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Newsletter

Accreditation of National Health Laboratory as National Influenza Centre, Myanmar

The ceremony for accreditation of National Health Laboratory as National Influenza Centre took place on 26 February 2008. The launching ceremony was attended by His Excellency Lt-Gen Myint Swe of Ministry of Defence, His Excellency Professor Kyaw Myint, Minister of Health, His Excellency Prof Mya Oo, Deputy Minister of Health, Dr Samlee Plianbangchang, Regional Director, SEARO along with other distinguished guests including ambassadors of Australia, Cambodia, Japan, Charge d' Affaires of USA and UN Representatives. The Regional Director handed over the accreditation letter to the Ministry of Health.

The creation of National Influenza Centre in the National Health Laboratory is a remarkable achievement of the Government of the Union of Myanmar in responding to the current threat of influenza pandemic. WHO congratulates the Government of the Union of Myanmar for this commendable effort.

Handing over of the National Influenza Centre and the Myanmar/WHO Country Cooperation Strategy documents from Dr Samlee Plianbangchang, Regional Director WHO South-East Asia Region to Dr Win Myint, Deputy Director General, Department of Health

Influenza virus occasionally causes epidemic and pandemic. As far as records are available, there had been three major influenza pandemics in the 20th century. The most devastating one was the Spanish flu outbreaks in three consecutive waves across the globe in 1918. It killed at least 50 million people. The subsequent pandemics were in 1957 and 1968 respectively. Even though milder, the later two pandemics still killed about 2 million people.

Influenza virus is prone to cause pandemic, because its genetic composition is relatively unstable. So, it frequently undergoes mutation, or combines with animal virus. The phenomena that can lead to the emergence of a novel virus, which the human population has no immunity. Therefore, the infection with this type of virus can rapidly spread and result in a pandemic.

Key note address of Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region at the Accreditation of National Health Laboratory as National Influenza Centre, Myanmar

Currently, there is a threat posed by Avian Influenza that may emerge as the next pandemic in human. To ensure effective preventive and control measures, there is a need of a system to monitor and predict the influenza epidemic right at its start.

WHO established a Global Influenza Surveillance Network to monitor and characterize influenza virus of pandemic potential since 1950. The backbone of this global network are the National Influenza Centres (NICs). These Centres are national institutions designated to be National Influenza Centres by National Health Authorities.

Since the Government of the Union of Myanmar has formally designated the National Health Laboratory as their National Influenza Centre: WHO now recognizes this Centre as a member of the Global Influenza Surveillance Network. This network currently consists of 122 centres in 93 countries around the world. Being a member of WHO Global Influenza Surveillance Network entails both right and responsibility in the prevention of influenza pandemic.

To jump start the functioning of National Health Laboratory as NIC in Myanmar, WHO has provided reference reagents for the diagnosis of H5 virus. Every year, WHO will provide standardized kits for identification of the current strains of influenza viruses. These reagents cannot be commercially procured; they are exclusively produced for NICs by WHO Collaborating Centres.

The information by these Centres on the antigenic characterization of influenza viruses that are globally circulating will be shared. NICs also will receive WHO publications on regional and global influenza activities. For this global network to maintain its vigilant monitoring, NIC will need to fulfil the following functions:

- Sharing of viruses for risk assessment;
- Sharing of the relevant information with the global network;
- Collecting clinical specimens and undertaking initial identification of type of virus.
- Alerting the Global Network of any influenza virus that cannot be readily identified by using WHO reagents.

Initially the NICs were primarily involved in the surveillance of seasonal influenza viruses. Due to the outbreaks of H5N1, the role of NICs have become increasingly important; their adequate capability and capacity to fully function as expected become indispensable. Timely and accurate diagnosis of influenza virus by NICs could be very helpful in averting a pandemic of influenza.

The National Health Laboratory in Myanmar will be an active partner in the regional and global networking. Such networking will enable the sharing of methods, scientific findings, reagents and expertise.

Explanation by Dr Ne Win, Director of National Health Laboratory during the tour in the National Influenza Centre/National Health Laboratory

Malaria Technical and Strategy Group updated the national malaria treatment policy in Myanmar

A special meeting of the Malaria Technical and Strategy Group (TSG) was convened by the Department of Health in collaboration with the WHO Country Office, 19 - 20 February 2008. The objectives of the meeting were:

1. To review the progress, issues and challenges in the implementation of the national malaria treatment policy in Myanmar adopted in September 2002.
2. To review the current evidence on the efficacy of artemisinin-based combination therapy (ACT) for uncomplicated *P. falciparum* malaria and the efficacy of parenteral drugs for severe and complicated malaria in Myanmar.
3. To update the current national malaria treatment policy and recommend it to the Ministry of Health for official adoption and implementation.

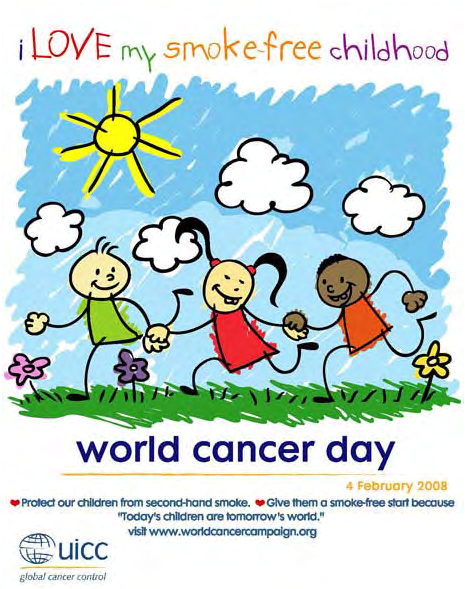
A total of 40 experts from the Departments of Health (DOH), Medical Research and Medical Science, Defense Medical Services, Myanmar Academy of Medical Science, Myanmar Medical Association, International NGOs, JICA, UNICEF (Myanmar) and WHO (Headquarters, South-East Asia Regional Office and Country Office in Myanmar) participated in the meeting. A special invitee was Dr. Wichai Satimai, Director, Vector Borne Diseases Control (VBDC), Department of Disease Control, Ministry of Public Health (Thailand); he shared lessons from Thailand. Two representatives from UN Office for Project Services (UNOPS) and three representatives from private pharmaceutical companies were present as observers. Dr Saw Lwin, Director, Disease Control, Department of Health chaired the meeting.

Group photo at the special meeting of the Malaria Technical and Strategy Group (TSG) at Sedona Hotel, Yangon.

Prior to the special meeting, Dr. Leonard Ortega (WHO Medical Officer/ Malaria) and Dr Than Win (Deputy Director, VBDC, DOH) convened the case management working group of the malaria TSG three times at WHO. The working group discussed the evidence on the efficacy of various ACTs in Myanmar and in other countries and the lessons learned in the implementation of ACT as first line treatment of *P. falciparum* malaria since its adoption in September 2002.

The salient features of the updated malaria treatment policy are: (1) treatment of uncomplicated P. falciparum malaria throughout the country with either (a) artemether-lumefantrine, (b) artesunate-mefloquine, or (c) dihydroartemisinin-piperaquine, (2) parenteral artesunate as first line treatment for severe malaria, (3) chloroquine for treatment of other species of malaria, and (4) recommendations on treatment failures, pre-referral treatment, treatment of malaria in pregnancy, chemoprophylaxis and stand by curative treatment. Policy statements regarding malaria diagnosis, financing, training, quality assurance, research, monitoring and evaluation are also included to support the implementation of the updated malaria treatment policy.

World Cancer Day 2008



Cancer is the leading cause of death around the world. WHO estimates that 84 million people will die of cancer between 2005 and 2015 without intervention.

Each year on 4 February, WHO joins with the sponsoring International Union Against Cancer to promote ways to ease the global burden of cancer. Preventing cancer and raising quality of life of cancer patients are recurring themes.

Around 700 million-children almost half of the world's children-breathe air polluted by tobacco smoke, particularly at home. On 4 February 2008, World Cancer Day will direct a simple message to parents: "Second hand smoke is a health hazard for you and your family. There is no safe level of exposure to second hand smoke. Give your child a smoke free childhood".

Key messages to be addressed to parents:

- There is no safe level of exposure to second hand smoke
- Because you care, protect your children from second hand smoke
- Teach children to stay away from second hand smoke
- Avoid smoking or allowing others to smoke in your home or car, even when your children are not there
- Do not smoke while pregnant or in the vicinity of someone who is pregnant
- Use a smoke free day care center

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Public Public Mix DOTS (Strengthening Hospital DOTS linkage System)

Public Public Mix (PPM) DOTS approach, engaging all care providers in control of TB is one of the components of Global STOP TB strategy. Myanmar has launched the Public Public Mix DOTS activities as a pilot project in Four Major Public Hospitals (New Yangon , East, West and Thingungyun Sanpya General Hospitals) in Yangon since May 2007. Public Public Mix initiative aims to strengthen the TB control services, through establishing a system link between public hospitals and public TB centers. The final outcome of the project will result in increasing case detection, improving treatment success and reducing drug resistance. It also provides equitable and more accessible case management, and decreases patient's unnecessary expenses. Advocacy meetings were conducted in four hospitals during May/June, 2007 led by Prof. Tin Maung Cho, Prof./Head of Department, Respiratory Medicine, Yangon General Hospital, Dr. Hans Kluge (Medical Officer, TB - WHO Myanmar) and National Tuberculosis Programme (NTP) officials. It was followed by the training of 53 hospital staff on Public Public Mix DOTS. Hospital DOTS Committee was formed for each hospital chaired by Medical Superintendent and members from heads of clinical disciplines. The organizational structure of the Hospital Public Public Mix DOTS Unit was set up. Assistant Medical Superintendent was assigned as PPM Coordinator. Roles of Laboratory, nurses, medical social workers and pharmacist were identified. PPM DOTS in hospital has identified four options to implement:

Option 1: Diagnosis of TB cases + prescription of treatment regimen in hospital followed by referral to Health Center for DOT, with clinical follow up at hospital

Option 2: Same as Option 1 without clinical follow up at hospital

Option 3: Diagnosis of TB cases + start Directly Observed Treatment (DOT) in hospital followed by referral to Health Center during treatment

Option 4: Diagnosis of TB case and provide full treatment (DOT) at hospital

Currently all hospitals are implementing option 3 and option 4. The logistics management, recording and reporting, monitoring and supervision systems were established for PPM DOTS.

Training for Hospital staff at East Yangon General Hospital into DOTS to strengthen the linkage with National TB Programme

DOTS Corner has been identified and renovated in all hospital for counselling, health education, and DOT activities. Teaching and education aids were supplied. NTP and WHO conducted joint monitoring and supervisory visits regularly. Quarterly and half yearly evaluations were conducted for the project and showing preliminary positive outcomes in terms of increased case notification and improved patient follow-up after discharge from the hospital.

This pilot project is supported by the 3 Diseases Fund.

Myanmar reviews implementation of the methadone programme

Participants to the workshop on Methadone Programme Progress in Myanmar, Mandalay, December 2007

Preventing the transmission of HIV and reducing its impact among injecting drug users is one of the priority strategies stated in the HIV/AIDS National Strategic Plan 2006 - 2010.

As part of this objective, the Ministry of Health started the delivery of methadone maintenance therapy (MMT) for treatment of injecting drug users in February 2006.

Initially 4 drug treatment centers (DTCs) in Yangon, Mandalay, Lashio (Shan State) and Myitkyina (Kachin State) piloted MMT. These centers have been followed by the opening of new dispensing sites Moegaung and Bamaw townships (Kachin State) and one additional dispensing site at the OPD service of the Thingangyun hospital in Yangon.

The Substance Abuse Prevention project of the Department of Health with support from WHO and financial assistance from the 3 Diseases Fund organized a two day workshop in December 2007 to discuss on the progress observed by the MMT programme since its opening early in 2006. Participants included clinicians and Department of Health officials, patients, representatives from the Ministry of Home Affairs, the UN and NGO sectors.

The agenda included the presentation of the preliminary results of a survey recently conducted among patients enrolled in the programme in all the MMT sites which provided detailed information about the socio-demographic characteristics, drug misuse history and injection related HIV risk behavior, treatment history and initial outcomes and impact of the MMT programme among the beneficiaries. Based on the results of the survey, a total of 490 patients have been enrolled in the programme since its inception. Among them 69% are still on treatment. Most importantly, the survey provided initial strong evidence of the positive impact the MMT programme is having in reducing heroin use patterns, injected related HIV risk behavior and improvements in health and quality of life among patients.

Before starting treatment all patients were injecting heroin, most of them (74%) 3 to 5 times per day during a period of time of 3 to 4 years (22%) or over 5 years or more (62%). Additionally, at least a quarter of patients referred having shared injecting equipment with other injectors prior starting MMT. After started methadone therapy, only 17% report having injected again and the vast majority (92%) has done it only occasionally. None of those who injected again reported having shared injection equipment with others. This represents a substantial and significant reduction of opioid use and the potential risk of HIV transmission.

Additionally, 86% of patients report improvement or much improvement in their health; 94% reporting having a better or much better relationship with their families and 92% report a better or much better quality of life since starting MMT.

During the workshop managers of Drug Treatment Centers delivering MMT as well as representatives from NGOs and from the patients had the opportunity to share their local experiences in implementing or participating to the programme, including the successes as well as the challenges faced.

All participants agreed in the positive outcomes and impact the MMT is having in their communities.

The main challenge now for the programme is to scale up and to reach greater coverage for a greater number of beneficiaries and thus have a meaningful impact not only in improving the life of injecting drug users but also in reducing significantly the transmission of HIV among this population.

World Health Organization

National workshop on information management and retrieval for HeLLIS network libraries

Group photo of facilitators and participants of National workshop on information management and retrieval for HeLLIS network libraries at Medical Education Centre in Yangon, December 10 - 19 2007

As a follow up to the library workshops on information management and retrieval and Health Internetwork Access to Research Initiative (HINARI) held in June of 2007, a national workshop on the information management for junior librarians from Health Literature, Library and Information Services (HeLLIS) libraries in Myanmar was conducted at the Medical Education Centre in Yangon from 10 - 19 December 2007.

The objective of the workshop was to train the librarians in information management following international standards by using PhpMyLibrary software. The program consists of cataloguing, circulation and has an import-export feature. It strictly follows the USMARC standard for adding materials. Both PhpMyLibrary and HINARI training were conducted during this national workshop.

The trainers were chosen from the participants of *Training of trainers workshop on information management and retrieval for HeLLIS network libraries* held in June 2007. Ms Nyunt Nyunt Swe, Chief Librarian, Department of Medical Research, Ms Khin Maw Maw Tun, Chief Librarian, University of Medicine (1), Mr Thi Tar, Chief Librarian, University of Medicine (II), Ms Marla Win, Librarian, and Mr Tin Htoo Khaing, IT Specialist from WHO Myanmar facilitated the workshop.

It was attended by 22 assistant librarians from medical libraries across Myanmar. The participants were from Universities of Medicine, Nursing, Dental Medicine, Traditional Medicine, Pharmacy, Medical Technology, Community Health, and University of Public Health and also from Department of Medical Research Libraries and they will be using the PhpMylibrary software to catalog monographs, thesis and articles and for users registration.

Junior librarians from HeLLIS network libraries in Myanmar, participating in the library workshop.

Book Reviews

Monographs on Climate change and human health

Climate change and human health: risks and responses

editors : A. J. McMichael ...[et al.]. Geneva: World Health Organization, 2003. 322p.

This volume seeks to describe the context and process of global climate change, its actual or likely impacts on health, and how human societies and their governments should respond, with particular focus on the health sector.

http://whqlibdoc.who.int/publications/2003/924156248X_eng.pdf

Ecosystem and human well-being: health synthesis: a report of the Millennium Ecosystem Assessment

Core writing team: Carlos Corvalan, Simon Hales, Anthony McMichael; extended writing team: Colin Butler ...[et al.]; review editors: José Sarukhán. Geneva: World Health Organization, 2005. 53p.

This report represents a call to the health sector, not only to cure the diseases that result from environmental degradation, but also to ensure that the benefits that the natural environment provides to human health and well-being are preserved for future generations.

http://whqlibdoc/publications/2005/9241563095.pdf

Preventing disease through healthy environments. Towards an estimate of the environmental burden of disease

Prüss-Üstün A, Corvalán, C. Geneva: World Health Organization, 2006. 104p.

This analysis details the health impacts of environmental risks across more than 80 diseases and injuries. Findings are particularly relevant to health care policymakers and practitioners.

http://whqlibdoc.who.int/publications/2006/9241593822_eng.pdf

important dates

8 - 9 April 2008	Training workshop on Methadone Maintenance Therapy prescription and dispensing, Sedona Hotel, Mandalay
25 April 2008	World Malaria Day
29 April - 3 May 2008	Training all State/Divisional TB officers in TB software
19 - 24 May 2008	Sixty-first World Health Assembly, Geneva, Switzerland
31 May 2008	World No Tobacco Day 2008 "TOBACCO-FREE YOUTH"