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# Management of Poliomyelitis Eradication in the Border Areas of Myanmar and China

*Report of the Meeting  
Kyaingtong, Myanmar, 1-2 November 1999*

WHO Project: VID 001 RB 98



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## 1. INTRODUCTION

This report summarizes the proceedings of the fifth in a series of meetings held since October 1996, between China and Myanmar, to address coordinated actions for the eradication of poliomyelitis in the border areas between these two countries. These meetings were convened in response to the documented transmission of wild poliovirus in the border area between November 1995 and April 1996. The fifth meeting was of particular importance due to the isolation of wild poliovirus in Myanmar in mid-1999. For the first time, participants from the Lao People's Democratic Republic were invited to attend the meeting.

The first meeting on the management of poliomyelitis eradication in the border areas of Myanmar and China was held in Yangon, Myanmar on 1 and 2 October 1996 with the participation of staff from China, Japan International Cooperation Agency (JICA), Myanmar, UNICEF and WHO. As a result of this meeting, China and Myanmar simultaneously conducted supplementary OPV immunization in the border areas of Yunnan Province, China and Shan and Kachin States, Myanmar during the 1996-1997 Immunization Days. The participants of that meeting recognized and recommended that policies be established to coordinate poliomyelitis eradication activities and allow the rapid exchange of acute flaccid paralysis (AFP) surveillance data between counterpart health staff of the two countries working at the central and peripheral levels.

A second meeting was held in Kunming, Yunnan Province, China, on 17 and 18 July 1997, to review the progress made in immunization and surveillance activities for poliomyelitis eradication in the border areas since the first meeting, and to make recommendations on further activities taking into consideration the experience to date. The meeting was attended by 40 participants from the central province/state levels; a smaller number of participants and 15 observers represented prefecture/county (China) and township (Myanmar) levels. Recommendations from that meeting focused on the need for development of detailed plans for the coordination of supplementary immunization activities and acute flaccid paralysis (AFP) surveillance between counterpart "focal point" health staff in designated border prefectures/counties (China) and townships (Myanmar).

A third meeting was held in Lashio, Myanmar, on 6 and 7 November 1997, which was attended by health staff from the central, state and township levels (Myanmar) and central, Yunnan province, prefecture and county levels (China) as well as representatives from JICA, UNICEF and WHO. The meeting reviewed progress to date, prepared detailed plans for coordinated NIDs/SNIDs in the border area in December 1997 and January 1998 and recommended that a fourth meeting be held in China in 1998.

A fourth meeting was held in Mangshi, Yunnan Province, People's Republic of China on 8 and 9 October 1998. This meeting provided a forum for health staff in China and Myanmar to update each other on the progress made in polio eradication activities, and to plan NID activities on specific border crossing points in detail. The meeting called upon all parties to improve the exchange of information on polio-related activities (surveillance and immunization) between counterparts along the China-Myanmar border.

According to reports by national and international review teams visiting the border area, since the first meeting in October 1996, immunization and AFP surveillance activities in the border areas have improved on both sides of the border. Even with improved AFP surveillance, no laboratory-confirmed cases of poliomyelitis were reported from anywhere in China or in the areas of Myanmar bordering China since April 1996.

## **2. ORGANIZATION OF THE MEETING**

This China-Myanmar-Lao border meeting was held in Kyaingtong, Eastern Shan State, Myanmar, and was attended by 62 participants from the national, province/state, and township/county levels of China and Myanmar, and national-level representatives from Lao PDR, as well as representatives of JICA, UNICEF, and WHO (See Annex 1 for list of participants). The meeting was chaired by Dr. Ye Myint, Director Disease Control, Department of Health, Ministry of Health, Myanmar, and co-chaired by Dr Lu Lin, Deputy Director, Provincial Epidemic Prevention Station, Yunnan Province, China. Dr. Edward Hoekstra, Dr. Yang Baoping, and Dr. Jos Vandelaer served as rapporteurs. The opening session was addressed by Major-General Thein Shwe, Chairman of the Peace and Development Council, Eastern Shan State.

The meeting presented an ideal opportunity for the participants to be briefed about the status of polio eradication activities across the border. Presentations were made by representatives from China, Yunnan Province, Myanmar, and Lao PDR. The focus of these presentations was on the on-going activities in China and Lao PDR which aimed at ensuring sustained polio-free status in these countries, and on the recent isolation of wild poliovirus in Myanmar, and the government's response to this situation.

Following these plenary presentations, three working groups were convened according to cross-border geographical proximity (See Annex 2 for composition of Working Group). The Working Groups reviewed the implementation status of the plans of action adopted at the previous meetings and discussed, reviewed, and assembled plans for coordinated activities during the 1999-2000 NIDs/SNIDs. Recommendations were made how to further improve coordination during NIDs/SNIDs and AFP surveillance.

### **3. PROGRESS TOWARDS THE ERADICATION OF POLIOMYELITIS**

#### **3.1 China**

In 1999, China continued to report no poliomyelitis cases, achieving more than three years free of indigenous or imported laboratory confirmed poliomyelitis since the last imported case with onset in April 1996. Sub-national immunization days (SNIDs) were carried out in all mainland provinces in December 1998 and January 1999, immunizing about 30 million children with two doses of OPV.

Surveillance for Acute Flaccid Paralysis (AFP) continued at high levels in 1999 with a reported AFP rate of 1.62 cases per 100000 population less than 15 years of age up to October 1999. The rate of collection of two stools from AFP cases within 14 days of onset of paralysis was 91%. High-risk areas based on AFP surveillance data were mapped and visited to exclude the possibility of continued occurrence of poliomyelitis cases.

Polio eradication certification meetings were held in Manila, Philippines and Xian, Shanxi Province and in Beijing. The National Polio Eradication

Certification Committee members visited several provinces that did not meet the WHO required standards for the AFP surveillance indicators in the fall of 1999. The Committee increased their activities dramatically after August 1999 to ensure that all requirements would be met for the regional polio eradication certification in 2000.

Following a meeting on polio eradication in the border area of China and Myanmar in Mangshi, Yunnan province in October 1998, supplementary immunization activities in Yunnan province along the border with Myanmar were coordinated with Myanmar activities. Evaluation by international staff in December 1998 showed good coordination and improved coverage in the border area during the SNID, including among floating population.

In Yunnan, high coverage (>95%) was reported for the SNIDs in 1996-1997 and 1997-1998. The performance of SNIDs was also successful in 1998-1999 with a median vaccination rate of 97.5% (range from 89.0 to 98.8%) in Banna, Simao, Lincang, Dehong, Baoshan, and Lijiang prefectures. The activities were focused on children of the floating population. 5.2% (26270/503482) of the children vaccinated had not received any OPV doses previously. In addition, 15 counties sharing border with Myanmar conducted one round of mopping-up supplementary immunization in September 1999 (See Annex 4). The reported coverage was more than 95% and 1 317 children from Myanmar were vaccinated during the mopping-up of which 50% had received zero doses OPV previously. Of the local children, 5% had zero doses OPV. AFP surveillance had improved greatly in the border area. AFP rate in the area was increased to one per 100000 population aged less than 15 years.

The recommendations of the 1998 Manshi border meeting were implemented. In Yunnan, the SNIDs guidelines for 1998/1999 required Yunnan staff in the border areas with Myanmar to contact their counterparts in the bordering areas of Myanmar. The schedules developed during the Mongshi meeting were used. The immunization points at the border ports in Yunnan extended their immunization services till 15 January 1998 during the second round to synchronize the activities with NIDs in Myanmar. Yunnan staff vaccinated 463 children from Myanmar, while Myanmar vaccinated 276 children from China.



### **3.2 Myanmar**

The Union of Myanmar has implemented all basic strategies for polio eradication.

The reported routine OPV3 coverage in Myanmar was above 85 percent, but some pockets of low coverage or unreached areas continued to exist. In these areas, which include border areas in Kachin and Shan States, special "crash programmes" were conducted since 1997. Crash programmes are on average carried out thrice a year, targeting children 0-3years of age.

Four years of NIDs were successfully completed, with reported national coverage exceeding 95% in all four years. The fourth year NIDs were successfully coordinated with China along the major crossing points on the Myanmar-China border. In order to coordinate efforts at these points, local level counterparts met one week before each round of the fourth-year NIDs to make appropriate preparations and succeeded in synchronizing the NIDs/SNIDs along the border areas. The fifth-year NIDs, targeting 5.9 million children under the age of five years, were planned for 12 December 1999 and 16 January 2000, but dates could be adjusted in the border areas to allow coordination and overlap with NIDs/SNIDs in the bordering countries. In preparation, a special meeting of medical officers from the townships in Myanmar along the borders with Bangladesh, China, India, Lao PDR and Thailand was held in Yangon on 7-8 September 1999.

Mopping-up immunization was carried out in 17 China-Myanmar border townships in Kachin and Shan States in October 1999 as planned. In response to the detection of one positive case of wild poliomyelitis virus in Lashio, mopping-up immunizations, targeting all children under the age of 10 years, were also implemented in seven townships around Lashio township. Mopping-up was also undertaken in four townships in Rakhine State that shared borders with Bangladesh due to the isolation of five cases of wild virus poliomyelitis (0-10 and 0-15yr). One wild virus positive case was detected in Mawlamyinekyun in Ayeyawaddy division in the delta region, which caused mopping-up operation to be carried out in that township (0-10yr). Later, three out of these seven wild poliovirus cases were shown to be laboratory-contaminations, limiting confirmed wild poliovirus circulation to the border area with Bangladesh.

International support continued to be high for the NIDs, and for the fifth year NIDs, Rotary International, CDC/USA, JICA, Japan Vaccines for the World's Children, AusAID, UNDP, UNICEF, UN Foundation and WHO were important partners. However, additional support must be sought for the operational costs of intensive field surveillance.

The national annualized total AFP rate as of 20 October 1999 was 0.87 per 100000 population aged less than 15 years while the annualized non-polio AFP rate was 0.51. In 1999, the AFP surveillance system was able to detect seven cases of wild virus positive poliomyelitis in: Rakhine state (5); and Shan state(1) and Ayeyarwaddy division(1).

Key strategies for AFP surveillance included: (a) frequent supervisory visits to peripheral levels; (b) advocacy meetings with NGOs and clinicians in hospital; (c) initiation of active nation-wide hospital surveillance in 32 major hospitals; (d) training on AFP surveillance at all levels, (e) active searches for AFP cases during house-to-house enumeration done in preparation for the NIDs and during house-to-house search for leprosy cases and mop-up rounds; (f) the offer of small incentives to the community for reporting bonafide AFP cases, done at the local initiative of certain communities, and (g) weekly zero reporting from over 2 000 reporting sites .

Despite considerable progress in AFP Surveillance, internationally-accepted standards were yet to be achieved. In addition, the performance of some states and divisions, in particular the border states of Kachin and Shan, was far from satisfactory. Special measures were planned to improve the situation in 2000.

The National Health Laboratory, Yangon, was accredited by WHO as Myanmar's national polio laboratory for 1997, and therefore as one of the member laboratories of the WHO South-East Asia Polio Laboratory Network. This laboratory scored over 80% in proficiency tests and it was provisionally accredited for 1999. Poliovirus isolates will continue to be sent to the National Institute for Health in Nonthaburi, Thailand for intra-typic differentiation and confirmatory testing when needed. Seven samples were tested to be wild virus type 1 in 1999.

The Myanmar National Certification Committee (NCC) for Polio Eradication was active in 1999 in monitoring the performance of AFP surveillance. By the end of the year, the NCC would have made site visits to Kachin, Shan (N) and Shan (E). Members of the NCC were oriented on the use of a AFP surveillance monitoring checklist which they administered to health facilities, health personnel and to non-health sites and sectors. These site visits further helped to motivate health personnel and raise awareness of AFP reporting in the non-health sector.

### **3.3 Lao PDR**

Lao PDR with a population of 5 million in 1999 was the least populated country in South East Asia. It covered an area of 236800 Km<sup>2</sup> and was bordered by Cambodia, China, Myanmar, Thailand and Vietnam. Much of the country was mountainous, especially in the north. The population density was low at 19 persons per Km<sup>2</sup> with approximately 90% of the population relying on agriculture. The administrative structure consisted of central, provincial, district and village levels. There were currently 16 provinces, Vientiane municipality and one special region with 142 districts. The health infrastructure in Lao PDR was limited, consisting of provincial and district hospitals and relatively few functioning health centres/dispensaries. At the village level, there were few trained birth attendants or village health workers.

The government of Lao PDR was committed to the goal of polio eradication by 2000 and commenced Sub-National Immunization Days (SNIDs) in 1992 in 24 districts of 17 provinces. Following the experience gained by the districts and provinces, the SNIDs were expanded to 48 districts in 1993. From 1994 to 1998, five NIDs were conducted to immunize all children under five years of age in January and February each year. In 1999, SNIDs were conducted in 63 districts of 14 provinces. The coverage of SNIDs/NIDs increased from 80% to 90%. In addition, two round of High Risk Response Immunizations (HRRIs) were conducted in the district where the last polio case was detected plus 10 surrounding districts in 5 provinces in June and July 1997.

Another SNID would be conducted in 63 districts of 13 provinces in January and February 2000. These districts were selected based upon weak surveillance, occurrence of compatible polio cases, pending AFP cases, low immunization coverage and the risk of importation of poliovirus.

Although supplementary immunization coverage was high, the routine immunization programme was still weak and reported a national average coverage of under 70%. Achieving high routine immunization coverage was always a major challenge in Lao PDR where approximately 90% of the population were rural, and 39% lived in villages that could only be reached by at least one day's walk. Outreach services were the major source of immunization for all provinces. Immunization services were confronted with the difficulties of ensuring that there were at least four routine immunization rounds per year in every village.

The AFP surveillance in Lao PDR was a part of the national surveillance system for selected notifiable diseases. In October 1995, when active surveillance of AFP was started at the central and some provincial medical facilities, the non-polio AFP rate was 0.34 per 100000 children under 15 years of age in 1995, much lower than the minimal level required. While active surveillance for AFP expanded to all provincial medical facilities and some districts, 13 out of 18 provinces reported AFP cases in 1996, which increased to all but two provinces in 1997. Non-AFP rate increased to reach 0.95 in 1996, 3.6 in 1997, 3.9 in 1998 and 3.4 as of October 1999. At same time, the collection rate of adequate specimens was increased from 27% in 1995 to 59% in 1996, 71% in 1997, 76% in 1998 and 83% in October 1999. The country achieved interim criteria of surveillance and shifted from clinical to the virological case classification criteria for poliomyelitis in 1997. In 1998, 87 AFP cases were reported, among those, one case was classified as compatible, one case was pending and 85 cases were discarded. Sustaining and further improving the collection of adequate specimens were the priorities of surveillance in the country. All stool specimens were sent and analyzed in the laboratory of the National Institute of Infectious Diseases, Tokyo, Japan since 1996.

The last polio case associated with wild poliovirus was detected in Thateng district of Sekong province, a southern province. The case was a 15 months old boy and had a date of onset of 29 July 1996.

#### **4. CONCLUSIONS AND RECOMMENDATIONS**

The following section details the conclusions and recommendations based on the discussions during the plenary sessions and the three working groups.

- (1) It was found that communication was not established in many areas during SNIDs/NIDs in 1998/1999, due to a variety of circumstances.
  - Local higher level authorities should continue to supervise/support their counterparts across the border to meet, plan and conduct activities on the dates/location agreed upon at the local level. They should issue a letter authorizing cross-border meetings between local counterparts.
  - As recommended at previous meetings, cross-border counterparts must immediately inform each other upon detection of :
    - A case of laboratory-confirmed poliomyelitis;
    - Any AFP case who resides across the border; or
    - A cluster of AFP cases in border townships or counties.

Even in the absence of a case requiring immediate notification, AFP surveillance data should be routinely exchanged at least at six-monthly intervals, including zero reporting.

  - A list should be prepared including names, detailed addresses, (and where available contact numbers and a photograph) of health staff who can be contacted on each side of the border on polio-related issues.
- (2) The participation of a delegation from Lao PDR contributed to a better understanding about activities along all mutual borders.
  - Continued participation of Lao PDR at future cross-border polio management meetings should be encouraged.

- (3) Confusion existed about the correct matching of the names of the mutual border posts in different languages.
- A map should be developed, marking the border crossing points in the relevant languages, using roman characters.
- (4) Cross-border coordination meetings on the Management of Polio Eradication Activities continued to be useful.
- The next cross-border coordination meeting should be held in Yunnan Province, China in 2000. Details about the date and the participants should be finalized as soon as possible.
  - To improve the effectiveness of the discussions during the next cross-border management meeting, there should be representatives from each Chinese border-county, Myanmar border-township, and Lao border-province.
  - Continued technical and financial support from national and international partners to implement cross-border activities and to hold cross-border meetings was crucial.

**Annex 1**  
**LIST OF PARTICIPANTS**

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## Annex 2

### WORKING GROUPS OF COMPOSITION

Group No.	Yunnan Province, China		Kachin and Shan State, Myanmar	
	Prefecture & Position	Name	Township/State & Position	Name
1.	<ul style="list-style-type: none"> <li>- Dr. Sun Shuhua, Programme Officer, DIC, MOH</li> <li>- Dr. Shijinjang, Yunnan Provincial Bureau of Health Disease Control Division</li> <li>- Dr. Wang Xiaojun, Assistant Researcher, CAPM</li> <li>- Dr. Ya Hla, Assistant Director, CEU</li> <li>- Dr. Jos Vandelaer (WHO, Myanmar)</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Zhao Yi</li> <li>Dr. Yang Yuxiang</li> <li>Dr. Duan Lianmin</li> <li>Dr. Chen Lisheng</li> </ul>	<ul style="list-style-type: none"> <li>- State Health Director (KS)</li> <li>- Medical Officer, CEIP</li> <li>- Medical Officer, CEU</li> <li>- Moemaik Township Medical Officer (KS)</li> <li>- Chipwe Township Medical Officer (KS)</li> <li>- Waingmaw Township Medical Officer (KS)</li> <li>- Mansi Township Medical Officer (KS)</li> <li>- Namkham Township Medical Officer (NSS)</li> <li>- Muse Township Medical Officer (NSS)</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Joseph</li> <li>Dr. Aye Aye Aung</li> <li>Dr. Tin Tin Aye</li> <li>Dr. New New Win</li> <li>Dr. Aung Kyaw</li> <li>Dr. Khin Mar Aye</li> <li>Dr Aung Soe</li> <li>Dr. U Toe</li> <li>Dr Mya Thein</li> </ul>
2.	<ul style="list-style-type: none"> <li>- Dr. Su Haijun, Program Officer, EPI Division, DDC, MOH</li> <li>- Dr. Lu Lin, Deputy Director, Provincial Epidemic Prevention Station</li> <li>- De. Ye Myint, Director, Disease Control</li> <li>- Dr. Aung Than Maung (UNICEF, Myanmar)</li> <li>- Dr. Edward Hoekstra (WHO, China)</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Xu Wenhua</li> <li>Dr. Lei Qixeu</li> <li>Dr. Zhou Tianfu</li> </ul>	<ul style="list-style-type: none"> <li>- Ad. State Health Director (NSS)</li> <li>- SDCU Team Leader (NSS)</li> <li>- Medical Officer, CEU</li> <li>- Medical Officer, MOH</li> <li>- Kuntone Township Medical Officer (NSS)</li> <li>- Hopan Township Medical Officer (NSS)</li> <li>- Tanyang Township Medical Officer (NSS)</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Khim Aung Cho</li> <li>Dr. Moe Swe</li> <li>Dr. Aung Naing Cho</li> <li>Dr. Tin Tun</li> <li>Dr. Yin Nyein</li> <li>Dr. Myint Soe</li> <li>Dr. Tin Win</li> </ul>

Group No.	Yunnan Province, China		Kachin and Shan State, Myanmar	
	Prefecture & Position	Name	Township/State & Position	Name
3.	<ul style="list-style-type: none"> <li>- Dr. Xu Wem, Deputy Chief, Provincial EPS</li> <li>- Dr. Ouyang Lin, Officer, Disease Control Division, Yunnan Provincial Bureau of Health</li> <li>- Dr. Than Htein Win, Assistant Director (CEIP)</li> <li>- Dr. Le Le Yi (UNICEF, Myanmar)</li> <li>- Dr Yang Baoping (WHO, Laos)</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Yang Wen Yao</li> <li>Dr. Dai Jianlin</li> <li>Dr. Han Xuebin</li> <li>Dr. Zen Qingyun</li> <li>Dr. Bounlay Phommasack</li> <li>Dr. Southalack</li> </ul>	<ul style="list-style-type: none"> <li>- Ad. State Health Director (ESS)</li> <li>- VBDC Team Leader (ESS)</li> <li>- Medical Officer CEIP</li> <li>- Representative, Progress of Border Area and National Races</li> <li>- Kyainglong Township Medical Officer (ESS)</li> <li>- Mongyang Township Medical Officer (ESS)</li> <li>- Mongyang Township Medical Officer (ESS)</li> <li>- Tachileik Township Medical Officer (ESS)</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Pe Win</li> <li>Dr. Sai Naung Ngin</li> <li>Dr. Nu Nu Kyi</li> <li>Major Aung Phone</li> <li>Dr. Myint Aung</li> <li>Dr. Saw Lwin</li> <li>Dr Sai Kham oon</li> <li>Dr. Tin Aye Naing</li> </ul>

NSS = Shan State (North)

ESS = Shan State (East)

KS = Kachin State

### Annex 3

## DETAILED PLANS OF ACTION PREPARED BY WORKING GROUPS

### Group 1 –NIDs Immunization Posts

	Name of Post								Meeting of Counterparts			
	China								Before NIDs		After NIDs	
	Post	Prefecture	MMR	China	MMR	China	MMR	China	Date	Location	Date	Location
Phimaw			92		5.12.99	5-10.12.99	Dr. Aung Kyaw	Dr. Chen Lisheng				
Panwa	Chi Pwe	Dian Tan Nujjung	180	200	5.1.00	5-10.1.00	Dr. Aung Kyaw					
Kan Pai	Waing	Hou Shan Qiang	112	180	5.12.99	5-10.12.99	Dr. Tint	Dr. Chen	28.11.99			Kan Pai
Tee	Maw				5.1.00	5-10.1.00	Naing	Lisheng	2:00pm *			Tee
Loi Je	Momauk	Laying	1137		5.12.99	5-10.12.99	Dr. New	Dr. He Gangshan	28.11.99			Loi Je
Man Wing					5.1.00	5-10.1.00	Win		9:00am *			
Jee	Mansi	Now Toung	2254		5.12.99	5-10.12.99	Dr. Aung					
					5.1.00	5-10.1.00	Soe					

\* Myanmar time

#### Remarks:

#### Decisions:

1. Preoperative (Preparatory) meeting at two sites, Kan Pai Tee and Loi Je on 28 November 1999
2. Persons listed for the meeting will bring the health staff who are responsible for those particular posts.
3. They will bring more informations to be exchanged.
4. The first meeting will decide the next or subsequent meetings.
5. Border immunization will be synchronized  
First Round - 5.12.99  
Second Round - 5.1.00
6. IEC materials should be allowed to flow in and out freely to both sides.
7. These local border meetings will require some financial support that cannot be created in border areas.

#### Recommendations:

1. The medical officers who are familiar with the border areas where they are working should participate in the subsequent meetings
2. Local authorities should be informed timely about the authorization of higher level on both sides



Name of Post				Meeting of Counterparts			
Myanmar		China		Before NIDs		After NIDs	
Post	Township	Post	Prefecture	MMR	China	Date	Location
Chaug	"						Hospital
Ward 2	"			38	"		
Ward 3	"			37	"		
San Pya	"			42	"		
Shwe Kuwar	"			87	"		
Par Kyethaw	"			47	"		
Phin Shi Par	"			37	"		
Nyo Phin Shi Par	"			72	"		
Sin Kyaing	"			18	"		
Aik Kyine Kyaing	"			26	"		
Lone Htan	"			47	"		

**Group 3—NIDs Immunization Posts**

Myanmar		Name of Post				Meeting of Counterparts						
		Township	Post	Prefecture	China	Before NIDs	After NIDs	Location	Location			
	Kyainghton	Dalo	Xishuwan-bana		5.12.99	5.12.99	Dr. Thet Lwin	Yang Jiang	1.12.99	Cross-pt	12.1.00	Cross-pt
	Monglar				5.1.00	5.1.00			17.12.99			
	Mongyaung	Manglong	Xishuwan-bana		5.12.99	5.12.99	Dr. Thein Tun	Yi Jing Ke	1.12.99	Cross-pt	12.1.00	Cross-pt
					5.1.00	5.1.00			17.12.99			
	Maingyoung	Meng xin	Simao		5.12.99	5.12.99	Dr. Saw Lwin	Wang Zhengyou	1.12.99	China	12.1.00	China
					5.1.00	5.1.00			17.12.99	Immigra-tion	9AM	Immigra-tion
									9AM	point		point