

Draft Operational Work Plan

**Avian and Human Influenza Pandemic Preparedness
and Response in Myanmar**

June 2006 – December 2007

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Strategy 1: Leadership, Planning and Coordination

Main Activities	Means	Time Frame	Budget (US\$)	Partners	Received (US\$)
Enhance National Preparedness and Planning					
Assessment of preparedness status and identification of necessary actions	Meetings, field visits Technical experts from WHO/FAO	Dec 06, Jun 07, Dec 07	30,000	Concerned ministries WHO/FAO	10,000 H (Aus)
Support the National Steering Committee (NSC) for multisectoral functions including coordination	Meetings, Management, supervision in States/Divisions with members and senior officials, operational cost-meetings,	Now – Dec 07	5,000	Concerned ministries, WHO,FAO	5,000 H (Aus)
Support six sub-committees for technical work, planning, coordination	Meetings	Now –Dec 07	3,000	MOH, MOLF, MO Forestry, WHO,FAO	5,000 H (Aus)
High level awareness raising: advocacy meetings, study tours	1)In country advocacy meetings, 2)study tour to neighboring countries	Sep – Dec 06	10,000	Concerned ministries with neighboring countries, WHO, FAO	
Establish a single information unit at CEU as the Secretariat of the NSC to communicate the national status on AHI to the media and the general public during outbreaks	Procurement of communication equipment, computers, etc. Training of information officers	Now –Dec 07	5,000	MOH, CEU	5,000 H (Aus)
Formulate a framework for conducting HPAI control and human pandemic influenza including preparing guidelines and policies on animal stamping out, compensation and rehabilitation	Workshops Technical experts from WHO/FAO, neighboring countries	Sep 06	10,000	Concerned ministries WHO/FAO Neighboring countries	
Establish incident rooms as an operations command center (with facilities, extra phone lines, fax) at MOH and MOLF	Procurement of equipment including sat.phone, room arrangements Plan and test an operations command center/procedures and operational costs	Now – Dec 7	20,000	MOH, MOLF	

Management, supervision at the state/division level with senior officials	Meetings and workshops, travel	Now – Dec 07	5,000	MOH, MOLF, local authorities	
Pandemic Preparedness and Contingency Plans 1) Prepare detailed national contingency plan for a pandemic (human and animal) including SOPs, evaluation and review process. 2) Study tours- PPP – at regional level (technical level) 3) Training of trainers for PPP for States/Divisions 4) Train states/Divisions in pandemic preparedness plan 5) Desktop and pandemic simulation exercises 6) Annual review of planning process, lessons learned	Task Force with relevant partners, Workshops, print, distribute Organization of study tour (ACMECS or ASEAN) Regional and in country TOT In country training Workshops, TA (FAO, WHO, other partners ie ACMECS, ASEAN etc.) Workshops, TA	Aug 06 – Dec 06	3,000 5,000 3,000 5,000 20,000 1,000	Concerned ministries, WHO, FAO, 17 States/Divisions ACMECS, ASEAN	
National, regional and international Coordination and networking					
Enhance networking and communication between animal and public health sectors: 1) regularly share information on updated situation and activities according to agreed format and timing during normal situation at all levels 2) During outbreak/suspected outbreak situation, immediately notify the partner and arrange joint field investigation as well as risk communication 3) Regular sectoral and intersectoral meetings MOH and MOLF	Meetings, sharing reports, e – network	Now – Dec 07	1,000 - 1,000	CEU, LBVD, WHO, FAO, UNICEF	
Enhance collaboration with neighboring and regional countries and international bodies for information sharing and emergency response networking (animal and human) 1) Participate in coordination meeting arranged in the region 2) Sharing information to related countries/organization 3) Collaborate with the countries sharing border with Myanmar to control AI from poultry movement, Tran boundary	Regional meetings, workshop	Now - Dec 07	5,000 - -	CEU, LBVD, WHO, ASEAN, ACMECS, etc	

Enhance collaboration with international organizations and donors 1) Participate in coordination meetings arranged in the country and region 2) Sharing information to related organizations 3) Collaborate with WHO, OIE/FAO references or collaborating centers in monitoring any possible changes of virus, outbreaks 4) Donor coordination – develop donor coordination and tracking system	International Meetings	Now – Dec 07	5,000	CEU, LBVD, WHO,FAO, UNICEF	5,000 H (Aus)
	Monthly meetings		3,000		
	Specimen sharing, protocols for sharing of reporting and information		-		
	Operational support for 2 monthly donor meetings, tracking system		3,000		
Legal frameworks, IHR requirements 1) Technical assistance for revision process to legal framework 2) Develop the protocols for different scenarios and obtain Government endorsement 3) Develop systems that comply with International Health Regulations(IHR) 4) Review existing decrees, regulations, laws related to pandemic/disease prevention in line with IHR requirement 5) Mobilize support from community, government institutions, private sector, international agencies	Recruitment of consultants	Now – Dec 07	5,000	Concerned ministries, WHO,FAO	
	Workshops		1,000		
	Meetings		1,000		
	Workshops		1,000		
	Advocacy Meetings		2,000		

Strategy 1: Leadership, planning and coordination

US\$

Requirement

165,000

Received

34,000 (H)

Shortfall

131,000

Strategy 2: Reduce exposure of human to H5N1 - HPAI control and eradication in the animal sector

Main Activities	Means	Time Frame	Budget (US\$)	Partners	Received (US \$)
Reduce risk of AI introduction in commercial poultry production including broiler, layer, duck and quail					
1) Establish/involve existing Poultry Producer Association for Broiler and Layers	Arrangement with private sectors	July 06	-	LBVD, MOLF	
2) Issue and enforce the regulation on biosecurity improvement of farms and restructuring of poultry raising areas	1) Legal framework 2) Public awareness 3) Training of trainers 4) Farmer trainings on GFP	Aug 06	40,000	LBVD, MOLF,FAO, UNICEF	
3) Issue and enforce the regulation on movement restriction of duck flocks	1) Arrangement with local administration for short-term 2) Legal framework for long-term 3) Public awareness 4) Training	July 06	5,000	LBVD, MOLF, local authorities,UNICEF	
4) Improve safe practices at slaughtering points	1) Arrangement with local administration 2) Public awareness 3) Training of trainers	Sep – Dec 06	5,000	YCDC, MCDC, LBVD UNICEF,WHO	
Reduce risk of AI infection in backyard poultry production including chicken and duck					
1) Establish Poultry Producer Groups at the village level	Arrangement with local administration	Sep 06	40,000	LBVD, MOLF	
2) Introduce biosecurity improvement concepts particularly from producers to wet market through the producer groups	1) Arrangement with local administration 2) Training of trainers 3) Training at village level 4) Support preparation of animal facilities with biosecurity at the village level (fencing, bird nets)				
3) In rural areas, introduce the concepts of reducing risk of AI introduction into village poultry flock and risk to human	Public awareness village on AI and safe poultry raising practice introduced to village level	Sep 06	25,000	LBVD, UNICEF,WHO	

Disease Control, Stamping out and Compensation]					
1) Review regulatory control measures: disease notification, movement restriction, culling poultry in defined infected flocks	Workshop	Oct 06	2,000	LBVD, FAO	76,300 A (Aus)
2) Identify and quantify logistics and resources for stamping out	Meetings, TA	Aug 06	-	LBVD, FAO	
3) Preparedness for implement stamping out activities in coordination with stakeholders and other government agencies	Legal framework, procurement logistics	Sep 06	90,000	LBVD, FAO, MOLF	
4) Develop policy on vaccination and compensation	TA	Nov 06	10,000	LBVD, FAO	
5) Develop vaccine product capacity for vaccine production	TA	Dec 06	100,000	LBVD, FAO	
6) Establish of vaccine bank	Procurement, TA	Jan 07	100,000	LBVD, FAO	
7) Monitor vaccine quality	Establish animal testing house	Dec 06	100,000	LBVD, FAO	
8) Conduct training on vaccination operation	Training	Jan 07	3,000	LBVD, FAO	
9) Prepare guideline and implement road block and check point and quarantine of suspected animals and movement control	Training, meeting, workshops, States/Divisions	Dec 06	50,000	LBVD, FAO, local authorities	
10) Conduct workshops on legal framework, quarantine regulation and procedure	Workshops	Dec 06	3,000	LBVD, FAO	
11) Procure necessary supplies and equipments	Procurement	Oct 06	150,000	LBVD, FAO,	
12) Wet market, safe practice for wet market	Physical upgrading, supplies, training	Sep 06	50,000	YCDC, MCDC, LBVD, MOH	
13) Compensation scheme for effective outbreak containment - Schemes will include increasing indemnification to appropriate level, settlement of debt payment etc.	Institutional and legal framework	Dec 06	100,000	LBVD, FAO	
Research and development					
1) Conduct research on vaccination in commercial layer and duck	Research study	Oct 06 – Dec 07	10,000	LBVD, FAO	
2) Conduct research on compartmentalization to facilitate inter-States/Division trade	Research study	Oct 06 – Dec 07	10,000	LBVD, FAO	
3) Conduct research on habitat and infection of AI in wildlife	Research study	Oct 06 – Dec 07	10,000	LBVD, FAO, Ministry of Forestry	

HPAI Control and eradication in the animal sector	Requirement (US\$) 975,000 (A)	Received (US\$) 87,000 (A)	Shortfall (US\$) 888,000 (A)
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Strategy 3: Enhancing surveillance and early warning

Main Activities	Means	Time Frame	Budget (US \$)	Partners	Received (US \$)
Strengthen routine influenza and influenza like illness (ILI) surveillance					
Conduct epidemiological and clinical surveillance of ILI and bird flu, covering <ol style="list-style-type: none"> 1) Epidemiology surveillance in farm workers, and contacts with sick birds 2) Sentinel hospital based surveillance 3) Laboratory based surveillance 4) Rumor verification surveillance 5) Community based surveillance 6) Surveillance at border areas and ports 7) Animal influenza surveillance (poultry and migratory birds) 8) Sero surveillance of influenza (selected townships and high risk groups) 	Field visits, meetings, laboratory, TA	Jun 06- Dec 07	50,000 A 50,000 H	CEU, Special disease control units of 17 States and Divisions, Ministry of Forestry, LBVD, WHO, FAO	50,000 H(ADB) 48,000 A (Aus)
Development of case definitions, guidelines, SOPs for reporting and investigation of outbreaks reporting format <ol style="list-style-type: none"> 1) guidelines for active community-based surveillance in animals as well in humans down to the village/ward level 2) guidelines for sentinel hospital-based surveillance for cases with severe pneumonia 3) regular review, update and dissemination of the case definition of human avian influenza 4) classification of influenza as a mandatory modifiable disease, Add ILI/ARI in the existing weekly epidemiological surveillance report. 	TA, meetings, workshops	Oct-Dec 06	15,000 A 15,000 H	CEU, WHO	15,000 A(Aus)

Enhance capacity for early detection for early warning system					
1)	Review and revise surveillance guideline and activities	Technical Experts Guidelines development,	Oct 06	5,000 A 5,000 H	CEU, LBVD, WHO, FAO
2)	Establish early warning system and response system (EWARS), involve existing network for early warning system which includes central, states, divisions, township, and village (Village Veterinary Workers)levels	TOT, Training, procurement, TA	Aug 06 – Dec 06	100,000 A 100,000 H	
3)	Establish new reporting units in high risk areas	Procurement of supplies, logistics for new units	Oct-Dec 06	48,000 A 50,000 H	
4)	Train surveillance officers in each level on surveillance and early warning and response system (EWARS)	Training (in-country and international)	Oct – Dec 06	10,000 A 10,000 H	
5)	Investigation/verification of reports and rumors of events detected though early warning response system	Field visits, TA	Oct 06 – Dec 07	10,000 A 10,000 H	
6)	Develop user friendly data base information and provide computer facility, tools and software	Computer software	Oct – Dec 06	5,000 A 5,000 H	10,000 H (Aus) 5,000 H (Aus)
Disease surveillance and rapid response for outbreak investigation and response (SRRT)				100,000 A 100,000 H	MOH, LBVD, WHO, FAO, ACMECS
1)	Build the Surveillance and rapid response team (SRRT)	working group	Aug 06		70,000 H (ADB)
2)	Send a Surveillance and Rapid Response Teams - SRRT (5 staff: 1 clinician, 1 epidemiologist, 1 lab, 1 veterinarian, 5 staff/team ,1 Basic health staff) for a training course in Thailand	SRRT Training course in Thailand (WHO/CDC/TUC with ACMECS Framework)	17-21 July 06		
3)	Organize SRRT in –country training	Workshop	28 Aug – 1 Sep 06		
4)	Adapt the SRRT training modules into Myanmar context	Working group, production, printing	Aug 06		
5)	Train the SRRT team – 1team / district (130)	Training	Oct 06-Dec 06		
6)	Develop a manual/guidelines, and flow chart for the rapid investigation and follow-up contacts	Workshop, TA	Oct-Nov 06		
7)	Develop check lists for SRRT and laboratory materials	Workshop, TA	Oct-Nov 06		
8)	Provide SRRT team with supplies, PPE and test kits	Procurement	Oct-Nov 06		
9)	Transport charges for SRRT	APW	Nov 06 – Dec 07		
10)	Incentive for SRRT	APW	Nov 06 – Dec 07		

General capacity building in surveillance and response						16,000 H (Aus)
1)	Recruitment of WHO international and national epidemiologists	WHO Recruitment	Sep - Dec 06	70,000 H	WHO	70,000 H (ADB)
2)	Recruitment of short-term veterinary epidemiologist at FAO/LBVD	FAO Recruitment	July – Dec 06	70,000 A	FAO	
3)	Overseas training for staff from selected States/Division	training short/long term FETP	Dec 06 – Dec 07	30,000 H	MOH, MOPH Thailand, WHO	
4)	Training of trainers	TOT	Jan 07	5,000 A 5,000 H	MOH, LBVD,WHO,FAO	
5)	Joint epidemiologists/veterinarian training courses for States and Divisions and townships staffs as well as village chief/VVWs on disease recognition, reporting investigation, sample and data collection	Training courses	Oct 06- Mar 07	50,000 A 50,000 H		
6)	Documentation and feedback to promote regular feedback among partners (produce and distribution of monthly disease surveillance update using bulletin to both public and private sector	Quarterly report	Oct 06 – Dec 07		MOH, LBVD,WHO,FAO	
Integration/linking of surveillance systems and data		TA, procurement	Oct - Dec 06	50,000 A 50,000 H	MOH, LBVD, WHO, FAO	
1)	Plan for integration of surveillance systems					
2)	Establishment of mechanisms for integrated surveillance					
3)	Provide hot line between States, Divisions, central and overseas					
4)	Link hospital and public health					
5)	Links with animal surveillance					
6)	Development of database (GIS) to link clinical/epi/lab data on cases					
7)	Improve national information system - review/re-establish the current information and data management system					
8)	Establish national information networks including field and laboratory surveillance system					
Develop network of volunteer to monitor and control disease outbreak in the community					MOH, LBVD, local authorities in 17	

1)	Involve NGOs, MRCS volunteers – VHVs	Advocacy meetings	Nov 06 – Dec 07	3,000 A 3,000 H	States and Divisions, NGOs, MRCS, MMA	
2)	Train VHVs for reporting cases and following up contacts	Workshops	Jan – Mar 07	10,000 A 10,000 H		
3)	Provide communication tools for health centers by expansion of existing systems	Phone	Jan – Dec 07	10,000 A 10,000 H		
Monitoring and Evaluation				20,000 A 20,000 H	WHO, FAO	20,000 H (ADB)

Strategy 3 : Enhancing surveillance and early warning

	Animal (US\$)	Human (US\$)	Total (US\$)
Requirement	611,000	646,000	1,257,000
Received	78,300	264,000	342,300
Shortfall	532,700	382,000	914,700

Strengthen laboratory diagnostic and detection capacity

Main Activities		Time Frame	Budget (US \$)	Partners	Received (US \$)
Human <ul style="list-style-type: none"> Upgrading central(Yangon and Mandalay) laboratories Procurement of diagnostic equipment and supplies <ol style="list-style-type: none"> Physical upgrading for safe handling/testing of specimens/post mortem Laboratory equipment such as bio-safety cabinet Class II, autoclave, deep freezer, refrigerated centrifuge, incubators, microscope PCR reagents, supplies and rapid test kits, Post mortem sets Laboratory at Department of Medical Research to become a Influenza Reference Laboratory (Human) Physical and equipment and supply upgrading of 4 Regional laboratories, Myint-Kyi-Na, Kyaing-Ton, Mawlamyine, Sittwe (Human) 	<p>Renovation, procurement and installation</p> <p>Procurement</p> <p>Myitkyina, Kaington, Sittwe, Mawlamyine</p>	<p>Now- Dec 07</p> <p>Now- Dec 07</p> <p>Now- Dec 07</p>	<p>100,000 H</p> <p>250,000 H</p> <p>58,000 H</p> <p>15,000 H</p> <p>80,000 H</p> <p><u>100,000 H</u></p> <p>603,000</p>	<p>NHL, DMR, WHO</p>	<p>40,000 (Aus MMR)</p> <p>50,000 spent (AusRegional)</p> <p>23,000 Aus</p> <p>33,700 ADB</p> <p>15,000 Aus</p> <p><u>83,000 ADB</u></p> <p>244,700</p>
Animal <ul style="list-style-type: none"> Upgrading of Central and Regional Veterinary Diagnostic Laboratories <ol style="list-style-type: none"> Upgrading of CVDL for laboratory to satisfactory safety level Gene sequencer for differentiating pathotype of HA gene of AI virus Real time PCR equipment for more rapid and accurate diagnosis of virus Reagent, chemical, equipments, plastic ware and glassware Back up generator and fuel reserve for uninterrupted electricity and water supply Upgrading of regional 5 laboratories (Mandalay, Mawlamyine, Muse, Kyaing-Ton) 	<p>Procurement</p>	<p>Now –Dec 07</p>	<p>500,000 A</p>	<p>LBVD, FAO</p>	<p>100,800 Aus</p> <p>67,185 CSIR</p> <p>168,000 Japan grass root funds</p> <p>One month expert (FAO)</p> <p>Total 335,985</p>

Laboratory Experts	TA	Aug - Dec 07	10,000 A 40,000 H	FAO, WHO	30,000 H (Aus)
Vaccination for seasonal influenza for lab staff of NHL, Mandalay PHL, 4 regional labs, DMR	Procurement	Dec 06	1,000 H 3,000 A	NHL, DMR, LBVD	
PPE for lab personnel	Procurement	Dec 06	20,000 A 20,000 H	NHL, DMR, LBVD	10,000 H (ADB)
Training 1) Training for lab staff - Provide detailed training (3-4 weeks) for a core of laboratory staff for both human and animal experts 2) Develop training manual and guidelines 3) On the job training for regional level staffs by central staff	Training - overseas/in-country BKK in July and September Training, TA Training, TA	mission 21-25 Aug 06	21,000 A 37,500 H	NHL, DMR, LBVD,WHO, FAO	6,000 H (ADB)
Establish laboratory networking – multi- sectoral within the country for surveillance and links with external reference laboratories for confirmatory testing	Procurement, TA	Sep 07 –Dec 07	11,000 A 11,000 H	NHL, DMR, LBVD,WHO, FAO	5,000 H (ADB)
Shipment and forwarding of specimens 1) Prepare a detailed protocol for collection and shipping samples (through the WHO national office). and agreed process for reporting results and for confirmation of H5 positive or other unusual results 2) Pre-shipment arrangement of specimens 3) Shipment of specimens 4) Develop manuals and SOPs of AI suspected specimens and forwarding 5) Simplified manual, checklist, flowchart of sample collection, shipment for the provincial level	TA, meetings, workshops	Jul – Dec 07	10,000 A 10,000 H	NHL, DMR, LBVD,WHO, FAO	10,000 H (ADB)
Upgrade mortuary facilities, autopsy instruments and chemicals and supplies for disinfection.	Procurement, facility upgrade in Yangon, Mandalay, 4 regional labs	Sep 06 –Dec 07	30,000 H	NHL, DMR, LBVD,WHO, FAO	
Provide incinerators (5 incinerators)	Supplies, Mandalay PHL, 4 regional (Myintkyina, Mawlamyine, Kyaington, Sittwe)	Sep 06 –Dec 07	5,000 H 5,000 A	NHL, DMR, LBVD,WHO, FAO	
Develop data recording formats and share data at national	Training Procurement of communication equipment and supplies at central and States/Divisional level,	Aug 07	10,000 A 10,000 H	NHL, DMR, LBVD,WHO, FAO	10,000 H (ADB)

	installation of appropriate software for information system				
Data recording format and sharing information national/division level	Forms, internet connections, emails	Aug 07 – Dec 07	10,000 A 10,000 H	NHL, LBVD, DMR	
Laboratory quality assurance	Workshop TA	July 06 – Dec 07	10,000 A 10,000 H	WHO, FAO, NHL, LBVD, DMR	
State and divisional levels through regular meeting with central and regional laboratories.	Meetings	Dec 06, Dec07	5,000 A 5,000 H	WHO, FAO, NHL, LBVD, DMR	
Monitoring and evaluation	TA	Jul 07 – Dec 07	10,000 H	WHO	10,000 (Aus)

Strategy 3: Strengthen laboratory diagnostic capacity

	Animal (US\$)	Human (US\$)	Total (US\$)
Requirement	664, 000	873,000	1,537,000
Received	349,100	395,600	744,700
Shortfall	314,900	477,400	792,300

Strategy 4: Rapid/ effective containment and response

Main Activities	Means	Time Frame	Budget (US \$)	Partners	Received (US \$)
Develop National Stockpile of essential supplies 1) Management of supplies, warehousing, security, administration, and distribution system 2) Stockpile of antiviral drugs 3) Stockpile of PPE kits at central and provincial level, multiple kits for frontline workers (Human) 4) Stockpile of seasonal flu vaccine targeting at risks groups 5) Stockpile of pandemic vaccine if becomes available Priority Hospitals 4 Central Hospitals (2 Ygn + 2 Mdy) 12 Division/State hospitals	TA, workshops Procurement	Dec 2006 Now – Dec 2007 Dec 2006	20,000 500,000 100,000	WHO, MOH, ASEAN	45,000 (ADB) 45,000 (ADB) ASEAN stockpile of antiviral in Singapore
Enhance capacity for rapid and effective response to avian and human influenza outbreaks 1) Develop operational plan (SOP) for outbreak containment 2) Increase human resource capacity in outbreak containment	TA, workshop Training	Sept – Oct 06 Oct 06 – Dec 07	10,000 25,000	WHO, MOH, MOLF WHO, MOH, MOLF	35,000(Aus)
Develop public health emergency measures for rapid intervention during outbreak 1) Develop plan for surveillance / response (social distancing, anti-viral distribution, vaccine) during rapid intervention 2) Undertake outbreak simulation exercise 3) Establish contingency fund for operational costs for activities related to surveillance	TA/Workshop TA/Workshop	Oct – Dec 06 Oct – Dec 06 Oct – Dec 06	3,000 5,000 30,000	WHO, MOH MOH, MOLF, WHO, FAO MOH, WHO	

and response during rapid intervention					
Develop public health emergency measures for the pandemic					
1)	Develop plan for public health interventions (social distancing) during pandemic	TA/Workshop		3,000	Concerned ministries, WHO
2)	Establish contingency fund for operational costs for activities related to response during pandemic	Contingency Funds		50,000	MOH,WHO
3)	Voluntary home confinement of symptomatic persons	Policy			Concerned Ministries, Local authorities
4)	Voluntary quarantine (such as home confinement) of healthy contacts with health monitoring.	Policy			Concerned Ministries, Local authorities
5)	Self-health monitoring and reporting if he/she becomes ill, no restriction on movement	Training, Public awareness			Concerned Ministries, Local authorities
6)	Reduce mixing of adults (furlough non essential workers, close of workplace, discourage mass gathering	Workplace policy			Concerned Ministries, Local authorities
7)	Reduce mixing of children (closure of school)	School policy			Concerned Ministries, Local authorities
8)	Involvement of mass media				Concerned Ministries, Local authorities
Traveler screening and quarantine					
1)	Screening travelers and restriction of travel and transport (The national committee)	Airport screening	When pandemic occurred	20,000	MOH, Airport authorities, airlines
2)	Leaflet distribution on arrival and departure				MOH, Airport authorities, airlines
3)	Restriction of travel to and from affected areas as an emergency measure	Policy			MOH, Airport authorities, airlines
4)	Deferral of non-essential travel to affected areas	Policy			MOH, Airport authorities, airlines

Strategy 4 : Rapid/ effective containment and response	Requirement (US\$) 827,000	Received (US\$) 142,000	Shortfall (US\$) 685,000
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Strategy 5 : Health system response to reduce morbidity and mortality

Main Activities	Means	Time Frame	Budget (US\$)	Partners	Received (US\$)
Strengthening of committees for infection control in each hospital (States/Divisions, Townships)	Regular meeting		0,000	MOH, WHO	10,000 (ADB)
Infection Control				MOH, WHO	50,000 (Aus)
1) Develop guidelines on infection control for each level	WHO technical mission Printing of guidelines	Sep - Oct 06	50,000 10,000		
2) TOT for infection control	Training , WHO mission	Sep - Oct 06	10,000		
3) Adaptation of training manuals	Translation and production, WHO TA	Oct – Nov 06	5,000		
4) Train health care workers at each level of the guidelines on infection control and case detection /management.	Training	Nov 06	50,000		
5) Provide refresher training to hospital workers	Local training	June 2007	<u>20,000</u> 145,000		
Health facilities, quarantine facilities and transfer of patients in high risk areas				MOH, WHO	
1) Physical upgrading of isolation rooms, mortuary, etc (16 hsp, 74 isolation rooms)	Physical repairs, installation	Sept 06-June 07	500,000		100,000 (ADB)
2) Equipment such as ventilators, mobile X-Ray machines, etc	Procurement and installation	Sept 06-June 07	300,000		77,500 (ADB)
3) Hospital consumable and non-consumable supplies including disinfectants	Procurement	Sept 06-June 07	100,000		61,000 (Aus)
4) Transport of patients case by special ambulance to the nearest isolation room	Ambulance (2) for 2 special hospitals	Dec 06	100,000		
Stockpiles of appropriate of antiviral and PPE, etc for patients and health personnel as well as other medical supplies, antibiotics (see Strategy 4)	Procurement	Dec 06- Dec 07		MOH, WHO	

Assessment and development of hospital pandemic plan	WHO mission July, Training	Aug 06	-	MOH, WHO	
Case Definitions and clinical management				MOH, WHO	
1) Development guideline on case detection/ clinical management for the each level	WHO Guidelines adapted to Myanmar	Dec 06	20,000		
2) Define the roles on AI management in health facilities at each level, province, district, HC	Printing (100,000 copies) Meetings	Dec 06	5,000		
Vaccination of seasonal influenza for people in front line			10,000	MOH, WHO,	
Recruitment of one hospital consultant at WHO	WHO recruitment	June 06-Dec 07	20,000	WHO	20,000 (ADB)
Border quarantines				MOH, WHO	
1) Quarantine rooms at the borders, international airport	Physical upgrading supplies	Dec 06 – Mar 07	50,000		
2) Train quarantine officers	Training				
Enhance disease control capacity in a long term					
Strengthening the activities of infection control				MOH, WHO	
1) Strengthening the capacity of staff for disease control activities including planning, quarantine, field and laboratory activities	Meetings and workshops	Dec 06 – Dec 07	50,000		
2 Training staff to strengthen their capacity in disease control					
Research and development		Dec 06 – Dec 07		WHO, MOH	
1) Conduct research on virus			10,000		
2) Conduct research on antiviral resistance			10,000		

Strategy 5 : Health system response to reduce morbidity and mortality

	US\$
Requirement	1,436,000
Received	359,900
Shortfall	1,076,100

Strategy 7: Communication and health education

Main Activities	Means	Time Frame	Budget (US\$)	Partners	Received (US\$)
Formulation of National Campaign on AI and Human Flu					
Establishment of IEC taskforce/Working group	Workshops/meeting	Aug 06		MOH, MOLF, MOE, FAO,WHO, UNICEF, NGOs	
Formulation of overall communication policy framework and strategy	Workshop with policy makers and experts & publication & dissemination	Aug 06		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs	
Sensitisation of governments, health personnel, teachers, poultry farmers and other stakeholders: 1) Situation assessment, rapid surveys and audience segmentation/analysis 2) Dissemination of assessment results and sensitisation of stakeholders 3) Analysis of communication channels for development of strategies 4) Meetings to report to supporting agencies and donors	Baseline, midline and endline, Meeting	Now-Dec 07 Now-Dec 07 July-August Ongoing		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs	
Development of communications materials and activities 1) Production and broadcast of TV, Radio Spots & print tools/materials 2) Pre-testing and revision/finalisation of the materials 3) Adaptation of TV/video and radio/audio messages in local languages 4) Adaptation of print materials, including posters and brochures 5) Training workshops	Development, production, translation into minority languages and distribution	Now- Dec 07 Now- Dec 07 Now- Dec 07 Now- Dec 07 Now- Dec 07		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs	

Implementation of communications project 1) Airtime for TV/media spots 2) Printing and distribution of posters/brochures 3) Media training/briefing for national and international media 4) Campaigns in high-risk areas 5) Social mobilisation, including community outreach by frontline workers	Regular meeting for production, and broadcasting	Aug 06- Dec 07 Now – Dec 07 Aug- Dec 07 Aug- Dec 07		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs	
Evaluation, documentation and dissemination 1) Post-campaign KAP survey and in-depth interviews in the field 2) Documentation of the project processes and impacts 3) Dissemination of the results, including policy-makers/experts meetings		June- July 07 Now – Dec 07 Now – Dec 07		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs	
Procurement/distribution of preventive hygiene and sanitation supplies for high-risk groups (e.g. health facilities, poultry firms and schools), including soap and hygiene kits, PPE				UNICEF	
Training for facilitators using materials	Workshop, training	Jul – Dec 07		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs	
Community mobilization implementation in the whole country (17 provinces and one special zone)	Interpersonal communication; mobile team;	Jul – Dec 07		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs	
Monitoring and evaluation	supportive supervision workshop, research and consultation	ongoing		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs	
Prepare for a pandemic					
Emergency preparedness advocacy & training meetings at central, and district levels		Jul – Dec 07		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs	
Development Radio and TV Risk communication materials	Development Pre-testing	Jul – Dec 07		Concerned ministries, UNICEF	
Media involvement in production and implementation (all levels)	Regular meeting for production, and broadcasting	Jul – Dec 07		MOH, MOLF, MOE, FAO,WHO, UNICEF,NGOs,Local authorities	
Strengthening of health education infrastructure at all levels					
Integration into national school health program	Development extra curriculum, workshop, and dissemination, provision of soaps/hand washing facilities	Oct 06 – Dec 07		Concerned ministries, UNICEF	

Strengthening WHO/FAO country office capacities

Main Activities	Means	Time Frame	Budget (US\$)	Partners	Received (US\$)
WHO					
Coordination, planning and management for the UN System for international response and WHO : recruitment of: 1) one International AHI Coordinator 2) one national programme officer 3) one secretary and travel	Recruitment	Jun 06 – Dec 07	240,000 20,000 20,000	WHO	161,000 (ADB) 37,950 (Aus)
Contingency funds for operational costs for activities related to outbreak investigation, containment, and response including stockpiles of antiviral, PPE, other supplies	Procurement	Jun 06 – Dec 07	50,000	WHO	10,000 (Aus)
Establish operational room ,office supplies and equipment	Procurement	Jun 06 – Dec 07	50,000	WHO	15,000 (ADB) 5,000 (Aus)
International travel, meetings and workshops	travel		20,000	WHO	10,000 (Aus)
Programme monitoring and evaluation (M&E)	M & E	Jun 06 – Dec 07	20,000	WHO, MOH	10,000 (ADB)
FAO					
Recruitment of: 1) one Chief Technical Adviser 2) one National Consultant 3) Technical experts on short term missions 4) Monitoring and evaluation missions and I logistic support	Recruitment	Jun 06 – Dec 07	250,000	FAO	48,800 (Aus)
Surveillance, communication and reporting	TA	Jun 06 – Dec 07	100,000	FAO	
Emergency response, stamping out and vaccination policy	TA	Jun 06 – Dec 07	50,000	FAO	
Strengthening central and regional laboratories	TA, procurement	Jun 06 – Dec 07	50,000	FAO	

	Requirement	Received	Shortfalls
Strengthening WHO/FAO country office capacities			
WHO	474,600	282,000	192,600
FAO	495,000	55,600	439,400

Budget Requirements

HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHSTG No.	Activities	Proposed Budget Jun 2006- Dec 2007 (US\$)			Total Received (US\$)			
		Animal	Human	Total	Animal	Human	Total	Animal
1	Leadership, Planning and Coordination	65,000	100,000	165,000		34,000	34,000	65,000
2	Reduce exposure of human to H5N1 : HP AI Control and rapid response in the animal sector	975,000	0	975,000	87,000	0	87,000	888,000
3	Enhancing surveillance and early warning	611,000	646,000	1,257,000	78,300	264,000	342,300	532,700
	Strengthening early detection and diagnostic capacity	664,000	873,000	1,537,000	349,100	395,600	744,700	314,900
4	Rapid/ effective containment and response	0	827,000	827,000	0	142,000	142,000	
5	Health system response to reduce morbidity and mortality	0	1,436,000	1,436,000	0	359,900	359,900	
6	Communication and health education*	*	*	*	*	*	*	
7	Strengthening WHO and FAO MMR capacity for coordination, technical support and resource mobilization for the country	495,000	474,600	969,600	55,600	282,000	337,600	439,400
Total		2,810,000	4,356,600	7,166,600	570,000	1,477,500	2,047,500	2,240,000