



**GMS PUBLIC HEALTH FORUM  
ON REGIONAL COOPERATION IN CDC  
AND HEALTH SYSTEMS DEVELOPMENT**

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**Vientiane, Lao PDR**

# OUTLINE OF THE PRESENTATION

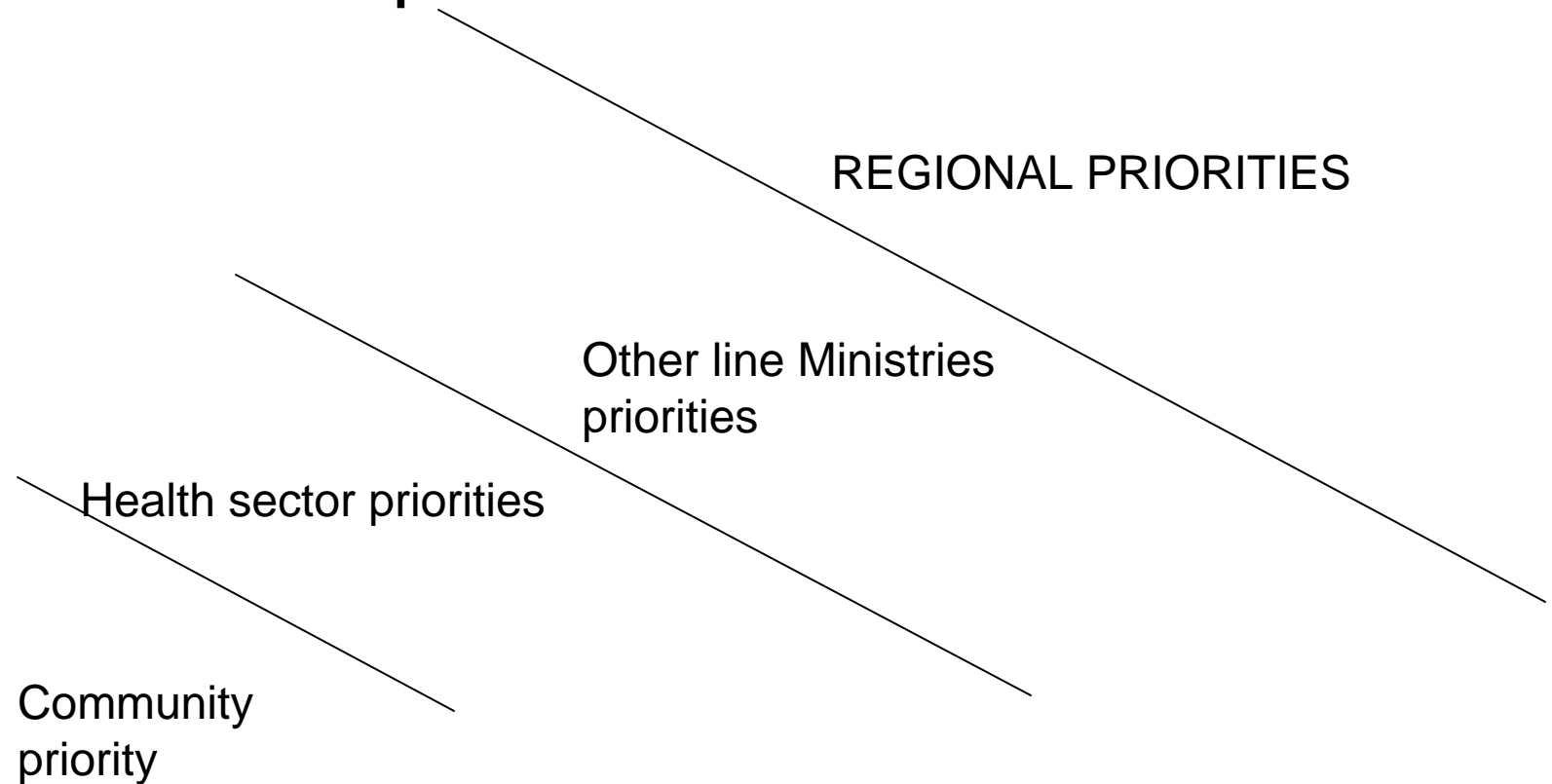
- The GMS: disparity and common features
- The health sector: its socio-economic context
- Regional collaboration: some features
- The new and legally binding instrument
- Some strategic directions

# The GMS: disparity and common features

- Disparity:
  - Demography
  - Geography
  - Affiliation to each other (WHO region, ASEAN, CLMV, CLV...)
  - Health system development
- Common features:
  - Some health determinants
  - Potential economic development
  - Social context (religion, extended family...)
  - Pandemic threat

# The health sector: its socio-economic context

- Criteria for prioritization



# Regional collaboration: some features

<b>Size</b>	<b>Timeframe</b>	<b>Supporting partners</b>	<b>Financial support</b>
Bilateral	Usually 5 Y	Country A&B	
Trilateral	Usually 5 Y	CLV, CLMV	
Regional	Usually 5 Y	ASEAN, MBDS, GMS, ACMECS	
Global	No limit	WHO (SEARO, WPRO)	

# GOAL OF MBDS (phase I)

Reduce morbidity and mortality caused by outbreak-prone priority diseases:

1. Dengue infection
2. Malaria
3. Severe diarrhea including cholera
4. Vaccine preventable diseases and
5. Outbreak of diseases with sub-regional significance

# Goal of MBDS (Phase II)

- To reduce morbidity and mortality from communicable diseases among marginalized people living in the Mekong region by developing an integrated approach to disease surveillance and response across borders

# ASEAN+3 EID PROGRAM

## **Goal**

- To reduce the economic, social and disease burden that results from emerging infections that threaten the region.

## **Objective**

- To enhance regional preparedness and capacity in integrating surveillance, early recognition of outbreaks, diagnostic capability and timely response to emerging infectious diseases.

## Stages of the ASEAN + 3 EID Programme Phase 2

August 2006 – January 2007:	Inception Stage:
August – October 2006	Recruitment of Staff for PFU
November 2006 – January 2007	Development of Programme Action Plan for Year 1
February 2007 – January 2008	Programme Year 1
February 2008 – January 2009	Programme Year 2
February – July 2009	Transition Stage

# ASEAN INVOLVEMENT IN THE RESPONSE TO EMERGING INFECTIOUS DISEASES

- 1) ASEAN Disease Surveillance.Net (coordinated by Indonesia);
- 2) ASEAN + 3 Strengthening of Laboratory Capacity and Quality Assurance for Infectious Disease Surveillance (coordinated by Malaysia); and
- 3) ASEAN + 3 Epidemiological Network (coordinated by Thailand).

# ADB-GMS-CDC Project (2006-9)

## Cambodia, Laos and Viet Nam

- **Component 1: Strengthening National Surveillance and Response Systems**
- **Component 2: Improving CDC for Vulnerable Populations**
- **Component 3: Strengthening Regional Cooperation in CDC**

# C3: Activities with milestones

1. Hold yearly regional workshops of six MOHs and partners to discuss regional CDC.
2. Provide ongoing support for bilateral and regional cooperation in health.
3. Conduct policy dialogue and peer review on health laws and regulations according to regional agenda.
4. Develop joint implementation criteria for revised IHR for 2006–2008.
5. Carry out regional research activities on community action for HIV/AIDS prevention and care.
6. Conduct competitive funding for regional CDC consortia initiatives.

## MOU BETWEEN MOH OF CAMBODIA

### AND THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR PROMOTING COOPERATION IN HEALTH AND MEDICAL SCIENCES

- The Participants plan to provide for an expansion of cooperation across a broad range of mutual interests. Initial efforts are to be directed at developing joint activities addressing their common problems in the areas of influenza and other emerging infectious diseases of public health significance.
- Other specific areas may be identified from time to time by mutual consent of the Participants or their designees.

## ACMECS / PUBLIC HEALTH

The objective is to forge closer regional cooperation at all levels to prevent and stem the spread of infectious diseases, with the highest priority on avian influenza, through the following activities:

1. Build up national surveillance and laboratory capacity both on the human and animal sectors;
2. Facilitate information sharing on the Avian Influenza and other Emerging Infectious Disease surveillance, including through telemedicine for collaborative medical procedures and the dissemination of medical best practices;
3. Support and strengthen the national influenza preparedness plan and initiate an efficient joint rapid containment;
4. Promote other emerging disease control at cross-border;
5. Introduce consumer protection regarding quality of essential drugs to treat Emerging Infectious Diseases;
6. Enhancing Human Resource Development for animal and human health sector;
7. Strengthen collaborative mechanism for ACMECS Public Health sector.

# The new and legally binding instrument: IHR(2005)



The purpose and scope of these Regulations are to **prevent, protect against, control and provide a public health response to the international spread of disease** in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade (*Art.2: purpose and scope*)

# Key IHR (2005) Timetable

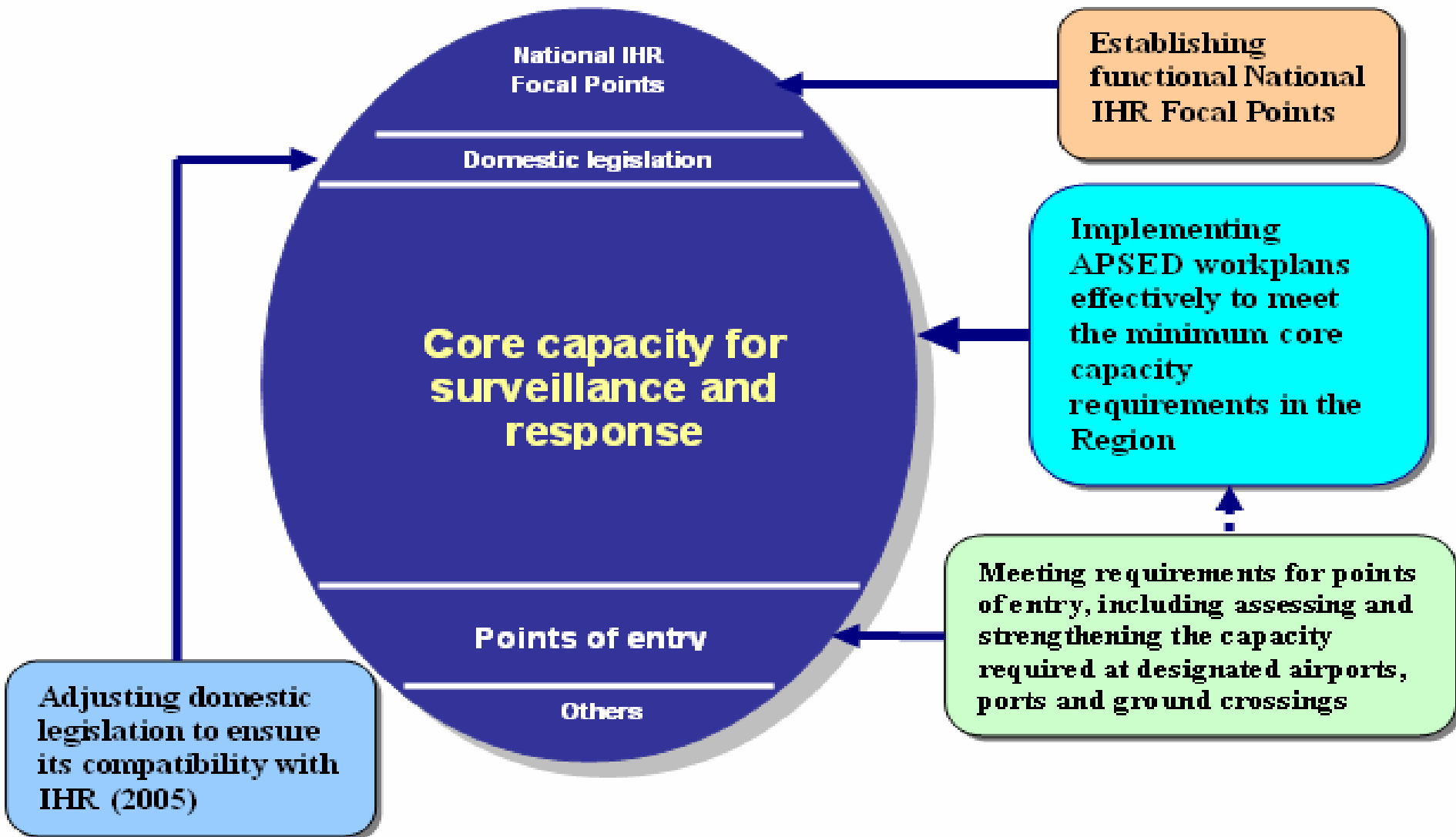
Now	By Dec 2006	15 June 2007	15 June 2009	15 June 2012
Voluntary compliance with some provisions (response to AI and PI)	Enter into force (legally binding)			
Reservation or rejection				
Functional IHR Focal/Contact Points				
Adjustment of domestic legislation*				
Core capacity assessment, and development & implementation of plans of action		?		
Country core capacities are present and functioning**			?	

Strategy?

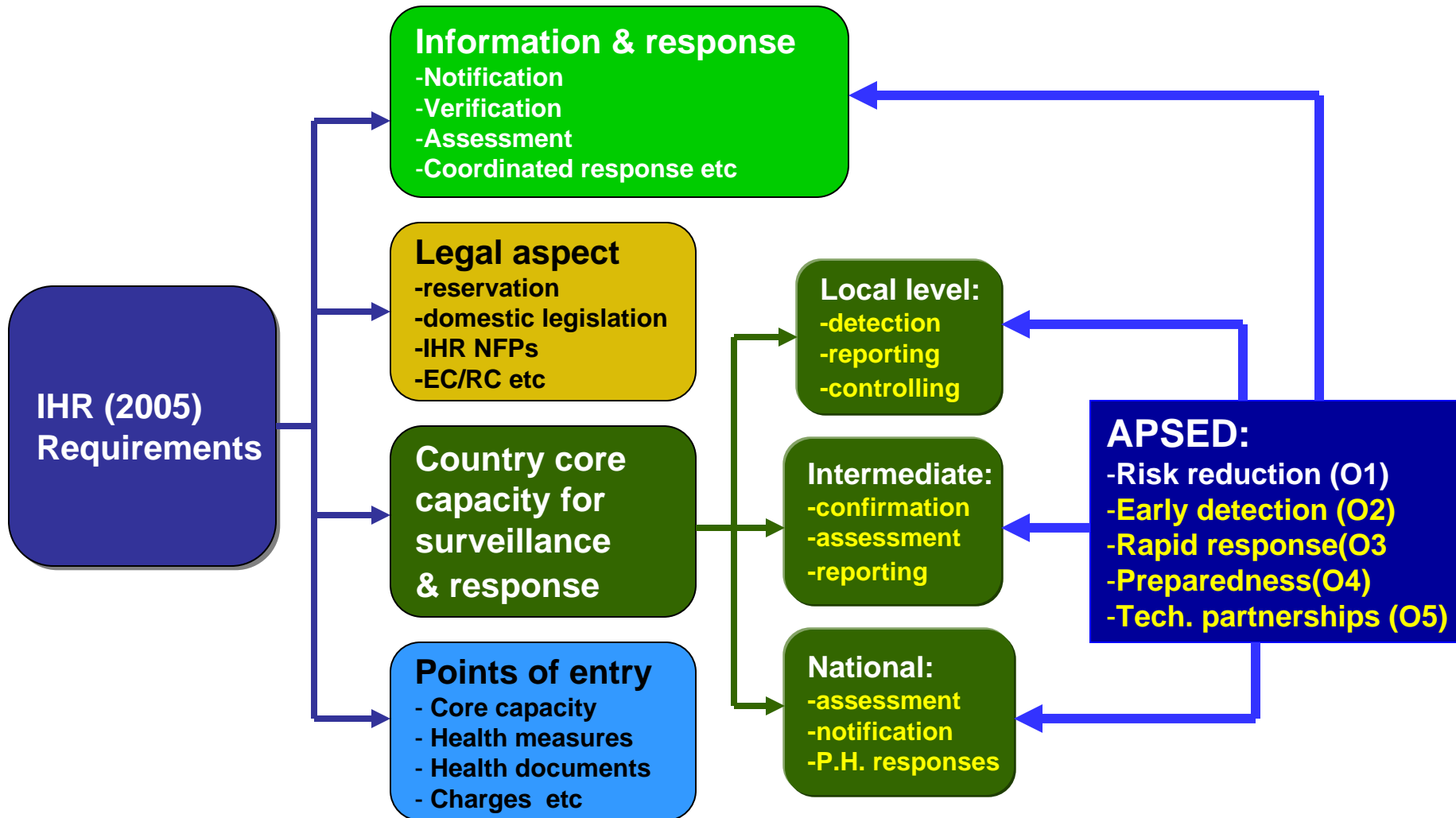
\* Outstanding adjustments may be made before 15 June 2008

\*\* Possible exceptional "2 + 2" year extension

# Main areas of work by country to comply with IHR (2005)

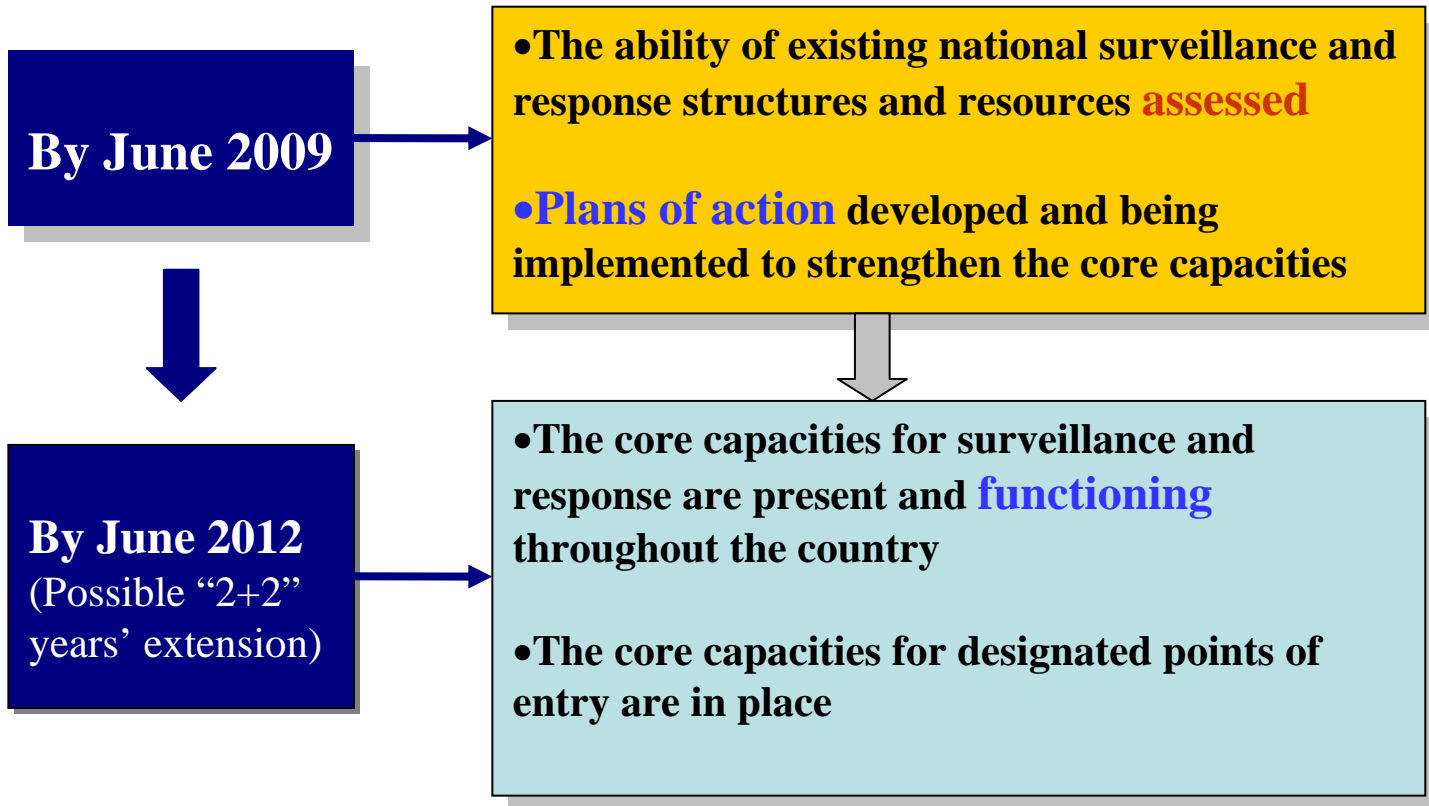


# IHR (2005)- links to APSED



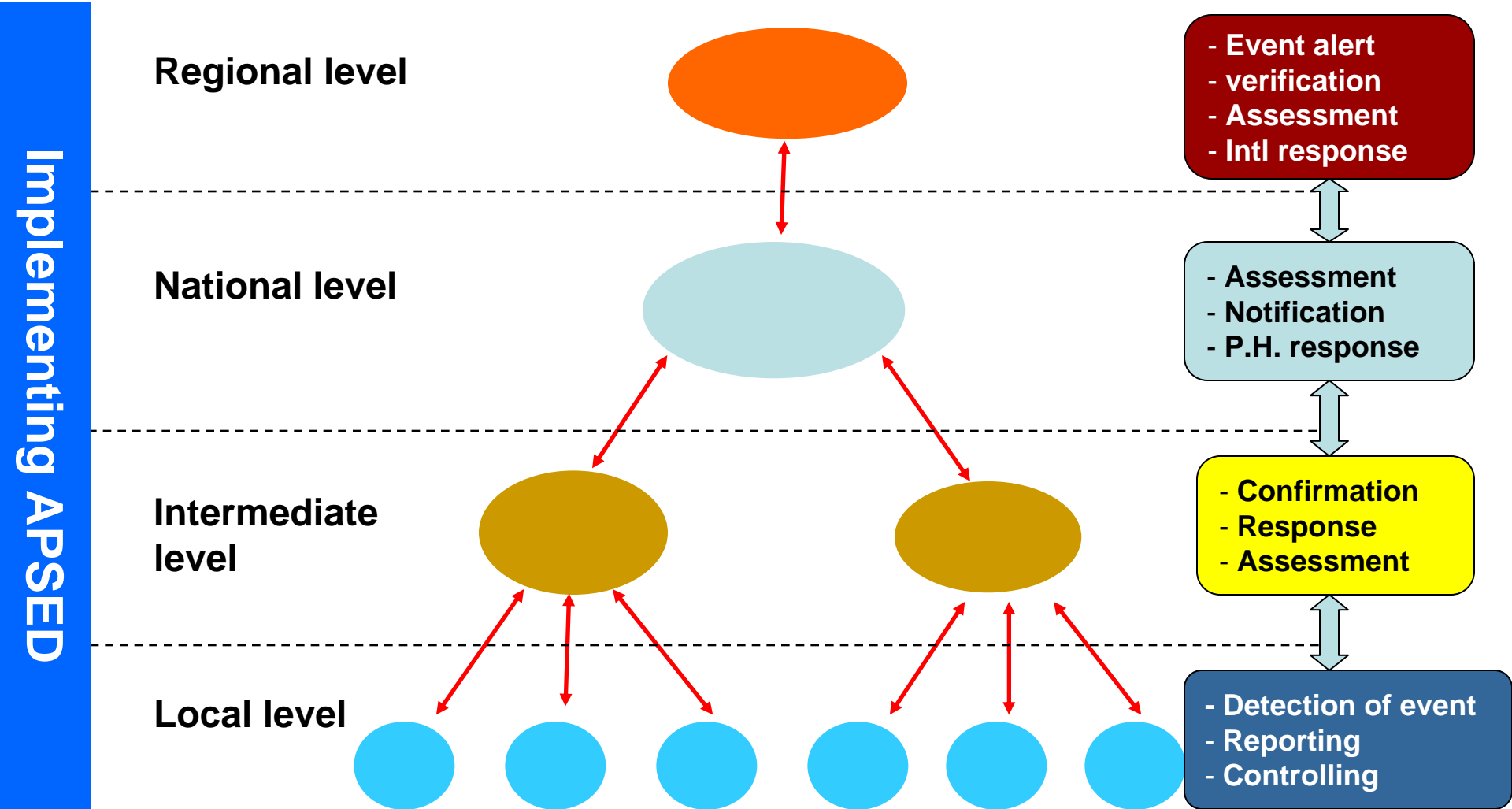
# APSED implementation:

-- to meet these IHR timelines



# Summary: Implementing APSED

-- to achieve the minimum capacities at each level



**A. CORE CAPACITY REQUIREMENTS FOR SURVEILLANCE  
AND RESPONSE**

1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:

- (a) their surveillance, reporting, notification, verification, response and collaboration activities; and
- (b) their activities concerning designated airports, ports and ground crossings.

2. Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of Article 13.

3. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.

4. At the local community level and/or primary public health response level

The capacities:

- (a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and
- (b) to report all available essential information immediately to the appropriate level of health-care response. At the community level, reporting shall be to local community health-care institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and
- (c) to implement preliminary control measures immediately.

5. At the intermediate public health response levels

The capacities:

- (a) to confirm the status of reported events and to support or implement additional control measures; and
- (b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events

include serious public health impact and/or unusual or unexpected nature with high potential for spread.

6. At the national level

*Assessment and notification.* The capacities:

- (a) to assess all reports of urgent events within 48 hours; and
- (b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9.

*Public health response.* The capacities:

- (a) to determine rapidly the control measures required to prevent domestic and international spread;
- (b) to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and transport);
- (c) to provide on-site assistance as required to supplement local investigations;
- (d) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;
- (e) to provide direct liaison with other relevant government ministries;
- (f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;
- (g) to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and
- (h) to provide the foregoing on a 24-hour basis.

## **B. CORE CAPACITY REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS**

### 1. At all times

The capacities:

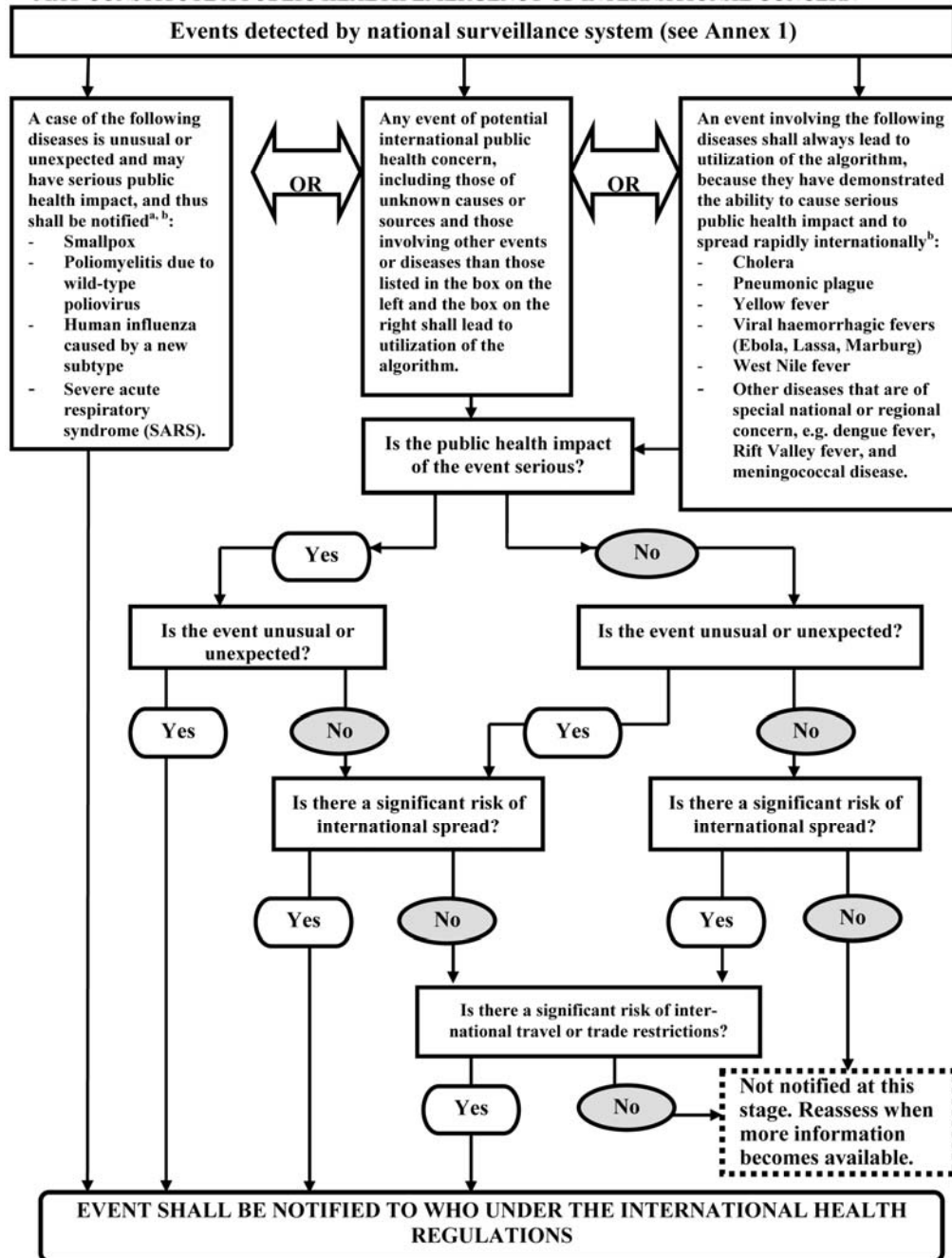
- (a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;
- (b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;
- (c) to provide trained personnel for the inspection of conveyances;
- (d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and
- (e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

### 2. For responding to events that may constitute a public health emergency of international concern

The capacities:

- (a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;
- (b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;
- (c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;
- (d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;
- (e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose;
- (f) to apply entry or exit controls for arriving and departing travellers; and
- (g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.

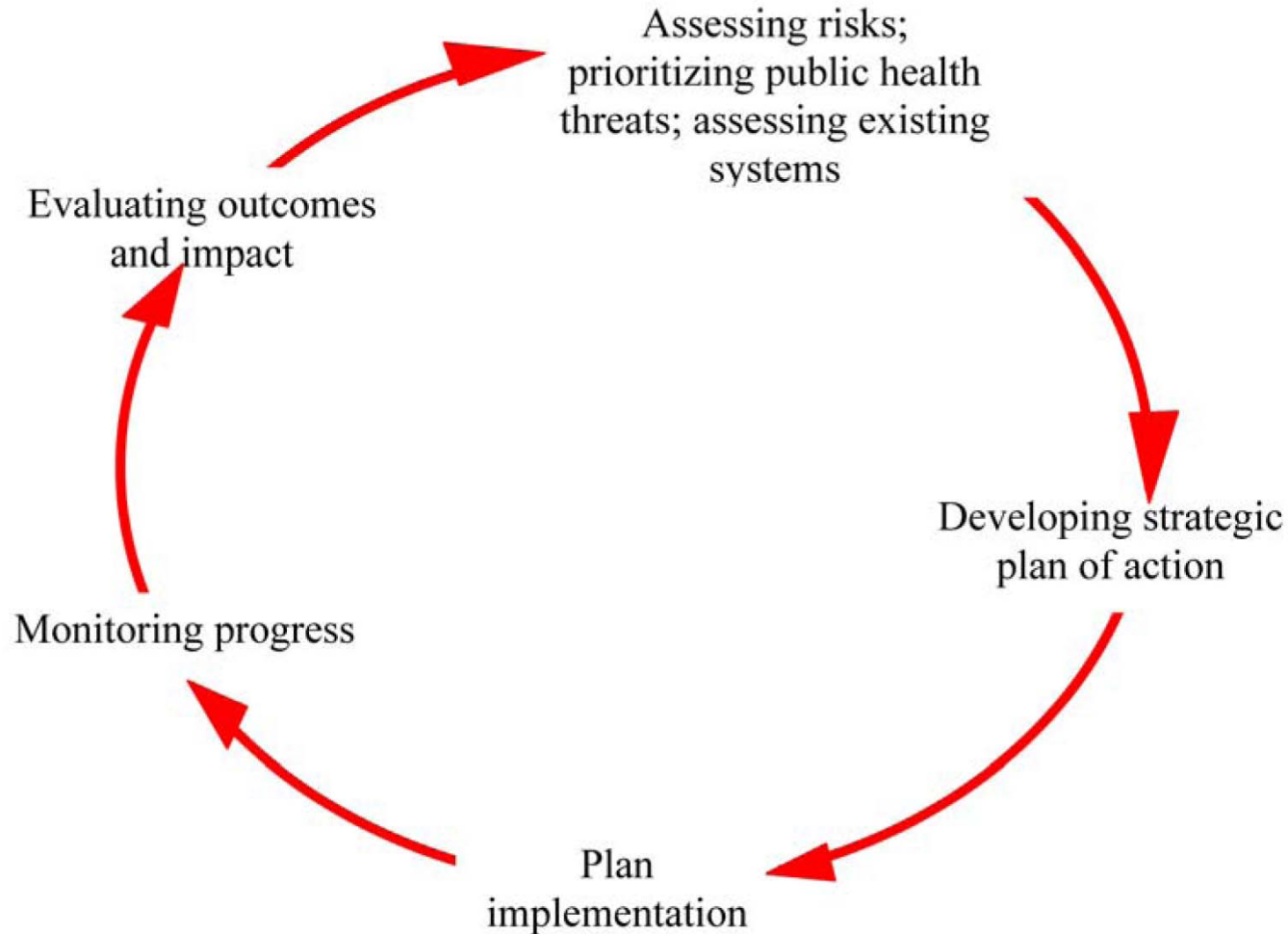
DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN



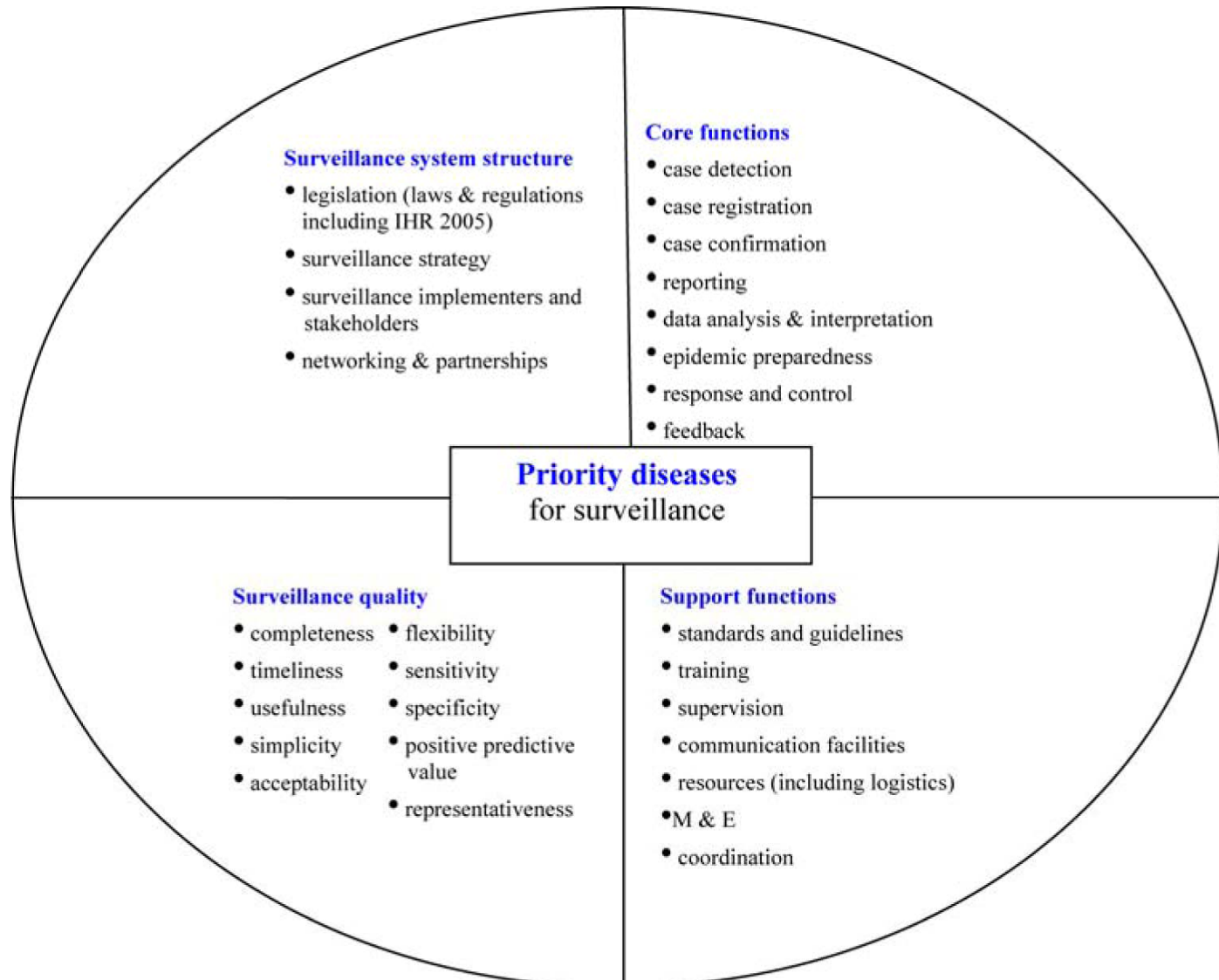
# Communicable disease surveillance system

- Serves two key functions:
  1. Early warning of potential threats to public health [essential to national, regional and global health security → IHR(2005)]
  2. Program monitoring

# Cycle of surveillance system strengthening



# Components of surveillance and response systems for M&E



# KEY INDICATORS FOR SURVEILLANCE STRUCTURE

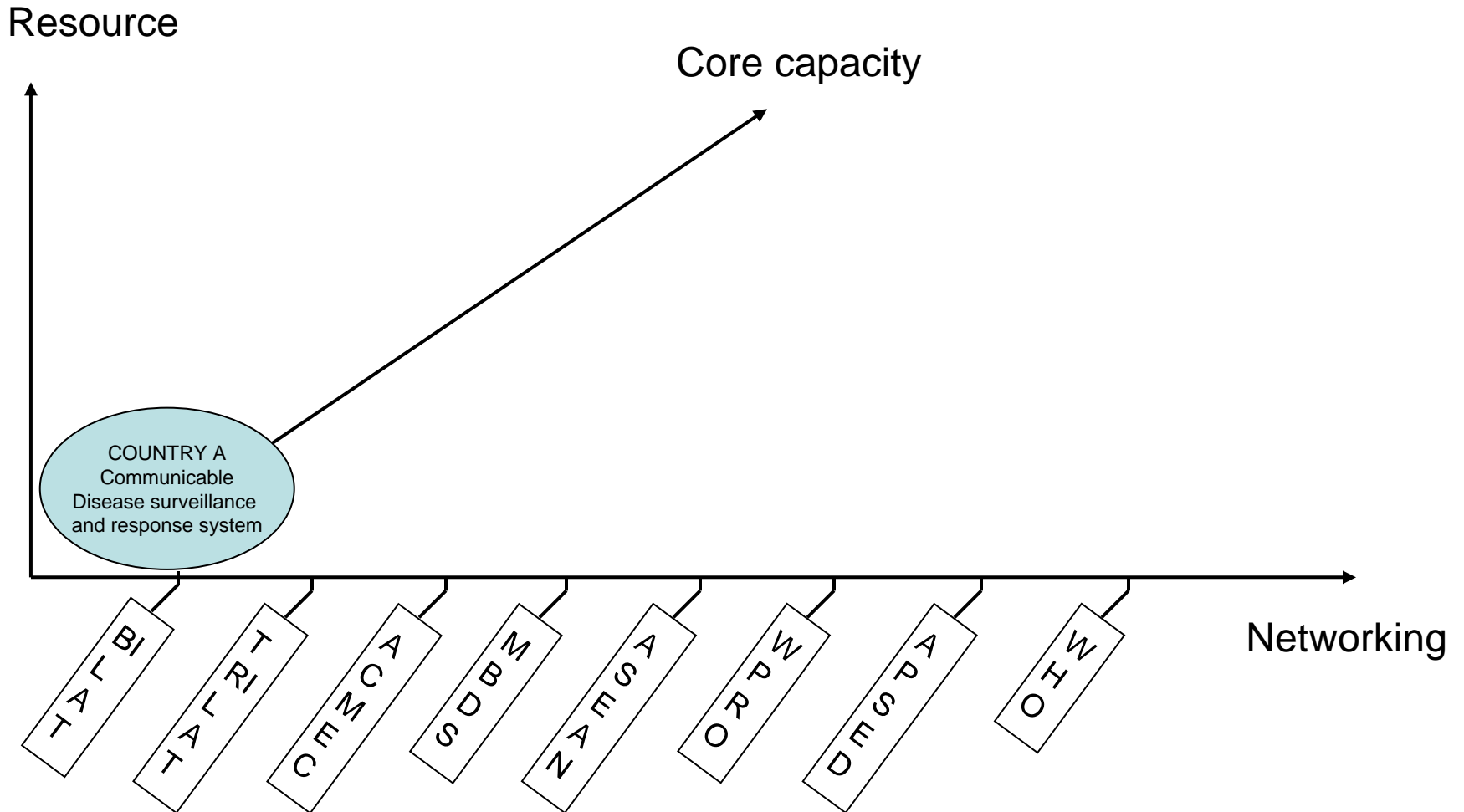
## networking and partnership

1. (O) Inter-sectoral collaboration, networking and partnership
2. (C) Functional laboratory networks
3. (O) Cross-border collaboration
4. (C) Planned cross-border meetings
5. (O) Regular inter-country meetings
6. (O) Routine information-sharing between neighboring countries
7. (C) Capacity for sharing outbreak related information between neighboring countries

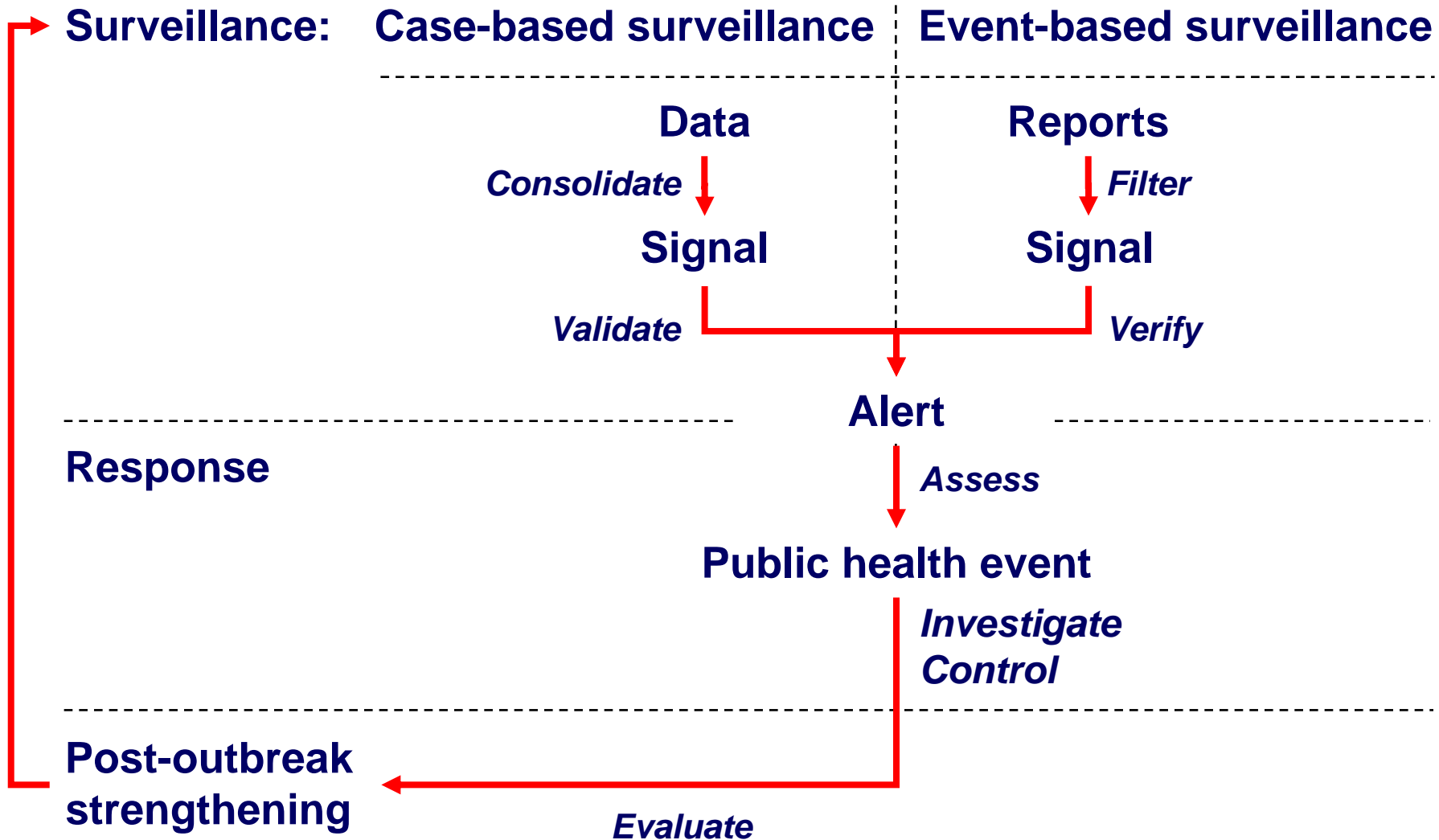
# Some strategic directions

- Strengthening of national surveillance system
- Event based surveillance
- Long term capacity building
- Animal human interface
- Cross-border collaboration
- Linkage with disaster management
- Donor coordination

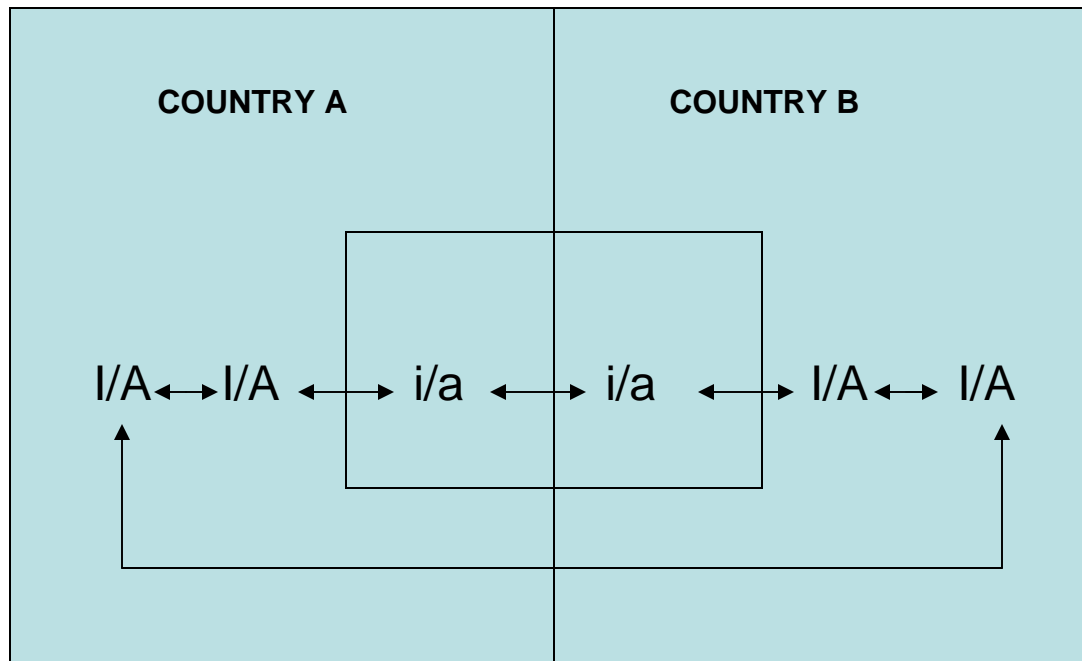
# Common expectation



# Components of EWARS



# Comparative advantage of cross-border collaboration



PEACE → PUBLIC HEALTH PROMOTION → POVERTY ALLEVIATION

# DONORS' SUPPORT

## ✓ By technical areas:

- Epidemiological surveillance
- Strengthening of laboratory capacity
- Communication
- Legal aspect

## ✓ By funding types:

- Organization criteria
- Time frame

## ✓ By supporting wider health system development

Thank You!