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MBDS Multi Countries Cross Border Meeting
Vientiane Capital, Lao P.D.R
27th – 28th November, 2014

Attendees:

MBDS Member Countries:

Cambodia:	Dr. Bun Sreng	Deputy Director, MoH
	Dr. Seng Heng	Chief of Surveillance Bureau, MoH
	Dr. Pen Rotha	Vice Chief of Surveillance Bureau, MoH
	Dr. Pin Savath	Representative from Koh Kong province
	Dr. Heng Chantha	RRT Chief from Kampot province
China (Guangxi):	Dr. Li Huiyang	Vice Director, Guangxi CDC
	Ms. Lv Huiyu	Guangxi CDC
	Dr. Tan Zongyan	Guangxi CDC
	Mr. Li Aimin	Pingxiang CDC
Lao PDR:	Dr. AeksavangVongvichit	Minister of Health
	Dr. Bounlay Phommasack	Director General, MoH
	Dr. Sibounhom Archkhawong	Deputy Director General, MoH
	Dr. Sisavath Souththaniraxay	MoH
	Dr. Onchanh Keosavanh	MoH
	Dr. Panom Phongmany	Director, Savannahet province
	Dr. Souphanh Phounsavath	MoH
	Dr. Phonepaseuth Ounaphom	Deputy Director Health Department Vientiane Capital
	Dr. Ratsamy Vongkhamsao	Senior Technical Officer, MoH
	Dr. Phonepraseuth Sayamoungkhong	MoH
	Dr. Viengsavanh Kittiphong	Deputy Director, Surveillance Division, MoH
	Dr. Malyvanh Vongphanya	MoH
	Mr. Kolakanh Phichitchay	Savannahet province
	Mr. Phonephylom Boualavong	MoH
	Dr. Chanthalay Sayavong	Head of Epidemiology Division, Vientiane Capital
Dr. Bouasy Hongvanhthong	MoH	

Thailand:	Dr. Pasakorn Akarasewi	Senior Advisor, Bureau of Epidemiology, MOPH
	Dr. Teerasak Chuxnum	MOPH
	Mrs. Punchawee Sukbut	Senior Technical Health Office, Mukdahan PHO
	Mrs. Waleerat Aphaibunditkul	Public Health Technical Officer, Ubon Ratchathani PHO
	Ms. Kirata Kongmuang	Public Health Technical Officer, Tak PHO
	Dr. Phisanuruk Kanthawee	Chiang Rai PHO
	Mr. Thapon Tiawsirichaikul	Technical Officer, Nongkhai PHO
	Mr. Suphot Ruttanaphian	Public Health Officer, Trat PHO
Vietnam:	Dr. Nguyen Dang Vung	Vice Director, MoH
	Dr. Mai Nam	Head of Planning Department, Quang Tri province
	Dr. Trieu Cao Tan	Representative from Lang Son province
	Dr. Pham Thanh Tam	Representative from An Giang province
	Dr. Tran Nhat Quang	Representative from Ha Ting province
Partners:	Dr. Luo Dapeng	WHO, Lao P.D.R
	Mr. Curtis Borden	USAID
	Dr. Andrew Corwin	US CDC
	Mr. Kraig Butrum	Skolls
MBDS Secretariat Office:	Dr. Moe Ko Oo	MBDS Secretary
	Ms. Nattanun Siridiraseth	MBDS Admin Officer
	Ms. Jittra Thajeen	MBDS Data Analysis & Assistant to Canada's GPP Project
	Ms. Thin Mar Soe	ICT specialist



At Settha Palace Hotel, Vientiane Capital, Lao P.D.R

Chair: Dr. Bounlay Phomasck, Director, MBDS Foundation

Co-Chair: Dr. Pasakorn Akarasewi, EB MBDS Thailand

Agenda: MBDS Multi Countries Cross-Border Meeting

Summary of Proceedings

Mekong Basin Disease Surveillance Foundation (MBDS) held MBDS Multi Countries Cross Border meeting at Vientiane Capital, Lao P.D.R on 27th – 28th November 2014. Representatives from MBDS Cambodia, China, Lao P.D.R, Thailand, Vietnam, WHO, US CDC from Laos, USAI, Skolls and MBDS Secretariat were participated in the meeting. The meeting aimed to

- Present MBDS XB activities and discuss implications
- Review the progress according to MBDS strategies and targets including challenges and lesson learnt.
- Prepare MBDS beyond 2015 including future collaboration among stakeholders

Day I (27th November 2014).

MBDS Multi Countries Cross Border meeting welcomed H.E. Professor Dr. Aeksavang Vongvichit, Minister of Health Lao P.D.R to attend the opening ceremony. Opening remarks were given by Dr. Li Huiyang, China MBDS, Dr. Seng Heng, Cambodia MBDS, Dr. Nguyen Dang Vung, Vietnam MBDS and Dr. Pasakorn Akarasewi, Thailand MBDS.



Opening speech by Dr. Aeksavang Vongvichit, Minister of Health Lao P.D.R

In H.E. Dr. Aeksavang Vongvichit, Minister of Health, opening speech, he highlighted the strengths of MBDS during the last 10 years in dealing with SARS, highly pathogenic influenza, and other emerging infectious diseases. The MBDS MOU among six health ministers has been signed in 2001 and 2007, and MOU signed in 2007 has been used as platform for health collaboration between countries within the MBDS.

Details of Minister's speech are as follow:

Dear MBDS Board members from 6 countries:
Cambodia, China, Lao PDR, Myanmar, Thailand and Vietnam
Representative from WHO
Representative from USCDC
Representative from Skolls Global Health Threats
Development Partners,
Ladies and Gentlemen,

On behalf of the Ministry of Health of the Lao PDR, I would like to welcome all of you to Vientiane, the Capital City of the Lao PDR. It is indeed a great honor for me to be invited and delivering an opening speech during this multi-countries cross border meeting of the Mekong Basin Disease Surveillance (MBDS).

This meeting is timely organized at the moment where all countries around the world are concerning and putting efforts to stop the current outbreak of Ebola in West Africa.

Although we do not have any borders sharing with West Africa, but as public health by profession, we all worrying and concerning with such public health emergency for international concern.

Because of the lack of effective surveillance system at cross border between countries, the current outbreak of Ebola in West Africa initially occurred in one country, gradually spreading to neighboring countries, making the situation very difficult to solve, and challenging all countries around the world including the MBDS. The US CDC said there could be over a million cases by January 2015 if significant containment measures were not enacted successfully.

Back to the MBDS, we all aware that already more than 12 years that countries within the MBDS have been working together and such collaboration was made possible through the signing of 2 MOU among the health ministers of the 6 countries of the MBDS. First MOU signed in 2001, second MOU signed in 2007.

Since the beginning of its establishment, MBDS countries have been challenging and testing by multiple outbreaks rising from Emerging Infectious Diseases such as SARS in 2003, H5N1 in 2005, 2006 2007, pandemic influenza H1N1 in 2009.

The outbreak of MERS-CoV, H7N9, H5N6 in the region, and the on going outbreak of Ebola in West Africa, creating a big concern for all governments around the world including the MBDS, although MBDS countries are classified by WHO as countries having no borders with infected countries in West Africa.

The MOU among six health ministers have been successfully developed a platform for health collaboration between countries within the MBDS. We can say that the most difficult parts of the cross border collaboration between countries, between provinces such as building mutual partnerships, building trusts, mechanism for working together have been developed during the last ten years.

The Mekong Basin Disease Surveillance (MBDS) network is the cornerstone of public health surveillance and pioneer of information exchange among member countries in the world. Local health agency from Mekong Basin Disease Surveillance under leadership from Health Ministry interrupt the infectious disease transmission, locate and contain exposed contacts, identify and control outbreaks, ensure effective treatment and follow-up of cases, and alert the health community.

MBDS also has well defined and well documented strategies which is in line with WHO IHR (2005), APSED (2010) and Global health Strategy

The information obtained through cross border reporting is used to monitor disease trends over time, identify high risk groups, allocate and prepare resources, develop strategy and policy, design prevention programs, and support grant applications.

These achievements could be considered as strengths for further scaling up collaborating sites for strengthening the regional health security.

However, in spite of these achievements, there are still many things to do and collaboration need to be strengthened. Currently, the region is challenging by multiple factors making the prevention and control of communicable diseases more complicated than ever, such as

- Trend of migrants, mobile population, de-forestration together with artemisinin resistance bringing malaria problem back to the region,
- Climate change associated with urbanization and poor environment management, with population growth bringing dengue problem back to the region and individual country,
- Animal-human contacts, wildlife-human contacts, creating an opportunity for human to catch highly pathogenic avian influenza diseases,
- Lack of effective health education are major factors for spreading of outbreak of communicable diseases within the community.

This is why this meeting is important. Because it will

- review the progress according to MBDS strategies and targets,
- identify challenges/gaps/lesson learnt in implementation and identify reasons for success and reasons for failures,
- present MBDS cross border activities and their implications and
- discuss future collaboration among stakeholders

The basis of strategies to control disease is to strengthen multi-sectoral coordination and collaboration among partners for surveillance and early detection. These strategies, to varying degrees, are employed in all affected areas to combat disease outbreaks.

In the future MBDS needs to explore how to

- integrate existing MBDS strategies into one holistic approach focusing particularly solving problems at community level of both border sites, using new and effective technologies (IT) and laboratory capacity for early detection and early and reporting, fitting exactly to the slogan “ Think globally, act locally”
- Develop mechanism to coordinate with other related partners, sectors in prevention and control of future outbreak of infectious diseases.
- We know that there are large scale factors impacting on the resurgence of emerging and re-emerging diseases. Accordingly, we would urge the meeting to consider whether there is a need to revise the current MBDS MOU among health ministers of the six countries to be updated with the current global and regional health situation. If there is a need, then how we can make it happening? Where? and when?

With its gathering of eminent Public Health Experts , policy makers and development partners with their collective knowledge and experience will go a long way towards charting a course for more effective control of Emerging Infectious Disease.

Taking this important opportunity, I now declare the MBDS meeting officially opened.
Wish the meeting to have fruitful deliberations.

Thank you very much

Presentation from each country based on MBDS Activities

Dr. Seng Heng, Coordinator for Laboratory Capacity from Cambodia

Ms. Lv Huiyu, MBDS Guangxi Secretary from China

Dr. Viengsavanh Khitthiphong, MBDS Country Coordinator from Laos

Dr. Teerasak Chuxnum, Coordinator for Animal Human Interface and Community-based Surveillance from Thailand

Dr. Nguyen Dang Vung, MBDS EB from Vietnam

Dr. Moe Ko Oo, MBDS Secretary from MBDS Secretariat office presented about MBDS and Canada’s GPP project.

Dr. Bounlay Phommasack, Director, MBDS Foundation brief introduction for moderated talk show in the afternoon.

Afternoon Moderated Session: 2 subsequent talk show have been organized:

First Session

Topic: Capacity Building and Strengthening Surveillance System in MBDS

(Current MBDS Activities, Partners, Challenges and Future Plan)

Moderator: Dr. Pasakorn Akarasewi and Mr. Kraig Butrum

Participants: One representative from each member country



Moderated Session: Capacity Building and Strengthening Surveillance System in MBDS

Summary of the first session

Capacity building for surveillance: the need for focusing on lower level or community level is much needed.

- Challenges: resources for training, sustainability, quality control, laboratory (move out)
- New area for capacity building in one health, emerging diseases and reemerging diseases like malaria, TB
- Capacity building at all levels (local, provincial, national level, including surveillance focal point)
- Surveillance needed to expand to involve new partners such as local private sector
- Cross-cutting area capacity building (OH)
- Technology transfer (software/ hardware)
- Policy support for national level, role of MBDS advocacy for national policy level.

Second Session

Topic: Animal – Human Interface and One Health

(Current MBDS Activities, Partners, Challenges and Future Plan)

Moderator: Dr. Nguyen Dang Vung and Mr. Kraig Butrum

Participants: One representative from each member country



Moderated Session: Animal – Human Interface and One Health

Summary of the second session

- People at local level, still do not really understand animal transmitted disease to human.
- FETPV-FETP needed to be strengthened.
- Multi-sectoral collaboration needed to be strengthened.
- Animal health and human health have MOU. Information could be shared in one standard report.
- Work with national level is more difficult than working with local level.
- Good relationship b/w DCDC and DVD topics for rabies control.

Day II (28th November 2014).

Dr. Bounlay Phommasack, Director, MBDS Foundation briefly recapped the day 1 MBDS Cross Border meeting and emphasized the Health Minister opening Speech as “The MBDS MOU among six health ministers signed since 2001 and 2007. 2007 MOU has been used as platform for health collaboration between countries within the MBDS.”

MBDS has also defined and well documented strategies which are in line with WHO IHR (2005), APSED (2010) and Global health strategy.

However, despite those achievements, there are still many things to do and collaboration needs to be strengthened. Currently, the region is challenged by multiple factors making the prevention and control of communicable diseases more complicated than ever, such as:

1. Trend of migrants, mobile population, and de-forestation together with artemisinin resistance bringing malaria problem back to the region
2. Climate change associated with urbanization and poor environment management, with population growth bringing dengue problem back to the region and individual country.
3. Animal-human contacts, wildlife-human contacts, creating an opportunity for human to catch highly pathogenic avian influenza diseases.
4. Lack of effective health education is the major factor for spreading of outbreak of communicable diseases within the community.

In the future,

1. Integrate existing MNDS strategies into one holistic approach focusing particularly in solving problems at community level of border sites, using new and effective technologies (IT) and laboratory capacity for early detection and early reporting.
2. Consider whether the current MBDS MOU need to be revised in order to be updated with the current challenges.

There were two subsequent talk shows organized in day I as followed:

1. Capacity building and strengthening surveillance system in MBDS (current MBDS activities, partners! challenges and future plan).
2. Animal-human interface and One Health (current MBDS activities, partners, challenges and future plan).

Third Session

Topic: Cross Border Information Sharing, Regional Lab and Collaboration

(Current MBDS Activities, Partners, Challenges and Future Plan)

Moderator: Dr. Bounlay Phommasack and Mr. Kraig Butrum

Participants: One representative from each member country



Moderated Session: Cross Border Information Sharing, Regional Lab and Collaboration

Summary of the third session

Information has been shared among border provinces for more than a decade. The meeting proposed that information exchange need to be analyzed in order to follow the trends of diseases occurring at the borders. This information need to be used by provincial health department to prepare for the provincial surveillance plan. MBDS should work and find out ways to provide or bring more access to rapid test for diagnosis of various communicable diseases at local level.

Fourth Session

Topic: ICT in MBDS

(Current MBDS Activities, Partners, Challenges and Future Plan)

Moderator: Dr. Bun Sreng and Mr. Kraig Butrum

Participants: One representative from each member country



Moderated Session: ICT in MBDS

Summary of the fourth session

The meeting suggested that in the past, ICT has been introduced by INSTEDD along the border in Savannakhet and Mukdahan. However, the results of the pilot testing have not been summarized yet, and there is no extraction of lesson learnt for this ICT project. Getting the report of ICT pilot testing from INSTEDD for further scaling up to other sites will be very much useful for another cross border sites.

Revision of MBDS MOU

While each country is discussing and identifying the activities for the future, in the mean time Dr. Bounlay Phommasack, Director MBDS Foundation, Dr. Bun Sreng, MBDS Country Coordinator from Cambodia, Dr. Pasakorn Akarasewi, MBDS Executive Board from Thailand, Dr. Nguyen Dang Vung, MBDS Executive Board from Vietnam, Mr. Kraig

Butrum from Skolls and Dr. Moe Ko Oo, MBDS Secretary from MBDS Secretariat Office reviewed current MBDS MOU and drafted 3rd MBDS MOU version.



Revision of MBDS MOU

Countries discussion and presentation

In the afternoon, each country is requested to work by group and identify for future action plan. In General, each country is making efforts in sharing information at provincial level and strengthening surveillance and response system at the border areas. Savannakhet and Quang Tri are implementing One Stop Services at the border areas between Savannakhet and Quang Tri provinces.

A. Presentation from Thailand

Thailand plan is to develop the local agreement or local project; e.g. one health in Chiang Rai, ICT in Mukdahan and Lab in Sakaew respectively. Their aim is to have integrated one health program and to have more partners in the future. They highlight 3 priorities in term of disease which is event based surveillance:

- 1) Vaccine preventable disease, some unknown disease
- 2) Emerging infection disease and zoonosis
- 3) Outbreak and influenza

Moreover, cross border focal point for Thailand will be in Chiang Rai for future coordination.

B. Presentation from Laos

The plan of Laos is according to the MBDS Strategies which are;

1. Cross-border collaboration
 - To share the information, Joint analyze data

- Joint outbreak investigation
 - Joint training (Table top exercise)
 - Single stop inspection establish at the quarantine (check point)
 - Joint preparedness plan
 - Joint MOU improvement year by year (Review MOU)
 - Expand the MBDS sites
2. Animal-Human Interface (One Health)
 - Strengthen information sharing system
 - Mechanism for collaboration and coordination (MOU)
 - Joint training
 - Advocacy meeting and regular technical meeting
 - Joint action plan and strategic plan
 - POE
 3. Risk communication
 - Training at the local level
 - Develop IEC material
 4. Community base surveillance
 - Training for village health committee
 - Strengthen report system (village to health centre)
 5. Research
 - Joint APEIR project (reducing Biosecurity threat from infectious disease)
 - Rabies study [Bokeo(Laos) – Chiang Rai (Thailand)]
 6. ICT
 - To set up for website DCDC (Joint with NCLE)
 - To set up Epihack
 - To improve 166 hotline
 7. Laboratory capacity building
 - Training specimen collection stock and transport
 - Necessary equipment supplies
 - Strengthening lab capacity from animal and human at provincial level
 8. Human resource development
 - Field epidemiology training (1 year, short course)
 - Basic epidemiology training for distinct and health center focus at cross-border area.

C. Presentation from China

The plan of China is for cooperation between China and Vietnam:

1. There will be regular meeting for 4 times in a year. To reach to their cross border counterpart in timely manner during the outbreak is to work together such as internet, mobile or other software. And also there is a plan to have training which is English, Chinese and especially Vietnamese languages to understand each other to do next step. Regular meeting includes exchange information to share the data.
2. To share the health inspection information and data each other.
3. Try to share laboratory information and technology

D. Presentation from Cambodia

The plans of Cambodia for national and sub-national level are:

1. To improve coordination and implementation, follow up at national and sub-national levels for different objectives of the MBDS's strategic framework (7)
 - Review workshops and meetings
 - Monitoring and evaluation
2. To enhance capacity building through joint trainings on different subjects (IHR/APSED)
3. Equipment and supplies
4. Operational costs (internet connection, telephones/cell cards)
5. Incentives
6. E-learning – share training materials and other tools

For Sub-national level:

1. To promote for the information sharing:
 - o List of Diseases: (MBDS protocol)
 - Cholera, SARS, Avian Influenza (H5N1, H7N9..) , Ebola
 - Dengue Fever, Acute Diarrhea, SRI
 - Measles, Malaria, Typhoid
 - HIV/AIDS, TB
 - Other emerging/re-emerging diseases
 - o Events (outbreaks, other PH events)
 - o Enhance joint Outbreak Investigation and Response (at least once per year) using existing mechanisms (JMOIR/CAREID)
 - o Conduct XB Meetings 2times/year and Simulation Exercise (TTX and Drills)

E. Presentation from Vietnam

The plans of Vietnam for the future are:

1. Sharing information and X-border collaboration:
 - Continue to exchange information with x-border provinces (continue implement of weekly and monthly reports of CDs according to MBDS forms)
 - Quaterly or annual meeting with border provinces other sides (depends on budget available)
 - Revise list of focal points with email and telephone numbers of X-border provinces.
 - MOU for the remaining provinces 2 sides
 - Joint Planning and joint outbreak investigation.
 - Joint TTXs
 - Implement well activities according to IHR related to international health quarantine between neighboring countries;
2. Animal-Human health interface and community based surveillance
 - Continue to maintain information exchange of 2 sectors on identified diseases: Rabies, Avian flu, etc...

- Collaboration of 2 sectors in outbreak investigation and outbreak control.
- 3. Human resource capacity building/Training on FETP/Epidemiology
 - Continue to conduct training courses on emerging diseases/re-emerging diseases prevention and control for health workers at districts and communes levels
- 4. Development of ICT
 - Implement to apply statistic softwares to report communicable diseases at all levels;
 - Strengthening to use internet in sending information to upper level regularly;
 - Apply Arcview/GIS/other modern tools in sharing and reporting of communicable diseases information/data.
- 5. Development of Lab
 - Complete and implement the National Standard on Provincial Preventive Medicine, related to Lab;
 - Establish ISO 17025 for lab at provincial level.
 - Develop SOP for Lab equipments
 - Sharing results, experiences on lab skills and results
- 6. Risk Communication
 - Regularly implementation of risk communication through mass media on prevention and control of outbreak from provinces, districts and communes.
 - IEC for communities with high risk;
 - Diversification of communication forms, means
- 7. Policy Research
 - Conduct some more policy researches on strengthening surveillance system at local levels.
 - Study on emerging diseases: early detection, prevention, treatment and control effectively.

Conclusions & Recommendations:

Conclusion:

1. The meeting agreed that these two days meeting is very important for the MBDS, because it brought the six countries to sit and discussed together the diseases emerged from EIDs in the region and globally.
2. MBDS should play more roles in regional and global health security.
3. Many cross border activities have been supported by different development partners and the meeting urged MBDS countries to identify the gaps existing among the elements of the health system for further strengthening cross border activities in these areas.

Recommendations:

1. Review current MBDS MOU embarking future activities: MBDS post 2015 or MBDS beyond 2015.
2. The meeting requested each delegation to report, inform his or her own ministry about this action. Once MOU is finalized, the organizers will share the content of MBDS MOU

to each country. Tentative date and place for MOU signing is WHA Geneva in May 2015. The meeting requested MBDS Coordination Office to send the whole report to each country for further reporting to each ministry. MBDS Coordinating Office has been assigned to find out funds for necessary arrangement, preparation for this MOU in Geneva during WHA.

3. The meeting requested MBDS coordinating office to identify the gaps and seek for further strengthening surveillance and response much more focus on sub- national level emphasizing on one health and EIDs as priorities using ICT appropriate to local areas.
4. The meeting requested MBDS Coordinating office to discuss or meet with development partners for supporting lab diagnosis capabilities at local levels.
5. There is a need for organizing MBDS multi country meeting once per year, bringing sub nationals to attend the meeting.

The meeting closed at 15.30 pm. by Dr. Bounlay Phommasack, Director MBDS Foundation.

Prepared by: Dr. Malyvanh Vongphanya

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Ms. Thin Mar Soe

Activities photos



