



## Celebration of World Diabetes Day - 2007



*H.E. Prof Kyaw Myint, Minister for Health, delivering an inaugural speech on celebration of World Diabetes Day 2007.*

**T**he opening ceremony for Celebration of World Diabetes Day was held at 8:00 am by the Ministry of Health in Naypyitaw on 15 November 2007.

H.E. Professor Kyaw Myint, Minister, Ministry of Health inaugurated the ceremony. In his inaugural speech, he welcomed all invitees, highlighted the growing problem of diabetes mellitus and emphasized the need to raise public awareness. He also mentioned that the unique feature of this year, World Diabetes Day was that it was celebrated as one of the United Nations observed day for the first time, according to the United

Nations General assembly resolution 61/225, which was passed on 20 December 2006. He also mentioned the aims of World Diabetes day which are :

- to raise awareness of the warning signs of diabetes
- to encourage initiatives to review diabetes ketoacidosis in children
- to promote healthy life style to help prevent type 2 diabetes in children

H.E. Professor Kyaw Myint, then highlighted the ways and means of preventing diabetes by adopting healthy life style. After expressing gratitude to all those who organized the ceremony, in particular WHO, participants and invited guests, he concluded his speech.

The second part of World Diabetes day 2007 ceremony continued with health education talks on World Diabetes day. Dr. Win Myint, Deputy Director General, Department of Health took the chair and Dr. Thida Hla and Daw Sein Ma Ma of Department of Health acted as Master of Ceremony.

There were three speakers in this session :

The first topic was on "World Diabetes Day". The speaker was Dr. Ko Ko,

Consultant Physician from North Okkapa General Hospital, who discussed in detail about World Diabetes day, its history, development, aims and themes of each year and activities carried out to celebrate the day world wide.

The second topic was on "Diabetes Mellitus", and the speaker was Dr. Myat Kaung, Physician from Thingungyun Sanpya General Hospital. He emphasized mainly on the early detection of the disease, its sign and symptoms, diagnosis and complications.

The third topic was on "Prevention of Diabetes Mellitus" and the speaker was Professor Dr Tint Swe Latt, Project Manager of the Diabetes Project. He discussed the ways and means of prevention and control of diabetes in detail.

During the health education talk, IEC materials (including pamphlets on World Diabetes Day), T shirt with World Diabetes day logo and theme, key chains and ball pens with World Diabetes Day logo were distributed to the audience.

As the last agenda, free blood testing for glucose were done for persons from the audience who were interested. About 400 persons were tested for their blood glucose as well as their blood pressure measured.

The ceremony came to a successful conclusion at 11:00 AM. ■

## Commemoration of World AIDS Day 2007

**A**s usual, the Ministry of Health takes the lead in the organization of the commemoration of World AIDS Day 2007 in Myanmar.

This year's events include a national ceremony to be organized in NayPyiTaw at the Ministry of Health and the launching of a campaign with the slogan "Stop AIDS, Keep the Promise". Several other townships in the country are joining in organizing commemorative ceremonies.

This year's campaign also focuses on leadership.

In designating leadership as the World AIDS Day theme for this year, the World AIDS Campaign highlights both the political leadership needed to fulfill commitments that have been made in the response to AIDS - particularly by the international community in supporting the promise of universal access

to prevention, treatment, care and support - and celebrating the leadership that has been witnessed at all levels of the society.

In preparation of this year's World AIDS Day, a range of new communication materials has been developed. Among them, the National AIDS Programme and the WHO have produced a new four-page fact sheet with updated articles on issues such as the recent HIV estimation and demographic impact workshop organized by the NAP with support from WHO and the UNAIDS, summary from the methodology and recommendations from the review of the Prevention of Mother to Child Transmission (PMCT) programme conducted by NAP in collaboration with WHO, UNICEF and UNFPA and an update of progress made and challenges faced in the expansion of access to treatment for people living with HIV in Myanmar. ■





## Polio situation and National Immunization Days (NIDs) 2007 in Myanmar



Polio vaccination be administered at one of the immunization post during first round of NID

After polio free status for about 6 years, polio out break has been reported from Northern Rakhine State in 2007. 11 wild poliovirus cases and 3 vaccine derived poliovirus cases have been from Maungdaw and Buthidaung townships of Rakhine and three VDPV cases are reported from Bago, Kayin and Yangon Divisions.

In response to polio outbreak, Ministry of Health has conducted multiple rounds of supplementary immunization activities in the high priority areas. It is considered that polio transmission has been interrupted in Myanmar. To keep Myanmar polio free two rounds of Nation wide Polio Immunization are planned during November and December in 2007.

The First National Immunization Day for 2007 was conducted in Myanmar from 3rd November to 5th November 2007. The target was to immunize around 7.2 million children

under the age of five. Around 25,000 teams were set up which were managed by more than 16,000 health workers and assisted by around 32,000 volunteers. Large number of parents, children came to the immunizations post to vaccinate their children. National launching was inaugurated by Secretary-1 of State Peace and Development Council and attended by Health Minister and Deputy Health Minister and higher officials from Ministry of Health.

Reports indicate that more than 96% children were vaccinated in this NID. Special plans and measures were taken to ensure that all children in hard to reach areas, mobile populations, mines, petroleum exploration receive Oral Polio vaccine drops. Mono-valent OPV type 1 was used in this NID.

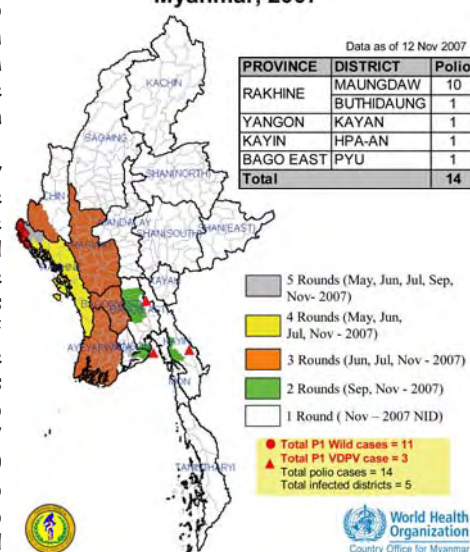
Concerted efforts to increase capacity of the service providers, a comprehensive social mobilization were initiated before the round. All health workers were trained on operational issues of NIDs. The effectiveness of these measures was witnessed through a better quality of implementation of NID activities at the field level. In order to supplement its support to government's efforts for polio eradication, WHO / UNICEF and National/ International NGOs sent around 50 monitoring teams in field in 14 provinces to support the campaign. Assistance was also provided to transport the vaccine and

communication materials in hard to reach and border areas.

These NIDs are supplementary immunization and all parents must get their children vaccinated for Routine Immunization. The next round of NIDs will be conducted on 2nd to 4th December.

We hope that with these successful National Immunization Days and strong routine immunization program, Myanmar will be a Polio free country again. ■

### Polio and NID Myanmar, 2007



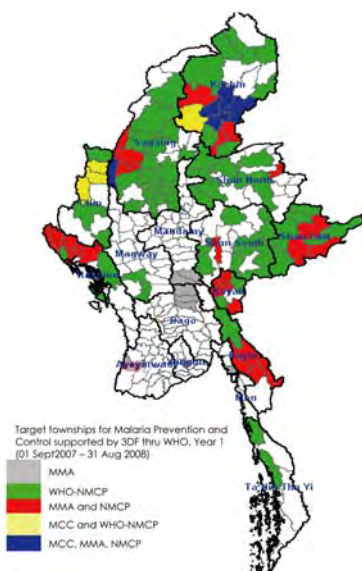
## Reaching out to remote communities for malaria control

The battle against malaria in Myanmar is gaining faster momentum. Several partners are working within the framework of the National Strategic Plan for Malaria Prevention and Control in Myanmar to sustain the progress noted since the past several years. The remaining high burdens of malaria particularly among the populations in remote hard to reach townships and villages are being addressed. In this context, the WHO Country Office in Myanmar, signed on 20th November 2007 a Memorandum of Agreement

with UNOPS - the Fund Manager of Three Diseases Fund - for the execution of malaria control project.

The project comprises of three complementary components: (1) Community-based Malaria Prevention and Control project by Myanmar Council of Churches (MCC), (2) Quality Diagnosis and Standard Treatment of Malaria (QDSTM) by Private General Practitioners by Myanmar Medical Association (MMA), and (3) Malaria Prevention and Control in High Risk Townships to be executed by WHO through the Township Health Department as part of the National Malaria Control Program (NMCP). It will cover townships with high malaria burdens (please see map).

Two key interventions will be implemented: (1) prevention using insecticide-treated mosquito nets (ITNs) and long lasting insecticidal nets (LLINs), and (2) early diagnosis and appropriate treatment. These will be supported with (1) behaviour change communications, (2) training and supportive supervision of health care providers in the public and in the private sectors, (3) empowerment of village health volunteers, (4) strengthening capacity for malaria prevention and control especially at the township level, and (5) monitoring and evaluation. Other key information about the project in Year 1 (Sept 2007 - Aug 2008) are summarized in the table below. ■



Component and Implementing Partner	Estimated Population to be served	Geographic coverage	Budget (US\$)
1. Community-based Malaria Prevention and Control (MCC)	634,725 population	160 villages in 8 townships	347,596
2. Quality Diagnosis and Standard Treatment of Malaria by GPs (MMA)	4.08 million population	40 townships	503,719
3. Malaria Prevention and Control in High Risk Townships (WHO)	13.8 million population	100 townships	1,121,494
<b>Total budget for activities</b>			<b>1,972,809</b>
Technical and management support			138,097
<b>Total budget (US\$)</b>			<b>2,110,906</b>

## National Participation at the 38<sup>th</sup> Union World Conference on Lung Health in Cape Town



Dr Win Maung, NTP Manager, presenting on Childhood TB Initiative in Myanmar at the 38<sup>th</sup> World Conference on Lung Health, Cape Town, South Africa, 8-12 November 2007.

National participants, consisting of Dr Win Maung, National TB Programme (NTP) manager, Dr Min Thwe, National AIDS Programme (NAP) manager, Dr Thander Lwin, WHO national consultant (TB) and Dr Hlaing Myint, Medical Superintendent of Aung San TB hospital were supported by the WHO Myanmar Country Office, the Japan International Cooperation Agency and the International Union Against Tuberculosis and Lung Disease (The Union) for participation to the 38<sup>th</sup> Union World Conference on Lung Health in Cape Town from 8 to 12 November 2007. The Conference was preceded by the Meeting of the DOTS Expansion Working Group's Core Team and the Laboratory Capacity Strengthening Subgroup, with the National Tuberculosis (TB) Programme (NTP) Managers of the 22 TB high-burden countries, which account for approximately 80% of all new TB patients annually. In DEWG meeting, Myanmar was recognized together with Indonesia that reached the global TB control target in 2006.

The theme of this years World Conference was "Confronting the challenges of HIV and Multi-drug resistance in TB prevention and care". Other key international issues, such as tobacco control, child lung health and asthma, were also addressed. Over 3000 delegates from over the world participated.

The World Conference was held in Cape Town as the theme of the Conference was highly relevant for our South African and African colleagues who, on a daily basis, have to deal with the burden of HIV/AIDS and TB co-infection and its medical, health, social and economic consequences despite numerous challenges and resource constraints.

Following figures were released by WHO:

XDR-TB is the abbreviation for extensive drug-resistant TB. One in three people in the world is infected with dormant TB germs (i.e. TB bacteria). Only when the bacteria become active do people become ill with TB. Bacteria become active as a result of anything that can reduce the person's immunity, such as HIV, advancing age, or some medical conditions. TB can usually be treated with a course of four first-line, anti-TB drugs. If these drugs are misused or mismanaged, multidrug-resistant TB (MDR-TB) can develop. MDR-TB takes longer to treat with second-line drugs, which are more expensive, more side-effects and less effective than 1st line TB drugs. XDR-TB can develop when these second-line drugs are also misused or mismanaged and therefore also become ineffective. Because XDR-TB is resistant to first- and second-line drugs, treatment options are seriously limited. XDR-TB raises concerns of a future TB epidemic with restricted treatment options and jeopardizes the major gains made in TB control and progress on reducing TB deaths including people living with HIV/AIDS.

XDR-TB has been reported in 41 countries worldwide as of today. XDR-TB has the following policy implications for TB and HIV/AIDS control:

1. basic TB control (DOTS) needs to be strengthened, first of all by implementing better patient management to promote good adherence to treatment and decrease treatment interruption

2. laboratory capacity needs to be scaled up urgently for better TB diagnosis and surveillance of resistant TB
3. drug resistant TB management needs to become part of TBHIV collaboration
4. infection control measures in health care facilities need to be implemented to decrease in-hospital transmission

Dr Win Maung, the National TB Programme Manager and Dr Min Thwe, the National AIDS Programme Managers, Myanmar had key note presentations on "The Childhood TB Initiative in Myanmar" and on "The Integrated HIV Care Project for TBHIV co-infected patients in Mandalay District". The Medical Superintendent of Aung San TB Hospital gave 2 short presentations on "Training and education materials", which caused a great interest by the audience into the recent strategy and operational plans and training and educational materials used in the NTP Myanmar. The delegation, supported by the Medical Officer TB and Associate Professional Officer TB from WHO Myanmar, presented 5 posters on topics as TBHIV, TB epidemiology and Yangon Divisional TB prevalence survey.

The Conference was a unique opportunity to report on the progress made by National TB Programme in Myanmar to the international community, to mobilize additional resources for Myanmar and to seek technical expertise and top-notch consultants to assist the NTP Myanmar in 2008. ■

Annually	Absolute number	Number of deaths
All forms of TB	8,8 million	1,6 million
MDR TB (Multi drug resistant TB)	424,000	116,000
XDR TB (Extensive drug resistant TB)	27,000	16,000
HIV-associated TB	630,000	200,000





*Skill assessment of Basic Health Staff*

**T**he Essential Newborn Care (ENC) Programme was launched in Myanmar in 2006 with the grant received from the Italian Government. The WHO worked in collaboration with the Department of Health.

The program started functioning with training three consultants for ENC in the Inter-country workshop on Essential Newborn Care in June, 2006. These 3 trainers in turn trained the national trainers.

The first five townships selected for ENC were Ye Kyi, Kyangin and Ingapu townships from Ayeyarwady Division and Seikphyu and Salin Townships from Magway Division.

During 2006, a total of 53 national trainers were trained. The trainers were from Magway and Ayeyarwady and also from Bago(East) and Sagaing Divisions as the program intended to expand to these Divisions in 2007.

A reference training manual on Essential Newborn Care was translated by the MOH into Myanmar language in collaboration with WHO National Consultant. This is currently used for the training courses.

A total of 6 training courses were done to cover nearly all Basic Health Staff (BHS) in Ayeyarwady Division and 4 were done for Magway Division. The first training started in early 2007 and the last was completed in early August.

With the completion of the training of BHS, there was a need for monitoring and assessment in these areas. Also by this time, the township and Station Hospitals should be running for neonates

according to ENC requirements. For these reasons, an assessment and monitoring was done for the five townships. WHO conducted this monitoring as an external assessor with National Consultant Prof. San San Myint as the chief assessor for this mission. The process was conducted from 17th October to 15th November 2007 with funds received from SEARO.

### Objectives

- To assess basic health staff in the five program townships for skills needed for essential newborn care.
- To assess hospital sites for giving adequate essential newborn care.

### Tools utilized for assessment

- In depth interviews with mothers who had delivered after the BHS had attended the ENC course.
- Direct observation of antenatal care, hospital and home deliveries and postnatal care. Salin in Magway Division and Kyangin in Ayeyarwady Division were selected for this direct observation.



*Interview mother, skill assessment of Basic Health Staff*

- Focus Group Discussions with mothers in the five townships on antenatal care, immediate care after delivery, routine newborn care and breastfeeding.
- Skill assessment of BHS on immediate newborn care, resuscitation of newborn, examination of newborn baby including breastfeeding observation and technique of giving injections using mannequins and pretested checklists.
- Site assessment of Township and Station Hospitals for ENC standards using checklists.

Other components indirectly concerned with ENC were also assessed. These were:

- Opinion of BHS on the training received in respective Divisions.
- Opinion of Trainers on the TOT courses given at Central Women's Hospital, Yangon and BHS trainings given at Ayeyarwady and Magway Divisions.
- Interview mothers who delivered with Auxiliary midwives and Traditional Birth Attendants in areas where midwives were working.
- Interview mothers who had stillbirths and neonatal deaths during 2007.

The results will be disseminated in a workshop scheduled to be held on 30th November, 2007 at Traders Hotel. This monitoring and assessment also will serve as a tool for proposal of expansion of ENC program to 16 more townships in the next biennium and expansion of existing ENC activities to the community and outreach services. ■

4 - 15 December 2007	Training on Respondent Driven Sampling for HIV Behavioral Surveillance Survey, Myitkyina, Myanmar
19 December 2007	Community Home Based Care Workshop with the stakeholder in Yangon, Myanmar
19 - 20 December 2007	Meeting on progress of the Methadone Maintenance Therapy Programme in Myanmar, Nay Pyi Taw, Myanmar
Last week of December 2007	Rapid Response Training, Yangon, Myanmar
7 April 2008	World Health Day 2008 "Protecting health from global climate change"