

## Regional Director participates in the opening ceremony of the University of Public Health in Yangon

**D**uring 15 - 18 July, Dr Samlee Plianbangchang, the WHO Regional Director (RD) for South-East Asia Region (SEAR) was invited to Myanmar by the Ministry of Health (MOH), to participate in the opening ceremony of the University of Public Health in Yangon. The ceremony was attended by Lt-Gen Myint Swe of the Ministry of Defense, Chairman of Yangon Division Peace and Development Council Commander of Yangon command Maj-Gen Hla Htay Win, Minister for Health Professor Kyaw Myint, Chairman of Yangon City Development Committee Mayor Brig-Gen Aung Thein Lin, Deputy Ministers for Health Professor Mya Oo and Professor Paing Soe.

Following the ribbon cutting by Commander Maj-Gen Hla Htay Win, Minister Prof Kyaw Myint, Mayor Brig-Gen Hla Htay Win and Dr Samlee Plianbangchang, the Plaque of University of Public Health was unveiled by Lt-Gen Myint Swe. Later the plaque was sprinkled with scented water by Lt-Gen Myint Swe, Maj-Gen Hla Htay Win, Prof. Kyaw Myint and Dr Samlee Plianbangchang.

The opening of the University is considered a milestone in the efforts to strengthen the public health system (including human resources for public health) and infrastructure in Myanmar. In the words of RD, the University will be "a centre of Excellence in public health; the centre that is to serve national interest in the development of health for all people. The development that promotes equity and social

justice in health care and services; ensures reaching the unreached everywhere; promotes the use of community resources and assets for local health care; and promotes social control of health technology, the technology that is appropriate to the local specific situation, socially, culturally and economically".

During the courtesy call to Minister for Health H.E. Professor Kyaw Myint, the Regional Director Dr Samlee Plianbangchang congratulated His Excellency for this important start and highlighted some of the challenges that in his view need to be tackled with effective public health interventions. These include emerging and re-emerging diseases, health consequences of global warming, health emergencies due to disasters, the unrelenting spread of HIV/AIDS, emergencies both man made and natural, and the impact on public health from international trade liberalization. He pledged his commitment to support the next steps in the development of the University and ensured the Minister that he would

closely collaborate. Dr Samlee Plianbangchang identified faculty development and library development as priority concerns and promised to contribute USD 10,000 from the RD Development Fund to this end.

Making the most of the opportunity of being in Myanmar, RD visited and discussed with faculty members of the Departments of Preventive and Social Medicine of Universities of Medicine I and II in Yangon. He also visited the Department of Medical Research (Lower Myanmar), which is a WHO collaborating centre for malaria in Myanmar. Furthermore, a meeting was arranged with WHO country office staff during which Dr Samlee Plianbangchang shared his vision and hopes for the further development of public health in the Region as well as in Myanmar. ■



*Ribbon cutting ceremony of the newly opened University of Public Health in Yangon.*

## Bi-regional and National Training Workshop on Malaria Country Database

**T**he Ministry of Health (MOH) and the WHO Country Office in Myanmar hosted the bi-regional training of trainers' workshop on malaria country database from 20 - 23 July 2007 at Summit Parkview Hotel, Yangon. This was followed by a national training workshop from 24 - 27 July 2007, at the same venue. The objectives were as follows; at the end of the training

workshop, they should be able to: (a) describe the importance of the use of the malaria country profile database; (b) customize the malaria country database profile for its use in their respective countries; and (c) fill up the electronic country profile database and generate reports. The WHO's Global Malaria Program at HQs and WHO/SEARO provided the financial and technical support.

Twenty staff from the national malaria control programme as well as 5 staff from WHO Regional and Country Offices attended the bi-regional training of trainers' workshop. The representatives were from: (a) WHO SEAR member countries - Bhutan (2), Myanmar (5), and Sri Lanka (1), (b) WHO Western Pacific Region member countries - Cambodia (2), China (2), Lao PDR (2), Philippines (2), Vanuatu (2) and Vietnam (2), (c) from WHO Country Offices - Lao PDR (1), Myanmar (2), Philippines (1), and (d) SEARO (1).

The national training was attended by 27 participants of whom 21 were from the National Malaria Control Program. Another 6 participants were staff from the malaria projects including 3 from JICA, 1 from MERLIN, 1 from the Myanmar Medical Association and another 1 from the Myanmar Council of Churches. The resource persons were Dr Maru Aregawi, and Mr Ryan Williams from WHO Global Malaria Programme at HQs as well as Dr Rakesh Mani Rastogi from CDS/SEARO.

The WHO Global Malaria Control Programme developed a computerized database that member countries could easily adapt to their own needs and contribute to the global malaria database. The format and contents of the database, as well as the guide are outcomes from a consultative process of the Global Malaria Programme from WHO headquarters, regional and country offices. The development of the malaria database is part of the plan to harmonize data collection and to create a reporting system on malaria from member countries to WHO Regions and HQs. ■



*SEARO-WPRO Bi-regional training of trainers workshop on malaria country database attended by staff from the NMCP and WHO country offices, 20-23 July 2007*



## Training of Trainers on Essential Newborn Care, Central Women's Hospital, Yangon



*Ms. Margareta Skold, Public Health Administrator, WHO Myanmar, delivering the opening speech.*

**E**ssential Newborn Care programs will be implemented this year in five townships of Sagaing Division. Training of Trainers for this program was carried out at the

Central Women's Hospital, Yangon, from the 31<sup>st</sup> of July to the 4<sup>th</sup> of August 2007.

This training, the third of its kind, was conducted in order to build capacity of trainers in Essential Newborn Care from the ten townships selected for the implementation of the Essential Newborn Care program in the three Divisions, namely, Ayeyarwady, Magway and Sagaing. The trainings were conducted with the assistance of the Italian Government and the Ministry of Health (MOH), Myanmar, through WHO.

The opening ceremony took place at 09:00 hrs on the 31<sup>st</sup> of July. One official from the Italian Embassy was also present for the opening ceremony. The opening speech was delivered by the Director of Public Health, Dr. Thein Thein Htay, followed by Ms. Margareta Skold representing WHO(CO). Both speakers stressed the importance of this training in

order to build skills and knowledge on Essential Newborn Care as well as to train Basic Health Staff on this subject; both would in turn improve the health status of newborn. They stressed on the importance of newborn care to reduce neonatal mortality which currently largely contributes to under-five mortality rates.

A total of 18 participants attended the training. Most were pediatricians selected from Sagaing, Bago, Yangon and Mandalay Divisions. The participants from Nay Pyi Taw and Yangon included were aiming at strengthening the central team.

The training methodologies used were illustrations, discussions, lectures, reading, as well as hands-on practice using manikins. Four clinical practice sessions, each lasting 90 minutes were conducted, which were found to be the most valuable by the trainees. Certificates were awarded at the end of the training. ■

## Strengthening HIV Surveillance Systems in Myanmar

**W**ith technical support from WHO, the National AIDS Programme (NAP) has started the implementation of the 2007 round of HIV/AIDS Behavioural Surveillance Survey (BSS). The 2007 BSS will cover key populations at higher risk of infection, specifically injecting drug users, female sex workers and out of school youth. Together with HIV sero-sentinel surveillance and STI surveillance, BSS is an essential part of the Second Generation HIV Surveillance which defines the surveillance system appropriate to countries and recommended by WHO. BSS helps monitor changes in sexual and drug-taking behaviour over time, both in the general population and particularly among those key populations most at risk of HIV infection. The findings of BSS will help to enhance the programming of adequate interventions in order to reduce the risk of HIV transmission among these groups.

Changes in behaviour help explain changes in HIV prevalence, thus BSS is an important tool for indicating impact of prevention programmes targeting the groups of the population surveyed. The NAP has, in the past, implemented HIV/AIDS BSS among youth and adults from the general population.

The 2007 round is the first to cover key populations at higher risk of HIV infection and will conduct over 8000 interviews in Yangon, Mandalay, Myitkina (Kachin State), Lashio (Shan State) Monywa (Sagaing Division) and Meikthila (Mandalay Division). With WHO support, the NAP has developed technical protocols and tools and has organised training of human resources involved in these important activities. The methodology, results, analysis of the data and recommendations will be compiled in a report that will be presented to all

stakeholders in Myanmar during the first part of 2008. During the same occasion, the NAP will also share with partners the results of the HIV Sentinel Sero-surveillance (HSS) 2007 which has used improved protocols increasing the number of sentinel sites, sample sizes and included new sentinel groups such as men who have sex with men.

The changes of HSS and the BSS implementation not only will help all the partners involved in the response to HIV and AIDS in Myanmar to better understand the epidemic but also demonstrate the commitment of the NAP and the Ministry of Health (MOH) in strengthening HIV surveillance systems in accordance with international recommendations. Financial support for HSS and BSS is being provided by the WHO and the newly operational 3Diseases Fund (3DF). ■

## WHO Myanmar Office moves to Traders Hotel, Yangon

**P**lease be informed that WHO Myanmar office will be relocating from Yangon International Hotel to Traders Hotel effective from September 24<sup>th</sup> 2007. The office will be in the new location by 1<sup>st</sup> October 2007. Please find the new contact information below:

### CONTACT INFORMATION

Address: 12A Floor, Traders Hotel,  
223 Sule Pagoda Road, Kyauktada Township,  
Yangon, Myanmar.

### Working Days/Hours: WR's office:

Monday through Friday (Saturday and Sunday closed)  
0830 to 1700 hours (Lunch 1200 to 1230 hours)

Telephone: (95-1) 241 932, 241 933, 250 583, 250 584 (reception)

Fax: (95-1) 241 836, 250 273

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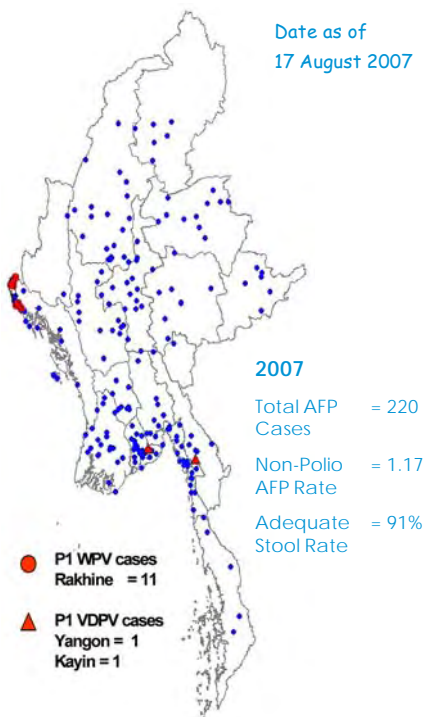
## Polio situation

- 13 Polio cases have so far been reported in Myanmar, of which 11 were Wild Poliovirus (WPV) cases from Northern Rakhine state. 2 cases were Vaccine Derived Poliovirus (VDPV) cases which were reported from Yangon and Kayin states.
- The most recent WPV case was recorded in Buthidaung Township of Rakhine Division with paralysis onset on the 28<sup>th</sup> of May 2007, the latest VDPV cases was reported in Kayin state with paralysis onset on the 11<sup>th</sup> of June 2007.

### Supplementary Immunization Activities (SIAs) plans

- The Ministry of Health (MOH) has planned 2 rounds of National Immunization Days (NIDs) in Myanmar during the first weeks of November (3-5 Nov) and December (2-4 Dec), targeting 7.2 million children. Monovalent OPV type 1 vaccine will be used during NIDs.
- Vaccine and operational costs for this campaign will be covered by WHO and UNICEF.

### Polio and AFP cases 2007



STATE/DIVISION	TOWNSHIP	Polio
RAKHINE	MAUNGDAW	10
RAKHINE	BUTHEDAUNG	1
YANGON	KAYAN	1
KAYIN	HPA AN	1
<b>Total</b>		<b>13</b>

## Advocacy Workshop on Water Safety Plans at Thanatpin

### Township

An advocacy workshop on water safety plans was conducted at Thanatpin township hospital on the 25<sup>th</sup> of July 2007. In the opening session, the Chairman of Township Peace and Development Council and Deputy Director (Environmental Sanitation), Department of Health delivered opening addresses.

The objectives of the workshop were: (a) to promote awareness on implementation of water safety plans at township level for local administrative authorities, (b) to promote awareness on implementation of water safety plans at township level for basic health staff from township health department, (c) to develop inter-sectoral coordination among stakeholders at township level for planning, implementation and monitoring activities related to water safety plans.

Following the opening session, U Myint Kyi, WHO national consultant for water and sanitation briefed the participants on water safety plans and its framework.

The workshop was attended by representatives from Environmental Sanitation Division (ESD), Department of Health (DOH), WHO, and a total of 21 participants from respective government

departments in Thanatpin township as well as Basic Health Staff of Thanatpin Township Health Department.

One of the highlights of the workshop was the presentation by U Kyaw Win, Programme Manager, ESD, DOH, on the concept and importance of water safety plans and steps for its implementation at the township level.

Two villages were selected as models, namely Minywa and Khayan. The later village was visited by officials from the DOH, WHO and township health department as to identify its water source and the utilization of the water by the community in order to implement water safety plans.

Group work took place in which the participants discussed and finalized the administrative and supervisory aspects of micro-planning at the township level.

Recommendations of the workshop were to create a township supervisory committee to implement water safety plans at the township level. The members and the responsible departments were also identified. An orientation and planning session will be conducted in Mid-September 2007 at Thanatpin Township Hospital by the ESD as a follow up to this advocacy workshop. ■

## Evaluation workshop on the 3Diseases Fund / Bridge Fund

### in Nay Pyi Taw

One day workshop on evaluation of 3Diseases Fund (3DF) / Bridge Fund was organized jointly by Ministry of Health (MOH) and World Health Organization (WHO), Myanmar on the 28<sup>th</sup> of August 2007 at the MOH, Nay Pyi Taw. His Excellency Prof Kyaw Myint, Minister of Health delivered the opening speech. Prof Adik Wibowo, WHO Representative, also gave opening remarks. The meeting was attended by both Deputy Ministers, Senior officials of MOH, Programme Managers (HIV/TB/Malaria), State/Division Health Directors, TMOs, Chief Executive Officer of UNOPS (Fund Manager) and his teams, President of Myanmar Medical Association and Project Managers, Representative of Myanmar Council of Churches, and teams of WHO Technical Units.

After the termination of Global Fund in August 2005, the 3DF was subsequently established by a group of six donors (AusAID, DFID, European Commission, Netherlands, Norway and Sweden) to support Myanmar's fight against HIV, TB and Malaria. During the transitional period of 3DF from August 1<sup>st</sup> 2006, it had been

supported as a Bridge Fund to cover the critical needs of TB and Malaria programme. The objectives of the workshop were to share experiences in the implementations of the Bridge Fund, in order to discuss specific issues faced during the implementation and to find ways and solutions to enhance the overall achievements of 3DF.

The meeting was chaired by Dr Saw Lwin, Director of Disease Control, Department of Health (DOH). The presentations were made on the function of WHO in the Bridge Fund, major achievements, issues and challenges, operational guidelines of the MOH and UNOPS as well as to draft WHO Standard Operating Procedures for 3DF. This was followed by discussions. Specific working groups were then assigned for TB project, Malaria project and 3DF Year 1 Fund Flow and reporting. The experiences and outcomes of the workshop were very fruitful for ameliorated implementations of 3DF activities. The workshop was closed by Prof Adik Wibowo, WHO Representative to Myanmar and Dr Hla Hla Aye, Director of International Health Division at the MOH. ■





# Drug resistant TB, Multidrug Resistant TB and Extensively Drug Resistant TB

**T**B drug resistance arises when patients are prescribed sub-optimal treatment regimens in terms of either the combination, dosage and duration or when patients, for a number of reasons, do not take their medicines as prescribed.

Multidrug resistant TB, or MDR-TB refers to Mycobacterium Tuberculosis isolates that are resistant to at least both isoniazid and rifampicin, the two most effective anti-TB drugs. MDR-TB can only be treated with second-line drug regimens, which are much more expensive and have to be used for a longer duration which entails significantly higher side-effects and results in poorer outcomes as compared to first-line regimens. From available survey data, WHO has estimated that the 2004 prevalence of MDR-TB among new cases in the South East Asia Region (SEAR) to be 2.2% (Table 1). Among previously treated cases, the prevalence of MDR-TB cases was estimated to be 14.9%. The total number of cases of MDR-TB in the region was estimated to be 114,967, of which approximately 76% occurred in India.

Lots of international recognition has been given recently to the subclass of MDR-TB known as extensively drug resistant tuberculosis (XDR-TB), which develop when these second-line drugs are also misused or mismanaged. XDR-TB has been isolated in laboratories from India, Bangladesh and Thailand. Given that there is an absence

of any representative baseline data from Member countries in SEAR, an estimate of XDR-TB cannot be made.

## National Response to Multi Drug Resistant and Extreme Drug Resistant Tuberculosis in Myanmar

The Ministry of Health (MOH) Myanmar, the National TB Programme and WHO and partners, under the umbrella of the Technical Working/Strategy Group (TB) have taken following action in the national response:

1. In 2003, Myanmar was the second country in SEAR to complete a national drug resistance survey, and has identified the highest level of MDR-TB among new patients yet documented in the region (4%).
2. In 2006, the MOH established the National Committee on DR-TB (including INGOs) to oversee the national response to DR-TB and develop an Action Plan.
3. In November 2006, the National DR-TB Committee finished the "National Framework on the Management of DR-TB"
4. A country assessment on MDR-TB and XDR-TB was performed in 2006 and 2007 to assist in defining strategies to combat MDR and XDR-TB.
5. A survey is ongoing to test the resistance patterns of 100 patients failing repetitive treatment in

collaboration with the WHO-designated supranational laboratory at the Institute of Tropical Medicine in Antwerp, Belgium. The results will give an indication of the size of XDR-TB in this patient group and will help to design standardized treatment regimens with second line TB drugs for the management of (M)DR-TB.

6. A second national drug resistance survey is underway under the 3Diseases Fund/ Bridge Fund to

measure trends and stratify within different patient groups, including border populations.

7. The demonstration project of Integrated HIV Care for TB/HIV Co-infected patients in Mandalay supported by the Union and WHO [funded by Yadana/TOTAL consortium] is expanding to 3 more townships and 1 additional Division - with attention given to the link between M/XDR-TB and HIV - a deadly combination for immuno-compromised patients.
8. Laboratory capacity has expanded at the sub-national TB laboratory in Upper Myanmar for culture and drug susceptibility testing and training of laboratory staff, coordinated by WHO, the Union and JICA.
9. In June 2007, the National DR-TB Committee agreed on the operational procedures for MDR-TB Management pilot projects (so-called DOTS Plus) in Yangon and Mandalay.
10. In September 2007, WHO will assist the National TB Programme and MSF-Holland to submit a joint application to the Green Light Committee to access second-line TB drugs to implement 2 pilot projects for the management of MDR-TB.
11. In August 2007, UNITAID, a new global funding mechanism, informed the National TB Programme that it has earmarked 200 treatment courses for MDR-TB patients.
12. Initiatives to engage general practitioners and specialists are scaled up through the PPM (Public-Private and Public-Public Mix) DOTS to avoid having further M/XDR-TB cases, with support of the Myanmar Medical Association, Populations Services International, WHO and JICA.

While decisive action is being taken by MOH and the TB partners, large critical funding gaps may delay further response to the MDR and XDR-TB situation, namely:

- i. Funds to sustain quality DOTS (increased supervision) to prevent M/XDR-TB.
- ii. Funds to strengthen the laboratory capacity for diagnosis and surveillance.
- iii. Funds to start up pilot projects to treat existing pool of M/XDR-TB patients. ■

Table 1: Estimated number and prevalence of MDR-TB among new cases (2004)

	Total estimated number new cases (2004)	Estimated number of MDR-TB cases (95% CI)	Estimated percentage of MDR-TB cases (95% CI)
Countries with anti-TB drug resistance surveys			
India	1,824,395	44,653 (13,547-85,068)	2.4 (1.0-5.0)
Myanmar	85,464	3759 (2136-5725)	4.4 (3.1-6.1)
Nepal	48,834	647 (255-1174)	1.3 (0.6-2.4)
Thailand	90,607	843 (376-1432)	0.9 (0.5-1.6)
Countries without anti-TB drug resistance surveys			
Bangladesh	319,252	5699 (902-31,060)	1.8 (0.3-9.7)
Bhutan	2265	41 (6-219)	1.8 (0.3-9.6)
DPR Korea	39,793	1132 (183-6193)	2.8 (0.5-15.1)
Indonesia	539,189	8429 (1378-48,629)	1.6 (0.3-8.7)
Maldives	157	2 (0-13)	1.5 (0.2-8.0)
Sri Lanka	12,445	211 (34-1175)	1.7 (0.3-9.2)
Timor Leste	4927	79 (13-451)	1.6 (0.3-8.9)
TOTAL	2,967,328	65,495 (33,322-127,288)	2.2 (1.1-4.1)

16-19 October 2007	2 <sup>nd</sup> Annual AusAID / WHO Water Quality Partnership Review and Planning Meeting, Yangon, Myanmar
15-19 October 2007	AusAID review meeting (WATSAN), Yangon, Myanmar
Mid October of 2007	Annual Meeting of WHO Collaborating Centers on Family of International Classifications, Yangon, Myanmar
5-6 November 2007	9 <sup>th</sup> Meeting of the WHO Technical Advisory Group on Leprosy Control, Bagan, Myanmar
5-9 November 2007	External auditors to WHO Country Office Myanmar
7-9 November 2007	Public health meeting, Yangon, Myanmar