

# Introduction

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The progress of disease surveillance and control system depends very much on sharing of information, lessons learned and good practices from different authorities, communities, countries and regions. Although the principle is there, the sharing is rare.

Strikes of SARS, avian influenza and recently the pandemic H1N1 2009 across the ASEAN region and the world have repeatedly reminded us of three important points. First, surveillance and responses of individual country is not enough to protect its own self no matter how good it is. Second, there are both successes and challenges that each country has experienced and are worth sharing to others. Third, sharing brings us closer and stronger.

This book is one of the evidences that ASEAN +3 countries are getting closer to become the sharing community for a better disease surveillance and control.

The idea was initiated and adopted by the senior health officials of the ASEAN in 2007. Thailand was requested to be the coordinator of this endeavor. The move received well support from each ASEAN +3 country with budget contribution from AusAID.

What's impressive is the working process. Instead of contracting out to one or two consultants who would then fly to all 13 countries, interview and write all the stories with good and exciting language, all countries involved in this project from conception to delivery of the book.

Each country was requested to select one of practices, investigations, or program implementation which they thought to be worth sharing with others. The show case does not necessary have to be the best, and that is why we prefer to use the term "good practices" rather than "best practices". Country representatives were asked to write a paragraph of why it is good and prepare a presentation to elaborate.

GOOD PRACTICES in Responding to  
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The ASEAN+3 writing team at Pattaya meeting, March 2009.

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The first meeting was in Bangkok during July 2008. All countries listened and made suggestions to their friends about what should be highlighted. The group then came up with 15 good practices which can be arranged into 5 parts:

- Surveillance
- System Development for Rapid Response
- National Program and Interventions
- Public Awareness, Advocacy and Policy
- Regional Initiatives and Mechanisms.

These 5 parts correspond well with the 5 important pillars of a good disease control program.

All countries returned to meet again in Pattaya, Thailand in March 2009 with the manuscripts. Along with technical staff from WHO and resource persons who had experiences in writing for media and scientific organizations, each country helped looking into the manuscripts and gave suggestions according to their point of view. Representatives of each country then brought back their manuscripts and clarified the points as suggested by their peers.

Although the book would have come out in mid 2009, it was not happened due to the H1N1 pandemic. The whole processes were halted as all countries were busy in controlling the pandemic in their homelands. The beginning of 2010 sees the revisit of the project and, finally, the release of this book in your hand.

Looking back into the whole process, there were many good things we did but still much room for improvement. The significant value of this book is not only in the stories, but also in the spirit of sharing and working together among the countries.

All great voyages start with a small step! Let's keep on the sharing the spirit!