

**Ministry of Health of Vietnam
Department of Planning and Finance
MBDS Vietnam**

**Mekong Basin Disease Surveillance
(MBDS) Cooperation
to Strengthen the capacity in surveillance,
Prevention and control of Communicable Diseases
(for the period 2008-2010)**

Submitted to Rockefeller Foundation

Hanoi, 15 November 2007

1. PROJECT TITLE:

To strengthen national and sub regional capabilities to rapidly and effectively detect and control communicable diseases that are defined as a public health emergency of international concern

2. BACKGROUND:

The Mekong Basin Disease Surveillance (MBDS) Project was in 1999 by the health ministries of six Mekong basin countries (Cambodia, China, Lao PDR, Myanmar, Thailand and Vietnam) with financial support from the Rockefeller Foundation. The project has promoted further collaboration, networking and human resource development among the participating countries. The Memorandum of Understanding (MoU) was signed in November 2001 in Kunming, China and it was expired in November 2006, the extension MoU of MBDS Cooperation was signed by six Ministers of Health (Cambodia, China, Laos PDR, Myanmar, Thailand and Vietnam) on the 15th May 2007 in Geneva during the 60th World Health Assembly.

According to the Memorandum of Understanding the MBDS countries should make 6 years action plan (can be divided in to two 3-year periods) to operate activities as agreed during the annual Executive Board and Coordinating Committee meeting in August 2007 in Danang, Vietnam.

The Mekong Basin Disease Surveillance (MBDS) Cooperation is comprised by human and animal health representatives appointed by Ministries of Health each of the six Mekong Basin countries, as well as representatives of relevant regional and international organizations. The MBDS Cooperation strives to accelerate the health status and preparedness of the Mekong Basin countries through cooperation and collaboration, particularly in relation to public health emergencies of international concern. It is proposed that the MBDS coordination be strengthened on a regional basis in order to facilitate increasing cross border the activities and programs, and to enable financial and organizational sustainability of the MBDS.

After the first phase of MBDS project and the pilot Cross-border project funded by Rockefeller Foundation, it is necessary to continue and extent activities/components, especially component on animal-human health interface and community based surveillance to strengthen national and sub regional capabilities to rapidly and effectively detect and control communicable diseases that are defined as a public health emergency of international concern

3. OBJECTIVES

- General Objective: is to strengthen the national surveillance capacity of communicable diseases in coordination with the Mekong Basin Disease Surveillance cooperation (MBDS Cooperation).

- Specific Objectives:

(1) Address animal-human interface, strengthen community based surveillance.

(2) To strengthen the capacity and collaboration in diseases surveillance and information exchange to prevent the spread of communicable disease across the border.

- (3) Set up FETP networks and organize some pilot training courses.
- (4) Develop public health information technology to serve rapid outbreak information exchange, preparedness and response.
- (5) Provide data and research information that is essential for the development of effective health and social policies to reduce the burden from these diseases

4. ACTIVITIES BY EACH STRATEGY/COMPONENT

I. CORE STRATEGY:

Improve Animal-Human Sector Interface and Strengthen Community Surveillance

1. Goal

Strengthen national and sub regional collaboration on the interface between human and animal health, i.e., between Ministries of Health and Agriculture, to rapidly and effectively detect and control communicable diseases that are spread by poultry and animals and may affect humans.

2. Objectives

1. Strengthen collaboration between the Ministry of Health and Ministry of Agriculture in each country.
2. Share information between departments of human and animal public health and related ministries.
1. Conduct at least one joint outbreak investigation or TTX per year in each XB site
4. Improve community based surveillance

3. Activities

Objective 1: Strengthen collaboration between the Ministry of Health and Ministry of Agriculture in each country.

Activities:

- + Develop mechanism/advocacy for collaboration
- + Identify priority diseases and relevant partners.
- + Apply policy research, surveillance, epi., lab., ICT, risk communications to strengthen local capacity.

Objective 2: Share information between departments of human and animal public health and related ministries.

Activities:

- + Convene a national workshop on collaboration and information sharing.
- + Develop mechanism/guideline for sharing information at all levels: National, province, district.
- + Convene a regional (all MBDS countries) workshop on animal-human interface.

Objective 3: Conduct at least one TTX or one joint outbreak investigation per year in each XB site

Activities:

- + Design model/detail plan TTX/joint outbreak investigation at province level.
- + Conduct TTX/joint outbreak investigation at 1-2 provinces by year. Totally 3-6 provinces will conduct TTX.
- + Develop CD with TTX/joint investigation, printing and distribution CD to all provinces.

- + Completing National Pandemic preparedness & response plan

Objective 4: Improve community based surveillance

Activities:

- + Decide on specific/selected diseases (or more generic), including human-animal.
- + Develop guidelines for community based surveillance of selected zoonotic diseases, through coordination between departments responsible for human and animal health
- + Build model for community based surveillance in 2 cross border sites in the country in the year 2008 (1 in border province and 1 in Red river delta area), then evaluate and complete model.
- + Training volunteers on community based surveillance at 2 districts in 2 provinces.
- + Implement community surveillance for the early detection of common zoonoses
- + Strengthen EWARS, data collection and reporting.

II. OTHER STRATEGIES:

1. Maintain & expand cross-border cooperation

- Maintain the existing sites (1 sites)
- Expand number of sites (2 sites after 3 years: 1 in Tay Ninh province which has border with 1 province in Cambodia and 1 in Lai Chau province border with Yunnan Province in China).
- + Data collection from commune to district level and send to provincial health service, site coordinator, country coordinator and member countries
- + Organize orientation workshops at two new border provinces and yearly cross border meetings for each project site.
- + Organize and implement training courses on epidemiology, case definition, outbreak investigation, data presentation, preparedness and response planning.
- + Joint outbreak investigation/TTX, preparedness and response.
- + Strengthen border quarantine including meeting, develop guideline/manual

2. Develop Human Resource in epidemiology, FETP training

- Need assessment of FETP in Medical Universities and MoH
- Support for the set up FETP and activities, 1 course per year in Vietnam (Hanoi medical University, Faculty of public health)
- Support 2 health officers to attend introductory course (1 month) on FETP in Thailand.

3. Develop ICTs

- Identify priorities and conduct training courses on GIS for cross border sites.
- Applying GIS: putting data on the map and sharing information through the map (provincial level along all MBDS borders)
- Use electronic to streamline reporting from local/border areas to higher level

4. Conduct and apply policy research

- One health situation analysis at each cross border province will be conducted for identifying priorities for communication preparedness and response including assessment of disease trends, human resources, capacity of preventive medicine system at cross-border.
- Implement 1 policy research on specific communicable disease a year for animal-human health disease such as Food-Hand-Mouth disease and/or Blue Ear disease in pigs, etc regarding the magnitude of diseases, spreading mechanism and intervention measures.

- Disseminate and apply result of policy research in communicable disease preparedness and response.

5. Strengthening institutional operation, coordination, monitoring, supervision and evaluation

- Country coordinator together with Project coordinator coordinate project activities and conduct monitoring visit and supervision to project sites (cross-border province) and to other member country if needed.
- EB chair and CC chair conduct supervision/visit to some member countries.

5. EXPECTED OUTCOMES:

- Collaboration mechanism between animal sector and health sector will be established and strengthened.
- Tools/documents for strengthening capacity of information exchange, prevention and control of communicable disease are developed and published.
- Epidemiology, epidemic investigation, preparedness and response and modern information technology (ICT), GIS will be introduced and applied in communicable diseases surveillance, preparedness and response.
- Training courses for project site provinces on FETP, epidemic investigation, GIS, supervision and monitoring are organized and the skills of health personnel are improved.
- A report of specific studies of priority epidemics including animal-human health diseases, spreading mechanisms is compiled and disseminated.

6. PROJECT MANAGEMENT

Coordinating unit (Annex 3):

The Ministry of Health of Vietnam will lead the project. The project will be led by Dr Nguyen Hoang Long, the MBDS Executive Board Member. The following is the list of members of MBDS Vietnam:

- Dr. Nguyen Hoang Long, Deputy Director, Planning and Finance Department, MoH, EB of MBDS Cooperation, Director of MBDS Vietnam.
- Dr. Duong Huy Lieu, management board member of MBDS Vietnam, Planning and Finance Department, MoH
- Dr. Nguyen Dang Vung, Senior officer, Health Policy Unit, Ministry of Health, MBDS Vietnam Coordinator (CC).
- Dr. Tran Thanh Duong, Chief, division of communicable diseases, general department of preventive medicine and HIV/AIDS control, Associate CC.
- Mr. Duong Duc Thien, Secretary, Health Policy Unit, Assistant C.C.
- Dr. Tran Kim Phung, Deputy health service Director of Quang Tri province and other 2 Deputy health service Directors of 2 border provinces Tay Ninh and Lai chau which have borders with Cambodia and Yunnan province, China, 3 Site Coordinators

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Country Coordinator will work part-time for the project, making detail action plan for each year and each quarter and would organize information exchange between animal

and human health sectors, cross border communication with provincial health offices across border province of Lao PDR, Cambodia and Yunnan, China to facilitate cross border meetings, which would take place in August and March every year, one time per country for one year. For details of activities please see the timeline and activity.

Assistant CC will work part-time for the project, would communicate with border sites to check progress and push the process of data collection and information exchange and risk communication. Helping in organization of regional/national workshops/meetings, preparing venues, booking airtickets, meeting rooms, rooms for participants, receiving phone, fax, email from sites, from MBDS Office, and partners. Assist CC to manage project and go to the field if needed.

Site Coordinator will work part-time for the project, collecting information from district level, entering data, information into electronic file and send to CC and other side cross border provinces and MBDS office, conducting monitoring the project implementation at district and commune level. Assist in organisation of workshop, training course in province, accompany CC and PC, external evaluation (EE) when they conduct monitoring and evaluation mission.

Collaboration units:

1. General Department of Preventive medicine, MoH Vietnam.
2. National Institute of Hygiene and Epidemiology, Hanoi.
3. Hanoi School of Public Health.
4. Faculty of Public Health, Hanoi Medical University.
5. Pasteur Institute in Ho Chi Minh City.

7. MONITORING AND EVALUATION

The project progress will be monitored and evaluated regularly by EB, CC, sometime by Project Coordinator (PC). The MBDS members will conduct twice a year in monitoring and evaluation process. Project coordinator will submit a project progress report and financial to the Rockefeller Foundation interim report and yearly report.

8. RISKS AND ASSUMPTION

In order to get good results, the project needs commitment from decision-makers, managers, focal points and local authorities at provincial level. Project Coordinator should try and motivate stakeholders to actively participate in different activities of the projects. Lessons learned from the previous stage can be documented and apply to improve and avoid the mistakes for future implementation.

9. PROJECT DURATION: 3 years and expected to beginning from December 1st, 2007 to November 30th, 2010.

10. TIMELINE: Annex 1

11. BUDGET: Please refer to Annex 2.

**Annex 1. Time frame: The time frame for above activities is for 3 years
From December 1st , 2007 to November 30th, 2010.**

Activity/Sub-activities	1	2	3	Responsibilities	Comments
1. Coordination, data collection & Information exchange	+	+	+	CC, AC, SC	
2. Core Component 1	+	+	+	CC	
3. Component 2	+	+	+	CC	
4. Component 3	+	+	+	CC	
5. Component 4	+	+	+	CC	
6. Component 5	+	+	+	CC	
7. Monitoring & Evaluation	+	+	+	EB, CC, PC, EE Team	

Core Component 1: Animal-Human Health Interface

Component 2: Maintain and expand cross border collaboration.

Component 3: Human resource development

Component 4: Information Communication Technology development

Component 5: Research and apply results of research

Annex 3. Institutional information

Background Information of Health Policy Unit, Ministry of Health, Vietnam

Health Policy Unit in Vietnam's Ministry of Health was founded in 1994 by the Vietnam Health Minister and initially funded by Sida for activities within the framework of the Vietnam-Sweden Health Cooperation Programme (VSHP). HPU is a part of the Department of Planning and Finance of MOH. Its functions are not limited within activities of VSHP but also supporting MOH with other policy-making issues. In order to fulfil those functions, HPU has collaborated with various universities, institutes, agencies both domestically and internationally to conduct studies on aspects of health sector reform, health financing (health expenditure, health insurance, health care for the poor and other vulnerable groups), master plan, legal framework with special focus put on pro-poor health policies. As result of its work, HPU has provided lots of recommendations to related agencies/ hospital on implementing the issued policies and strategies, helping to improve the provision of health services with equity efficiency orientation.

Studies, projects conducted by HPU have played a very important role in supporting the preparation and issuance of the health policies in general and policies on medical consultation, treatment and prevention in particular. This is due to strong support of MOH to the highly qualified contingency of advisers and researchers of HPU and the close relationship with health research institutions, such as HSPI, Hanoi Medical University, Thai Nguyen Medical University, Ho Chi Minh City Medicine and Pharmaceutical University, Public health school of Hanoi, National Institute for Hygiene and Epidemiology. In policies preparation work, HPU has closely worked with various Departments of MOH and other Ministries/Agencies. Besides, HPU also receives good collaboration and excellent support of international organizations such as WHO, UNDP, ADB, WB, EU and the Rockefeller Foundation.

Principal Investigators involved in the project

NGUYEN HOANG LONG, MD, Ph.D in International Public Health. Dr. Long is the chair executive board member of MBDS cooperation, Deputy Director of the Department of Planning and Finance, Ministry of Health of Vietnam and Head of the Health Policy Unit. He is a senior researcher of the Health Policy Unit in MOH. Within the HPU, His main responsibility including promoting scientific quality and analytical level of studies, evaluating health care for the poor and developing health support projects; He has a strong research interest in health policy design, development, management and evaluation.

DUONG HUY LIEU, MD, Ph.D in Public Health, Dr Lieu is currently the director of Department of Planning and Finance, Head of Health Policy Unit in Vietnam's Ministry of Health. He was the Chief of Cabinet of MOH and overlooked the development of the health system in Vietnam in the past 20 years. He is an expert of the health policy in Vietnam and one of leaders of the Committee for H5N1 Influenza virus control in Vietnam. He has a strong interest in prevention and control of communicable disease.

NGUYEN DANG VUNG, MD, MSc Epidemiology. Dr. Vung is the MBDS Vietnam coordinator, Senior officer of the Health Policy Unit for the Vietnam and Sweden Health Cooperation Programme in the HPU of MOH and deputy head of department of demography, faculty of Public Health, Hanoi Medical University. He has rich experience for Public Health issues and Communicable diseases prevention and control.

Hanoi, November 15th, 2007

Dr. Nguyen Hoang Long
Deputy Director,
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Executive Board member & Chair EB

