

## WEBINAR REPORT

# THE ROLE OF GOVERNMENT IN MULTI-SECTORAL COLLABORATION IN RESPONSE TO COVID-19

Join National Health Commission Office (NHCO), Thailand



### Webinar on The Role of **Government** in multi-sectoral collaboration in response to COVID-19



#### Speakers



#### **Professor Dr. Md. Golam Rabbani**

Chairperson, Neuro-Developmental Disability,  
Protection Trustee Board,  
Ministry of Social Welfare, Bangladesh



#### **Dr. Kyaw Khaing**

Deputy Director General of Minister Office  
Ministry of Health and Sports, Myanmar



#### **Dr. Weerasak Putthasri**

Deputy Secretary-General of  
National Health Commission Thailand

Moderator by Ms. Nanoot Mathurapote, National Health Commission Office (NHCO) Thailand

**Monday** | **4.30-6.30 PM**  
September 28, 2020 | (Thailand's time)

**Register**



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**NATIONAL HEALTH COMMISSION OFFICE, THAILAND**  
**SEPTEMBER 28, 2020**

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## OVERVIEW

COVID-19 has damaged humankind in almost dimensions ranging from health, economy growth, food security and etc. This unprecedented pandemic cannot be handled by a government only, but requires unity of all stakeholders including non-government organizations, civil society organizations and youth to fight against COVID-19 and its impacts. Hence, COVID-19 has demonstrated that multi-sectoral collaboration approach is necessary for the time of crisis. However, despite of the well-accepted approach, implementing and maintaining this approach during and post COVID-19 is a challenge.

Moreover, it is often found that multi-sectoral collaboration fades away after a crisis is back to a normal. The ultimate objective of a webinar series is to seek answers on how to make multi-sectoral collaboration sustainable, what enabling factors for multi-sectoral collaboration are, how to maintain these factors when COVID-19 situation is getting better and how we apply multi-sectoral collaboration lessons from COVID-19 response to another future crisis. The organizer aims to use the findings to advocate organizations within Thailand and other countries on multi-sectoral collaboration in order to effectively respond future crisis and to achieve SDGs.

## MEETING OBJECTIVES

- To motivate learning and sharing experiences or innovations of each sector in response to COVID-19
- To raise awareness on multi-sectoral collaboration within a country and between countries in order to handle future crises
- To seek answers on how to maintain multi-sectoral collaboration post COVID-19 and future crisis

## WEBINAR PROGRAM

The webinar program is presented in **Appendix 1**.

## SPEAKERS

- Professor Dr. Md. Golam Rabbani,
  - Chairperson, Neuro-Developmental Disability, Protection Trustee Board, Ministry of Social Welfare, Bangladesh
- Dr. Kyaw Khaing

- Deputy Director General of Minister Office, Ministry of Health and Sports, Myanmar
- Dr. Weerasak Putthasri
  - Deputy Secretary-GeneralNational Health Commission Office (NHCO), Thailand

The PowerPoint presentations of all speakers are provided in **Appendix 2**.

## MODERATOR

- Ms. Nanoot Mathurapote
  - Head of Global Collaboration UnitNational Health Commission Office (NHCO) Thailand

## RAPPORTEURS

- Assoc.Prof. Dr. Kanang Kantamaturapoj
  - Faculty of Social Sciences and Humanities, Mahidol University, Thailand
- Dr. Natapol Thongplew
  - Faculty of Science, Ubon Ratchathani University, Thailand
- Ms. Watinee Kunpeuk
  - International Health Policy Program (IHPP), Thailand

## WEBINAR PARTICIPANTS

There were 36 webinar participants from 6 countries namely Bangladesh, India, Myanmar, Philippines, Thailand, and Tunisia. The participants included government agencies, international agencies, academia, CSOs, NGOs, and young generation. The list of participants is presented in **Appendix 3**. The participants had opportunity to ask questions and to provide opinions in the Zoom's chat box. The questions and suggestions from the participants are listed in **Appendix 4**. The group photo of participant is presented in **Appendix 5**.

## WEBINAR EVALUATION

After the webinar, the participants were requested to fill in an evaluation form. The National Health Commission Office (NHCO) Thailand received feedback from 7 participants. The evaluation result is presented in **Appendix 6**.

## **THE ROLE OF GOVERNMENT IN MULTI-SECTORAL COLLABORATION IN RESPONSE TO COVID-19**

## **BANGLADESH**

### **Professor Dr. Md. Golam Rabbani**

Chairperson, Neuro-Developmental Disability,  
Protection Trustee Board,  
Ministry of Social Welfare, Bangladesh

Neuro-Developmental Disability Protection Trust has been working to create an enabling environment for people with neuro-developmental disability (NDD). The vision of the trust is to make the persons with NDD capable to survive as a part of the society. The trust aims to provide persons with NDD with physical, mental, and financial support. They are also paving the way for them to acquire appropriate knowledge and skills for their empowerment. To achieve the vision, the trust has taken various initiatives such as providing medical grant and, skills-training to the caregiver of persons with NDD, early identification of persons with NDD, arranging rehabilitation services; organizing awareness programs etc.

The trust also has formed the District Committee in every district to implement various interventions for the betterment of persons with NDD. The objectives of NDD include; 1) to motivate learning and sharing experiences or innovations of each sector in response to COVID-19, 2) to raise awareness on multi-sectoral collaboration within a country and between countries in order to handle future crises, and 3) to seek answers on how to maintain multi-sectoral collaboration in post COVID-19 and future crisis.

### **Overall activities during COVID-19**

With the outbreak of novel coronavirus be declared a pandemic and an international public health emergency by the World Health Organization (WHO), the entire world has been working to address it. In Bangladesh, the first case of the COVID-19 pandemic was confirmed on 8<sup>th</sup> March 2020. Then to restrain the spread of the novel corona virus Bangladesh put under lockdown like many countries of the world and people are inspiring to stay home. The government banned all political, social, cultural, and religious rallies and gatherings in the country. All education institutions, different offices, garments and transportations were shut down for a time being. For protecting and preventing from COVID-19 awareness messages have also been disseminating through different media, such as social media, cell phone, visual and print media. Government reinforced health systems for the access and treatment of COVID-19 patients.

In Bangladesh, where a significant proportion of the total population lives hand to mouth, so lockdown brings a negative impact on the financial aspect. A huge number of people got unemployed, leading to a miserable life. That is why the Government of Bangladesh has been introduced different schemes, such as- ration card, financial support (BDT 2500) provided to the fifty lac most vulnerable group like persons with disabilities, women-headed families, street children, third gender group, indigenous community, daily wage earners, and ultra-poor people. The Ministry of Food also distribute 20 kilograms of rice to each of the listed families. The Bangladesh government has also initiated a web page - [www.corona.gov.bd](http://www.corona.gov.bd) - which is very helpful for providing live updates, including verities information like Coronavirus.

The government and different non-government institutions installed disinfectant tunnel in crowded places, like- health complexes, markets, schools ect. To ensure safety hygiene materials have been distributed among lower-income people. The Bangladesh Garment Manufacturers and Exporters Association (BGMEA) along with its member companies have been produced PPEs to ensure the safety of the frontline health workers. Besides during COVID 19, the roles of civil society in Bangladesh were notable as they supported poor and vulnerable people by distributing food, money, and hygiene material.

### **Highlighted activities during COVID-19 describing multi-sectoral collaboration**

The fight against COVID-19 cannot be carried out by the government alone. It requires an unprecedented level of coordination between the public and private at the local and national levels. This multi-sectoral approach helps to share knowledge among the stakeholders and brings out the best possible solutions for ensuring the effective use of limited resources. COVID-19 has negatively impacted persons with intellectual disabilities and autism spectrum disorder (ID/ASD); it deteriorating their mental health condition. In the COVID-19 period, Neuro-Developmental Disability Protection Trust has been working to mitigate the risk of persons with neuro developmental disabilities (NDD) with the collaboration of government and non-government sectors. NDD Trust has been provided emergency support (food and medical grant) to the 3,511 family of NDD through the proper identification by the assistance of different local NGOs, such as SEED and CDD). A guideline developed collaborated with local NGOs ( Centre for Disability in Development) on the management of persons with NDD developed and disseminated to the related organizations for making awareness in the community. The guideline was developed with my close supervision and was finalized with the opinions of different stakeholders. I also lead a study on 'the impact of COVID-19 on the mental health of persons with disabilities'. NDD trust completed the study with the support of local NGOs and the study has been helped us to take proper actions for persons with disabilities.



Several multi-sectoral awareness programs have been taken place concerning the impact of COVID-19 on persons with NDD as well others marginalized group. NDD trust has facilitated webinar with 15 different governmental ministries, NGOs, University teachers, bank professionals and journalists on the response of COVID-19 for protecting persons with NDD. We also facilitated one workshop with Disabled People Organization (DPO) and other stakeholders to find out the actions needed to be done during COVID-19 outbreak and post COVID-19 for the betterment of persons with NDD. Besides, TV talk show broadcasted with the presence of Bangladesh MP (member of parliaments) and the Planning Ministry for allocating budget for the persons with NDD.

## MYANMAR

### **Dr. Kyaw Khaing**

Deputy Director General of Minister Office  
Ministry of Health and Sports, Myanmar

In Myanmar, the Central Committee for COVID-19 Prevention, Control, and Treatment was established at the national committee. This committee is chaired by the state counsellor. There are three main agencies under the national committee; 1) the economic remedy committee chaired by the Minister for Investment & Foreign Economic Relations, 2) COVID-19 Containment and Emergency Response Committee chaired by the Vice President, and 3) the Ministry of Health and Sports (central epidemiology unit, health literacy promotion unit, medical care and clinical management) led by the Union Minister. In the state level, there are two committees; 1) state/regional level committee on COVID-19 prevention, Control and Treatment chaired by the chief minister and 2) state/regional level COVID-19 containment and emergency response committee chaired by the chief minister.

Key actions of the preparedness and response to the COVID-19 in Myanmar are described as follows:

4 January 2020: The Ministry of Health and Sport noticed the report from the WHO SEARO and ASEAN+3 SOMHD about unexplained pneumonia cases in Wuhan China.

8 January 2020: The emergency preparedness meeting chaired by the Permanent Secretary was formed.

28 January 2020: The first meeting of the Inter-ministerial Working Committee chaired by the Permanent Secretary was launched.

10 February 2020: The meeting on clinical coordination committee chaired by the Ministry of Health and Sport, the Ministry of Foreign Affair, and other social ministries was formed.

11 March 2020: The WHO declaration on COVID-19 was announced.

13 March 2020: The first National Central Committee to Prevent, Control, and Treat the COVID-19 chaired by the state counselor was formed. The working committee to address the possible impacts of COVID-19 on the country's economy was formed.

30 March 2020: There was a launch of the COVID-19 Control and Emergency Response Committee led by the first Vice President.

18 April 2020: Lockdown and stay-at-home policies were implemented in 7 townships in Yangkoon region.

The communities are involved in the government initiatives such as national volunteer steering unit, community-based facility quarantine (CBFQ), mask campaign, demonstration of steps for systematic hand washing, weekly video conference to hear the people's voices.

Regarding internal and external coordination mechanism, managing an infectious disease outbreak at a national level is a continuous process of planning, exercising, revising, and translating policies into actions at all administrative levels within a country. It includes both health and non-health related measures and capacities and must holistically address the different elements of preparedness and response towards a possible outbreak. As such, a complementary coordinated governance and technical structure is necessary at the inter-ministerial, intra-ministerial, and multi-sectorial level in representation of the diverse and relevant actors to offer the support, effective guidance, harmonization and alignment in achieving the necessary actions in response to COVID-19 as set forth by the Central Committee, the established risk assessment and agreed National Operation Plan. All sectors should be prepared to support the implementation of public health measures and health sector response, while maintaining essential business continuity. Therefore, a clear understanding of the roles and responsibilities between parties responding to a novel coronavirus outbreak will support quick decision-making efforts and efficient, coordinated use of resources.

The committees and mechanisms at the central, S/R and district/township levels will lead the internal planning, execution and implementation of response plans and public health measures to the COVID-19 collaboratively and comprehensively. In accordance with the WHO International Health Regulation's requirement, Myanmar will continue to report the situation of COVID-19 to WHO and work closely with international community to prevent and contain the spread of COVID-19. Regarding interdependent to the internal coordination mechanisms, advisory and technical structures shall also be introduced to represent Myanmar's external coordination efforts. The in-country structures shall include the participation of Myanmar's leading health partners, including development partners, United Nations, INGOs, donors, regional integration mechanisms, international organizations/agencies among others.

There are major 3 response plans to COVID-19; 1) National Action Plan on Health Security, 2) Health Sector Contingency Plan, and 3) COVID-19 Economic Relief Plan (CERP).

Numbers of policies and legislations were implemented such as COVID-19 as a notifiable disease, stay at home policy, easing restrictions, reopening of restaurants, factories, offices, releasing lockdown areas, reopening of high-schools, step-wise approach in easing restrictions, guidelines and SOPs, checklists, field visits, continuous monitoring epidemic preparedness, containment and response, screening at points of entry (ground crossings, international airports, and seaports)

In order to detect case early, many measures were implemented, such as rapid Response – RRT at all levels, PoEs, quarantine depending on the evolving epidemiological situation, returnees, international travelers, close contacts, home or hospital quarantine, quarantine facilities (hotels, government facilities), immediate reporting, contact tracing, website, contact tracing, information sharing, IHR notification, surveillance dashboard on MOHS webpage, daily Sit Reps, daily news, capacity building, SOPs, guidelines, trainings.

Risk was also communicated to people, such as timely health messages, standard operating procedures (SOPs), guidelines for health care workers (HCWs) and related sectors and institutions, risk communication to the community, clinical management, Central Clinical Management Committee, Regional Clinical Management Committee, Working Group for Convalescent Plasma Therapy, hospital preparedness, strengthening of laboratory capacity, enhancing the capacity of NHL, expansion of the regional labs (Mandalay, Mawlamyaing), upgrading of research lab (Department of Medical Research). Lessons learned are that we need universal health care, including universal access to health and medicine along with social safety nets during the COVID-19.

## THAILAND

### **Dr. Weerasak Putthasri,**

Deputy Secretary-General of National Health Commission Thailand

Thailand ranked the highest in a global survey for its effective handling of COVID-19 and recovery from the crisis. The Global COVID-19 Index (GCI), published on July 28, gave Thailand an index score of 82.06, putting it on top of the global chart as an example of best practices in tackling the dreaded virus.

Thailand has responded to COVID-19 under the National Strategic Plan for Emerging Infectious Disease (2017-2021) (NSP-EID), endorsed by the Cabinet on December 2016 aiming to formulate and develop a proper national policy and strategies for preparedness, prevention and control of emerging infectious diseases in Thailand. It serves as the backbone guidance in tackling this new infectious disease. In the NSP EID, the six inter-linked synergistic strategies:

- 1) Public Health Emergency Preparedness
- 2) EIDs Surveillance, Prevention and Control with One Health Policy
- 3) Enhance public information, risk communication and education on EIDs
- 4) International, Regional and Global Collaboration
- 5) Multi-sectoral, private sectors, provincial and community participations
- 6) Research, Development and Knowledge Management

Regarding working among government agencies, the Communicable Disease Act 2015 prescribed that the provincial governor is the chair of the provincial communicable disease control committee; with multi-sectoral membership whereas the Provincial Chief Medical Officer is the technical secretariat. The governors had convened daily meeting of the committee since the first case confirmed in Thailand; though there was still no case reported in their provinces. The Emergency Operating Centre (EOC) at MOH, which report and recommend policies and regulation to the Centre for COVID-19 Situation Administration (CCSA) chaired by the Prime Minister for further actions.

The government also conducted health communication, on 14 January 2020, official advice for the self-protection methods such as regular washing hands with soap/ use of alcohol gels, wearing medical masks, do not touch your eyes, face and mouth, avoid contact with respiratory disease patients, do not share personal belongings with others and eat hot and fully cooked food. The motto "*Eat hot food, use a serving spoon and always wash your hands*" was widely published.

In February 2020, the Ministry of Commerce has included surgical mask and the synthetic polypropylene, N95 mask and Alcohol hand rub in the controlled product category, therefore, the retail price, distribution, exportation and stockpiling could be legally controlled. The Ministry of Public Health has authority for the central procurement of essential resources and the distribution to all public and private health facilities. For the private sector, local production of surgical mask was scaled up from 1.5 to 4.5 million pieces per day, solving all the shortage problems. Early of March, fabric mask was recommended as an alternative for general population use. Several recommendations about fabric masks are available such as how-to do-it-yourself, how to wash and clean and reuse of fabric masks, etc. Thai people also donated substantial amounts of PPEs, surgical or hygiene masks, and alcohol-based hand rub. These were distributed nationwide to public healthcare facilities.

In additions, the government communicate information to people. On 10 January 2020, the Situation Awareness Team (SAT) of the MOPH reporting the situation of Coronavirus infectious disease daily. Daily information on confirmed cases, deaths, on treatment, from all provinces and synthesized into daily national reporting. SAT were also convened by the Provincial Health Office which is the technical secretariat to the provincial governor. They spoke the same number and minimized conflicting messages to the population. On 4 March 2020, the Thai government established COVID-19 information center to integrate information and effort from all dimensions; information, public health, economy, and society in order to address and alleviate public concerns in a timely manner. Main responsibilities of the COVID-19 information center are 1) to compile all information from relevant sectors, 2) to gather the concerns from people or private sectors and collaborate with related agencies to address the concerns, 3) to inform people and also private sectors to be aligned with public health and social measures. Village health volunteers and local public health practitioners in each province (including Emergency Operation Centre, Situation Awareness Team (SAT)) also play a crucial role for communicating COVID-19 situations and public health measures to the people.

Physical distancing measures were encouraged. The public communication about physical distancing has been translated into a common phrase and billboard campaign nation-wide as 'social distancing' in various forms such as official national spokesperson, infographic, and celebrities, etc. Significantly, a nation-wide campaign on "Stay home, Stop the Disease, for the Nation" was officially promoted and it was excellently undertaken by Thai people. On 17th March 2020, campaign of "Stay at home, Stop the Disease, for the Nation" was officially announced, as a government recommended measure to control the spread of COVID-19 through local transmissions. People were encouraged to stay at home, work from home, keep physical distancing of 1-2 meters, wear cloth or surgical masks,

frequently wash hands, avoid touching face, eyes, and nose, and consume hot food and use own utensils. This national campaign was well received by the citizens. Restrictions on non-essential businesses (e.g. working from home, closure of premises, restrictions of working hours, etc). Private sector, work from home policy was adopted and for the government sector, shifting of the work hour was utilised and only 30% of the essential staff was allowed to go to work daily in office; the remaining worked from home. Those who were at home could report their progress and join the meeting, if any, via online platform. Restrictions on mass gatherings and public places (e.g. maximum number of people for events, restrictions on religious gatherings, sport events, social gatherings, public transportation and restaurants, etc) were in place.

The response to COVID-19 can be achieved by power of active citizen, active community, and active society. Health is not only one action to solve the problem. Foods, economics, and quality of life are needed to be considered.

## **FACTORS FACILITATING THE GOVERNMENT WORKING EFFECTIVELY WITH VARIOUS STAKEHOLDERS**

Factors facilitating the government working effectively with various stakeholders and across sectors included good attitude towards stakeholders , strong commitment from the government, effective platform and legislative provisions.

The first facilitating factor is good attitude towards stakeholders .All speakers said that participation from stakeholders lead to the achievement in controlling COVID-19. Myanmar speaker confirmed that a social platform has been in place in collaboration with the Ministry of Health and Sport, UN agencies, and NGOs. This collaboration enables sharing right information among stakeholders in the right time. In Bangladesh, the government called for the cabinet meeting with engagement from national and international NGOs working together to address the appropriate solutions for the COVID-19. In additions, NGOs play a vital role in encouraging understanding among local people for the knowledge of COVID-19. A good relationship between NDD Trust in Bangladesh and different stakeholders enable stakeholders' access to information about families of persons with neuro developmental disability. The speaker from Thailand emphasizes that the platform to build capacity for active involvement and trust building among stakeholders is a must.

The second facilitating factor includes strong commitment and effective command from the government. The government plays a major role in setting the country's direction and creates synergistic interventions involving all sectors to achieve a single direction. The speaker from Thailand mentioned that COVID-19 is an emergency of the state, which need officially compliance of regulations on budget and resource allocation. During the COVID-19, misunderstanding of the COVID-19 information usually happens, so the government has to create the information center to update the situation on a daily basis. Decentralization to local authorities is needed for implementing government policies. In Thailand, the central government decentralized the implementations to the provincial governors. The governors have authority and to design interventions in their own provinces with a consultation with multiple stakeholders in a form of the provincial, multi-sectoral committee.

The third facilitating factor is an effective platform. The platform draws together stakeholders from different sectors to discuss their common goals and find solutions that fit a circumstance. The platform open for different ideas and initiatives and build a culture of ownership. Each country has its own way of creating such a platform. Bangladesh government formed up a committee on emergency response, in which authorities, health experts, and civil society can discuss the COVID-19 management strategy. Thai government established the COVID-19 Information Center that opened a platform for





information sharing across various sectors. Myanmar government implemented a COVID-19 prevention, control, and treatment through the central committee and state/regional committees which have the inter-ministerial, intra-ministerial, and multi-sectorial basis.

The last facilitating factor is legislative provision. Laws have been used as a tool to strengthen multi-sectoral collaboration in response to the emergency situation. The speakers from Myanmar and Bangladesh mutually agree that available legislations facilitated the implementation of COVID-19 policies. In Myanmar, communicable diseases law has been enforced. The speaker from Bangladesh mentioned that the Neurodevelopmental Disability Protection Trust Act 2013 and the Disability Rights and Protection Act 2013 support government in working with various stakeholders during this crisis moment. The NGOs in Bangladesh are working under certain legal frames. These should be aligned and work harmoniously with the political framework without any interference or interruptions. By contrast, Thailand has no special legal frameworks for COVID-19. However, there is the National Health Act with a national committee chaired by the Prime Minister; the committee come from various stakeholders, including the government, academia, and societal sector with an equal number. Every year, the national assembly is convened to discuss among sectors to address public health policies. This platform nurtures multi-sectoral collaborations and facilitates smooth working conditions among different stakeholders.

## CHALLENGES WORKING WITH MULTI-SECTORAL COLLABORATION

Factors challenging the government working effectively with various stakeholders, included bureaucratic manner, balance between health and other sectors, lack of communication, as well as limitation of budget.

Bureaucratic manner is a challenge in working with multi-sectoral collaboration. The speaker from Myanmar informed about the emergency response committee comprising of various ministers and they needed to devote themselves for the COVID-19 response. Each committee had their own regulations and guidance at top-down level at first and then these measures were sent for implementation at the township level.

The second challenge includes balance between health and other sectors. COVID-19 affected health, economic and social aspects. The measures to control COVID-19 affected other aspects such as economy and social life. For COVID-19, health security was chosen as the top priority. For the recovery phase, it is important to be more balance and cannot focus solely on one dimension. It should not be always a zero case scenario when health facilities have sufficient supports for new cases. A balance by taking into account economy and reopening the country is important as well.

The third challenge is lack of communication. The speaker from Bangladesh shared the experience that people in the quarantine area complained about the quarantine, so there was a need for the government to communicate with communities why this measure should be implemented. Currently, the quarantine policy at the community level has been launched with community participation.

The last challenge is the limitation of budget. The speaker from Myanmar mentioned that the financial regulation was very rigid. For the health sector, a committee has been set up with representatives from medical doctors and pharmacists from business sectors. Then, there was a need for a discussion with the committee about the purchase of medical supplies especially during the COVID-19 crisis.

## KEY LESSON LEARN

Based on the presentation and discussion from the speakers and the participants, key learning points can be drawn as follows;

- Multi-sectoral collaboration is mandatory for sustainable development.
- The engagement and collaboration of Government (and ministries), NGO, communities and other relevant stakeholders are proven to be effective in crisis situations such as COVID-19.
- Multi-sectoral collaboration has many benefits, such as increasing access to resources, sharing responsibilities, and strengthening ownership of activities by stakeholders.
- The engagement of multiple sectors creates new knowledge, expertise, and resources which are beneficial for producing better outcomes during crisis situations.
- Developing inclusive plan and policy is of interest; so that marginalized people like persons with disabilities, persons with neuro developmental disabilities, ethnic group, women and third gender can get proper support and service on base of equity.
- Leadership and governance play critical roles in pandemic responses.
- Harmonious interventions among different ministries are crucial.
- Government policy is needed but the implementation should be flexible and decentralization is necessary in implementing COVID-19 policy.
- Besides health emergency, social, economic and political views are matter.
- Conflict management is a skill to sustain the multi-sectoral collaboration as an issue of balance between health and other sectors is raised for COVID-19 control and recovery.
- Significant investment in the health emergency response preparedness is a key for health crises.
- Platform to building capacity for active involvement and trust building is a must.
- Strengthening health system, such as Universal Health Coverage (UHC) and Social Safety Net is a way forward.

## TAKE HOME MESSAGES

*“Multi sectoral collaboration has been beneficial and led to sustainable development. Collaborations between GO, NGOs, and other stakeholders are proven to be effective in (coping with) the crisis situation.*

*Multi-sectoral collaboration is a way to increase access to resource, share responsibility, and strengthen ownerships of activities by stakeholders.*

*Engagement of multiple stakeholders gives new knowledge and expertise, and shares new resources, which will lead to better outcomes and a harmonious and peaceful society”*

Professor Dr. Md. Golam Rabbani

*“We are listening to the echo from communities.....”*

*“Without consultations from the committee, listening to the suggestions and commands from ministries, listening to voices from the grassroots, and listening to the implementing partners, the multi-sectoral collaboration will not be sustainable in the long run.”*

Dr. Kyaw Khaing

*“1. COVID-19 crisis management proved that multi-sectoral collaboration really existed.*

*2. Governmental policy is effective in bringing different sectors together for creating synergy and public participation.*

*3. It is important to have platforms for supporting and learning about multi-sectoral collaboration to advance the collaboration and prepare for other crises in the future.”*

Dr. Weerasak Putthasri

## APPENDIX 1 WEBINAR PROGRAMME


Webinar	
16.00: Speakers standby	
16.30-18:30	
<b>Welcome</b> [10 mins]	<b>Moderator: Ms. Nanoot Mathurapote</b> Head, Global Collaboration Unit, National Health Commission Office, Thailand <ul style="list-style-type: none"> <li>• Welcome audience to the side meeting</li> <li>• Introduce the background and objectives of the side meeting</li> </ul>
<b>Speaker's Presentation</b> [30 mins]	Case study from 3 countries presenting what you have done. <ul style="list-style-type: none"> <li>• Professor Dr. Md. Golam Rabbani, Chairperson, Neuro-Developmental Disability, Protection Trustee Board, Ministry of Social Welfare, Bangladesh</li> <li>• Dr. Kyaw Khaing Deputy Director General of Minister Office Ministry of Health and Sports, Myanmar</li> <li>• Dr. Weerasak Putthasri, Deputy Secretary-General of National Health Commission Thailand</li> </ul>
<b>Opened Discussion</b> [70 mins]	[40 mins] <b>Potential questions from a moderator to all 3 speakers</b> <i>Guided questions:</i> <ul style="list-style-type: none"> <li>• <i>Question 1</i> What make you as a government work effectively with various stakeholders during the time of the pandemic?</li> <li>• <i>Question 2</i> How to make multi-sectoral collaboration sustainable?</li> <li>• <i>Question 3</i> What challenges have you found that need to improve in regards of multi-sectoral collaboration?</li> <li>• <i>Question 4</i> Do you have any lessons learnt from this pandemic that you would like to share with others?</li> </ul> [30 mins] <b>Questions from audiences.</b>
<b>Closing Remarks</b> [10 mins]	<b>Take-home message</b> from all speakers




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## APPENDIX 2 POWER POINT PRESENTATION

- **Professor Dr. Md. Golam Rabbani,**  
Chairperson, Neuro-Developmental Disability, Protection Trustee Board,  
Ministry of Social Welfare, Bangladesh



**Professor Dr. Md. Golam Rabbani**  
Chairperson  
Neuro-Developmental Disability Protection Trust  
Bangladesh



Webinar  
on  
**The Role Of  
Government in Multi-  
Sectoral Collaboration  
in Response to  
COVID-19**

About NDD Protection Trust

Neuro-Developmental Disability Protection Trust has been working to create an enabling environment for people with neuro-developmental disability (NDD). The vision of the trust is to make the persons with NDD capable to survive as a part of the society. The trust aims to provide persons with NDD with physical, mental, and financial support. They are also paving way for them to acquire appropriate knowledge and skills for their empower.

To achieve this vision, the trust has taken various initiatives such as- providing medical grant, skills-training to the caregiver of persons with NDD, early identification of persons with NDD, arranging rehabilitation services; organizing awareness programs etc.

The trust also has formed District Committee in every district to implement the its various interventions for the betterment of persons with NDD.

**Objectives**

- To motivate learning and sharing experiences or innovations of each sector in response to Covid-19.
- To raise awareness on multi-sectoral collaboration within a country and between countries in order to handle future crises.
- To seek answers on how to maintain multi-sectoral collaboration in post COVID-19 and future crisis.

Activities for Multi-Sectoral Collaboration to Reduce Inequalities

NDD Trust has provided emergency support (food and medical grant) to the 3511 families persons with NDD.

Under NDD Trust's close supervision a **guideline** has been developed for the appropriate management of raising awareness among persons with NDD during the lockdown.

**Lobbied with the MP and relevant ministries** to increase budget-allocation to combat the pandemic focusing on education, health, social safety-net, food security, online therapy, and psychological support according to both the IASC guideline and the advice of the DG, WHO.

A study on '**The Impact of COVID-19 on the Mental Health of Persons with Disabilities**' has been led by the Chairman of NDD Trust.

NDD trust has facilitated a webinar with **15 different ministries of the Government** and other relevant stakeholders on the response to COVID-19 for protecting persons with NDD.

A TV talk show has been broadcasted regarding the **allocation of budget for the persons with NDD.**

**Salary support** to the non-Government and private-owned school-teachers and its staff.

**Outcome**

To generate a **webinar-report** on the role of Government in multi-sectoral collaboration in response to COVID-19 in Bangladesh.







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## Key Initiatives Taken by the Government During COVID-19 in Bangladesh

Awareness messages on COVID-19 have been disseminated through different media (online and print).

Different schemes such as ration card, financial support (BDT 2500) have been introduced to help the marginalized groups in the country.

The Government took initiative to produce significant numbers of PPE for the frontline health-workers.

The Prime minister of Bangladesh announced billion dollar incentive-package.

Government and different non-government institutions installed disinfectant tunnel in crowded places.

Safety hygiene materials have been distributed among lower-income people.

Medical facilities have been increased for the underprivileged people.

The Government took special measures to address the needs of other marginalized groups.



## Lessons Learned



Multi-sectoral collaboration is mandatory for sustainable development.

The engagement and collaboration of GO, NGO, Ministries, and other relevant stakeholders are proven to be effective in crisis situations such as COVID-19.

Multi-sectoral collaboration has benefits such as increasing access to resources, sharing responsibilities and strengthening ownership of activities by stakeholders.

The engagement of multiple sectors creates new knowledge, expertise, and resources which is benefiting for producing better outcomes during crisis situations.

## Interventions through the Lens



Any  
Question?



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**Thank You  
for Staying  
with Us**





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## Dr. Kyaw Khaing

Deputy Director General of Minister Office,  
Ministry of Health and Sports, Myanmar

### The Role of Government in Multi-sectoral Collaboration in Response to COVID-19

Dr. Kyaw Khaing  
Deputy Director-General (International Relations)  
Ministry of Health and Sports  
Republic of the Union of Myanmar  
28 September 2020

#### Overview

- Myanmar and Covid-19 situation at a glance
- Covid-19 Response by the government of Myanmar
- Multi-sectoral Collaboration
- Lessons learnt


#### Points of Entry in Myanmar (Ground crossings)

Myanmar and Covid-19 situation at a glance

Covid-19 Response by the government of Myanmar

Multi-sectoral Collaboration

Lessons learnt



**Fast Facts**

- Total population: 56 millions
- Bordering with India, China, Bangladesh, Laos and Thailand
- Area: 676,578 sq km (slightly smaller than Texas)
- Capital: Naypyidaw
- Ethnic Groups: Burman 68%, Shan 9%, Karen 7%, Rakhine 4%, Chinese 3%, Indian 2%, Mon 2%, other 5%
- Religions: Buddhist 87.9%, Christian 6.2%, Muslim 4.3%, Animist 0.8%, Hindu 0.5%, Other 0.2%, None 0.1% (2014 est.)

#### Covid-19 Situation in Myanmar

As of 28<sup>th</sup> September 2020

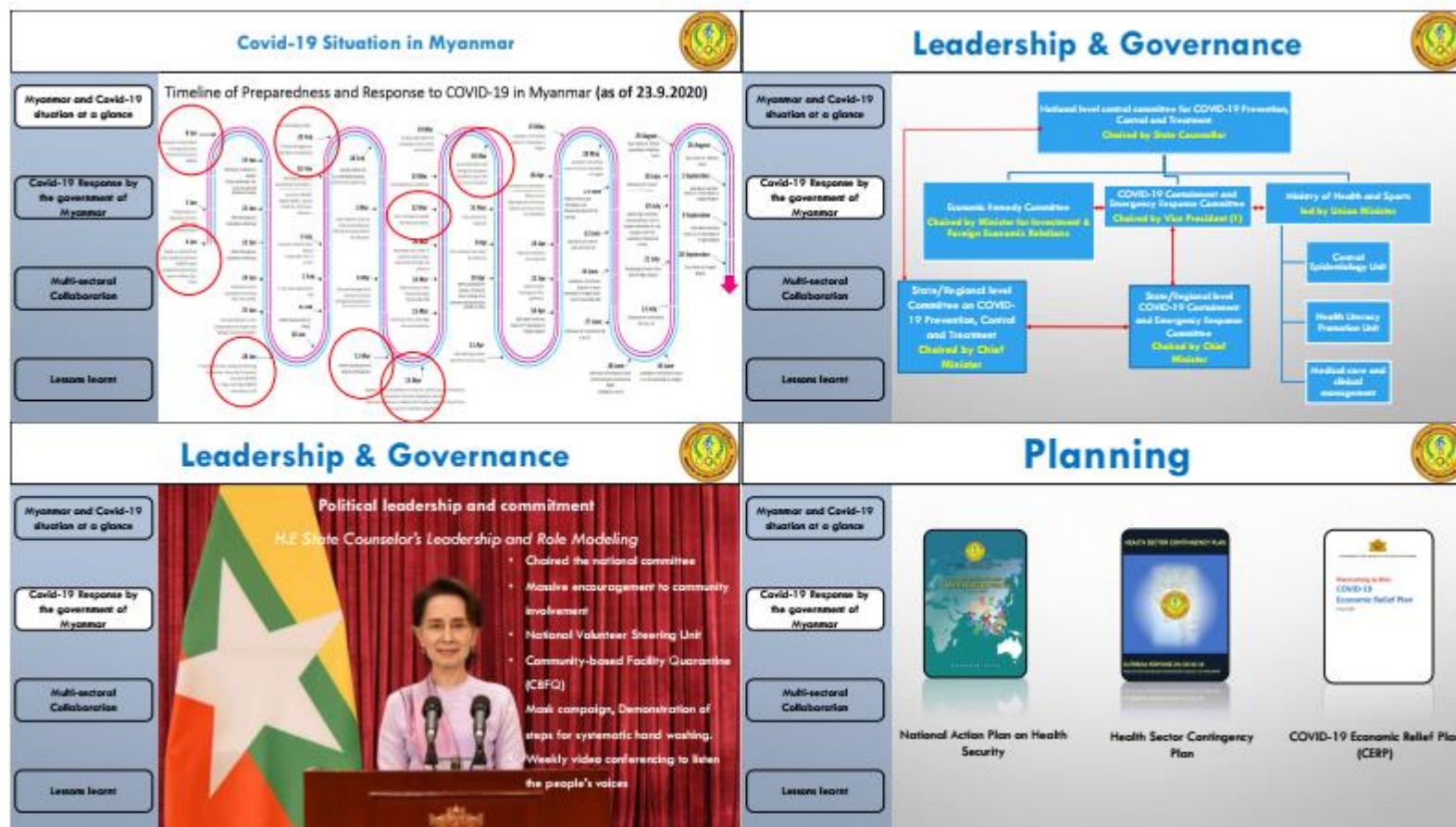
Myanmar

Lab: confirm case 10,734

Death: 226

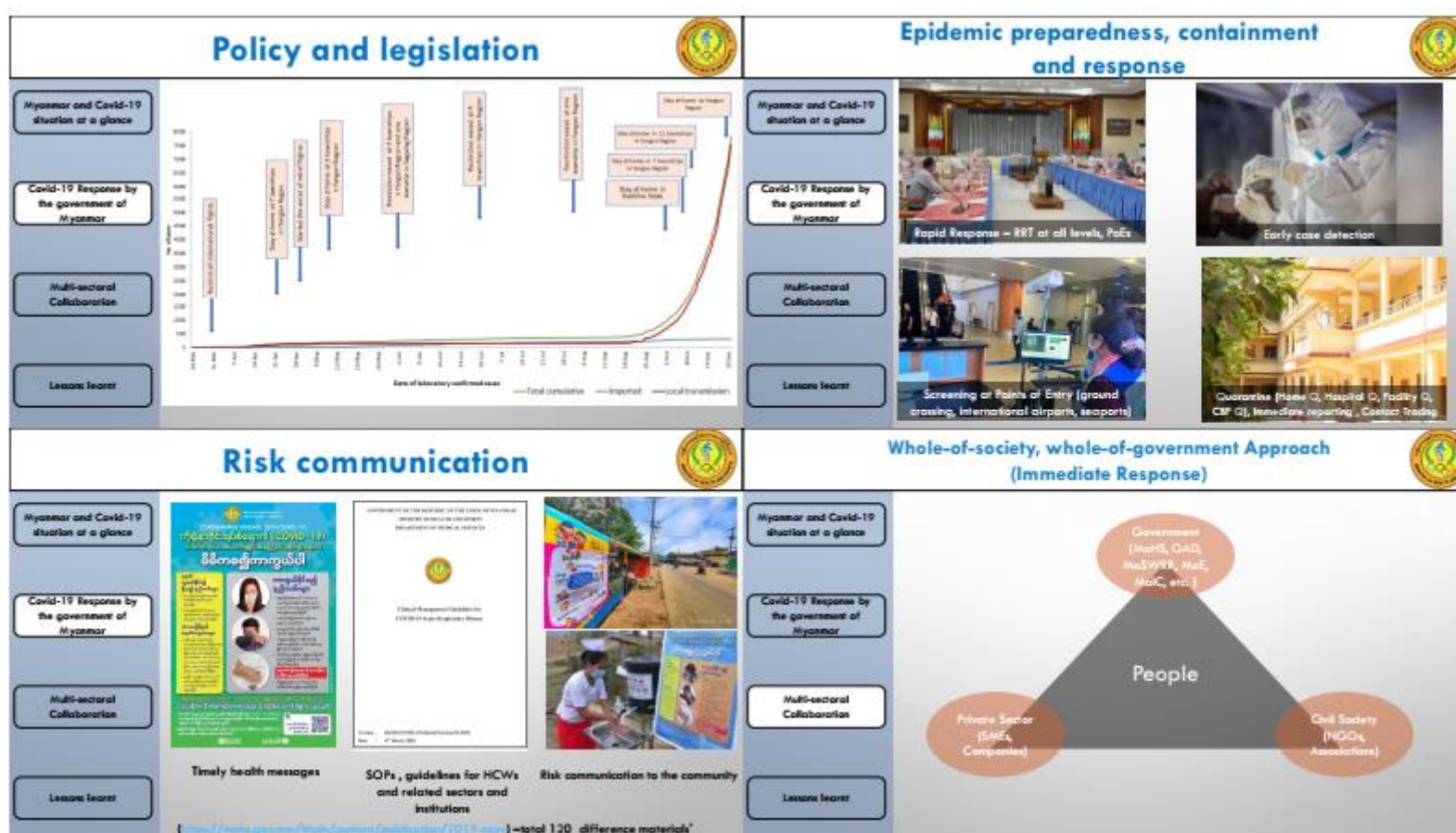
Recovered: 2,862



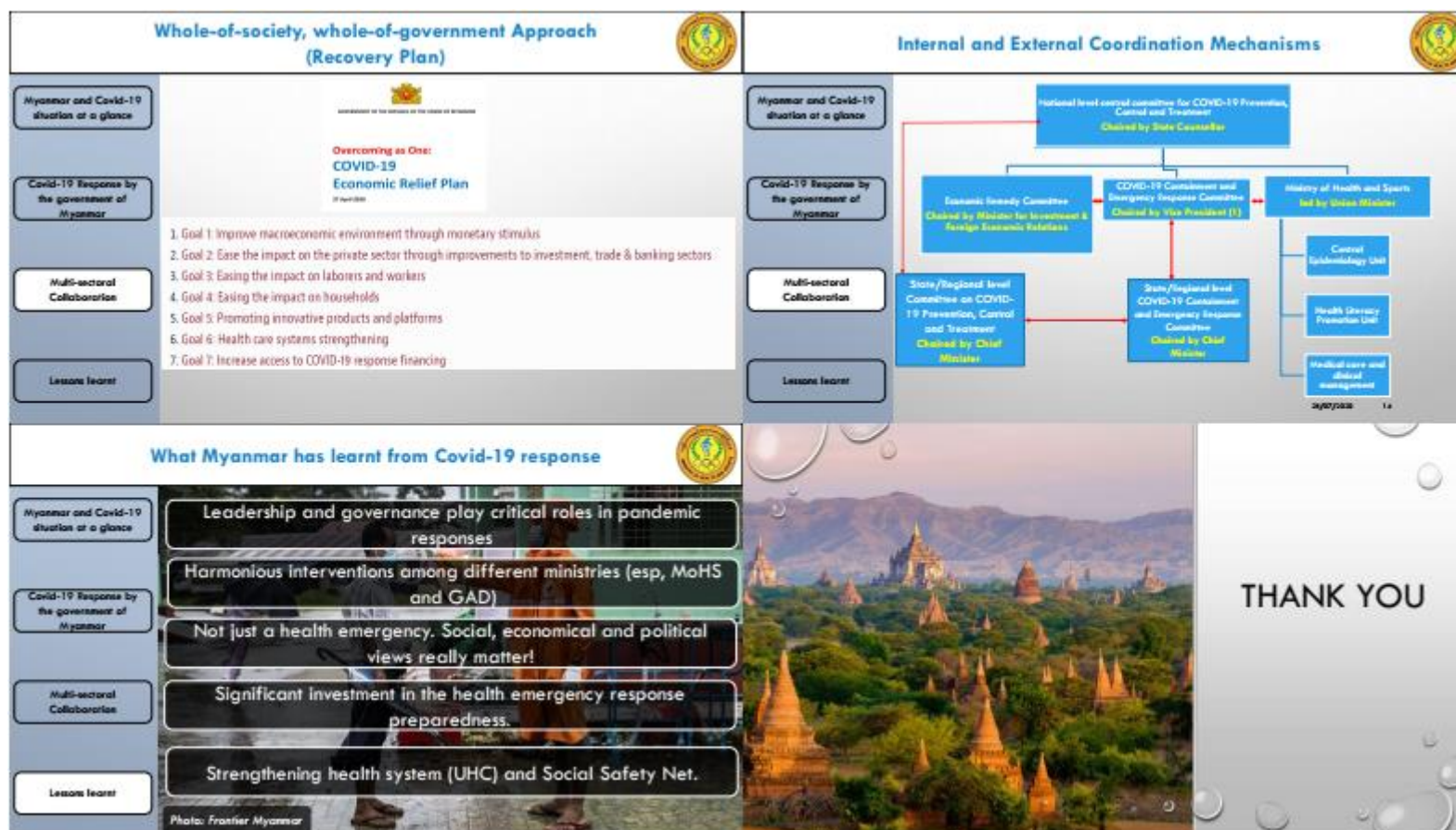




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- **Dr. Weerasak Putthasri,**  
Deputy Secretary-General of National Health Commission Thailand

## COVID-19 in Thailand

### Role of Government Sector and Multisectoral Collaboration

Weerasak Putthasri DDS., DSc.  
Deputy Secretary-General  
National Health Commission Office (NHCO), Thailand

28 September 2020



HPW Participatory Public Policy Process based on Wisdom  
National Health Commission Office

3

#### Thailand Ranks Second in the World AND FIRST IN ASIA FOR COVID-19 RECOVERY



Thailand ranked highest in a global survey for its effective handling of Covid-19 and recovery from the crisis. The Global Covid-19 Index (GCI), published July 28, gave Thailand an index score of 82.06, putting it on top of the global chart as an example of best practices in tackling the dreaded virus.



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National Health Commission Office

2

## Governance and Multisectoral Actions

Thailand has responded to COVID-19 under the National Strategic Plan for Emerging Infectious Disease (2017-2021) (NSP-EID), endorsed by the Cabinet on December 2016

Aiming to formulate and develop a proper national policy and strategies for preparedness, prevention and control of emerging infectious diseases in Thailand. It serves as the backbone guidance in tackling this new infectious disease.

In the NSP EID, the six inter-linked synergistic strategies:

- 1) Public Health Emergency Preparedness
- 2) EIDs Surveillance, Prevention and Control with One Health policy
- 3) Enhance public information, risk communication and education on EIDs
- 4) International, Regional and Global Collaboration
- 5) Multi-sectoral, private sectors, provincial and community participations
- 6) Research, Development and Knowledge Management



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National Health Commission Office

3

## Integrated Working among Government Agencies

Communicable Disease Act 2015

- the provincial governor is the chair of provincial communicable disease control committee; with multi-sectoral membership whereas the Provincial Chief Medical Officer is the technical secretariat.
- The governors had convened daily meeting of the committee since the first case confirmed in Thailand; though there were still no case in their provinces.
- The Emergency Operating Centre (EOC) at MOH, which report and recommend policies and regulation to the Centre for Covid-19 Situation Administration (CCSA) chaired by Prime Minister for further actions.



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4



## Health communication

14 January 2020, official advice for the self-protection methods

- (1) regular washing hands with soap/ use of alcohol gels
- (2) wearing medical masks
- (3) do not touch your eyes, face and mouth
- (4) avoid contact with respiratory disease patients
- (5) do not share personal belongings with others and
- (6) eat hot and fully cooked food

*"Eat hot food, use a serving spoon and always wash your hands".*



4PW Participatory Public Policy Process based on Wisdom  
National Health Commission Office

5

## Wearing Masks

In February, Ministry of Commerce has included Surgical mask and the synthetic polypropylene, N95 mask and Alcohol hand rub in Controlled product category, so that retail price, distribution, exportation and stockpiling could be legally controlled.

Ministry of Public Health has authority for central procurement of essential resources and then distribution to all public and private health facilities

The private sector, local production of surgical mask has been scaled up from 1.5 to 4.5 million pieces per day, solving all the shortage problems.



4PW Participatory Public Policy Process based on Wisdom  
National Health Commission Office

6

## Wearing Masks

early of March, fabric mask was recommended as an alternative for general population use. Several recommendations about fabric masks are available such as how-to-do-it-yourself, how to wash and clean and reuse of fabric masks, etc.

Thai people also donated substantial amounts of PPE, surgical or hygiene mask, and alcohol-based hand rub. These were distributed nationwide to public healthcare facilities.



4PW Participatory Public Policy Process based on Wisdom  
National Health Commission Office

7

## Communicating information

10 January 2020, the Situation Awareness Team (SAT) of the MOPH reporting the situation of Coronavirus infectious disease daily

Daily information on confirmed cases, deaths, on treatment, from all provinces and synthesized into daily national reporting

SAT were also convened by Provincial Health Office which is the technical secretariat to the provincial governor. They spoke the same number and minimized conflicting messages to the population.

On 4 March 2020, the Thai government established COVID-19 information center to integrate information and effort from all dimensions; information, public health, economy, and society in order to address and alleviate public concerns in a timely manner.



4PW Participatory Public Policy Process based on Wisdom  
National Health Commission Office

8





## Communicating information

Main responsibilities of the COVID-19 information center are

- 1) to compile all information from relevant sectors;
- 2) to gather the concerns from people or private sectors and collaborate with related agencies to address the concerns;
- 3) to inform people and also private sectors to be aligned with public health and social measures.

Village health volunteers and local public health practitioners in each province (including Emergency Operation Centre, Situation Awareness Team (SAT) play a crucial role for communicating COVID-19 situations and public health measures to the people.



9

## Physical Distancing

(e.g. self-isolation, "stay at home" campaigns)

The public communication about physical distancing has been translated into a common phrase and bill board campaign nation-wide as 'social distancing' in various forms such as official national spokesperson, infographic, and celebrities, etc. Significantly, a nation-wide campaign on "Stay home, Stop the Disease, for the Nation" was officially promoted and it was excellently undertaken by Thai people

17<sup>th</sup> March 2020, campaign of "Stay at home, Stop the Disease, for the Nation" was officially announced, as a government recommended measure to control the spread of COVID-19 through local transmissions.

People were encouraged to stay at home, work from home, keep physical distancing of 1-2 meters, wear cloth or surgical masks, frequently wash hands, avoid touching face, eyes, and nose, and consume hot food and use own utensils. This national campaign was well received by the citizens.



10

## Physical Distancing

(e.g. self-isolation, "stay at home" campaigns)

Restrictions on non-essential businesses (e.g. working from home, closure of premises, restrictions of working hours, etc).

Private sector, work from home policy was adopted and for the government sector, shifting of the work hour was utilised and only 30% of the essential staff was allowed to go to work daily in office; the remaining are working from home. Those who were at home will report their progress and join the meeting, if any, via online platform.

Restrictions on mass gatherings and public places (e.g. maximum number of people for events, restrictions on religious gatherings, sport events, social gatherings, public transportation and restaurants, etc).



11

## Power of .... Active Citizen Active Community Active Society



12



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Actions not only health  
Foods  
Economics  
Quality of Life



HPW Participatory Public Policy Process based on Wivijorn  
National Health Commission Office

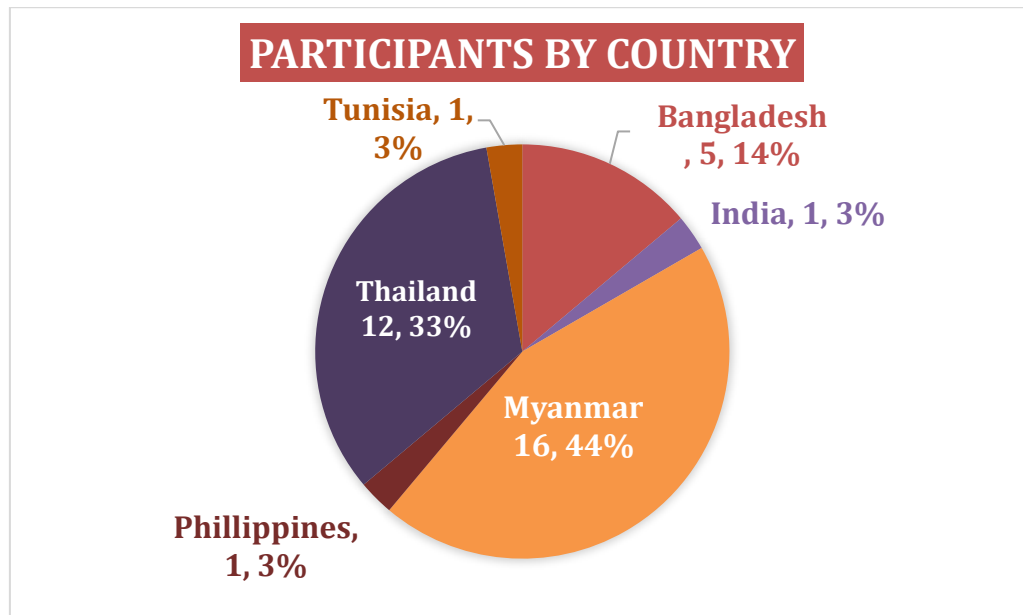
13



## APPENDIX 3 LIST OF WEBINAR PARTICIPANTS

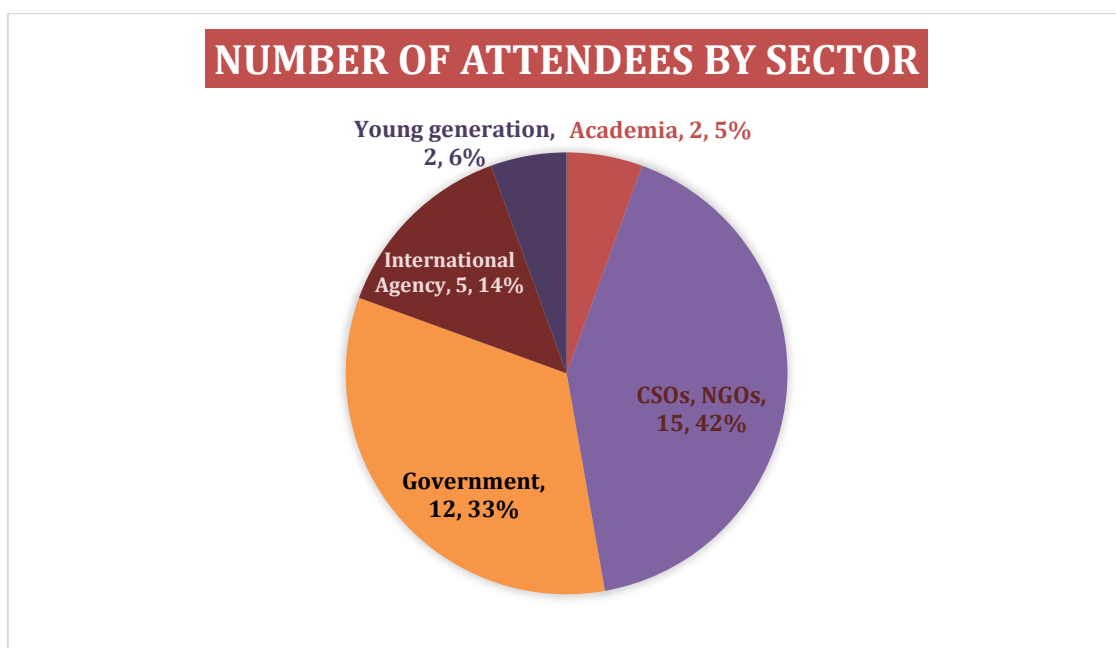
The total number of 36 webinar participants from 6 countries is presented by country.

**Figure 1 Participants by country**



The total number of 36 webinar participants is presented by groups of stakeholders.

**Figure 2 Participants by stakeholder**



**Table 1 The list of webinar participants**

No	First Name	Last Name	Organization	Position	Country
1	Archana	Biswas	Joyoti Society	Director	Bangladesh
2	Aye Aye	Nyein	USCDC	Public Health Specialist	Myanmar
3	Aye Myat	Soe	WHO Myanmar	National Professional Officer	Myanmar
4	Golam	Rabbani	Neuro-Developmental Disability Protection Trust (NDD Trust)	Chairperson of Neuro-Developmental Disability Protection Trust (NDD Trust)	Bangladesh
5	Hela	Ben Mesmia	Ministry of Health of Tunisia	Head of the societal dialogue for health management unit	Tunisia
6	Jahangir	Alam	Centre For Disability in Development (CDD)	Thematic Expert	Bangladesh
7	Kanang	Kantamatu-rapoj	Mahidol University	Lecturer	Thailand
8	Khanitta	Saeiew	National Health Commission Office (NHCO) Thailand	Senior Technical Officer	Thailand
9	Khin Thu	Htet	National Health Plan Implementation Monitoring Unit, Ministry of Health and Sports (MoHS)	Assistant Director	Myanmar
10	Kyaw	Khaing	Ministry of Health and Sports (MoHS)	Director General of the minister's office in MoHS, Myanmar.	Myanmar
11	Liviu	Vedrasco	WHO Thailand	PO	Thailand
12	Louis Daniel	Gonzales	AMSA-philippines	Student	Philippines
13	Maung	Htike	WHO SEARO	Technical Officer	India
14	Milin	Sakornsin	ThaiHealth Promotion foundation	Senior IRO	Thailand
15	Mohammad Akramul	Haque	DASCOH Foundation	Chief Executive Officer	Bangladesh

No	First Name	Last Name	Organization	Position	Country
16	Mya	Maw	The Foreign, Commonwealth and Development Office (FCDO)	Health Adviser	Myanmar
17	Mya Myitzu	Kyaw	Community Partners International (CPI)	Program Manager	Myanmar
18	Nanoot	Mathurapote	National Health Commission Office (NHCO) Thailand	Head of Global Collaboration Unit	Thailand
19	Natapol	Thongplew	Ubon Ratchathani University	Lecturer	Thailand
20	Natchavich	Tiemprasert	faculty of medicine siriraj hospital	medical student	Thailand
21	Nay Nyi Nyi	Lwin	Community Partners International (CPI)	Program Director	Myanmar
22	Nay Zar	Win	Community Partners International (CPI)	Program Manager	Myanmar
23	Nu Nu	Aye	Community Partners International	Head of Programs	Myanmar
24	Nwe zin	Win	Pyi gyi Khin	Executive diector	Myanmar
25	Oranit	Orachai	National Health Commission Office (NHCO) Thailand	Admin	Thailand
26	Paritta	Wangkiat	Freelance	Freelance writer	Thailand
27	Sabai	Tun	Community Partners International (CPI)	Technical Specialist	Myanmar
28	Si	Thura	Community Partners International (CPI)	ED	Myanmar
29	Su Su	Zin	United Nations Office for Project Services (UNOPS)	Program Manager-Health System Strengthening	Myanmar
30	suvajee	good	WHO-SEARO	Regional Advisor	Thailand
31	Taslima	Akter	Centre For Disability in Development (CDD)	Coordinator	Bangladesh
32	Thein	Win	First Baptist Church of San Antonio (FBCSA)	Chair	South Africa

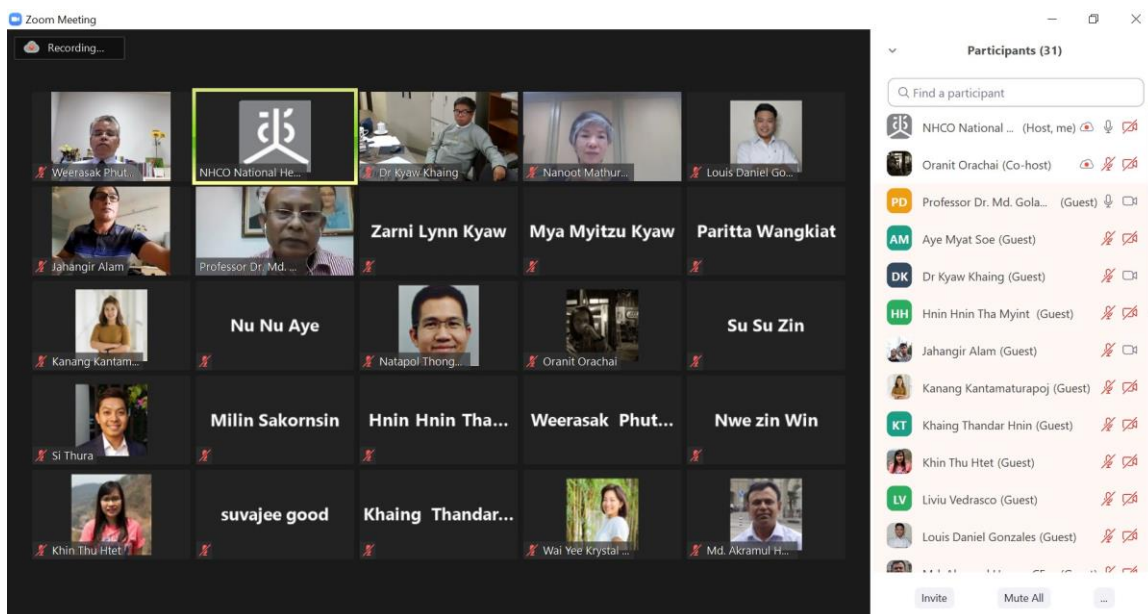
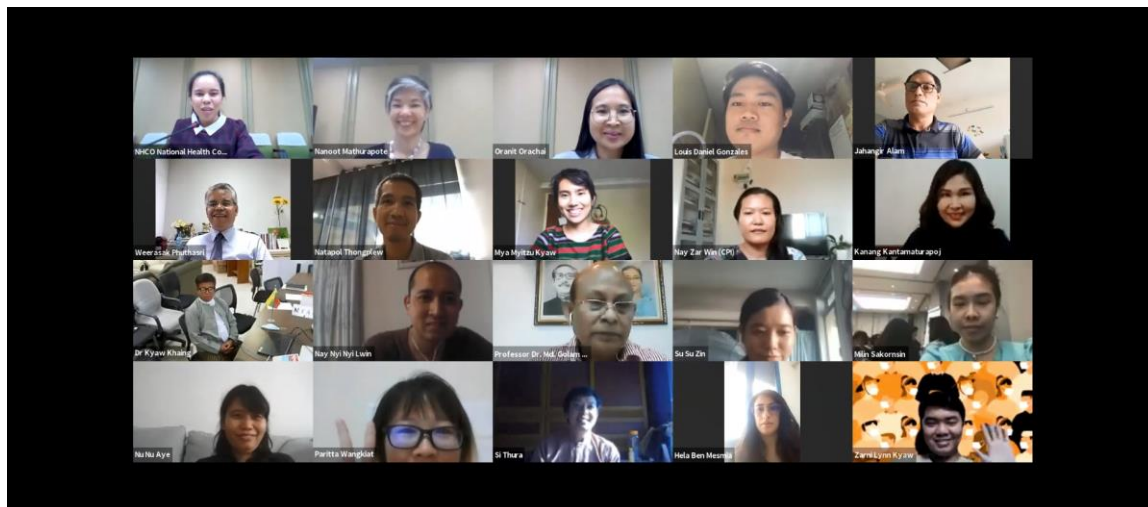


No	First Name	Last Name	Organization	Position	Country
33	Wai Yee Krystal	Khine	Community Partners International (CPI)		Singapore
34	Watinee	Kunpeuk	International health policy program, Thailand (IHPP)	Research assistant	Thailand
35	Weerasak	Phuthasri	National Health Commission Office (NHCO) Thailand	Deputy secretary- general of National Health Commission (NHCO Thailand)	Thailand
36	Zaw Toe	Myint	Community Partners International (CPI)	HSS Director	Myanmar

## APPENDIX 4 LIST OF QUESTIONS AND SUGGESTIONS FROM PARTICIPANTS

1. *How quality ensure/control of Face Masks by the government?*
2. *What is the perception of general people on information/data related to COVID-19 in Thailand?*
3. *Is there any legal basis regarding the multi-sectoral collaboration in Thailand?*  
From Md. Akramul Haque, CEO, DASCOH, Bangladesh
4. *Really impressed with active community involvement in Thailand. My question is how multi-level collaboration could sustain active community involvement?*
5. *Is there any mechanism from the government?*  
From Mya Myitzu Kyaw, CPI, Myanmar
6. *How is the Thailand government preparing for re-opening of the country in multi-sectoral approach?*  
From Dr.Si Thura, CPI, Myanmar
7. *As we all know Myanmar caseload is increasing. How Thailand effectively control as Thai and Myanmar sharing border is very long.*  
From Thein Win
8. *Does the bureaucratic system of the government become an obstacle to apply multi sectoral approach?*  
From Milin Sakornsin, ThaiHealth Promotion foundation
9. *If there is no relevant law to control outbreaks, what would be your best suggestions to have multisectoral action from your country context?*
10. *How do you handle conflict of interest when you work with many sectors?*
11. *Issue of trust and existing sense of communities or social solidarities are important to practical operation of MSA. Perhaps community engagement process needs to be supported and given importance as much as national multisectoral coordination.*  
From Dr.Suvajee Good, WHO SEARO

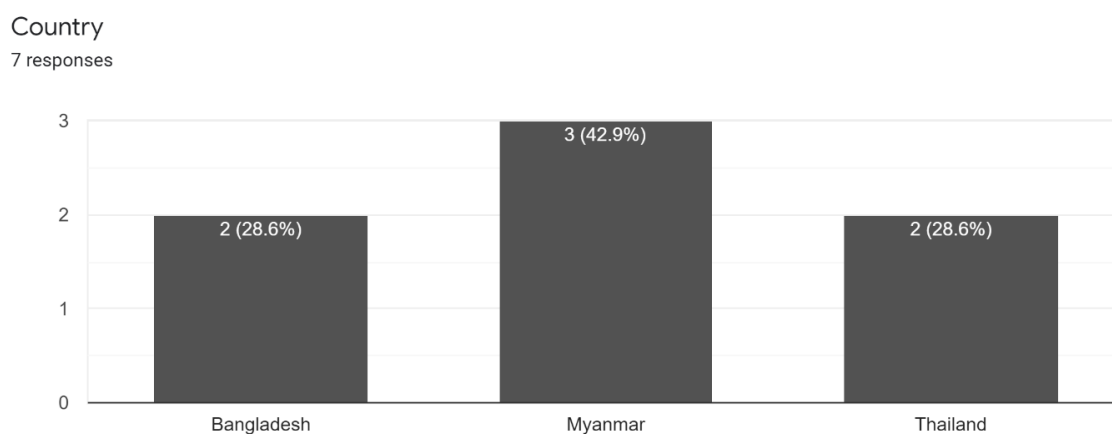
## APPENDIX 5 GROUP PHOTO



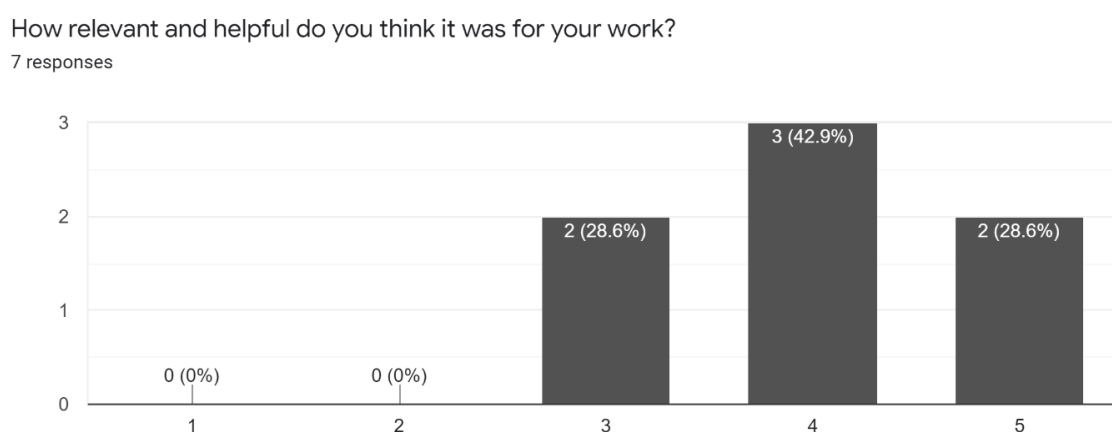
## APPENDIX 6 RESULT OF WEBINAR EVALUATION

After the webinar, the National Health Commission Office, Thailand sent the evaluation form to the participants. The feedback from 7 participants were obtained. The result of evaluations are shown as follows;

**Figure 3 Country of the respondents**

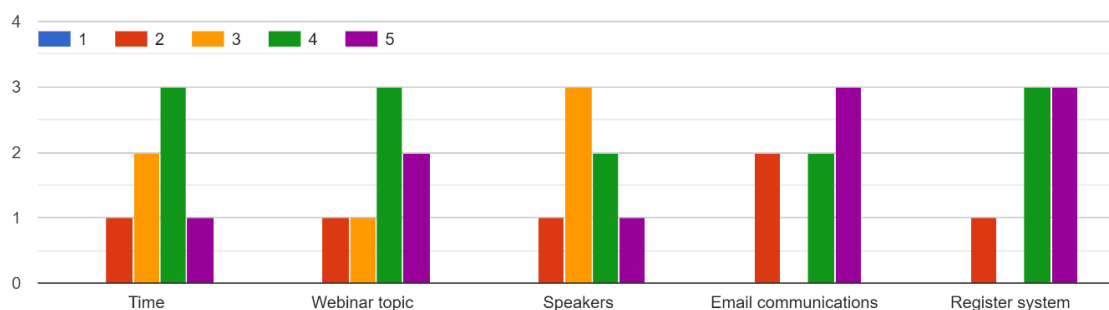


**Figure 4 Relevance and helpfulness of webinar to your work**



**Figure 5 Satisfaction to the webinar**

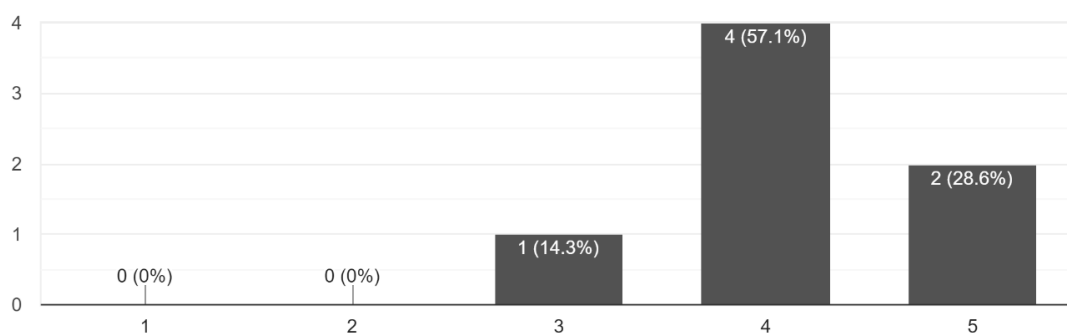
How satisfied were you with the logistics?



**Figure 6 Satisfaction to sessions' contents**

How satisfied were you with the session content?

7 responses





## Overall feedback for the event

### Takeaway messages from the participants

1. Strengthening Multi-sectoral Collaboration is possible within existing laws, policies and systems. Multi-sectoral Collaboration share responsibilities and develop ownership to achieve better outcome, create peaceful society in all time especially in crisis like COVID-19 pandemic. Multi-sectoral Collaboration is a platform for supporting and establishing regulatory systems not for controlling
2. Multi sectoral collaboration and cooperation is the key in pandemic response. The role of civil society organization is more prominent.
3. The implementation of COVID-19 response must be flexible.
4. Multi-sectoral GO, NGO , Civil Society, Community, Pw NND, DPOs non partisan political, professional but not overzealous, non-stringent bureaucratic collaborations and participation in response to COVID-19 and future crises management is the secret and Key message to take away at home.
5. Multi-sectoral collaboration is important. Multi country collaboration is also important though. I realized that success on COVID-19 cannot be measured by reduction of incidence alone, the critical point is before the vaccination how people live in new normal life. On the ground, it is difficult to stick with it. Besides, the efficacy of vaccine is also questionable.
6. Multi stakeholder collaboration is important for COVID-19 response.
7. Multi-sectoral collaboration

### Overall feedback for the webinar?

1. Host may mute all except speaker
2. Excellent
3. Indian and Chinese speakers should be invited. I wanted to know their points of view on COVID-19 and cross-border migration of COVID-19.
4. Good

### Participants' suggestions for the webinar?

1. We want to hear/listen the voice of the community people also
2. Speakers must be well conversant and well -versed about the topic well done.
3. I did not receive agenda, first I thought it was about only Thailand. It was surprised that Myanmar was one of the speakers