

WHO-UNFPA Joint monitoring on strengthening of reproductive health activities in Sagaing Division



The monitoring team with community volunteers who support RH activities in Nabet RHC, Myaung township

The WHO Representative and the UNFPA Representative undertook a joint monitoring trip with relevant staff members from February 26-March 1, 2007 to five townships (Myaung, Monywa, Salingyi, Khin-Oo and Wetlet) in the Sagaing Division to examine the progress of a project designed to provide "a continuum maternal and newborn care (MNC) package from the community level to health facility". The project is being implemented by WHO and funded by UNFPA. The main goals of the project are to improve and strengthen the quality of MNC services, to empower the individual, family and community (IFC) in MNC and to increase utilization of maternal and newborn health (MNH) services, including

timely referral when complications and problems arise during pregnancy and delivery.

Under this project, Maternal and Newborn Teams (MNTs) have been formed in each of the five townships. The main role of these teams is to assist and guide pregnant mothers in seeking medical care when complications occur. Training on basic knowledge of danger signs before, during and after delivery has been provided to the MNTs. The Basic Health Staff (BHS) of the Ministry of Health received training on pregnancy, childbirth, post-partum and neonatal care (PCPNC) and on reproductive health management. Information, education and communication (IEC) materials, drugs and MNC basic equipments were provided to those model townships. Each township also received five three wheeler mini-tractors to evacuate complicated pregnancy cases from the home to the nearest hospital for timely proper treatment. The transport is provided free of charge. All referral cases that have made use of the mini-tractors to date have resulted in saving the lives of mothers and infants. The mini-tractors have also been used to evacuate three snakebite cases.

The three wheeler mini-tractors were found to be very useful since many of the villages in the five townships are located in

areas of difficult terrain and poor roads. To sustain the mini-tractors, village leaders formed committees to raise community funds for maintenance and operation of the mini-tractors and have found two or three community members to serve as voluntary drivers. The villagers have warmly welcomed the project activities since there have been no maternal deaths following the arrival of the mini-tractors in their communities. The midwives reported that they had gained greater confidence in their skills with the knowledge they gained from the PCPNC training. The monitoring team also noted that some rural health centres had been able to build delivery rooms with contributions from the community. The WHO-UNFPA team appreciated the commitment that the health officers, health workers, local leaders and the communities had shown in their support for this joint project. ■



Using three wheeler mini-tractor to refer pregnant mother

External review of the National TB Programme (NTP), Myanmar 2007

The two-yearly external review of the NTP in Myanmar was conducted from the 22nd of January to the 2nd of February 2007. The members of the review team, drawn from expert organizations such as the International Union against TB and Lung Diseases, the TB control Programme of Thailand, the Research Institute of TB Japan, JICA, and WHO from Geneva and SEARO identified main issues and challenges and formulated recommendations for the future TB control implementation.



The 2007 external TB review team meeting with the stop TB partners at welcome reception, 22 Jan 2007

The team assessed also the implementation of the TB-HIV Initiative, the childhood TB and multi-drug resistant TB situation, and reviewed the existing public-public and public-private partnerships and also tried to establish a baseline for the commencement of the "3 Diseases Fund".

The main concern of the mission was the potential rupture in anti-TB drug supply after the termination of the Global Drug Facility support beyond mid 2008.

The mission ended with a debriefing of the Minister and Deputy Ministers of Health in Nay Pyi Taw, 1 February 2007, and of the diplomatic and international community in Yangon, 2 February 2007, during which following key recommendations were summarized:

1. To strengthen the capacity for coordination, planning, budgeting, implementation and supervision, especially in context of the 3 Disease Fund;
2. To secure anti-TB drugs beyond 2007 from both domestic and external sources;
3. To consider the exemption of registration of new second-line anti-TB drugs and to regulate its availability on the private market in framework of start up of DOTS-Plus for MDR-TB;
4. To implement the recommendations of the workshop on "Implementation of the TB/HIV initiative in Myanmar, August 2006";
5. To consider resuming the border health programme on TB;
6. To engage general practitioners and specialists through the International Standards of TB Care for better diagnosis and case management to prevent multidrug resistant (MDR-TB) and extensive drug resistant TB (XDR-TB). ■

Workshop on prevention, first aid management, evacuation and referral of snake bite among UN field staff



Presentation on identification of poisonous and non poisonous snakes by Dr Tun Pe, Advisor, Department of Medical Research (Lower Myanmar)

A Workshop on "Awareness and sensitization on prevention, first aid management, evacuation and referral of snake bite among UN field staff" was conducted at the WHO Office meeting room on 22 February 2007. This workshop came as a recommendation from the MMR UNCT/SMT

meeting to equip the UN field staff, especially who are stationed at the high risk areas with information and first aid skills on snake bite.

There were a total of 21 participants from UNDSS, UNAIDS, ICDP/UNDP, CDRT/UNDP, IOM, UNODC, UNFPA, FAO, WFP and WHO.

The objectives of the workshop were for the UN field staff:

- To be able to identify and differentiate between poisonous and non poisonous snakes
- To be able to prevent snake bites
- To be able to perform first aid management in cases of snake bite
- To be able to formulate a micro-plan for evacuation and referral of cases of snake bite

The workshop was facilitated by Dr Tun Pe, Advisor, Department of Medical

Research (Lower Myanmar) and Dr Maung Maung Lin, NPO, WRO.

The highlights of the workshop were the presentation by Dr Tun Pe on the identification of poisonous and non poisonous snakes with photographic presentations of various poisonous snakes and the practical demonstration of first aid treatment of snake bite cases. First aid treatment will vary on the type of poisonous snake that has bitten the patient.

Protective boots, gloves and first aid kits were also displayed for the participants to view.

Finally, there was group work in which the participants discussed and presented the practical aspects of micro-planning at the field office level and on evacuation and referral of a case of snake bite.

Possible follow up of this workshop would be to conduct similar training workshops at different UN field offices especially in high risk areas. ■

Reaching out to national races in remote villages to reduce the burdens of malaria

Malaria morbidity and mortality in Tarchileik, Eastern Shan State dropped from 15.15 per 1,000 population and 13.02 per 100,000 population in 2005 to 10.39/1,000 population and 7.3 / 100,000 population in 2006, respectively. A



Dr Sai Naw Ngin, Malaria Regional Officer, giving a token of appreciation to a primary drug provider who successfully completed the training

community-based malaria prevention and control project contributed to these outcomes.

Initiated in January 2006, the malaria project in Tarchileik mobilized the national races in hard to reach malaria endemic villages to nominate primary drug providers to provide voluntary services for malaria prevention and control. Twenty-one primary drug providers were selected. They comprised of community health workers, primary school teachers, lay preachers and the informal health care providers (quacks). The Malaria Team and the Basic Health Staff trained them for five days to provide health education on malaria, mobilized communities for insecticide treatment of mosquito nets, promote the regular use of mosquito nets, provide early diagnosis of malaria using rapid diagnostic

test, treat uncomplicated malaria in accord with the national malaria treatment guidelines and refer severe febrile diseases. Each primary drug provider was supplied with a kit containing IEC materials, rapid diagnostic tests, artemisinin-based combination treatments (ACTs), chloroquine and record forms. They were closely monitored, supervised and given refresher training by the Basic Health Staff and by the Malaria Team.

Dr Myat Kyaw, the Malaria Team Leader in Tarchileik District, initially conceptualized the project in 2004 as part of the requirements for his international training on management of malaria field operations in Thailand and Cambodia with support from Asian Collaborative Training on Malaria and WHO. It was further developed with support from Medical Officer (Malaria), WHO/Myanmar. The project was implemented by the national malaria control programme in collaboration with the local health authorities and with



VBDC field staff on the way to provide supportive supervision and replenish supplies of the primary drug providers



Dr Myat Kyaw, VBDC malaria team leader and Dr L. Ortega, malariologist, WHO Myanmar, meeting the primary drug providers and the Basic Health Staff in the village

technical and financial support from WHO/Myanmar.

The project builds on the earlier project on malaria IEC for national races in Tarchileik District supported by ADB and WHO. The project site borders with Thailand and Lao PDR and targets the national races - Shan, Akhar and Lahu. In the context of the ADB-WHO supported malaria control project among national races in the Mekong Sub-region, starting 2007 the project is being expanded geographically within Tarchileik and to nearby townships of Mong Tone and Mong Hsat as well as in terms of participation of the communities at risk. It envisions to empower "Community Owned Resource Persons" (CORP) and the Basic Health Staff to work as partners in ensuring effective and sustainable community based interventions for malaria control among national races. The experience and lessons learnt will be shared in-country and among the Greater Mekong countries to enhance the regional learning and collaboration for malaria control. ■

Development of national guidelines on management of childhood TB

Workshop on Development of National Guidelines on Management of Childhood TB was conducted on 19-20 March 2007 at Trader's Hotel, Yangon. Professor Robert Gie, Senior Specialist from the Department of Paediatrics and Child Health, University of Stellenbosch and Tygerberg Hospital, South Africa and also the Chairperson of Childhood TB Subgroup of the WHO DOTS Expansion Working Group facilitated the workshop. The leading pulmonologist in Myanmar, Professor Tin Maung Cho and the leading pediatrician Professor Aye Maung Han were the 2 national key resource persons.

Every year about one third of the world population is infected with Mycobacterium tuberculosis, and about 9 million people develop TB, of whom about 2 million die. About 1 million (11%) occur in children under 15 years of age. In countries worldwide the reported percentage of all TB cases occurring in children varies from 3% to 25%. In Myanmar, childhood TB represents 14% of all patients notified (2005 Annual Report NTP).

The objective of the workshop was to share the Global and Myanmar Perspectives on Management of Childhood TB and develop



The workshop on development of national guidelines on management of childhood TB was opened by Prof Adik Wibowo, WR Myanmar and Prof Tin Maung Cho, head of Department, Department of Chest Medicine, Yangon General Hospital.

recommendations for adapting the WHO Guidelines into Myanmar Context.

The workshop was attended by leading Professors of Paediatrics and Paediatricians from Universities of Medicine, Clinicians and Programme Managers of NTP. The WHO technical unit served as secretariat.

The participants recommend for establishing a Working Group on Childhood

TB in Myanmar, for developing National Guidelines based on the WHO Global Framework on Management of Childhood TB by mid July 2007, and for applying to the Global Drug Facility for paediatric formulations in August 2007. This activity was supported by 3D Bridge Fund for critical needs of TB Control Programme. ■

Update on the 3 Diseases Fund (3DF), Myanmar

ATHREE DISEASES FUND (3DF) was established by a consortium of six donors (AusAid, DFID, EC, Netherlands, Norway, and Sweden) to provide support to programmes of activities for HIV/AIDS, TB and Malaria in Myanmar. The impetus for the Fund was the termination of support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the Fund for HIV/AIDS in Myanmar (FHAM).

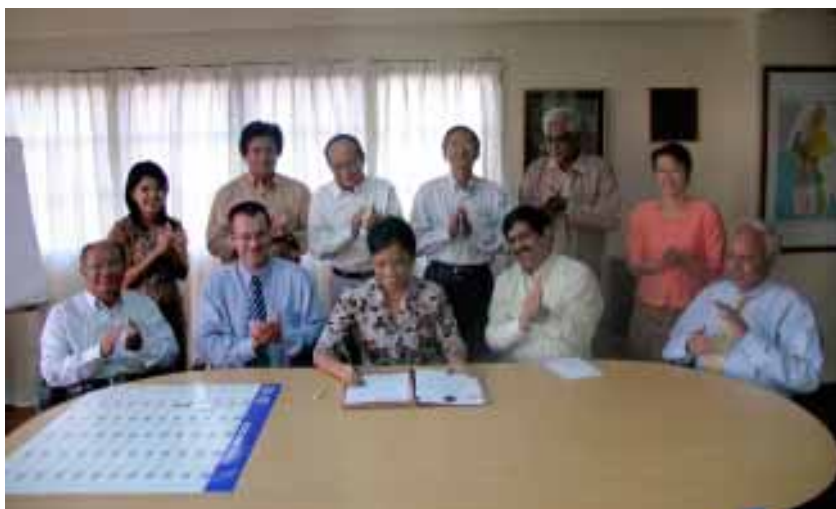
The 3 DF programme is an opportunity to increase access and coverage of health services, especially to the most vulnerable groups including poor, marginalized and underserved population.

In 20 December 2006, the Agreement on the 3DF Bridge Fund was signed between the United Nation Office for project Services (UNOPS), the 3DF Manager, and WHO Myanmar to implement critical activities required to ensure uninterrupted programme implementation for TB and malaria in the transit period between end of GFATM termination and start up of the 3DF. These activities include procurement of essential drugs, commodities, training, staff, supervision and technical support especially for populations living in high risk areas. The Bridge Fund activities will also allow to

strengthen the technical and managerial capacity at township level required for future implementation of the 3DF.

In December 2006, UNOPS released the Round 1 Call for Expressions of Interest (EOI). By the deadline of 22 January 2007, 67 EOIs were submitted by potential implementing partners which are currently being reviewed by independent experts contracted by UNOPS whether these are in line with the National Strategies for TB, HIV/AIDS and malaria and the 3DF priorities and requirements. Upon request of the Ministry of Health, WHO submitted 3 EOIs on behalf of the National TB, AIDS and Malaria programmes.

The Country Coordinating Body, chaired by the Minister for Health, which overlooks the national response to TB, AIDS and malaria, met Tuesday 13 March 2007 to discuss several key issues related to 3DF including the need to strengthen coordination and monitoring and evaluation mechanisms related to the 3DF. The second 3DF Board Meeting was held in Yangon 15-16 March 2007 during which the 3DF Board members discussed the recommendations put forward by the 3DF manager on the EOIs. It is anticipated that UNOPS will announce the final decisions on Round 1 EOIs by end of March 2007, as to formulate the 1st contracts with successful applicants by beginning of April 2007. ■



Signature of Agreement on 3DF BRIDGE FUND between WHO Myanmar and UNOPS



World Health Organization

Launching of mass measles campaign as a part of comprehensive strategies package for measles control in Myanmar, 14 January 2007



At the opening ceremony of Comprehensive Strategies Package for Measles Control in Myanmar 2007 at International Business Centre, Yangon.

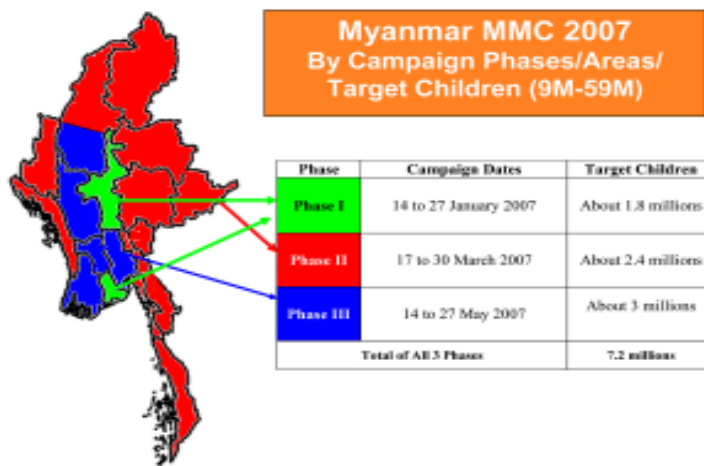
Measles continue to be a threat to children in Myanmar as more than one third of these children are not protected against measles through routine immunization. In addition to achieving high coverage with the first dose of measles vaccine, a second opportunity is required to reduce measles mortality and morbidity among the children either through routine Expanded Programme on Immunization (EPI) or through mass campaigns every 3-4 years. Department of Health, Ministry of

Health Myanmar, in collaboration with WHO, UNICEF, American Red Cross, UN Foundation and MRCS has planned Mass Measles Campaign in all the states and Divisions in three phases from January to May 2007 targeting 7.2 million children in 9 months to 5 years age group.

WHO is facilitating state and divisional trainings and supporting pre-campaign monitoring by the officials from the Department of Health and through the Regional Surveillance

Officers. WHO is also coordinating the monitoring aspect of the campaign through deployment of national and international observers from WHO country office, SEARO and WHO- Geneva. UN partner agencies are contributing greatly in facilitating campaign logistics arrangement and transportation at field level and also participating in campaign monitoring.

The launching ceremony was conducted on 14 January 2007 at Yangon by H.E. Professor Kyaw Myint, Minister of Health. ■



First Myanmar integrated management of AIDS and other illness training

With the support of WHO, the National AIDS Programme conducted the first national Training of Trainers of the Myanmar Integrated Management of AIDS and other Illness (MIMAI) from 15th February to 2nd March 2007 in Yangon.

MIMAI is the Myanmar adaptation of the generic IMAI training developed by WHO and being adapted in several countries of Africa and Asia. IMAI is a set of

simplified and operationalised tools for delivering HIV-related health services.

In the IMAI approach, care and prevention activities are integrated with antiretroviral therapy at service delivery points and these services are integrated within the framework of existing health systems. This ensures a public health approach of service delivery based on the principles of standardisation, decentralisation and integration. By doing this, the IMAI approach strengthens the implementation of the continuum of care framework at township and community level.

Another important feature of IMAI is the use of clinical teams headed by medical officers but also largely composed by

nurses, clinical officers, counsellors and including people living with HIV and other lay providers trained to join the clinical team and collaborating with community workers. The use of 'expert patients-trainers' is another important feature of IMAI in which patients who are experts in their own illness can be a valuable educational strategy to support the training of health workers.

The preparation for the MIMAI included the adaptation and translation of generic training materials in line with existing national standards and protocols.

Based on this background, during two weeks 20 doctors, 18 nurses, 18 counsellors and 13 'expert patients' from different parts of Myanmar trained together in this first MIMAI. As part of the training, participants had also the opportunity of demonstrations and practice at the Waibargi referral hospital. This first group of MIMAI trainers are now the backbone that will allow future MIMAI trainings in support to the expansion and scaling up of quality HIV health services. ■



Nurses being trained in collaboration with expert patient trainers

important dates

17 to 30 March 2007	Mass measles campaign in Myanmar (Phase 2)
7 April 2007	World Health Day 2007 "Invest in health, build a safer future"
31 May 2007	World No Tobacco day 2007 "Smoke-free environments"
14 to 23 May 2007	Sixtieth World Health Assembly, Geneva, Switzerland