

## Workshop on the Development of National Framework on Management of Multidrug

### Resistant Tuberculosis (MDR-TB)

**A**s part of the global surveillance network hosted by the WHO/ International Union against TB and Lung Diseases, the National TB Programme conducted a National Drug Resistance Survey in 2002-2003, revealing 4% MDR-TB among new patients and 15.5% among previously treated patients. The results were published in the October 2006 edition of the *International Journal of TB and Lung Diseases*. As a comparison, China reports 3.8% MDR-TB among new patients and 21.8% among previously treated patients.

Although different methodologies were used in previous drug resistance surveys in Myanmar, there are indications that MDR-TB is on the rise.

MDR-TB stands for resistance against minimum 2 of the most potent anti-TB drugs isoniazid and rifampicin and thus represents an incurable disease without the expensive and toxic second-line anti-TB drugs. Worrying, MDR-TB is transmitted as easy as "normal" (sensitive) TB and thus represents a serious public health threat. Importantly, MDR-TB is a man-made problem due to prescription of inadequate treatment regimens, lack of treatment adherence or errors in the process of drug delivery to the patient.

In the view of increasing trend of MDR-TB, and given the availability of certain second-line drugs in the free market, the

Ministry of Health and WHO embarked upon developing the National Policy on MDR-TB Management.

In this regard, the 13<sup>th</sup> of November 2006, the National TB Programme organized in collaboration with WHO country office, a National Workshop on the Development of the National Framework for Drug Resistant TB Management.

Department of Health and senior NTP staff, the leading physicians in the country (internists, pediatricians, infectious disease specialists), Food and Drug Administration, Insein Jail and National Health Laboratory representatives, Department of Medical Research, Myanmar Medical Association, Populations Services International and Medecins sans Frontieres Holland worked out the National Framework on Management of Drug Resistant TB, which was facilitated by Professor Kimerling of the University of Alabama/ Birmingham, world expert in MDR-TB and Professor Tin



13<sup>th</sup> of November 2006: Workshop on the development of National Framework on Management of Multidrug Resistant Tuberculosis (MDR-TB)

Maung Cho, Head of the Department of Chest Medicine, Yangon General Hospital.

The National strategic Framework describes the five essential components of the approach to the management of drug resistant TB, built upon the five components of the DOTS strategy, and also includes the approach towards the establishment of MDR-TB pilot sites in the country.

As final outcomes of the meeting, the draft of National DR-TB framework was finalized for submission to the Ministry of Health and the outline and timeframe of a Plan of Action to prepare for 2 pilot projects on MDR-TB management (Yangon and Patheingyi TB Hospitals) were developed. ■

### FIDELIS : Reaching the Unreached in Sagaing Division

**F**IDELIS (Fund for Innovative DOTS Expansion through Local Initiative to Stop TB) is a project hosted by The International Union Against Tuberculosis and Lung Diseases (the UNION) funded by the Canadian International Development Agency (CIDA) to reach out the health services to one of the most remote and vulnerable population group in country.

Myanmar is one of the 22 Tuberculosis (TB) high-burden countries in the world. The WHO-recommended DOTS strategy has been covering the whole country since 2003, meaning that each of the 325 townships has a TB clinic where diagnosis and treatment is being provided for TB. Due to the geographical terrain, difficulty in transportation, lack of proper communication and language barrier, however, people living in those hilly and remote border areas have very limited access to health services. FIDELIS project is therefore interested to support Myanmar especially in Sagaing Division by pilot testing, monitoring and evaluating innovative TB case detection and treatment strategies to increase the number of diagnosed new sputum smear positive patients (=infectious people) to reach the global target of 70% case detection rate while increasing the treatment success rate to 85%. In 2005, the case detection rate in Sagaing

Division was only 53% and the treatment success rate 80%.

FIDELIS is initially a one year project and may be extended subject to satisfactory performance and availability of funds. The implementation will commence on 1 Jan 2007. It is a community based TB control program aiming to decentralize TB services down to the community (establishing sputum collection points and additional sputum smear microscopy centers), introducing community based case finding strategies through volunteers, students and school teachers and implementing an incentive based treatment interrupter retrieval mechanism through outreach workers down to the grass root level, increased supervision and involvement of alternative health care providers (including private practitioners). All proposed activities are in line with the GLOBAL Plan To Stop TB and geared towards reaching the 70/85 World Health Millennium Development Goal set for 2015.

The project will benefit about 5.36 million population living in the whole Sagaing Division while expecting 5628 new smear positive cases to be detected (previous year only 1808 cases reported) and 4067 cases treated successfully. The FIDELIS budget is around 200,000 USD for one year.

FIDELIS may thus become a community based TB control model for replication in remote and cross border regions of Myanmar in the future. ■



UN official Praises Myanmar's Bird Flu Efforts

**D**r David Nabarro, UN's senior coordinator on Avian Influenza visited Myanmar on 18th October, 2006 and met Prof Adik, WHO representative and WHO officials. "Myanmar is impressive, the current level of vigilance is high and has been very active in its efforts to contain bird flu", told a news conference following his regional tour.

## The workshop on Strengthening Collaboration between Nursing Education and Service: a Multi-Country Activity between Thailand and Myanmar

**T**he workshop was successfully organized by WHO in collaboration with the Ministry of Health at Nay Pyi Taw, from 3 to 5 October 2006. The workshop was opened by Prof. Paing Soe, Deputy Minister for Health and attended by Director-Generals from various departments under the Ministry of Health, responsible officials from Departments of Medical Research, Department of Medical Science, and the University of Nursing.

The main objective of this three day workshop was to improve effectiveness in teaching and learning of nursing students in clinical areas through enhancing the integration between nursing services and nursing education. Twenty five participants from Universities of Nursing, Yangon and Mandalay; North Okkalapa General Hospital, Central Women Hospital, Yangon and Mandalay Children's Hospital, Nursing Training Schools from Meikhtila, Magway and Yangon, 300 bedded teaching hospital, Mandalay, 100 bedded hospital, Pyinmana, Myanmar Nurse and Midwives Council and Myanmar Nurses Association attended the

workshop. One resource person from Faculty of Nursing, Chiang Mai University, Thailand, joined the workshop and facilitated to find ways and means for improvement of effectiveness in teaching and learning of nursing students in clinical areas particularly in the hospital settings. The workshop has tried to develop models of clinical teaching and learning for nursing and midwifery students and to adapt these models into local context. In addition, the workshop has helped to develop networking among Myanmar and Thai nursing education and nursing service institutions.

As the results of workshop a draft collaboration model between nursing education and nursing services has been developed. Further the model for Nursing



*HE Prof. Paing Soe, Deputy Minister of Health, delivered an opening speech at the opening ceremony of Workshop on Strengthening Collaboration between Nursing Education and Service in Nay Pyi Taw, 3 - 5 October 2006*

Education and Nursing Service will be used to enhance the contribution of nursing and midwifery services to health care delivery. Through this activity, collaboration networking among Myanmar and Thai nursing education and service institutions has been established and will continue in the future. ■

## Workshop on "HIV/AIDS care and methadone maintenance treatment for injecting drug users"

**W**ith the technical support of WHO, the National AIDS Programme and the Drug Abuse Control Project of the Department of Health joined forces to organise a workshop on common technical issues on methadone maintenance treatment and HIV/AIDS care in particular ART for injecting drug users. During 2 days in Nay Pyi Taw, psychiatrist participating in the methadone programme and clinicians involved in ART provision from Yangon, Mandalay, Shan and Kachin State, as well as NGO representatives discussed opportunities and challenges in the provision of opioid substitution treatment and ART for injecting drug users.

Based on AIDS case reporting, it is estimated that nearly 30% of HIV infections occurred through use of contaminated injection equipment. The provision of HIV care, in particular access to ART, should also cover this especially affected population. However, injecting drug users are currently considered to be a minority of the patients having access to ART partly due to the specific needs and services to be provided to this population, particularly to ensure proper adherence to treatment.

The Department of Health started earlier in 2006 the provision of methadone maintenance treatment in areas with high prevalence of injecting drug use. The preliminary outcomes are very encouraging as patients on methadone are managing to stay away from illicit drug use and are

starting to re organise their lives. The elimination and/or substantial reduction of injecting heroin has reduced their risk of being infected or passing HIV to others by using contaminated injecting equipment. The Department of Health and its NGO partners are, since 2005, scaling up coverage to ART with an estimated 5000 patients receiving treatment through public health hospitals and NGO programmes. Currently, the majority of the 160 methadone patients enrolled by the programme are living with HIV and some of them

have recently started to have access to ART. The participants reviewed and discussed the implementation and complementarity of their programmes as well as discussing the existing international evidence to support the idea that injecting drug users, particularly when receiving opioid substitution treatment and psychosocial support reach equal levels of adherence to ART as non-drug user patients. One important feature of the meeting was that one patient, currently on methadone and ART, was invited to the discussions and had the opportunity to share his personal past experience as a



*Dr San Shwe Wynn, Deputy Director General (Public Health) addresses the participants during the opening of the HIV/AIDS Care and Methadone Maintenance treatment for Injecting Drug Users Workshop in Nay Pyi Taw*

drug user and the benefits that having access to methadone and ART has brought to him and his family as well as the personal experience of receiving both treatments. His presentation was followed by a discussion session where clinicians were able to ask specific questions. This workshop brings an opportunity to strengthen links and referrals between these two important programmes of the Department of Health as well as with the NGO programmes increasing access to services for this particularly vulnerable population. ■



## WHO Meeting "Implementing Global Strategy on Diet, Physical Activity and Health in the South-East Asia Region"



*The opening ceremony of WHO meeting "Implementing Global Strategy on Diet, Physical Activity and Health in the South-East Asia Region" 16 - 20 October 2006, at Traders Hotel, Yangon.*

**T**he WHO Meeting "Implementing Global Strategy on Diet, Physical Activity and Health in the South-East Asia Region" was conducted in Yangon at the Traders Hotel from 16-20 October 2006.

At the opening ceremony the Deputy Director General (Disease Control), Dr. Kyaw Nyunt Sein delivered the opening speech on behalf of the Ministry of Health. The inaugural address by Dr. Samlee Plianbangchang, Regional Director, WHO South-East Asia Region was delivered by Professor Adik Wibowo, WHO Representative to Myanmar. The opening ceremony was attended by Dr. Than Sein, Director, Non Communicable Disease and Mental Health, WHO/SEARO, Dr. Timothy Peter Armstrong, Team Leader, Global Strategy on Diet, Physical Activity and Health, Dr. Jerzy Leowski, Regional Advisor, Non Communicable Disease, WHO/SEARO with a total of 57 participants, temporary advisors and observers from 10 member countries of the South-East Asia Region.

The workshop has three specific objectives namely: 1, to review progress made in developing, implementing and evaluating actions recommended in the Global Strategy on Diet, Physical Activity and Health at global, regional and national level. 2, to provide guidance and share experience on application of healthy setting approach in promoting healthy diet and physical activity, at corporate sector, community and other settings and 3, to facilitate process of implementing the Strategy at national and regional levels. Some of the highlights of the workshop were Presentations by Civil Society Organizations which included the Thai Health Foundation and the World Diabetes Foundation" and "Roundtable discussion" on the role of WHO Country Offices in implementation of Diet, Physical Activity and Health in which National Professional Officers from seven WHO country offices of the South-East Asia Region participated.

Participants of the meeting concluded that: The existing evidence indicates a high and growing burden of chronic, non-communicable diseases due to inappropriate dietary practices and inadequate physical

activity in Member countries of SEA Region. Increasing globalization and expanding markets promote unhealthy practices related to diet and physical activity. The Media exerts a strong influence on behaviors related to diet and physical activity. The major areas of concern over diet, physical activity and health in the SEA Region were found to be: Double burden of under- and over-nutrition; Low consumption of fruits and vegetables despite a perceived wide availability of the items; Increasing trends in consumption of salty and sugary food and beverages; Increasing intake of unhealthy fats (saturated fats and trans-fatty acids); Inappropriate and unhealthy cooking practices; Easy and growing availability of and accessibility to energy- dense, nutrient-poor food and; Decline in level of physical activity.

The conclusions also include that: Existing global evidence on effectiveness of available interventions (policy level, legislation, regulation, community action etc.) to improve diets and physical activity is largely underutilized; There is a growing commitment among policy-makers, health planners and managers to promote healthier diets and encourage people to increase levels of physical activity; Member countries are in different stages of developing and implementing their own national plans for improving diets and enhancing physical activity of the population; In the process of implementation of the Global Strategy on Diet, Physical Activity and Health (DPAS), Member countries recognize the need to work across sectors and adopt multi-disciplinary and multilevel approaches that involve the public and private sectors and civil society; There are major challenges towards implementing DPAS in different settings such as the workplace, school and community, though possible solutions exist.

The recommendations of the meeting were: Develop and implement national plan of action on DPAS according to their needs and taking into consideration their cultural, socio-economic and political environment;

Through their Ministries of Health assume the mantle of leadership and co-ordinate efforts of all relevant stakeholders in planning for and implementing DPAS at the national and sub-national level; Establish a national advisory group or other appropriate body for this purpose; Mobilize resources, develop infrastructure and strengthen capacity for implementation of DPAS at the national and sub-national level; Strengthen surveillance systems and evidence-based information (including information on cost-effectiveness of interventions) for assessing and addressing the burden due to unhealthy diet and physical inactivity; Create an enabling environment for promoting adoption of healthy behaviors related to diet and physical activity by developing appropriate policy framework and legislation and introducing suitable regulatory mechanisms; Adapt existing and/or develop country-specific evidence-based dietary and physical activity guidelines and other appropriate technical resources to facilitate implementation of DPAS; Share experiences and expertise in implementing DPAS within the country and between countries of the Region at appropriate fora.

The meeting recommended that; WHO should assist in implementing DPAS in the countries of SEA Region by: providing technical assistance/support in developing appropriate guidelines, supporting the process of capacity building, facilitating information sharing between Member countries, and supporting advocacy and resource mobilization efforts; Collaborate at the regional and global level for evolving policy, guidelines and standards as applicable to DPAS; The key components of successful programmes include social mobilization, policy advocacy and knowledge management; Existing models of health promotion foundations/funds (eg. Thai Health) can be replicated in other countries as they act as an interphase between governments, civil society and the private sector.

Participants appreciated the example set by WHO's SEA Regional Office in promoting appropriate diet and physical activity during this meeting. ■



World Health  
Organization

## Leprosy Elimination Monitoring (LEM) 2006 in Myanmar

Union of Myanmar achieved elimination of leprosy as public health problem at the national level at the beginning of 2003 and the status has been sustained since then. At the request of Novartis Foundation, the donor of Multi-Drug Therapy (MDT) drugs for leprosy and WHO, the national authorities agreed to conduct a Leprosy Elimination Monitoring (LEM) Exercise in Myanmar from 29 August to 28 September 2006. The overall objective of the exercise was to document the progress and achievements of the national leprosy programme, including MDT management.

WHO has recruited three internationally renowned leprosy experts who have extensive experience in the South-East Asia Region. Dr Serge Manoncourt, former leprosy professional staff from WHO/SEARO, Dr P Vijayakumaran of Damien Foundation, India and Dr. Jalal Uddin Ahmed former leprosy programme manager, Bangladesh to lead the process. LEM was conducted through the use of standardized and tested procedure for collection of direct and indirect indicators mutually agreed between programme manager and international monitors. These include patient care indicators, elimination indicators, MDT supply indicators and awareness indicators. The whole exercise was carried out in a very methodical way.

Union of Myanmar is administratively divided into 14 states/divisions. Out of them, nine with different levels of leprosy endemicity were selected for the LEM exercise. Among them four are relatively

hyper endemic, three are moderately endemic and two are low endemic. LEM 2006 covered all together 85 health facilities in 33 townships of 18 districts of 9 states/divisions. A total of six monitoring teams, each consisting of two senior doctors of national leprosy control programme

were involved in the field data collection. Out of six teams one covered five districts, one covered four, one covered three and remaining three covered two districts each. The monitors were given two days orientation at Yangon. Upon completion of their field visits the teams met together in Yangon to discuss and analyze their findings and observations. Prof. Klaus M. Leisinger, Chairman and CEO of Novartis foundation joined the exercise on the last three days. A formal debriefing was organized on 27 September 2006 to share the findings of the mission members to WHO and Novartis, where their observations and recommendations were presented.

Key observations include, among others, the variation in prevalence after applying standard definition was minimal and the reported and validated prevalence (2005) matched with the national prevalence, record keeping, reporting and documentation are highly satisfactory at all levels, MDT coverage is high and cure rate is very good but the average delay in diagnosis (24.7 months) and disability rate (17.5%) are fairly high. It was noted that high community awareness about leprosy does not match with the above two indicators. The team has observed that most of the health staff was trained in leprosy but long time ago and facilities for skin smear examination are available in many places.



*A team of international and national monitors approaching a village during the LEM exercise*

The mission has made recommendations such as; advocacy for political commitment may be sustained and strengthened to further reduce the disease burden at sub-national level. Special focus and attention may be directed to areas where there is a need to further reduce the disease burden. National leprosy programme may reconsider existing MDT distribution policy to optimize use and reduce wastage. Buffer stock of MDT may be kept at all Townships. Provision for stock of MDT may be considered for health facilities that have reported leprosy case during previous year. Provision may be made for a buffer stock of MDT for a minimum period of 6 months at national level. All health personnel, both previously trained and newly recruited, may need to be trained in leprosy. Facilities for skin smear examination may be improved if considered appropriate at certain levels.

It was expected that this first LEM exercise will have a bearing on future monitoring activities and enable Novartis to decide on possible extension of MDT donation beyond 2010. Furthermore, the LEM report would also serve as a valuable reference for other donors and partners supporting the efforts of national leprosy control programme, to streamline the future collaboration. ■



*Persons affected by leprosy, either on treatment or completed, were interviewed by the experts of monitoring teams*

important dates

5 - 9 February 2007	Inter-country Workshop to Build Capacity for Strengthening Neonatal Health in Maternal & Child Health Programme, Yangon, Myanmar.
22 - 26 January 2007	SEARO Mission to review the asses the core capacities implementing international health regulation (IHR 2005) as well as the implementing of National Pandemic Plan for Avian and Human Influenza.
29 January - 2 February 2007	Laboratory Mission by National Institute of Health (NIH), Department of Medical Sciences, Ministry of Public Health, Thailand to Myanmar.
5 - 9 February 2007	Rapid Response Team Training for district teams from all states/divisions. Will be held in Mandalay and Yangon, Myanmar
12 - 16 March 2007	Regional Advisory Panel meeting, Yangon, Myanmar.