

Workshop on the implementation of TB-HIV initiative in Myanmar



Discussion at the Workshop on the Implementation of TB-HIV Initiative in Mandalay

The 1st Ministry of Health-WHO joint Workshop on the Implementation of the TB-HIV Initiative in Myanmar held on 4-5 August 2006 in Mandalay, was presided by the WHO Representative to Myanmar, Professor Adik Wibowo, and Dr Kyaw Nyunt Sein, Deputy Director General (Disease Control), Department of Health, and gathered 35 participants from the National TB and HIV/AIDS Programme, the country's leading specialist clinicians and laboratory service, WHO country office staff from TB and HIV Units and the Regional TB Advisor Dr Nani Nair.

The workshop aimed at developing the framework of the TB-HIV Initiative in Myanmar and identifying the first concrete steps towards implementing those TB-HIV activities that need to be undertaken

according to the TB-HIV Regional Strategic Plan and towards reaching the Millennium Development Goals.

The TB-HIV Regional Initiative has been presented and experiences from the three TB-HIV pilot sites in Myanmar discussed. During 2005, 27% and 15% of the TB patients undertaking Voluntary Confidential Counseling and Testing, resulted HIV positive respectively in Taunggyi and Myitkyina. In

Mandalay, from January 2005 to May 2006, 32% of the TB patients and the 65% of the related relatives tested for HIV infection were positive. Among them, 190 started the Anti-Retroviral Treatment (ART). In Taunggyi, Antri Retroviral Therapy will be soon provided by National AIDS Programme and in Myitkyina is at present supplied and distributed by an international NGO (AZG). Respectively in Taunggyi, Mitchina and Mandalay, among TB-HIV co-infected patients, 50% were extra pulmonary tuberculosis and 53%, 46% pulmonary tuberculosis sputum negative. Furthermore, WHO presented the recommendations from the supportive supervisory visits to the TB-HIV pilot sites, emphasizing about the need for strengthening the township collaborative network between health facilities, NGOs and People Living With HIV/AIDS (PLWHA) groups and developing wide-ranging guidelines.

Working groups' activities have also been organized and the working groups discussed about the establishment of TB-HIV collaborative mechanism at all levels, identifying respective roles and responsibilities, the TB-HIV case management and the Recording & Reporting, Monitoring & Evaluation system. The poll of experts attending the workshop identified also the development of a national policy and comprehensive guidelines as priorities in the agenda of the joint activities. The preparation of a broad-range Human Resource Development (HRD) Plan has been given due attention as well. It will comprehensively cover adequate staffing and skills development for joint TB-HIV interventions at operational level. All these activities mentioned above will be implemented under the technical guidance of a working group, which will be established as proposed by the participants. As a final outcome of the workshop, a set of recommendations has been prepared and will be submitted to the Ministry of Health of Myanmar for endorsement.

The workshop signed a crucial step in the implementation of future joint TB-HIV activities and the Ministry of Health of Myanmar already expressed its strategic vision and commitment regarding this challenging initiative. The WHO country office acknowledges and strongly supports the constant and determined efforts of the MOH and two national control programmes in the fight against TB and HIV co-infection. ■

Avian and Human Influenza Pandemic Preparedness and Response in Myanmar

National Planning, Pandemic Preparedness and Response

Myanmar has prepared for the possible outbreak of avian and human pandemic influenza since early 2005. With WHO's support, the multi-sectoral National Strategic Plan on Prevention and Control of Avian and Human Influenza Pandemic Preparedness and Response for 2006-2008 was finalized in January 2006 and the operational workplan with detailed activities developed in June 2006.

The Government of Myanmar has been open and transparent in responding to the recent H5N1 outbreaks in poultry in central Myanmar early this year. For the time being, measures taken have been apparently successful in controlling the spread in Myanmar. The assistance and support of various international agencies, FAO and WHO in particular, has also played a significant role, particularly in terms of technical assistance and provision of supplies and equipment. There have been no new outbreaks in poultry reported since 6 April 2006 and the Government has declared 'an AI disease-free country' in September 2006. There have been no confirmed human cases reported.

Current Preparedness and Response Activities

However, given the outbreaks in poultry and the associated human cases in the several countries in the region, there remains a serious threat to human health. There is therefore, an urgent need to maintain vigilance and ongoing monitoring of the situation in Myanmar as well strengthening the national capacity in pandemic preparedness and response. In the present phase, urgent priority areas of interventions in Myanmar concentrate on preventing human infections, monitoring and improving the surveillance and early warning system in both human and animals. The WHO support is given to strengthen surveillance and the detection and diagnostic capacity. At present, the country has capacity to identify virus subtypes including H5N1 in human.

Rapid outbreak investigation and response is pro-vital to prevent, avert or delay a pandemic. The efforts in the next few months in Myanmar will concentrate on capacity building, international and in-country training for health personnel, establishment and training of Rapid Response Teams (RRT) which could be mobilized to the outbreak areas within 72 hours. The goal is to establish one RRT in

each state/divisional level as well as 2 teams in each district by December 2007. Health system and facilities will have to be urgently strengthened for case management and rapid response to reduce mortality and morbidity should the pandemic occurs. Hospitals will need to prepare pandemic response plans which address surge capacity, staff and patient flows, and staffing continuity. Stockpiles of basic supplies, equipment, and drugs including antiviral will need to be established. Public awareness and risk communications will also play a major role in preventing the outbreaks.

The WHO Country Office in Myanmar has actively provided support to the Government of Myanmar and other partners including the international community. The leadership and high performance of WHO Country Office has been widely acknowledged by the government counterparts, UN agencies, other national and international organizations and the international communities including donors. The WHO Country Office has been designated as an overall coordinating agency, coordinating international response to avian and human influenza within the UN system and the international community. Good and close working relationship with other partners, FAO in particular has been established. ■

Essential Newborn Care training course at Central Women's Hospital, Yangon

20-24 June 2006

The Essential Newborn Care (ENC) Training Program began its activities in January 2006 with funds provided by the Italian Government. The aim of the ENC Training Program is mainly to increase knowledge of principles and best practice of Essential Newborn Care and to develop the corresponding skills and attitudes among midwives. Re-accreditation of midwives is essential in order to ensure that they are able to maintain their midwifery skills.

It focuses on essential newborn care practices, which, combined with the identification and appropriate management of

newborn complications, are necessary to ensure optimal neonatal health outcomes:

- Newborn care ensuring warmth and cleanliness (cord, skin and eye care)
- Immediate initiation of exclusive breast-feeding
- Neonatal resuscitation
- Early detection and treatment of complications of the newborn
- Special care for premature and low birth weight neonates.

WHO proposed an ENC Training of Master Trainers Workshop in Yangon for six countries of South East Asia Region (India, Sri Lanka, Myanmar, Indonesia, Maldives and Thailand). The sixteen participants were pediatricians, neonatologists and high-level trainers from institutions in the public health sector who will expand the training



Prof Mya Oo, Deputy Minister for health, Ministry of Health, giving speech at the opening ceremony of Essential Newborn Care training programme.

of health care providers on Essential Newborn Care in their own countries. The workshop, a premiere for the WHO worldwide, took place from June 20th to 24th at Central Women's Hospital in Yangon and was held by WHO experts.

From June 26th to 30th, a second ENC workshop followed. Three Myanmar Master Trainers were in charge to train eighteen Myanmar trainers, nine from the selected townships of the Program and nine from other state and division training teams in charge of expand the ENC courses nationwide. ■



Group photo at the Essential Newborn Care training course programme opening ceremony.

Comprehensive and Continuum of Care workshop for People Living with HIV, National workshop

28-29 August, Grand Plaza Hotel, Yangon.

The National AIDS Programme with the support of WHO and UNICEF, organized a national workshop on the Comprehensive and Continuum of Care for People Living with HIV (PLHA) inviting a broad range of partners from the Government health services, AIDS/STD teams, national and international NGOs, Community Based Organisations, PLHA representatives and other development partners during 28-29 August 2006 in Yangon.

The objectives of the meeting were to reach consensus on comprehensive and continuum of care framework including roles and responsibilities, to agree on the essential elements of a comprehensive care package; to discuss models for comprehensive care at township level (including day care center); to agree on a coordination mechanism at township level for implementing comprehensive and continuum of care; to identify 3-5 townships as pilot townships to start of COC for PLHA; to have an understanding of IMAI guidelines and training tools to develop capacity of health services for the continuum of care;

Sixty-one participants attended the consultation. Through plenary discussions, presentations and working groups conclusions were drawn and recommendations made.

A continuum of care is required for PLHA as they face various and changing care needs over time. Following diagnosis of HIV, whether it is at an AIDS/STD clinic, ANC clinic, health centre/sub-centre, TB clinic or elsewhere, all PLHA should be referred to necessary prevention, clinical and social services. They may need extensive psychological support,

information on HIV and Sexually transmitted infection (STI) prevention, positive living, counselling and they may require continuous follow up, including OI prophylaxis. When the clinical stage progresses, they need to be referred to clinicians for prevention and treatment of OI, including TB and, if available, antiretroviral treatment. A woman living with HIV should be informed that if she becomes pregnant, she should be referred to a PMTCT service and both mother and baby enrolled for HIV care and receive reproductive health services. Community and home-based care and support can improve the quality of life of PLHA but should be closely linked with medical care, with timely referrals between services. The home and community based care should be offered with consent of the HIV-infected person and family and respecting confidentiality and privacy of the clients and the family. It was agreed that active HIV case finding in community households is not encouraged.

In the community, they may need social protection from discrimination and income generation and livelihood support. In order to meet these diverse and changing needs, the "continuum of care" has to be realized. This system can respond to the changing needs of PLHA and ensure efficient programme management through clear division of roles and responsibilities of each stakeholder.

A number of ground breaking initiatives have been initiated by national and international NGOs such as the AZG, AFXB,

International HIV/AIDS Alliance and GIPA Project Initiative Group, MNA, MWA NGO Consortium and the Yangon AIDS counselling team.

With the planned expansion of care, support and antiretroviral treatment programmes there is a need to prepare for decentralization of HIV services to township, station level and rural levels and to mobilize communities to engage in local responses. This includes careful planning on how to start and sustain services and respond to increasing demand for services in the future.

There was general consensus to establish comprehensive continuum of care at township, station and rural levels. Important beginnings have been made in many townships. Experiences from other countries such as Cambodia and Thailand provided important examples for models for continuum of care. ■

New working hours at WHO Myanmar

All UN offices in Myanmar, including WHO, started observing 40-hours week with effect from 1 May 2006. This was the result of an opinion poll conducted by FUNSA in which all the UN agencies participated. Working hours at WHO Myanmar now are 0830 hours to 1700 hours including 30 minutes' lunch break from 1200 hours to 1230 hours.

Responding the challenge of poliomyelitis in Myanmar

On 22 May 2006, Monday, at 17:00 hours WHO Representative to Myanmar received a call from the WHO Regional Office for South-East Asia to share challenging news. The call was from the Regional Adviser, Immunization and vaccines development, informing that the Regional Polio Reference Laboratory in Bangkok has just reported the detection of wild polio virus type 1 in one of the stool specimens sent from Myanmar on 10 May 2006.

In fact, Myanmar has been free from polio case since February 2000. Therefore, WHO Representative (WR) Myanmar straight away initiated required steps for rapid response and informed Central Epidemiology Unit (CEU), Department of Health (DoH), Ministry of Health at Nay Pyi Taw.

A formal letter from WR to Ministry of Health was sent on 23 May 2006, the next morning, as soon as official communication was received from SEARO. In the letter appropriate steps were advised recalling the EB117 resolution on polio eradication. Government clearance for the visit of international rapid response team was also requested and obtained in a very short period. On the same day, a meeting was held between, DoH, WHO and UNICEF at the Department of Health, Yangon to discuss the situation based on available information and further steps in detail. WR Office in Myanmar has played a major role in coordination of rapid response action of all related parties, including donor community.

Following the case detection, ministry of health has conducted an emergency response that included active search for cases as well

as an outbreak rapid immunization (ORI) covering immediate vicinity of the case. (Under the ORI action, 53,735 under-five children in Mandalay Division were immunized.) A six-member International Rapid Response Team constituting 3 members each from WHO and UNICEF visited the field along with experts and officials from ministry of health and assessed the situation. The mission made a debriefing at the Inter-agency Coordination Committee (ICC) meeting on 2 June 2006 and shared their findings and recommendations to the key stakeholders. Summary of resource requirements and status of existing and shortfalls of budgets were also presented to partners.

The laboratory result on the isolate of specimen from AFP case was first reported as wild polio virus type 1. Further steps were taken for confirmation and intra-typic differentiation of the virus. Finally it was confirmed by the Centers for Disease Prevention and Control (CDC) - Atlanta as vaccine derived polio virus (VDPV). According to WHO/SEARO and HQ the detection of VDPV denotes declining immunization coverage and persistence of the risk of circulation of virus.

As per the recommendation of Dr David L Heymann, Representative of the WHO Director General for Polio Eradication, the Ministry of Health Myanmar decided to organize two rounds of sub national immunization days (SNIDs) covering a broad area around Pyin Oo Lwin, using trivalent oral polio vaccine. In order to raise the level of protection for the children in Myanmar and



Prof Adik Wibowo, WHO Representative to Myanmar viewing the records on Polio Eradication Efforts in Myanmar displayed at Pyin Oo Lwin.

to close the immunity gap for polio, it has been advised that the country should ensure national immunization days during the first quarter of 2007.

WHO has mobilized required resources and supported the operation costs of SNID activities. UNICEF and Japanese Government have mobilized other resources for the vaccines and logistics. The first round of SNIDs was formally launched on 3 September 2006 at Pyin Oo Lwin by the high-level officials from the Government of Union of Myanmar, Embassy of Japan in Myanmar, WHO and UNICEF. The SNIDs will be targeting approximately two million under-five children in 80 townships within 100 miles radius from Pyin Oo Lwin district. The second round of SNIDs will be conducted on 1 October 2006 in the same areas. ■

Workshop on mental health and psychosocial aspects of disaster preparedness in Myanmar

A workshop on "Mental Health and Psychosocial Aspects of Disaster" was conducted in Nay-Pyi-Taw from 5-6 September at the 300 Bedded General Hospital.

At the opening ceremony the Deputy Director General (Medical Care), Dr. Tin Min delivered the opening speech. The opening ceremony was attended by Deputy Director Generals, Directors and concerned Deputy Directors from the Department of Health.

The workshop was facilitated by Dr. Vijay Chandra, Regional Advisor (Mental Health), from the Regional Office, New Delhi and Professor Hla Htay, Professor/Head, Department of Psychiatry, University of Medicine (1), Yangon. The workshop was coordinated by Dr. Hla Pe, National Consultant, EHA, WRO- Myanmar.

Participants were consultants psychiatrists from States/Divisions as well as from the medical care division of the Department of Health. Altogether twenty five Psychiatrists from fourteen states and divisions attended the workshop.

The main objectives of the workshop was to develop a plan for mental health and psychosocial aspects of disaster preparedness in Myanmar.

The specific objectives were :

1. Share experiences in mental health and psychosocial relief efforts of previous disasters in Myanmar.
2. Discuss the relevance to Myanmar of the lessons learnt in mental health and psychosocial support after the tsunami.
3. Discuss the mental health and psychosocial components of existing disaster preparedness plans in Myanmar.
4. Develop a plan for mental health and psychosocial aspects of disaster preparedness for Myanmar.

Some of the highlights of the workshop were the presentation made by Dr. Vijay Chandra on WHO Framework for Mental Health and psycho-social support in Tsunami affected countries in which he emphasized about the importance of community involvement, involvement of the local administrative authorities from the affected area and also about the role of the psychiatrist to provide psychosocial support to the affected community which not only reduces its psychological distress but also facilitate physical rehabilitation. It was further highlighted that providing psychosocial support to communities affected by disasters is a key component of WHO's short, medium and long-term

strategy. Such support is crucial, but to be effective, the support should be appropriate and culturally sensitive. To back-up the community level action, countries should enhance their mental health services. One of the important recommendations of WHO is to have a strong community mental health system which can serve the immediate as well as the long-term needs of the community, provided it is sustainable and can become a part of the routine health care delivery system. Different countries have developed innovative methods of providing community mental health services. These efforts should be encouraged. At the same time, the impact of these services should be objectively assessed and changes made as necessary.

Group Work was conducted on development of plan for mental health and psych-social aspects of disaster preparedness at :

- National Level
- State/Division Level
- District/Township Level

The participants through their deliberation in groups developed the draft national plan for mental health and psychosocial aspects of disaster preparedness for different administrative levels as a final output of the workshop. ■



World Health
Organization

TB training of trainers courses at the University of Nursing, Yangon

As part of the Human Resource Development Plan developed on February 2006 and still under review by WHO, NTP and other relevant partners from International and National NGOs, three Training of Trainers (ToT) three consecutive courses of one week each have been implemented in May 2006 at the University of Nursing, Yangon. The overall goal of the courses was to develop skills to guide countries in the planning, implementation and evaluation of TB activities.

The courses were attended by 98 participants working at DOTS health facilities, and they have been selected by the National TB Programme (NTP) central office from 17 states/divisions. Among the participants, five trainees were from international and national NGOs and Myanmar Medical Association working on TB control. Moreover, during these courses, two laboratory experts have been also trained and they will support the National Reference Laboratory in the implementation of cascade laboratory courses at peripheral level. A pool of facilitators from NTP and from WHO country office has been involved in the planning, organization and delivering of the three ToT courses.

The programme of the course included technical aspects on Tuberculosis Control Management, mainly delivered as examples of teaching methodology.

The training was interactive and the methodology was a mixture of presentations, written exercises done individually or in working groups, role plays, and brain-storming. On daily basis, a pool of trainees has been selected for presenting specific topics which were assigned by the facilitators and related comments on the teaching aspects were followed. The participants have been



Dr Caterina Casalini and Dr Hans Kluge (WHO) lectures in TOT course on management of TB for health facility staff on 22 May 2006.



Group photo of facilitators and participants of 2nd batch TOT training on management of TB for health facility staff.

requested to deliver their presentation as conversation rather than as lecture and to experiment the use of role plays, written exercises and plenary discussions. Emphasis was given on improving skills, and attitude enabling the participants to acquire teaching capacities. During the delivering of the courses, all the trainees had a chance to improve their interpersonal communication and team skills, their oral communication and presentation skills, their professional competency and IT literacy.

On daily basis and at the end of the course, a form on "Evaluation of the course by participants" has been distributed. The final course evaluation by participants ranked, for all the three courses, an average score of 3,8 (minimum score 1; maximum score 4).

The course has been based on a set of manuals (two facilitator manuals and one manual on TB control for BHS working at Rural Health Centre) which have been developed by the collaboration between NTP and international and national consultants from WHO Representative Office. The manuals have been distributed to the trainees and at the end of the course the participants provided a feedback about the quality of the manuals using a specific evaluation's form. The participants received also two questionnaires about the quality of the training environment and atmosphere for motivation; these forms are still under analysis. One set of overheads has been prepared for each health category to be used at peripheral level. The overheads will be distributed to the

States/Divisions both in printed and electronic versions.

As the next step, a pool of new trainers, having identified the training priorities in their States/Divisions, will conduct subsequent cascade courses at peripheral level with the initial support of the central NTP and WHO. The three ToT courses have been conducted with the support of Global Fund (Phase Out) and WHO and this activity was very cost-effective. ■



Friday 15 September 2006, His Excellency Mark Canning, newly assigned Ambassador Extraordinary and Plenipotentiary of Her Britannic Majesty in Myanmar, paid a courtesy call to Professor Adik Wibowo, WHO Representative. WHO activities and mutual fields of interest in health were discussed, including DFID's support to WHO, avian influenza and the 3 Disease Fund.

important dates

3 Sept & 1 Oct 2006	Polio Sub National Immunization Days in Myanmar
3-5 October 2006	Workshop on strengthening collaboration between nursing education and services, Nay-Pyi-Taw, Myanmar.
16-20 October 2006	WHO meeting on implementing Global Strategy on Diet, Physical Activity and Health in the South-East Asia Region, Yangon, Myanmar.
1 December 2006	World AIDS Day 2006