

Information Sharing to Reduce the Risk of Avian Influenza Between Cross-border Provinces



October 2009 – September 2012

Rationale

Savannakhet and Champasack were among the provinces that demonstrated a model of an effective cross- border collaboration involving other sectors apart from health.

Since 2004, Savannakhet and Chammpasack (with their counterpart Thai provinces, and Mukdahan and Ubon Ratchatani, respectively) have implemented cross-border information exchange on infectious diseases and Avian Influenza.

In November 2011, MID-BCC supported a two-day information sharing workshop among the four provinces. This activity allowed the provincial health departments of the cross border provinces to share information about their communication-related activities, materials, and messages.

Objectives

The activity was envisioned to:

- ☐Strengthen the district level capacity/relationship for cross-border collaboration on surveillance and response for significant communicable diseases in the GMS.
- ☐ Share and update information about communication-related activities on Avian Influenza and other infectious diseases.

Materials and Methods

Reviewed available communication materials and messages on avian influenza and other cross-border infectious diseases



Reviewed past and present information initiatives and identified areas of relationship that needs strengthening



Results

- □A total of 41 government health personnel who were members of the provinces' SRRT (surveillance rapid response team) had been updated on existing information exchange (18 diseases including DHF, Severe diarrhea, Pneumonia, Typhoid, TB, HIV/AIDS, and Malaria) between the twinned provinces.
- ☐ At the closing of the meeting, Dr Suraporn Loiha, Chief Medical Officer of Ubon Rachatani Provincial Health Office pledged his support to Champasack participants by giving the province computers to improve uploading and sharing of timely information. He also pledged to send medical supplies to Champasack provincial hospital.
- □FHI360, as a follow up conducted a Risk Communication workshop for 40 district staff who were responsible to assist during disease outbreak from the four provinces.



Above: A senior medical staff from Ubon Rachatani acknowledged during the training — "As a member of our surveillance team, I am always preoccupied on telling people what to do. I talk to people as an authority of the disease. This training made me understood that there is one more important aspect I ignored — and that is listening. Listening to those affected is basic to an effective outbreak communication and as important as providing information.

Conclusions

- □ Joint meetings and investigations strengthened the relationship between two provinces and recognition of the role of immigration checkpoints.
- □ Joint meetings at district level should be conducted more often because response to outbreaks emanates at the community level.
- ☐ Sharing of surveillance information to local executives like governors of (both sides) who will face the media should be sustained.
- ☐ Sharing of information and sustaining connection among trained government staff via email, Facebook and other social networking sites should be explored.
- ☐ Meeting/training participants that are coming from main hospitals, immigration staff and members of the SSRT should be prioritized.
- ☐ More provincial/district staff from the animal and livestock offices should be engaged.

Acknowledgment

FHI360 and the Provincial Health Departments of Ubon Ratchatani, Champasack, Savannakhet and Mukdahan would like to express their sincerest gratitude for the overwhelming support extended by NEIDCO and CIEH in making the cross-border information sharing meeting a success.

This poster was printed only to serve the purpose of the MID-BCC Lessons Learned Meeting on Sept 5-6, 20012.