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LAO PEOPLE'S DEMOCRATIC REPUBLIC
Peace Independence Democracy Unity Prosperity

Ministry of Health
Center for Laboratory
and Epidemiology
No 097/CLE

28 DEC 2001

To : Amy S Boldosser
Administrative Assistant
Health Equity
420 Fifth Avenue
New York, New York 10018 2702

Tel : (212) 852-8349
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From : Dr. Phengta Vongphrachanh
Center for Laboratory and
Epidemiology, Km3, Thadeua Rd,
MOH, Vientiane
Tel : 856-21-312351
Fax : 856-21-350209
E-mail : Phengta@hotmail.com

Subject : Revised Proposal for the Grant fund 2001-2002.
For strengthening Disease Surveillance

Dear Amy S Boldosser,

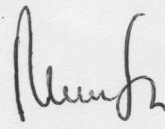
I wish to refer to the revised project proposal for strengthening disease surveillance in Lao P.D.R. for the year 2002 and the Mekong Basin Disease Surveillance (MBDS).

In response to the need of the Rockefeller Foundation, I am very pleased to send you herewith the additional information and the fully revised proposal applied for the grant fund of USD 27,500.00 (Twenty seven thousand five hundred US Dollars only), for implementing the above mentioned project activities for the year 2002. The implementation will be started in January 2002 and ended in December 31, 2002.

For more details, please find in the fully revised proposal and additional information needed attached.

Very best regard.

Sincerely yours,



Dr Phengta Vongphrachanh
Deputy Director,
Communicable Disease Surveillance
and Response Manager.
Principal Investigator

Approved by:
Minister of Health,



Dr. Davone VONGSACK

**Project Proposal
To the Rockefeller Foundation
for Strengthening Disease Surveillance in the Lao People's Democratic Republic,
for the year 2002**

Project title: Strengthening Disease Surveillance
in the Lao People's Democratic Republic, the year 2002.

This project is submitted to the Rockefeller Foundation requesting for the Grant Fund to support to Strengthen the Disease Surveillance in the Lao People's Democratic Republic for the year 2002.

Project duration:

Start date: 1st. January 2002

End date: 31st. December 2002

Implementing Institution: National Center for Laboratory and Epidemiology,
Ministry of Health, Vientiane, Lao P.D.R.

Grant fund requested: USD 27,500.00
(Twenty seven thousand five hundred US dollars only)

Method for Grant fund transfer:

The Grant Fund is requested to transfer by Swift through our USD correspondent Bank as the details given below:

Correspondent Bank Name: JPMORGAN CHASE BANK, NEW YORK,
SWIFT CODE: CHASUS33

Beneficiary Banker's Name: BANQUE POUR LE COMMERCE
EXTERIEUR LAO, VIENTIANE ,
SWIFT CODE: COEBLALA

Beneficiary's Account No.: A/C: 01.452 1001.00120

Beneficiary's Name : Ministry of Health,

The highest –ranking financial officer of the Ministry of Health is Mr. Khamphone PHOUTTHAVONG, Deputy Director of the Department of Budgeting and Finance, responsible on finance, Ministry of Health, Vientiane, Lao People's Democratic Republic.

Beneficiary information:

This grant fund is requested to support Strengthening Disease Surveillance in the Lao People's Democratic Republic, which will be implemented by the Center for Laboratory and Epidemiology, Ministry of Health

LAO PEOPLE'S DEMOCRATIC REPUBLIC
Peace Independence Democracy Unity Prosperity

**Proposal to the Rockefeller Foundation
for Strengthening Disease Surveillance
in the Lao People's Democratic Republic, as a part of MBDS
for the year 2002**

1. Background.

Lao People's Democratic Republic is a land-linked country having an area of 236,800 square kilometers, with the population of 5.2 million (National Health policy, Lao P.D.R., 2001) with the population growth of 2.4%. It was administratively divided into 18 provinces, including one municipality and a special zone. It shared common borders of 2069 km with the Socialist Republic of Vietnam in the East, one thousand eight hundred thirty five (1835) km with the Kingdom of Thailand in the west, four hundred thirty five (435) km with the Kingdom of Cambodia in the south, two hundred thirty six (236) km with the Union of Myanmar in the north-eastern, and 505 km with the People's Republic of China in the north (National Center for Statistic, Lao P.D.R., 1997).

Mekong Basin Disease Surveillance (MBDS) Project was initiated in 1999 by the participation of 6 countries in Mekong Basin. As a starting point, the Rockefeller Foundation supported a meeting during 24-26 February 1999. The meeting was held in Bangkok for member countries in the Mekong Basin. The overall objective is to strengthen disease surveillance in this area. The countries initially made an agreement to focus their work in priority diseases: Dengue and Dengue hemorrhagic fever, Cholera, Poliomyelitis (Surveillance of Acute Flaccid Paralysis), Malaria, and outbreak of disease with unknown etiology.

The Mekong Basin Disease Surveillance did not start from zero, all countries in this area have had their own surveillance systems. In addition, the ASEAN Meeting for strengthening disease surveillance was held in June 1998 and addressed common problems of surveillance in member countries, such as delayed reporting, weak active surveillance for diseases of priority, under utilization of data being collected, lack of training in the field of epidemiology, and lack of coordination in the system, etc. The meeting identified 8 priorities including a preliminary proposal of each area. Thus it will be more fruitful to add on to this ASEAN attempt and build up a detailed proposal with clear targets.

The First Annual Meeting of the Mekong Basin Disease Surveillance was organized in July 2000, in Siem Reap, the Kingdom of Cambodia. The World Health Organization (WHO) and Rockefeller Foundation have collaborated with the member countries in the project. Financial support was provided by the Rockefeller Foundation. During the year, several outbreaks/epidemics occurred in the Mekong Basin countries. Short training courses were organized for training staff members. Lao P.D.R. also sent

two epidemiology staff members to attend this training course under the support of the Rockefeller Foundation. In the meeting, there were 40 participants from the member countries, the Rockefeller Foundation, and SEAMEO Tropmed. WHO was represented by staff member from Head Quarter, Regional Offices of SEARO and WPRO and country offices. It was agreed to finalize the case definition of diseases selected, so that these are relevant to the border problems. An inventory of laboratories has to be prepared. Organize a combined orientation training course. Establish a coordinating office in Thailand, an executive board and management trust. WHO should act as a facilitating agency in the project implementation in border areas investigation and response to the outbreaks/epidemics since this is the only organization to facilitate and strengthen the communication and promote information exchange ensuring partnerships with other established surveillance programs.

Background information of the Center for Laboratory and Epidemiology.

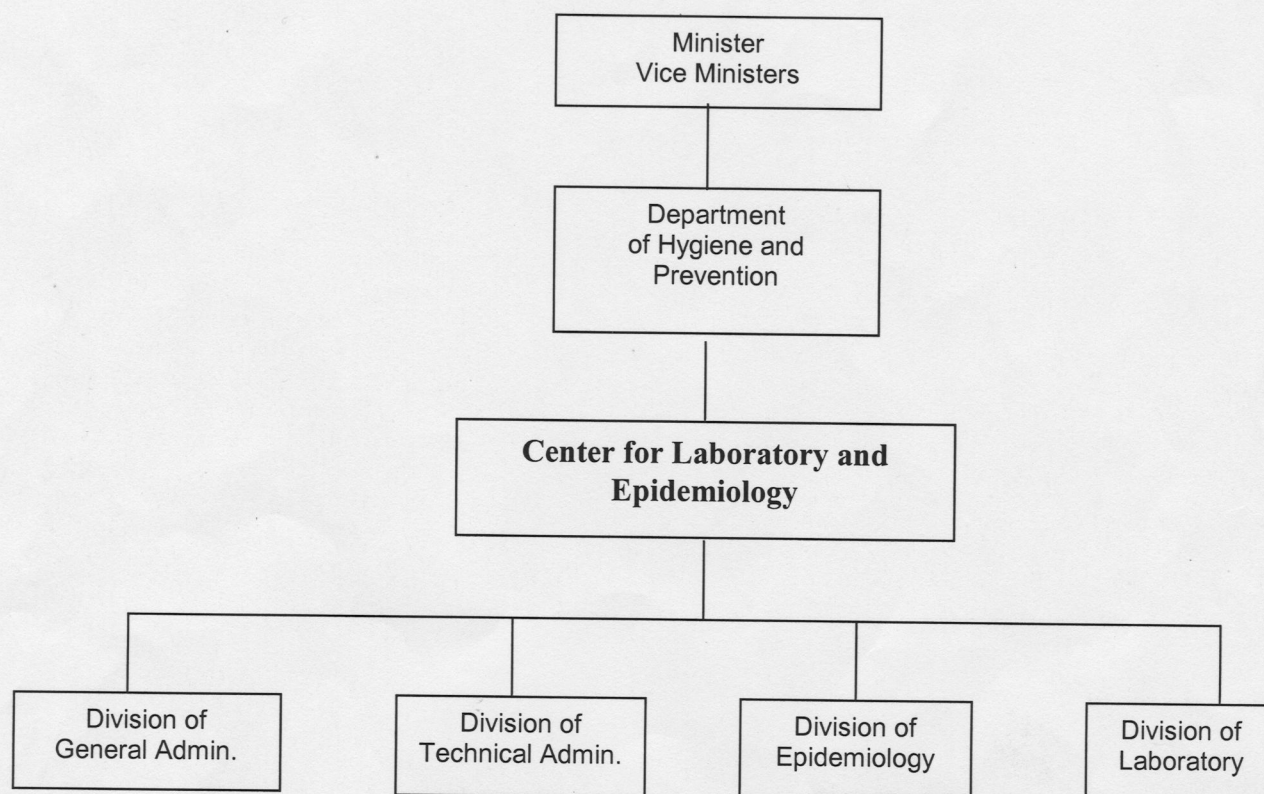
The Center for Laboratory and Epidemiology is the former of the National Institute of Hygiene and Epidemiology. It was established in December 1998, after the National Institute of Hygiene and Epidemiology was broken down into 3 centers and one bureau when the re-organization was taken place. The center composed of two main parts: the Laboratory and Epidemiology.

The Laboratory composed of bacteriology, immuno-virology and partly of parasitology and has been served as a national reference laboratory, and where laboratory diagnosis for infectious diseases are performed here.

The epidemiology part is responsible for epidemiological surveillance, case/outbreak investigation and epidemiological research. Besides, this center has provided resource persons for laboratory techniques and epidemiology development of the country. Students of different colleges faculties and institutions have been sent to this center for practical experiences. Currently, the surveillance system has included one symptom and 23 diseases, of which, two diseases are not communicable diseases, they have been included, because they are of interest of UNICEF, those are anemia and Malnutrition.

The center has one director and one deputy director and 29 staff members in total, with 8 working on epidemiology, including the deputy director who is responsible on epidemiology.. It was proposed to divide into 4 divisions: General Administration, Technical Administration, Epidemiology, and Laboratory, and many other sections/units.

Organigram of the Center for Laboratory and Epidemiology.



The 2002 budget of the center is 117,620,000 kip (USD 12,512.76), this included the salary of staff members and the overall costs of the center, and the grant fund of the Rockefeller Foundation will represent 219.7% of the total budget.

2. Introduction.

Surveillance is one of the most important tools for the prevention and control of diseases, in particular communicable diseases. There are common problems in the functioning of surveillance in countries in the Mekong Basin. Border areas are very vulnerable for spreading of infectious diseases, to the population crossing back and forth the borders. The spread of diseases has not boundaries. There is therefore, a need to strengthen the disease surveillance and to continue establishing mechanism to joint efforts in the prevention and control of diseases. MBDS is an ideal platform for this kind of coordination efforts in preventing, investigating and controlling disease outbreak. More outbreak/epidemics occurred in under developing and tropical countries like Laos. The majority of the morbidity and mortality in Lao P.D.R. is still Malaria, severe diarrhea including cholera, measles, dengue/dengue hemorrhagic fever, enteric and other viral diseases. Up to August 2000, more than 10,000 cases of severe diarrhea including cholera with about 500 deaths and 7 out of 18 provinces/municipality were affected.

dengue/dengue hemorrhagic fever, malaria and food poisoning. The estimated cost is US\$1,000.00 (One thousand US dollars only) .

4.3. Exchange information and communication with Mekong Basin Countries, International Organizations, with the Rockefeller Foundation, and purchase of supplies and equipment.

Internet/E-mail was installed with the support of the Rockefeller Foundation. Information will be exchanged through e-mail, mailing through post office and/or fax. Service charge is very necessary. Communication through telephone is the most timely manner and quick response to the unusual events can be assured. The other means, information exchange through WHO will be used.

Due to financial crisis, limited government budget is allocated. Office equipment and supplies will be purchased locally, which is cheaper than purchase outside the country. Transportation and insurance need not to cover, and the appropriate specification can be chosen. Purchasing office supplies and equipment will help sustain the quality of the surveillance system.

The estimated cost is US\$1,000.00 (One thousand us dollars only) per year.

4.4. Attending the Field Epidemiology Training Program (FETP) in Thailand.

At least two epidemiology staff members at the national and provincial level will be sent to attend the short training workshop of the Field Epidemiology Training Program (FETP) or June Course in Thailand. The number of participants will depend upon the availability of seats provided and the amount of the grant funds. This is to enhance the health manpower development in epidemiology. The estimated cost is US\$ 6,000.00 (Six thousand US dollars only).

4.5. Inter-countries study program.

Inter-countries study program is defined as the observation, learning and exchange lessons and experiences among countries. Since epidemiology in Lao P.D.R. is still very young, inter-country study program is very crucial, it will provide more knowledge on epidemiology for staff members. Staff members who are working in epidemiology will open their mind to the roles and responsibilities of epidemiology, to the world epidemiology, the fellows will see and understand how the world epidemiology developed. Inter-country program tour will be organized in countries where their epidemiology has been developed and advanced, but the cost is also to be taken into consideration. So that lessons and experiences will be learned, adapted and applied in our country. The estimated cost is US\$ 7,200.00 (Seven thousand two hundred US dollars only).

4.6. Intra-country study program.

Intra-country study program is defined as the exchange and learning lessons and experiences within the country. Organization of this activity will motivate the epidemiology staff members to be more active. This activity will enable epidemiology

In the current situation, despite some achievement on the prevention and control of common infectious diseases have been made. As the results, life expectancy has been longer; the mortality has been declining at some level. However, Lao P.D.R. still faced with the emerging and re-emerging diseases. Meanwhile, the disease surveillance system has been under development, only some selected diseases have been included in the existing system. Many other common communicable diseases are needed to eradicate, eliminate, and control. Some health problems must be addressed at the national level. Meanwhile, others of transnational nature should be tackled through joint efforts among neighbouring countries and countries in the region and in the world. In this concern, regional and global collaboration as well would be useful means to deal with those problems.

3. Objectives.

3.1. Overall objective.

- To strengthen disease surveillance within the country and in the region as well in collaboration with neighbouring countries that shared Mekong River to help contribute in reduction the morbidity and mortality caused by common communicable diseases of priority.

3.2. Specific objectives.

- To continue sustaining the quality and validating surveillance data for effective action.
- To improve outbreak/epidemic investigation and response.
- To strengthen health manpower development in epidemiology.
- To continue communicating with Mekong Basin Countries for exchange of information for effective prevention and control of disease burden.

4. Methods and Materials.

4.1. Training Course on Applied Epidemiology.

- Applied disease surveillance and outbreak investigation and response.
The existing training materials will be revised and updated to be more appropriate for the level of the staff members in each province and district. The training will be conducted at the third and the fourth quarter of 2001. Emphasis will be made to the weak and high risk provinces and districts for infectious disease occurrence, in particular severe diarrhea including cholera, but not limited. The estimated cost is US\$8,300.00 (Eight thousand three hundred US dollars only).

4.2. Conduct outbreak/epidemic investigation.

Any outbreak/epidemic will be investigated and response to, including collection of specimen for laboratory analysis. Collaboration in case/outbreak investigation and response will be done with neighbouring countries that shared common borders, because, based on experience, the outbreak/epidemic occurred in very remote and isolated areas, it was very difficult to access and time consuming. Some areas coming from neighbouring countries was more easier and quicker. The common outbreak/epidemic in the past was severe diarrhea including cholera, measles,

staff members to learn and exchange lessons and experiences among provinces and localities. The estimated cost is US\$4,000.00 (Four thousand US dollars only).

The grand total for the per year 2002 is US\$ 27,500.00
(Twenty seven thousand five hundred US Dollar only).

5. Upon completion of the activities.

The principal investigator or the Country Project Manager takes responsibility to make the technical and financial reports within one month upon completion the activities. The Country Project Manager also has the duty to monitor periodically the use of the grant fund and will summarize all activities implemented, keep filing and make a statement account, have it signed by the appropriate officers, and send to the Department of Budgeting and Finance, Ministry of Health, and one copy to the Rockefeller Foundation.

PROPOSAL TO THE ROCKEFELLER FOUNDATION FOR STRENGTHENING DISEASE SURVEILLANCE
IN THE LAO P.D.R AS ONE OF THE MEKONG BASIN COUNTRIES
(2001-2002)

Annex 1

Activities	Time frame				Department Responsible	Activity Indicator	Planned Output	Activity Cost US\$
	1	2	3	4				
1. Conduct training on applied disease surveillance, outbreak investigation and response for selected district health workers.			x	x	CLE	Training Course held	1	8300
2. Conduct case/Outbreak investigation of communicable disease.	x	x	x	x	CLE/Provs./dist.	No. of investigation	2	1000
3. Exchange information and communication with MBDS network, international organizations and other countries by E-mail, Fax and telephone; and . Purchase of equipment and supplies, a mobile phone	x	x	x	x	CLE	E-mail, internet and fax used Equipment+supplies purchased	as needed 1	1000
4. Attending in the FETP training Workshop, Thailand		x			CLE/Provs.	No. of person	2	6000
5. Inter-country study tour on Epidemiology activities .			x		CLE/Provs.	No. of person	3	7200
6. Intra-country study tour		x	x		CLE/Provs.	No. of person	12	4000
Total					\$27,500			

Noted by :
Deputy Director of NCLE



Dr. Phengta VONGPHRACHANH

Vientiane, December 27, 2001
Planning Officer

Bany
Ms. Bonaphanh.