternatives Inc. RESPOND Project, and the Veterinary Public Health Center for Asia and Pacific at Chiang Mai University regarding development of training curricula based upon the Asian Disaster Preparedness Center's zoonotic diseases training package (One Health Initiative). Discussions covered the curriculum development process, target groups for training, and technical content for training on the One Health Approach.

Results: DAI and VPHCAP expressed their willingness to collaborate with K.I.Asia to develop training curricula on zoonotic diseases that could be used in selected cross-border sites for community volunteers, health care facility clinicians, and rapid response teams. DAI provided K.I.Asia with a training module on facilitation of case study-based training, which will be used by GMS-RID to improve facilitation skills for training on zoonotic disease outbreaks at cross-border sites.

Next Steps: Coordinate with DAI on preparations for training officials in cross-border sites. Coordinate with Thai Bureau of Epidemiology, identify priority target groups and content for zoonotic disease training.

Activity Implemented: ADB GMS Economic Program Health Subgroup Meeting V, Vientiane, Lao PDR: K.I.Asia's COP participated in this meeting with key representatives of the communicable disease control agencies of ministries of health from all six GMS countries. The COP presented K.I.Asia activities in the past year and plans for the current year, including various cross-border initiatives. It was emphasized that K.I.Asia has strongly promoted the one health approach, for sectors and partners on both human health and animal health to work together in the control of emerging diseases in the cross-border sites.

Results: There was a consensus that, with support of China, Thailand, K.I.Asia (RDMA) and MBDS, cross-border collaboration (XBC) has increased. This development was strongly supported, as border areas remained vulnerable to disease outbreaks. MOUs were usually in place. However, coverage was still low, and quality and results of XBC were mixed. Policy framework, support and coordination for XBC were insufficient. China reported successes in terms of gradual expansion of XBC, and increase in the number of trained staff. Issues were limited coverage, counterpart commitment, and lack of standardization of operations. Information systems were also insufficient. It was noted that countries could not pay some expenses for staff from other countries: while this was typically a small amount, it was often not available and blocked participation. Both Cambodia and Viet Nam noted that more equipment and training were needed. The Chair noted that XBC should be a multisectoral activity at grassroot level, and focused on local markets. Exchange visits, training and simulation exercises were important.

In the previous health subgroup meetings, Thailand and Viet Nam had emphasized the importance of food safety. In terms of the desire for sector-wide cooperation, closer cooperation with MBDS and K.I.Asia was considered possible, but full integration of oversight or merger of programs would be difficult as each program had its own requirements. It was felt that the health subprogram, focusing on ADB investments, was acceptable, but that the TOR needed to be improved. The secretariat for the health subgroup would be based on the Regional Coordination Unit in Vientiane. Participation by K.I.Asia provided a good opportunity to promote the GMS-RID strategy for cross-border collaboration and the One Health Approach.

Next Steps: Future involvement with the ADB health subgroup will provide more opportunities to strengthen network relationships in the GMS and influence the implementation of the CDC2 project.

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

Problems:

- a. The Provincial Health Department in Savannakhet Province of Laos experienced difficulties in communications with Quang Tri Province, Vietnam to set dates for joint activities. Eventually, they agreed upon joining together for a coordination and planning meeting in Savannakhet on Dec. 23, 2010, six months after the technical workshop that K.I.Asia organized in Phuket.
- 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. Request assistance of K.I.Asia's staff member in Hanoi to assist in communicating with officials in Quang Tri.
- b. Patience and communications with high-level officials in the Cambodia MOH to seek support to move forward on cross-border activities. It may be necessary to phase out the activities at the Thai-Cambodia cross-border site of Trat-Koh Kong.

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

3.1 Progress of program activities in Quarter 1 (October – December 2010)

Activity IR4.2 Activity 4.2B Malaria Elimination Policy Development

Activities Implemented: K.I.Asia provided support and technical assistance to the Bureau of Vector Borne Diseases to organize a writeshop to finalize the ten-year national strategy document. The 36 participants included officials from the BVBD, 10 ODPCs and four provinces that will initiate pilot implementation supported by GMS-RID (Phuket, Chiang Rai, Trat, Mukdahan). There were working groups on surveillance, diagnosis, treatment and follow-up; vector control, foci investigation, and vector surveillance; behavior change and staff development; supervision, monitoring and evaluation; and action planning. Results of each working group were presented in plenary for discussion and consensus-building.

Results: The national strategic plan for malaria control and elimination in Thailand (2012-2016) was completed together with an action plan for implementation starting in FY 2012. The workshop was successful in addressing the myriad of issues that arise when shifting to a malaria elimination program. The national strategy document will form the policy and program basis for re-orientation for the next ten years of malaria control and elimination in Thailand, which is the first GMS country to move towards elimination.

Next Steps: BVBD will submit the strategic plan to the MOPH for adoption as new policy for malaria control and elimination. The strategy and guidelines will be the basis for pilot implementation in four provinces to be supported by GMS-RID starting later this

year. GMS-RID will co-sponsor (with the BVBD) a national launch of Thailand's strategic plan for malaria control and elimination in March 2011.

Activity IR4.2 B5 Promoting sustainable malaria control and elimination

Activities Implemented: K.I.Asia provided technical assistance to the BVBD and other partners for proposal development of the Global Fund Round 10 project to contain/eliminate artemisinin-resistant *P. falciparum* in 22 provinces of Thailand along its borders with Burma and Cambodia. The Chief of Party, as a member of Thailand's Technical Committee on Global Fund malaria program, assisted in drafting the proposal, with a proposed budget of \$100 million over a five year period. **Results:** The proposal was approved by the Global Fund Technical Review Panel, subject to some clarifications and budget reduction.

Next Steps: Provide technical assistance on clarification and modification of the proposal for response to the Global Fund for final approval.

Meeting with the PMI team

Activities Implemented: The GMS-RID team met with the PMI team planning for the MMP activities for FY 2012 to brief them on planned activities (Dec. 1).

Results: It was suggested that the PMI team consider two scenarios: 1) approval of the Global Fund Round 10 proposal for Thailand, and 2) non-approval of the proposal.

Next Steps: Await information from PMI on the planned support for FY 2012 activities.

Activities Implemented: The COP prepared and delivered 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).

Results: Participants expressed keen interest in pilot implementation of malaria elimination in Phuket.

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

Activity: IR1.1 Activity 1.1a and 1.1b, IR3.3 Activity 3.3a Phuket Malaria Elimination Pilot Project (Thailand)

Activities Implemented: GMS-RID continued support for pilot implementation in Phuket with technical assistance from K.I.Asia and the Malaria Consortium to develop a sustainable model for elimination of malaria transmission by a Provincial Health Office in an integration area established in Phuket province. In the three districts of Phuket province, active prevention measures were implemented in high-risk areas where malaria transmission has occurred in the past, including health education, distribution of LLINs, house spraying, active case detection, epidemiological investigation of all cases, treatment with ACT and follow-up. Teams supported by the GMS-RID project performed case investigation surveys of all malaria patients in Phuket including taking blood smears from neighbors for cases determined to have been acquired locally, which were only two cases in two separate villages in the past year. The Malaria Association of Thailand conducted an on-site monitoring and process evaluation review.

Results: For 2010, transmission was interrupted in all three districts of Phuket province [meaning: cessation of transference of malaria by mosquitoes from one person to another]. Epidemiological investigations revealed that in each of the two incidents of locally-acquired infections, only one person was infected locally in each of the two foci (villages); no other people were infected in those two sites. Only two cases were classified as “A” = indigenous, which means a locally acquired infection, and there were no clusters of two or more epidemiologically-linked cases of local transmission for the past two years. This level of local transmission meets the WHO (national-level) malaria elimination certification requirements if it can be maintained for another year. Imported cases (acquired elsewhere) continue to come in from Burma and other provinces of Thailand. Since June 2010, every malaria case is investigated, treated by directly observed treatment (DOT), and attempts are made to follow-up each case for 28 days. The DOT approach has achieved a 100% success rate under the project, but full follow-up of all cases has been less than 100% due to the movement of migrants resulting in the inability to track all of the migrants for the full 28 day period.

Comparison of past three years:

	<u>2008</u>	<u>2009</u>	<u>2010</u>	
Total population	300,737	322,015	332,146	
Total examination	42,843	57,779	43,574	
Total positive	111	46	65	
PF	73	23	32	
PV	32	20	30	
Mixed	6	3	3	
F gametocytes	13	0	4	
Cases registered	109	49	58	
Cases classification				
A = indigenous	28	3	2	
Bz = infected outside Phuket	22	14	14	
Bf = infected from foreign country (Burma)	56	32	40	
F = unclassified and not found	3	0	2	

Next Steps: K.I.Asia will coordinate with AED and the Phuket PHO to review results of the KAP study and implications for behavior change communication strategies to support the elimination program in Phuket and the other three sites. K.I.Asia will procure 1,000 LLINs for distribution in high-risk foci of transmission in Phuket in the next quarter.

Activity IR5.1 Activity 5.1b.1 Rapid Assessments for Expansion of Elimination Pilot Implementation

Activities Implemented: K.I.Asia’s Senior Malaria Adviser and ID/Malaria Specialist conducted rapid assessments of the malaria program situation and readiness for elimination as input for planning elimination pilot projects in Trat, Chiang Rai, and Mukdahan provinces.

Results: The initial rapid assessment was conducted in Chiang Rai province in December. Sites (districts) were identified for classification as control, pre-elimination, and elimination strategies, and needs for capacity building were identified according to the new stratification.

Next Steps: The format developed for this assessment will be used for similar studies in Mukdahan and Trat provinces in the next quarter. The results of the assessments of the three sites will inform the design of the program re-orientation training and planning workshop for expanded pilot implementation later in FY 2011.

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

Problems:

Delayed implementation of KAP study by AED in Phuket precluded development and implementation of communications strategies there.

Solutions:

Coordinate with AED to develop communications strategies for implementation in Phuket.

3. Progress on Component 3. Public Private Partnerships

4.1 Progress of program activities in Quarter 1 (October – December 2010)

Activity E1. Global Development Alliance Building

Activities Implemented: In an effort to ensure that potential partners quickly understand our program interests and geographic focus areas, and to suggest various interventions that they could support, the GDA team edited the GDA program statement and developed an expression of interests (EOI) letter. After sharing these documents with RMDA, the team sent them to three existing partners -- SC Johnson & Sons Co., Ltd. (SCJ); CP Vietnam Livestock Corp. (CP Vietnam); and Bangkok Phuket General Hospital Co., Ltd. – and one new potential partner -- Asian Engineering Consultant Co., Ltd. (AEC, a construction consulting company working on Thai-Lao Mitraparb Highway project in strategic border area with migrants, where malaria and Pandemic and Avian Influenza interventions might have an impact.

Results: Two partners responded with completed EOI and draft concept notes attached: SCJ (mosquito prevention products, repellent), and CP Vietnam (chicken farms and processing factory). However, upon further consideration, SCJ declined, saying that they preferred to work only on dengue prevention targeted to school kids. Meanwhile, CP Vietnam has expressed reservations about further involvement, saying that they have insufficient staff to work on a project which requires on-going time commitment, an evaluation component, and report writing. AEC also responded, but only to say they would not consider a public health project since their staff are mainly engineers. (Specifically regarding our proposal aimed at construction workers, they said that they already have basic health services for their workers as required by working standards and regulations.)

Next steps: This approach and these documents were scuttled at a subsequent meeting with RDMA where we decided that geographic and beneficiary overlap with cross-border

site projects is less important than finding one good project with real impact on responses to infectious diseases. The GDA team then began considering partners and projects more broadly.

Activity E1. GDA Subgrants

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

Activities Implemented: CPT conducted follow-up of its training on 7-steps hand washing in Vientiane, Savannakhet and Champasack. The follow-up consisted of a survey to school teachers and students who benefitted from cascade training, and verification that posters and teaching kits were disseminated.

Results:

A total of 219 teachers were trained -- 111 in Vientiane, 53 in Savannakhet and 55 in Champasack – and then cascade training was eventually delivered to 32,414 Lao students in 2010, including 12,398 in Vientiane, 9,692 in Savannakhet and 10,324 in Champasack. The teacher survey addressed project performance indicator number #43 (“Percent of people in target areas with regular exposure to poultry who reporting practicing ‘key behaviors, to decrease the risk of HPAI infection to their flocks”); teachers were asked about the value of proper hand-washing as a preventive measure against AI, and 100% of respondents recognized the value of proper hand-washing. Students displayed their understanding that good hygiene, including hand washing, can prevent the spread of influenza and other infectious diseases, and they brought knowledge about AI prevention and hand washing to their families. Asked why hand-washing is important and if they now wash hands more frequently, all students responded positively.

Next steps: Consult with CPT regarding plans for a new phase in FY 2011.

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

Activities Implemented: DTAC worked with I.N.N. Radio Co., Ltd. and Rak Ban Kerd Foundation in conducting the last of a series of seminars on AI and malaria seminar in Chiang Rai and Chanthaburi provinces during this quarter. Those seminars reached 161 and 114 farmers and local community leaders, respectively. The project working team also did follow-up and random surveys.

Results: During 2010, the seminars reached 1,701 farmers and community leaders in 10 Thai provinces where poultry farming is concentrated and in the potential at-risk provinces where cases of H5N1 surveillance or malaria have been found in the past. The provincial seminars in red zones for both AI and malaria included Prachuap Khiri Khan (210 participants), Kanchanaburi (117 participants), Chiang Rai (161 participants), and Chanthaburi (114 participants). The four provincial seminars held in AI red zones included Khon Kaen (187 participants), Phitsanulok (156 participants), Nakhon Si Thammarat (234 participants) and Chainat (180 participants). The two provinces in malaria red zones were in the border provinces of Mae Hong Son (175 participants) and Sisaket (167 participants).

Next Steps: Consult with DTAC regarding plans for a new phase in FY 2011.

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

It remains a challenge to find project partners from the private sector for large scale strategic projects. For many potential project partners, vulnerable groups -- especially migrant workers -- are not the desired targeted group for CSR.

The CSR concept, in the view of many players in the business sector, involves a visible and time-limited intervention like a social event. There is often reluctance to devote time to developing a project in collaboration with an implementing partner, and evaluating the project's impact.

Throughout this quarter, the GDA team (CSR and PHP of K.I.Asia) have shared information and ideas and worked closely together to solve a difficult issue: getting private enterprise to allocate their CSR resources to work with government health counterparts to address target audiences that are unlikely to be consumers, and requiring them to evaluate and report on their efforts. The challenges faced have been described above. There are no internal impediments in K.I.Asia.

Solutions: The GDA team will explore ideas with InSTEDD and other non-government organizations that work in social development and/or have experience in public health projects. An innovative project theme using ICT or communication infrastructure is being explored.

5. Progress on Project Workflow Activities

5.1 Progress of program activities in Quarter 1 (October – December 2010)

5.1 Progress of program activities in Quarter 1 (October – December 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.

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

- Trat – Koh Kong anthrax table-top discussion exercise (January 19-20)
- Savannakhet – Quang Tri anthrax table-top discussion exercise (TBD)

- Cross-border collaboration summary meetings (Mukdahan-Savannakhet, Nong Khai/Bueng Kan-Vientiane/Bolikhamxay, Chiang Rai-Bokeo)
- MBDS meeting on indicators for monitoring human resource development for surveillance and response
- Planning for annual technical training workshop
- Consultations with FAO regarding pilot implementation of syndromic-based reporting of animal diseases
- Coordinate with the Thailand Bureau of Policy and Strategy on revision of the Master Plan for Border Health Development (2012-2016)
- Coordinate with the Thailand Bureau of Policy and Strategy to organize a Thai-Lao border health collaboration workshop
- Participate in Conference on Pandemic Preparedness in Asia organized by the Communicable Diseases Policy Research Group, London School of Health and Tropical Medicine

Component 2. Infectious Disease Drug Resistance Control

- Coordinate with the BVBD to organize and co-sponsor a national launch of Thailand's strategic plan for malaria control and elimination (March 2011).
- Provide technical assistance on clarification and modification of the proposal for response to the Global Fund for final approval.
- Coordinate with AED and the Phuket PHO to review results of the KAP study and implications for behavior change communication strategies to support the elimination program in Phuket and the other three sites.
- Procure 1,000 LLINs for distribution in high-risk foci of transmission in Phuket in the next quarter.
- Develop a curriculum for training provincial and district Surveillance and Rapid Response Teams (SRRTs) on focal outbreak investigation surveys and response. The curriculum will be designed for use in training health system officials in control, pre-elimination, and elimination areas on focal outbreak investigation and response, so that any resurgences of malaria can be rapidly contained in the pilot elimination sites (Phuket, Trat, Chiang Rai, and Mukdahan, provinces).
- Conduct rapid assessments by K.I.Asia's Senior Malaria Adviser and ID/Malaria Specialist of the malaria program situation and readiness for elimination as input for planning elimination pilot projects in Trat and Mukdahan provinces.
- Provide technical assistance to the BVBD to plan and organize a program re-orientation training/planning workshop on malaria elimination for the four pilot sites in Thailand. The results will be implementation plans for expansion of the Phuket pilot to Trat, Chiang Rai, and Mukdahan provinces, to be funded with subgrants for FY 2011-2012
- Coordinate with MSH to explore collaboration on developing key capacities in pharmaceutical management for malaria elimination in Thailand to improve

forecasting, procurement, quality control, storage, and distribution of antimalarial medicines.

Component 3. Public Private Partnerships

- Continue efforts to identify potential partners for strategic collaboration on issues related to infectious diseases, with special emphasis on innovative use of potential ICT solutions to add value to ID surveillance, prevention, and response capacities.
- 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

- 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.