

## World Sight Day 2008 Commemoration Ceremony in Nay Pyi Taw



*H.E. Professor Kyaw Myint, Minister, Ministry of Health delivering the opening speech at the World Sight Day 2008 commemoration ceremony.*

**W**orld Sight Day 2008 Commemoration Ceremony was held in Nay-Pyi-Taw on 9<sup>th</sup> October 2008.

The opening speech was delivered by H.E. Professor Kyaw Myint, Minister, Ministry of Health followed by an address by Professor Adik Wibowo, WR Myanmar. It was attended by H.E. Professor Mya Oo, Deputy Minister, Directors General and officials from the Ministry of Health including representatives from Myanmar Women's Affairs Federation and Myanmar Maternal and Child Welfare Association.

World Sight Day, on the second Thursday of October, is a world wide initiative to eliminate avoidable blindness by the year 2020. Started in 2000, it is the main advocacy event for "Vision 2020 : The Right to Sight" a global effort to prevent blindness. VISION 2020 is coordinated by WHO, the International Agency for the Prevention of Blindness, public and private partners.

On World Sight Day, Vision 2020 members work together to :

- Raise public awareness of blindness and vision impairment as major international public health issues
- Influence Governments/Ministries of Health to participate in and designate funds for national blindness prevention programmes
- Educate target audiences about blindness prevention, about VISION 2020 and its activities, and to generate support for VISION 2020 programme activities

World Sight Day 2008 focuses on the aging eye and vision impairment in older people. The headline "Eyes on the Future" and strapline - "fighting vision impairment in later life" recognizes that in a world where populations are aging and individuals are living longer, blindness from chronic conditions is rising. The World Sight day 2008 Report highlights an international selection of VISION 2020 programmes addressing eye health in older people.

Global Key messages for World Sight day 2008 are :

- 75% of blindness is avoidable
- The world's populations are aging
- Risks of cataract, glaucoma etc greatly increase with age
- 80% of blind people are over 50 years
- Healthy eyes help active ageing, which helps older people live longer
- Timely intervention can preserve sight, so get your eyes tested regularly

About 37 million people worldwide are blind and 124 million people have poor vision. Three quarters of cases of blindness are treatable or preventable. Without intervention, the number of people who are blind will increase to 75 million by 2020. WHO works with member States to develop and implement national eye care plans. World sight day provides a platform to mobilize broader blindness prevention efforts.

South-East Asia has a disproportionate burden of blindness. Ninety percent of blindness in the region is avoidable (preventable or curable) either resulting from preventable conditions (20%) or being treatable (60%) so that sight is restored.

Blindness and visual impairment in this region is truly a public health problem and have the far reaching social, economic and developmental implications. Blindness is estimated to cost the countries of the region 5.6 billion USD annually. It is therefore an additional burden

to member states of the region. Further, the life expectancy of blind persons are one third less than their sighted peers, and most of them die within ten years of becoming blind. Two third's of the region's 10 million blind persons who have cataract, die without their sight being restored.

Prevention and treatment of vision loss are among the most cost effective and successful health interventions. These interventions include : cataract surgery to cure eye diseases related to ageing; prevention of trachoma; immunization against measles; provision of vitamin A supplements for the prevention of childhood blindness; and provision of eye glasses. The causes of avoidable blindness are frequently associated with lack of access to quality eye care service.

Cataract, a condition primarily affecting older people, remains the world's leading cause of vision loss, despite the fact that surgery to restore vision is one of the most effective interventions in health care. The cataract surgical rate CSR, or the number of cataract operations performed per million people in a given area, is a measure used as an indicator of the amount of cataract surgery being done or needed. Many developed countries have a CSR in excess of 6,000 but there are still many countries or regions within countries with CSR below 500.

Eye care, needs to be viewed comprehensively and as a priority. WHO hopes that the World Sight Day will provide opportunities for the public, health professionals, private and non-profit sectors to become more aware and more committed to ensuring the right to sight for all and to invest in global blindness prevention. ■



*H.E. Professor Kyaw Myint, Minister, Ministry of Health, along with other guests are seen here viewing the mini exhibition on World Sight Day 2008.*

## Water Purification Equipment installed at Myauymya Hospital by Scan Water Company and WHO - Myanmar



Training on Theory of Water Purification

Many water sources particularly in Ayeyarwaddy Division, were affected by the NARGIS Cyclone, leaving contaminated water unable to be used for drinking. In order to respond to this issue, the Norwegian Government through WHO has donated 4 large units and 20 small units of Water Purification System. Each large unit called "Em Wat 4000" is able to supply water to 3000-5000 people by producing 4000

litres of purified water per hour applying co-agulation, flocculation, sand and activated carbon filtration system. The small Unit will on an average produce 50-70 litres per day.

WHO Myanmar facilitated in conducting theoretical and practical trainings concerned with installation, operation and maintenance of these Water Purification Equipments. The theory part of the training was conducted by two Norwegian Engineers namely Mr. Stein Midtlund and Mr. Jon Arild Holte at Central Medical Store Department (CMSD), Yangon, from 14-15 August 2008. A total of 15 local engineers of Department of Health and CMSD participated in this training. The training on installation was conducted from 17-19 August 2008 in Myaungmya District Hospital. Seven engineers of DOH, one from CMSD and two local staff from Myaungmya Hospital actively participated in this training. One large unit was installed at the hospital. Formerly, families who are

residing in the hospital compound including the hospital itself and nearby community rely on tube well water and dug-well water in the compound. However, tube-well water has increased iron content and the dug - well water is unsafe for consumption.

Now, the hospital patients, the staff members, their families and nearby community are very happy to have access to safe water easily from this water purification system. ■



Water Purification Equipments installed

## Expanded Programme on Immunization (EPI) Updates

EPI coverage is improving for all antigens in Myanmar. As mass Measles Campaign was conducted in 2007; the number of measles outbreaks has reduced remarkably as shown in the maps.

Sporadic cases have been reported from some townships but, the age group infected is shifted to higher age, most of whom are unvaccinated.

During post-Nargis period, when children are accumulated in temporary shelters; the incidence of measles cases increased.

Again, most of these cases are from remote villages, over 5 years of age and unvaccinated.

In response to this, the Ministry of Health, through special outbreak response, vaccinated children 9 months to 15 years of age against measles. The outbreak has been

well controlled and with proper case management, no measles related death has been reported from Nargis affected areas.

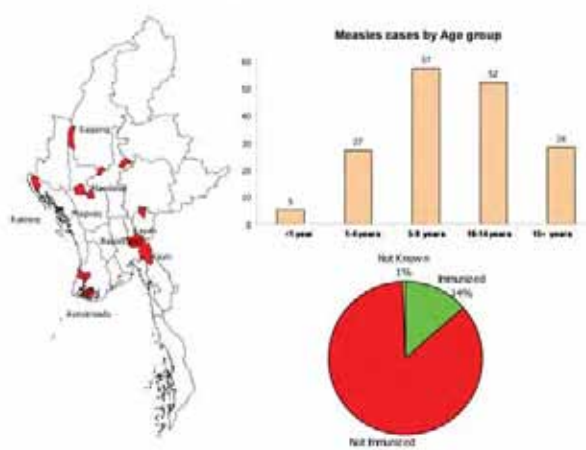
### Under "Immunization Plus"

In addition to immunization for all eligible children and pregnant women, DoH conducted Immunization Plus activities in Nargis affected areas. This includes distribution of Vitamin A, Vitamin B1, supplementation of micronutrients, iron, folic acid tablets and deworming of children. Antenatal and postnatal care, distribution of clean delivery kits to mid wives and distribution of insecticide treated Bed-Net for under 5 yrs children, pregnant and lactating mothers are also included.

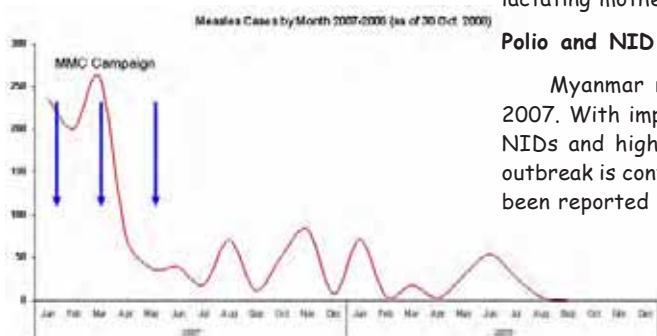
### Polio and NID situation

Myanmar reported 15 polio cases in 2007. With improved quality of SNID and NIDs and high coverage OPV3, the polio outbreak is controlled and no polio case has been reported in 2008 so far. To maintain

### Reported Measles cases



polio free status, Ministry of Health is planning to conduct 2 rounds of polio NID in January and February 2009 using OPV. ■





## A step forward on: TB HIV Collaborative Activities in Myanmar

### (The Basic Minimum Package of Interventions for TB/HIV at District/Township level)

According to the sentinel results in 2005, about 7.1% of TB sputum smear positive patients were found HIV positive. Since then, WHO in collaboration with MOH re-initiated a pilot programme in 2 high prevalence townships on collaborative prevention and control activities for TB HIV.

At the Central TB HIV Coordination meeting between WHO and MOH held in 2007, it was recommended, based on the pilot experience, to develop "the basic minimum package of intervention for TB HIV collaboration activities at township/district level". A meeting was conducted on 14 July 2008, chaired by Dr. Kyaw Nyunt Sein, Deputy Director General (Disease Control) at Mandalay for that development process. The Programme Managers (TB and HIV/AIDS), Clinicians, Representatives of WHO (TB and HIV Units), MSF and the UNION attended. Based on the experiences learnt on 2 WHO/MOH Pilot Sites and IHC Project (Integrated Health Care for TB HIV supported by UNION) in Mandalay and also the experiences of MSF (Holland and Switzerland), the basic minimum activity package for intervention of TB HIV at district / township level was drafted. Under this package, the following areas were identified to collaborate:

1. Establishing TB HIV technical working group
2. Advocacy meeting
3. Training programme



Workshop on development of minimum package for TB HIV collaborative activities at township level, Mandalay Hill Resort, 14 July 2008

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|---|--|
| 4. Development of IEC material and delivering health education                                  | 10. Isoniazid preventive therapy (IPT)         |
| 5. Voluntary HIV Confidential Counseling and Testing (VCCT)                                     | 11. HIV care and TB treatment                  |
| 6. Condom promotion and provision   | 12. Intensify case finding and contact tracing |
| 7. Partners, contact and defaulter tracing for HIV testing and counseling and continuum of care | 13. Infection control                          |
| 8. Directly Observed Treatment Short Course (DOTS)  | 14. Ensuring participation of PLHA             |
| 9. Cotrimoxazole preventive therapy (CPT)   |  |
- The package includes the indicators, reporting, and recording and referral mechanism. Preparations are now on board to expand the TB HIV activities in a phase wise manner with support of the 3Diseases Fund and, possibly in future, the Global Fund to fight AIDS, TB and malaria. ■

## Linking Data to Action for Tobacco Control

WHO has been supporting Member States in reinforcing capacity for surveillance and research in the areas of health, economics, legislation, environment and behaviour to back up tobacco control activities. One of the key initiatives in this context is supporting global surveys such as the Global Youth Tobacco Surveys (GYTS) and Global School Personnel Surveys (GSPS) conducted by the countries all over the world, in collaboration with the Centre for Disease Control and Prevention (CDC). Myanmar participated in GYTS for three times in the years 2001, 2004 and 2007 and in GSPS for 2004 and 2007.

It is crucial to disseminate the findings of repeat GYTS and GSPS to key partners working for tobacco control in the country in order to link the available data with the actions for controlling tobacco use, warning the dangers of tobacco to the public, preventing the exposure to tobacco smoke, enforcing the legislation and offering help to quit from use of tobacco products.

The dissemination workshop on findings of repeat GYTS and GSPS took place in Nay Pyi Taw, on 21 August 2008 with the participation of key personnel from the Ministry of Health, Ministry of Education, Ministry of Information, Ministry of Sports, Nay Pyi Taw City Development Committee, Department of Development Affairs and media persons. The national tobacco focal point and the focal point for school and adolescent health made presentations and served as resource persons. The tobacco focal point of WHO country office also joined them in facilitating discussions.

The presentations were found to be very informative. Participants made active discussions, suggestions and recommendations for linking data to action. Some key recommendations came out from the workshop were enforcement of national legislation on tobacco control through multi-sectoral action, further distribution of information materials to schools, expansion of training on tobacco control to education personnel and incorporation of hazards of tobacco and tobacco cessation in the curriculum for school teachers and promoting role of media in tobacco control.

As a positive outcome of the workshop, the findings of surveys were published in the popular journals highlighting the increasing trend of smokeless tobacco use among the students. This has significantly contributed towards raising the awareness of general public on this alarming threat of tobacco among the country's youth population. ■



World Health  
Organization

## Trawlergies for maternal and newborn emergency transport



The trawlergy uses

UNFPA Strategic Partnership Programme with WHO implemented key activities in 2006-2007 on "Strengthening Continuum of Maternal and Newborn Health Services". One of these was expansion of referral system of essential obstetric and newborn care. To facilitate timely transfers in emergency maternal and newborn management, especially for the hard to reach villages, UNFPA/WHO/DoH had distributed 25 trawlergies, a mini truck tractor, as part of program activity to strengthen Reproductive Health. These were provided to the five programme townships, Myaung, Monywa, Salingyi, Khin U and Wetlet Townships in Sagaing Division in December 2006. An assessment on the usefulness, drawbacks, gaps and constraints on this form of assistance was conducted between 1st to 5th July by Department of Health, Department of Medical Research (Lower Myanmar), UNFPA and WHO in collaboration as a team.

### Objectives of the study

1. To determine the usefulness, drawbacks of existing trawlergies given for maternal and newborn care transport in the five townships of Sagaing Division.

2. To find means to improve access to quality skilled care during pregnancy, childbirth and postpartum.
3. To procure appropriate essential transport vehicle for referral of mothers and infants for the future.

### Evaluation process

The study used qualitative assessments. A total of 16 trawlergies were visually assessed in the 13 villages where site assessments were conducted. 26 focus group discussions, 27 key informant interviews and 35 in depth interview sessions were conducted for 20 RHCs which had received trawlergies.

### Results

All beneficiaries appreciated receiving a trawlergy in their main RHCs for emergency transport of maternal and infants. The most usefulness was seen in places where roads that lead to health facility are present. Villages near river banks and railroad sides preferred either boat or train for transport. Underuse and misuse were also noted. Some were because of geographic location but a few depend on empowerment and motivation. Misuse was noted in two villages.

The trawlergies did not give engine trouble but their main disadvantages were frail joint, low headlamp irradiance, bumpiness, roofless chassis and absent side-rails. All lacked license plates and due to this vehicles encountered trouble especially when driving in Monywa city. RHCs had difficulty in getting experienced drivers.

All RHCs reported that they had maintenance and utilization committee but most were not fully functioning. Some of the RHCs also had difficulty in getting funds for providing free transport, maintenance and sustainability. ■



For patient transport



For Health Education

important dates

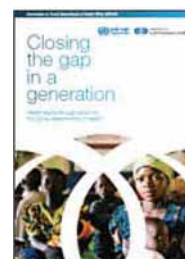
14 November 2008	World Diabetes Day
1 December 2008	World AIDS Day
8-12 December 2008	National capacity strengthening workshop for Programme Managers on Integrated Prevention and Control of Noncommunicable Diseases, Nay Pyi Taw, Myanmar

## Book Reviews

### Monographs on natural disasters

*Closing the gap in a generation: Health equity through action on the social determinants of health*

Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others.



[http://whqlibdoc.who.int/publications/2008/9789241563703\\_erg.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_erg.pdf)

### International Travel and Health 2008

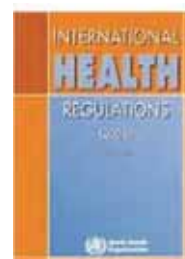
International travel and health 2008 covers the main health risks to travellers, both during their journey and at their destination. It includes the relevant infectious diseases including causative agents, modes of transmission, clinical features, geographical distribution, and prophylactic and preventive measures.



<http://www.who.int/ith/chapters/en/index.html>

### International Health Regulations (2005)

The successful implementation of the International Health Regulations (IHR), over the next five years, with the technical support of WHO, by all the countries who committed themselves to meet the new requirements of the Regulations will contribute significantly to enhancing national, regional and global public health security.



[http://www.who.int/csr/ihr/IHR\\_2005\\_en.pdf](http://www.who.int/csr/ihr/IHR_2005_en.pdf)