

**Progress on Global Health Security
Agenda, Pandemic Influenza Preparedness
and One Health Strategic Framework in
Myanmar**

Professor Dr Soe Lwin Nyein

Senior Advisor

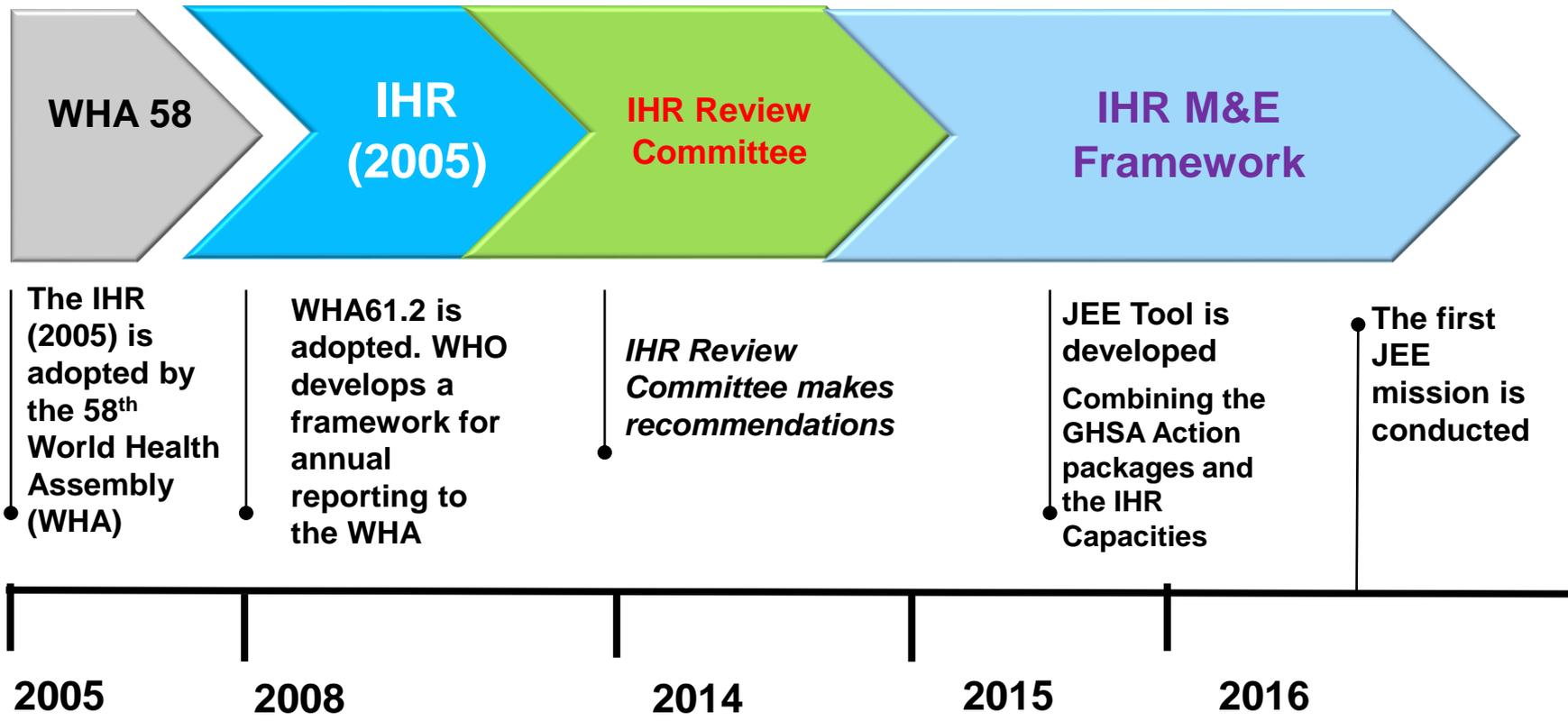
Ministry of Health and Sports, Myanmar

High Political Commitment for Health Security

- State Counselor Daw Aung San Su Kyi visited USA in September 2016 and committed to advancing global health security.
- In 2017, Myanmar has completed and published a Joint External Evaluation (JEE) of national capacity to prevent, detect, and respond to infectious disease threats.



Shifting to Monitoring and Evaluation Framework post 2015 for IHR



Combined approach with 4 Components

IHR MEF

Annual Reporting

After Action
Review

Exercises

Joint External
Evaluation

- **Transparency**
- **Mutual accountability**
- **Trust building**
- **Appreciation of public health benefits**
- **Dialogue**
- **Sustainability**

JEE=IHR+GHSA

JOINT EXTERNAL EVALUATION TOOL

INTERNATIONAL HEALTH REGULATIONS (2005)



Myanmar Joint External Evaluation Process - Finished

1

- Stakeholders Meeting for JEE (6-2-2017)

2

- Training on Internal Assessment Teams (21-2-2017) to (22-2-2017)

3

- Internal Assessment Teams Visit (15-3-2017) to (22-3-2017)

4

- Internal Assessment Teams Debriefing (6-4-2017)

5

- Report to WHO (10-4-2017)

6

- External Team Visit (3-5-2017) to (9-5-2017)

7

- 5 years Strategic Plan for JEE (September 2017)

Stakeholders Involvement in Process

- Ministry of Health and Sports
 - Department of Public Health
 - Department of Medical Services
 - Department of Human Resources for Health
 - Department of Food and Drug Administration
 - Department of Medical Research
 - University of Public Health
 - University of Community Health
 - National Health Laboratory
- LBVD
- Agriculture Sector
- Department of Civil Aviation
- Myanmar Port Authorities

Stakeholders Involvement in Process

- Customs
- Immigration
- Department of Forestry
- Ministry of Defence
- Ministry of Foreign Affairs
- Myanmar Police Force
- General Administration Department
- Department of Atomic Energy (TL)
- Department of Relief and Resettlement
- Myanmar Police Force

Stakeholders Meeting on JEE (7th February, 2017)



External Assessment Team Visit (3-9 May, 2017)



Joint external evaluation of International Health Regulations in Myanmar

Mission report May 2017

| Technical areas | Indicators | Score |
|--|---|-------|
| National legislation, policy and financing | p.1.1 Legislation, laws, regulations, administrative requirements, policies, or other government instruments in place are sufficient for implementation of IHR (2005) | 2 |
| | P.1.2 The State can demonstrate that it has adjusted and aligned its domestic legislation, policies, and administrative arrangements to enable compliance with IHR (2005) | 2 |
| IHR coordination, communication and advocacy | P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR | 2 |
| Antimicrobial resistance | P.3.1 Antimicrobial resistance detection | 3 |
| | P.3.2 Surveillance of infections caused by antimicrobial-resistant pathogens | 3 |
| | P.3.3 Health care-associated infection (HCAI) prevention and control programmes | 1 |
| | P.3.4 Antimicrobial stewardship activities | 1 |
| Zoonotic diseases | P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens | 3 |
| | P.4.2 Veterinary or animal health workforce | 3 |
| | P.4.3 Mechanisms for responding to infectious and potential zoonotic diseases are established and functional | 2 |
| Food safety | P.5.1 Mechanisms for <u>multisectoral</u> collaboration are established to ensure rapid response to food safety emergencies and outbreaks of foodborne diseases | 2 |
| Biosafety and biosecurity | P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities | 2 |
| | P.6.2 Biosafety and biosecurity training and practices | 1 |
| Immunization | P.7.1 Vaccine coverage (measles) as part of national <u>programme</u> | 3 |
| | P.7.2 National vaccine access and delivery | 4 |

| | | |
|-----------------------------------|---|---|
| National laboratory system | D.1.1 Laboratory testing for detection of priority diseases | 3 |
| | D.1.2 Specimen referral and transport system | 3 |
| | D.1.3 Effective modern point-of-care and laboratory-based diagnostics | 2 |
| | D.1.4 Laboratory quality system | 3 |
| Real-time surveillance | D.2.1 Indicator- and event-based surveillance systems | 4 |
| | D.2.2 Interoperable, interconnected, electronic real-time reporting system | 2 |
| | D.2.3 Integration and analysis of surveillance data | 3 |
| | D.2.4 <u>Syndromic</u> surveillance systems | 3 |
| Reporting | D.3.1 System for efficient reporting to FAO, OIE and WHO | 3 |
| | D.3.2 Reporting network and protocols in country | 2 |
| Workforce development | D.4.1 Human resources available to implement IHR core capacity requirements | 3 |
| | D.4.2 FETP ¹ or other applied epidemiology training programme in place | 3 |
| | D.4.3 Workforce strategy | 3 |
| Preparedness | R.1.1 National multi-hazard public health emergency preparedness and response plan is developed and implemented | 1 |
| | R.1.2 Priority public health risks and resources are mapped and utilized | 1 |
| Emergency response | R.2.1 Capacity to activate emergency operations | 2 |
| | R.2.2 EOC operating procedures and plans | 1 |

| | | |
|---|--|---|
| operations | R.2.3 Emergency operations programme | 2 |
| | R.2.4 Case management procedures implemented for IHR relevant hazards. | 2 |
| Linking public health and security authorities | R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event | |
| Medical countermeasures and personnel deployment | R.4.1 System in place for sending and receiving medical countermeasures during a public health emergency | |
| | R.4.2 System in place for sending and receiving health personnel during a public health emergency | 2 |
| Risk communication | R.5.1 Risk communication systems (plans, mechanisms, etc.) | 1 |
| | R.5.2 Internal and partner communication and coordination | 3 |
| | R.5.3 Public communication | 3 |
| | R.5.4 Communication engagement with affected communities | 2 |
| | R.5.5 Dynamic listening and rumor management | 2 |
| Points of entry | PoE.1 Routine capacities established at points of entry | 2 |
| | PoE.2 Effective public health response at points of entry | 2 |
| Chemical events | CE.1 Mechanisms established and functioning for detecting and responding to chemical events or emergencies | 1 |
| | CE.2 Enabling environment in place for management of chemical events | 1 |
| Radiation emergencies | RE.1 Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies | 1 |
| | RE.2 Enabling environment in place for management of radiation emergencies | 1 |

Proposed Timeline for Activities

| Activities | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
|--|----------|----------|----------|--------|------------------|---------------|
| Draft plan to send respective Departments for their approval | Finished | | | | | |
| Compilation of comments and draft activities plan | | Finished | | | | |
| Sent Draft activities plan to WHO | | | Finished | | | |
| Consultant finalize the costed plan | | | | | Plan in February | |
| Disseminate the costed plan | | | | | | Plan in April |

“One Health”

One Health is the collaborative effort of multiple disciplines—working locally, nationally, and globally—to attain optimal health for people, animals and our environment.



Figure 1. Complex zoonotic disease problems often cannot be solved without partnering with professionals from a number of disciplines to identify the often inter-related human, animal, and environmental risk factors

Figure from University of Florida

Myanmar National One Health Strategic Framework

The One Health Strategy Workshop held in Nay Pyi Taw on 09 and 10 March 2016 agreed that **One Health priority topics for Myanmar are as follows:**

- ❑ **AMR (antimicrobial resistance)**
- ❑ **Six priority diseases/syndromes**

Six priority diseases for one health in Myanmar

Rabies

Zoonotic
Influenza
(Pandemic
Threat)

TB

Food Borne
Diseases

Anthrax

Japanese
Encephalitis

**National One Health Strategic Framework and
Action Plan of Myanmar
(2017-2021)**

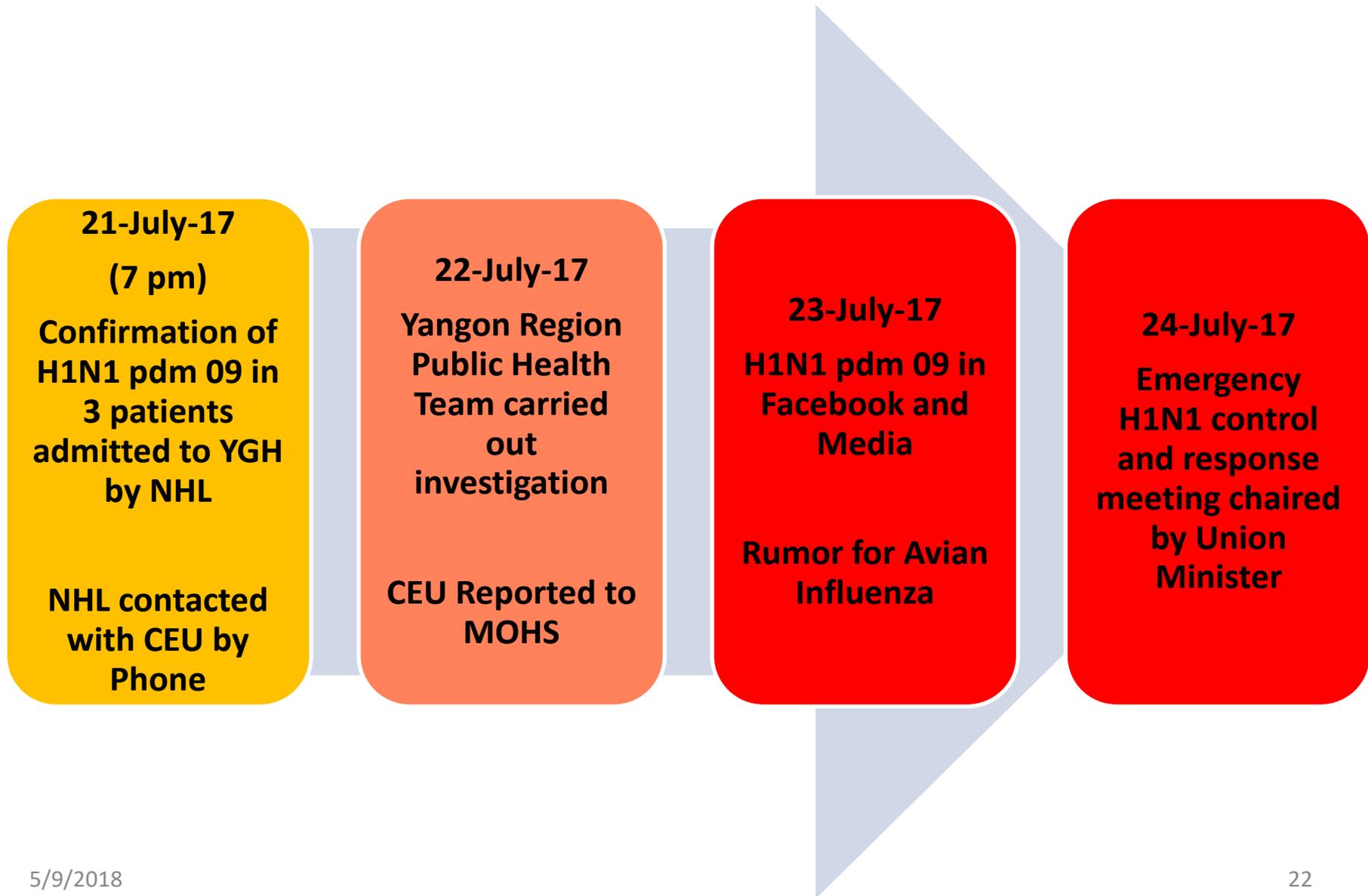


**Ministry of Health and Sports
Union of Myanmar
2017**

Key Elements of OH approach in Myanmar

- 1. Joint activities: active participation in disease control and prevention**
- 2. Developing joint coordination mechanisms and governance (e.g. working group, steering committee, focal points, regular meetings)**
- 3. Disease data and information-sharing (following agreement on what platform, what data)**
- 4. Capacity-building (human resource, infrastructure, standards)**
- 5. Evidence-based research and knowledge management**
- 6. Institutional and legal arrangement harmonized and developed**
- 7. Monitoring and evaluation**
- 8. Advocacy and program cost-benefit analysis to enable political commitment; risk communication; media engagement**
- 9. Partnership and networking to build and maintain trust**

Notification of H1N1 pdm09 Event in 2017



[HOME](#) | [NEWS](#) | [MYANMAR](#)

Death Toll From H1N1 Influenza Rises to 12 in Myanmar

2017-07-31

[Tweet](#)

[Share 0](#)



Email

Comment

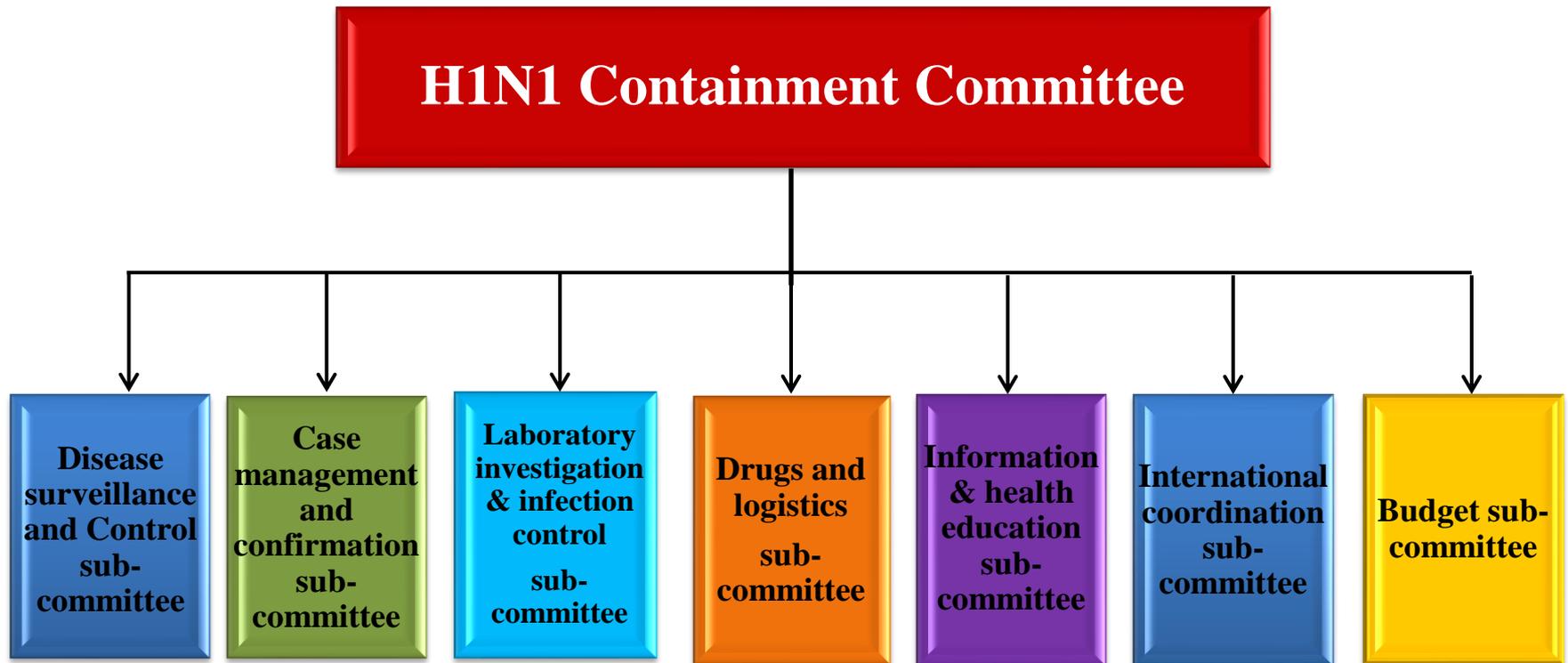
Share

Print



A Myanmar woman wears a surgical mask while riding a public bus during an outbreak of the H1N1 influenza in Myanmar's commercial capital Yangon, July 26, 2017.

Establishment of H1N1 Containment Committee



Media Interviews for Public Awareness



Interview with WHO Represe...
ကမ္ဘာ့ကျန်းမာရေးအဖွဲ့၊ မြန်မာနိုင်ငံဆိုင်ရာ
ဌာနကိုယ်စားလှယ် Dr. Stephan P...
2.7k views 3:10



Advocacy Meeting and Healt...
ရာသီတုပ်ကွေးဖြစ်ပွားမှုအခြေအနေနှင့်
ပူးပေါင်းဆောင်ရွက်မည့်လုပ်ငန်းများအား...
396 views 1:29



Seasonal Influenza A(H1N1)...
ရာသီတုပ်ကွေးရောဂါ အကြောင်းသိကာ
င်းစရာ - ၂...
6.1k views 36:16

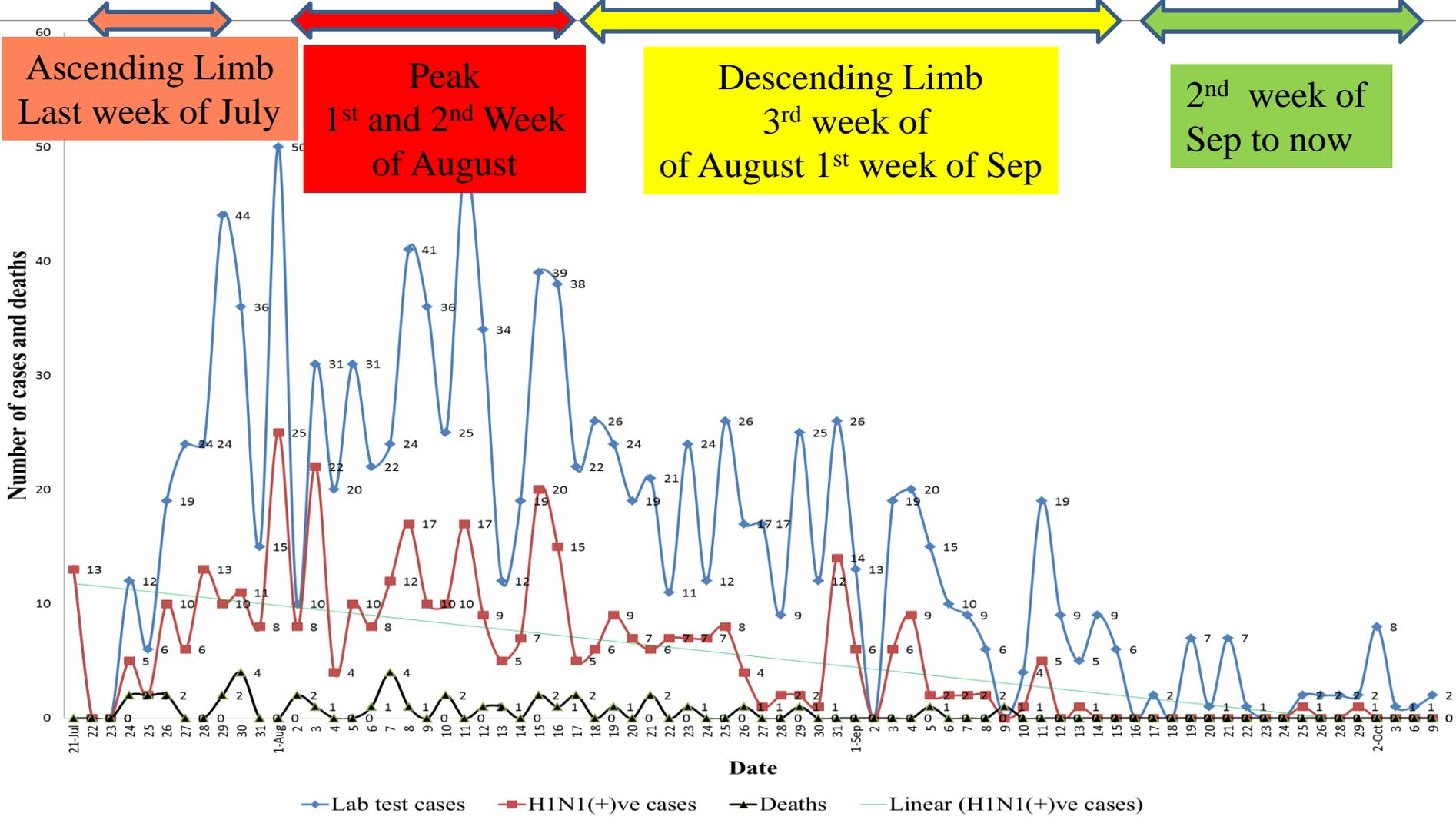


Currently Circulated Influenz...
မြန်မာနိုင်ငံ၌ လက်ရှိ ဖြစ်ပွားနေသည့်
ရာသီတုပ်ကွေးရောဂါ H1N1 ၏ မျိုးရိုးဗီ...
8.4k views 4:11

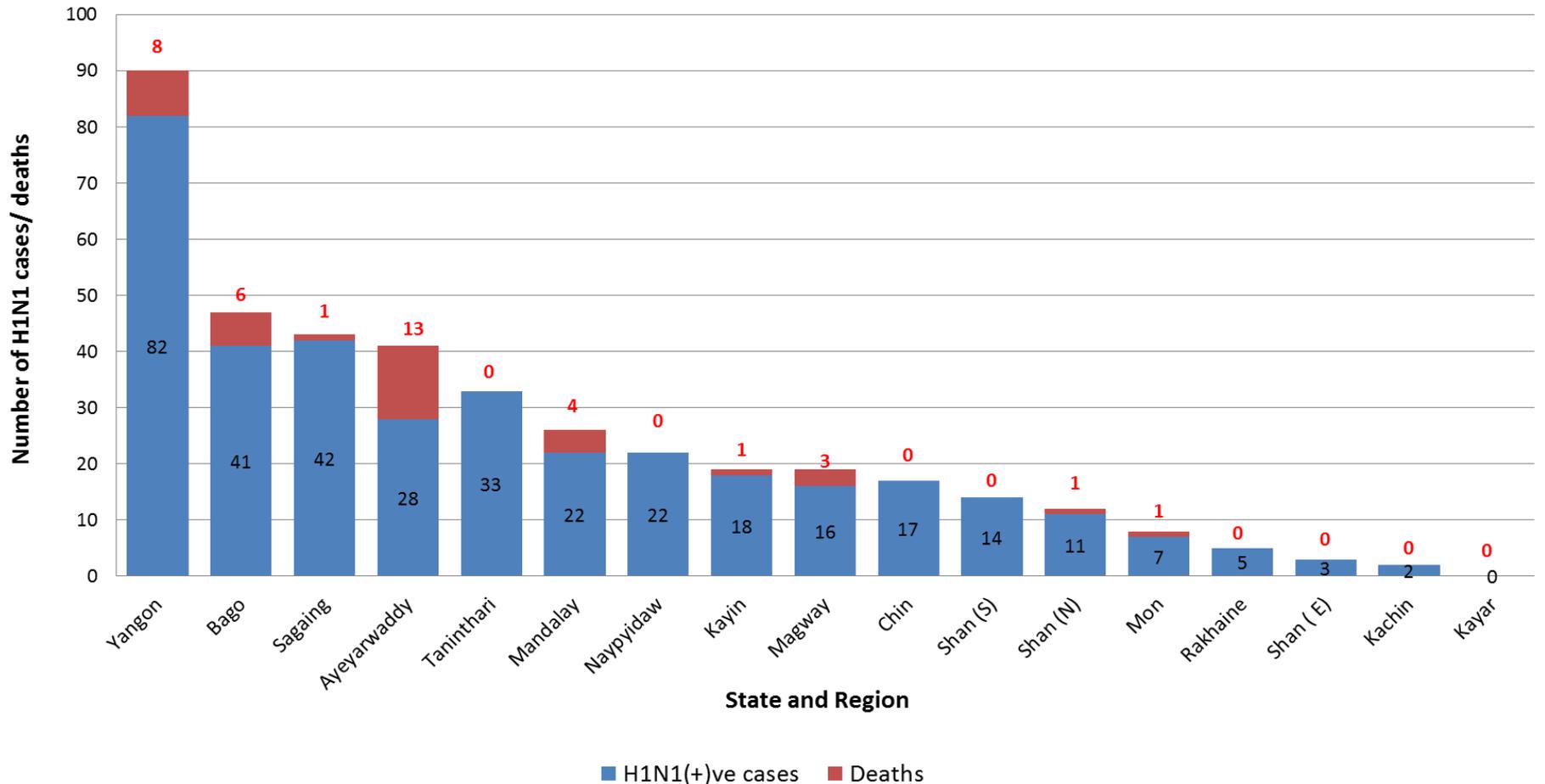


**Media, public communication
and press release by MoHS
led by Union Minister of
Health and Sports**

Number of H1N1(+ve) Cases/Deaths among Laboratory Tested Cases (n=1,146) from (21-7-17) to (11-10-17)



Distribution of H1N1 (+)ve Cases/Deaths in States & Regions (n= 401) from (21-7-2017) to (11-10-2017)



After Action Review (15 Oct 2017)



Strengths

- Functioning H1N1 containment committee with guidance from Union Minister for Health
- Commitment from Union Government and State/Regional Governments
- EOC and line of communication with all stakeholders
- NHL confirmation and information sharing at real time basis
- Commitment from WHO and all stakeholders for capacity building and logistics

Strengths - Continued

- Containment at source by RRT and State/ Regional Public Health Teams
- Case management at Hospitals including IPC
- Transparent public information and media communication through MOHS website and Myanmar CDC facebook page
- All sectors coordination mechanism including Myanmar Medical Association and private sector

Lessons learned from initial phase

- Public panic and concern among some health staff due to misunderstanding on influenza H1N1 pdm 09
- Limited background data and information sharing from Central, S/R and Hospitals
- Role and responsibilities among different sections of Department of Public Health and Department of Medical Services
- No regular oversight body for Public Health Emergency Management
- Logistics and vaccines deployment (stockpiling of logistics)
- Logistics clearance at Yangon International Airport
- Human Resources for Health

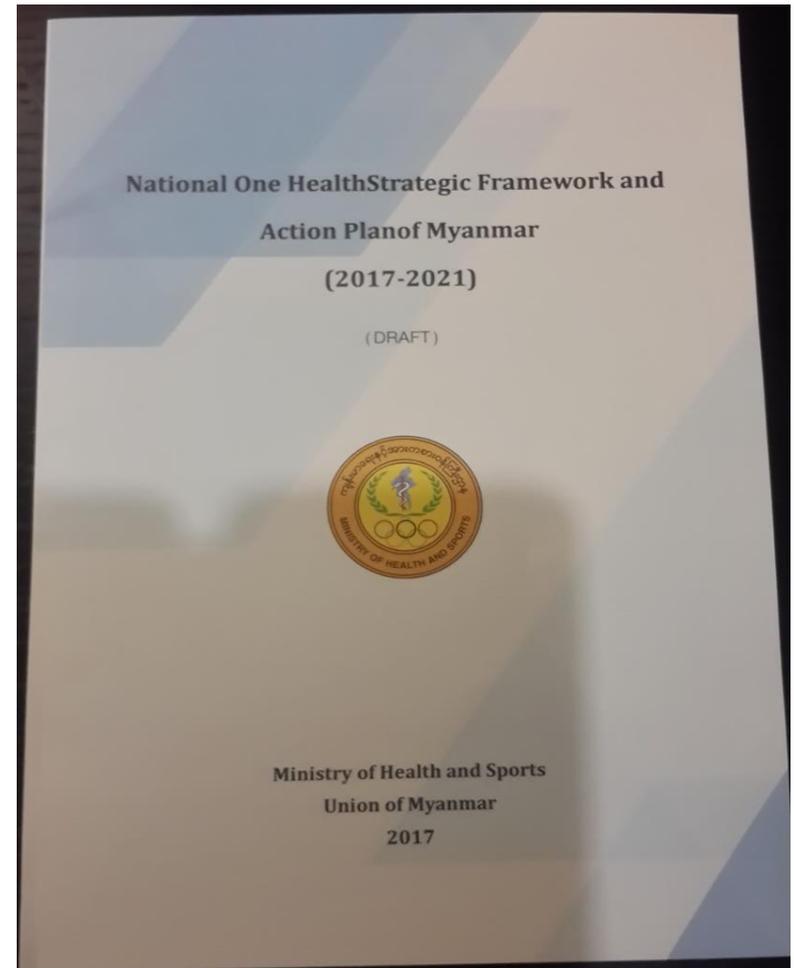
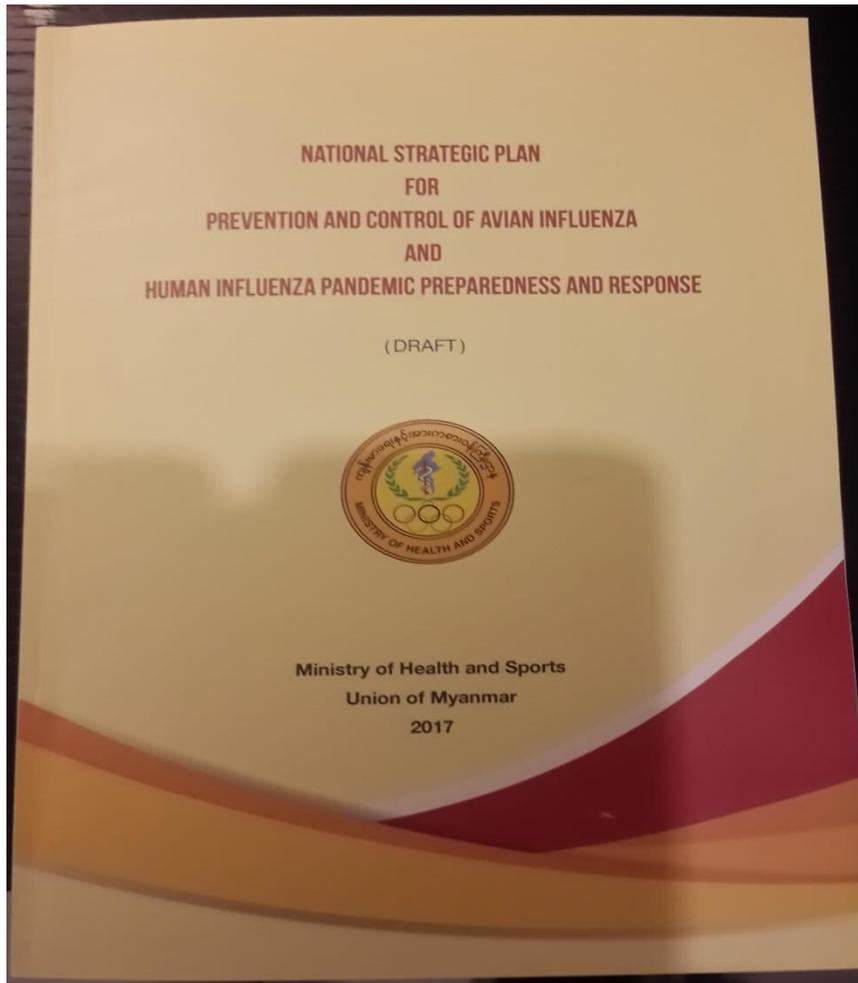
Way Forwards

- Should have regular oversight body for PHE and activated when needed
- Strengthen Influenza surveillance according to PIP and IHR (Seven sentinel sites surveillance at YGH, Thingyangyun, NPT 1000 bedded, Myawaddy, Sittwe, Myitkyina, Muse of seven States and Regions.)
- Influenza surveillance guidelines and Pandemic plan finalization in December 2017

Way Forwards - Continued

- FETP and RRT training
- Simulation exercises for readiness
- Isolation wards upgrading and IPC
- NHL upgrading
- Risk communication plan development
- Five years strategic plan for health security finalization with WHO and all stakeholders

**National Strategic Plan for Prevention and Control of Avian Influenza
And Human Influenza Pandemic Preparedness and Response (2017) &
National One Health Strategic Framework and Action Plan of Myanmar
(2017-2021)**



Overview of GMS Health Security Project

- GMS Health Security Project is a 125 million USD Regional Loan Project for Cambodia, Lao PDR, Myanmar and Vietnam.
- It is a third project cycle for CLV countries and 1st cycle in Myanmar
- Thailand and China also participate in the regional and cross-border activities
- Ministerial level launching was successfully conducted in June 2017.
- 12 million USD is allocated for Myanmar
- Myanmar project was effective since July 2017.



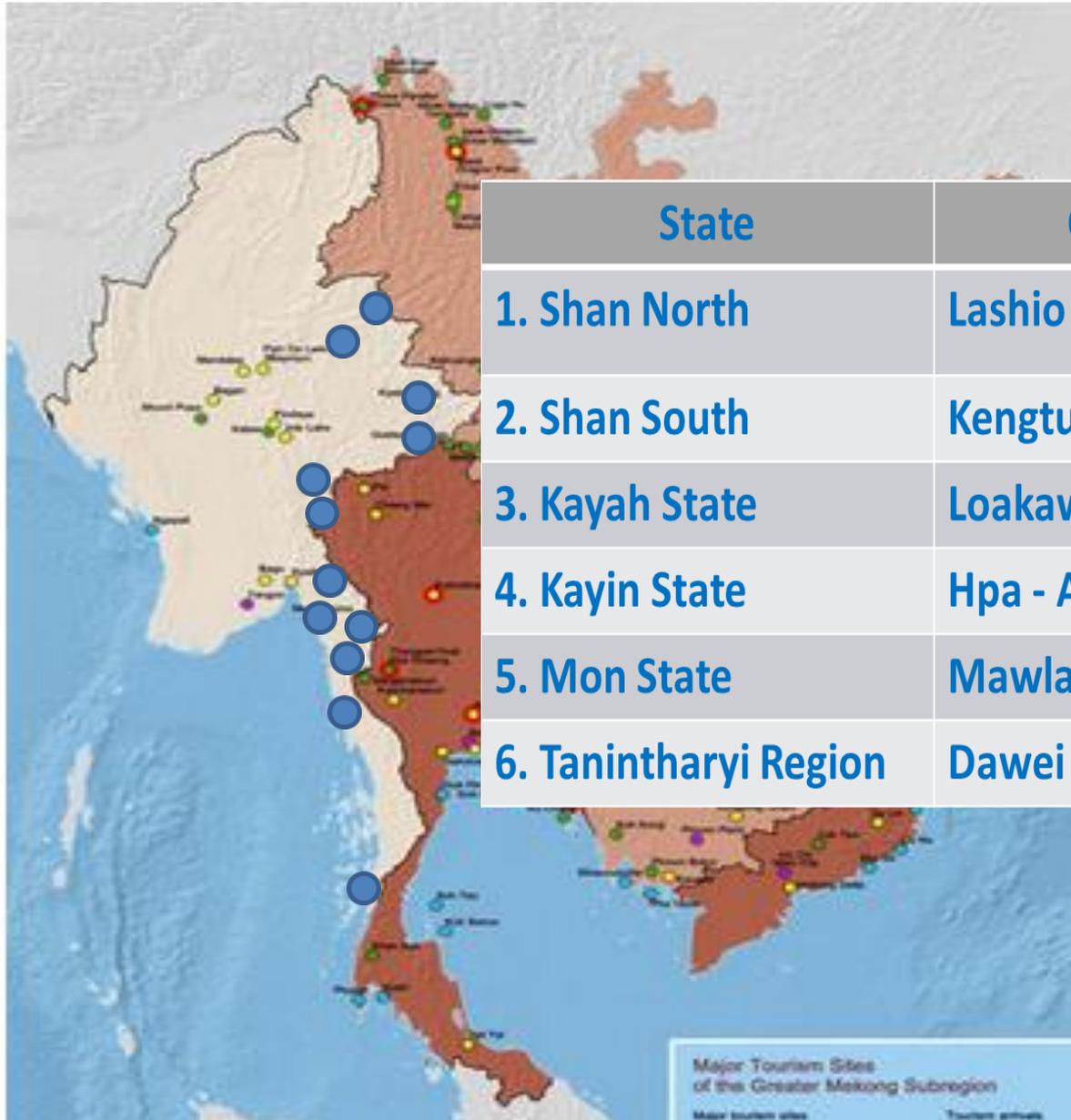
GMS Health Security Project (April 2017-September 2022)

- Scope - designed to enhance regional cooperation and national capacity building
- Total 132 Millions, Myanmar 12 Millions USD
- Goal - strengthened GMS health security in Myanmar

Outputs :

- (i) improved GMS collaboration and MEV access to CDC in border areas,
- (ii) strengthened national surveillance and response system, and
- (iii) improved diagnostic and management capacity of infectious diseases.

GMS HS Project Locations



| State | Capital | Border Town |
|-----------------------|------------|-------------|
| 1. Shan North | Lashio | Muse |
| 2. Shan South | Kengtung | Tacheleik |
| 3. Kayah State | Loakaw | Mese |
| 4. Kayin State | Hpa - An | Myawaddy |
| 5. Mon State | Mawlamyine | Ye |
| 6. Tanintharyi Region | Dawei | Kawthaung |

World Bank Proposed DLI for Pandemic Preparedness

| 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---|---|---|--|
| <p>Pandemic preparedness and response plans updated</p> <p>Curriculum for training field epidemiologist developed</p> | <p>simulation exercises to measure capacity in multi-hazards including Pandemic preparedness and response conducted at national level</p> <p>Mechanism established for the coordination and implementation of One Health strategic framework and action plan at national level (Please check language to be in line with JEE)</p> | <p>Electronic surveillance reporting system in 4 townships piloted (2 in <u>Ygn</u> and 2 in NPT)</p> <p>Surveillance system in place for priority human and zoonotic diseases in 100 Townships</p> | <p>Electronic surveillance reporting system in place for disease outbreaks in 10 Townships</p> <p>Surveillance system in place for priority human & zoonotic diseases in 200 Townships</p> |
| 0.5 M | 0.5 M | 0.5 M | 0.5 M |

A reminder to us: “Vulnerability is universal”

- Public health security depends on the capacity of *each country* to act effectively and contribute to the security of *all countries*

World Health Report 2007



“All for one, one for all!”

The Three Musketeers
Alexander Dumas, 1844



Thank You