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Newsletter

Ministry of Health Partners meeting on Sustainable Tuberculosis (TB) Drug Supply in Myanmar

The Ministry of Health, Myanmar with support from the WHO convened the Partners' Meeting on "Sustainable TB Drug Supply in Myanmar" in Naypyitaw on 1st December 2008. The meeting was chaired by the Minister for Health Professor Dr Kyaw Myint and attended by the Deputy Ministers for Health Professor Mya Oo and Professor Paing Soe, Director Generals and Deputy Director Generals of Departments under the Ministry of Health, Ambassadors/Representatives of Embassies of United Kingdom, Australia, United States of America, Japan, UN Resident Representative/UN Resident Coordinator, Country Representatives of WHO, UNICEF, UNDP, UNAIDS, Representatives of WHO HQ Geneva, the Global Drug Facility (GDF) Monitoring Mission headed by the Chief of GDF, Representatives from Japan International Cooperation Agency (JICA), United Kingdom Department for International Development, Swedish International Development Cooperation Agency, Director of the International Union against TB and Lung Diseases, President and Chief Executive Officer of Population Services International (PSI), the Foundation for Innovative New Diagnostics, the General Manager of TOTAL Company, International non governmental organizations (PSI, World Vision Myanmar, Pact Myanmar, Malteser International), Officials from Ministry of Health, and special invited guests.

Despite of the many challenges, the National TB Programme (NTP) Myanmar has been progressing well towards the TB-related Millennium Development Goal (MDG) No 6, progress which has been recognized by the consecutive two-yearly external review missions to the NTP Myanmar (2002, 2004, 2007) consisting of leading TB and health system experts. This success is largely thanks to the hundreds of thousands of lives saved through the support from the *Global Drug Facility (GDF)*, which granted free anti-TB drugs to the NTP for its TB patients since 2002. The Global Drug Facility usually allows for maximum two terms of 3 year grant, which in the case of Myanmar would come to an end in 2008. GDF, however, had exceptionally agreed to provide a 7th year of support till end of 2009.

The aim of the Partners Meeting was thus to find solutions to ensure TB drug supply for all TB patients for 2010 as a short term solution while the longer term solution would be an increased Government spending on TB drugs and an application to the Global Fund to fight AIDS, TB and malaria for Round 9.

Ways to fill the critical gap of about 3 million USD to treat 150,000 TB patients in 2010 were discussed at this Partners Meeting.

H.E. Professor Dr Kyaw Myint, the Minister of Health, in his opening address, highlighted the progress made by the National Tuberculosis Programme (NTP), the crucial role of the donors and partners in all the achievements and importance of the uninterrupted supply of anti-TB drugs after phasing out of GDF by end of 2009.

The Minister stated that the Government will cost match minimum 3% of the cost of first-line anti-TB drugs for 2010 and incrementally 1% every year there after. He also pointed out to identify sources for TB drugs to start procurement by mid 2009.

Professor Adik Wibowo, WHO Representative to Myanmar congratulated in her opening remarks for the many achievements of the National TB Programme including reaching the Global TB targets 1 among the 5 countries out of the 22 high burden countries. As key factors to this success, she highlighted the Ministry of Health commitment to TB control, a very devoted work force, a good partnership with all involved in TB control in Myanmar and the support from the Global Drug Facility and important development partners as the 3Diseases Fund, UNITAID, the UNION, Yadana consortium/TOTAL Company, UN Central Emergency Response Fund, JICA, United States Agency for International Development and Fidelis (Fund for Innovative DOTS Expansion through Local Initiatives to Stop TB). Professor Adik Wibowo encouraged to discuss frankly any possible support for the TB drug supply requirement especially for 2010 and buffer stock for 2009 to ensure that TB patients continued to have the basic right of free TB drugs, whether adult or child, male or female, HIV co-infected or not.

Health partners meeting on sustainable tuberculosis (TB) drug supply in Myanmar in Naypyitaw on 1st December 2008.

The consequences of interrupted supply of TB DRUGS for Myanmar and the South East Asia Region are:

- Majority of the TB patients will either die, either buy drugs of doubtful quality in the private market for a duration less than the required 6-8 months of treatment
- Myanmar could then see an increase in multidrug resistant TB, with regional spill over effects
- All the hard won gains of the NTP and its partners over the past decade would be reversed, making TB and TBHIV control in Myanmar extremely difficult for the decades to come
- Progress to the TB-related Millenium Development Goals in South East Asia will be seriously hampered
- With 60-80% of AIDS patients having TB as the most important opportunistic infection, and major cause of death, HIVAIDS control would become very difficult too, and last but not least:
- Major international partners in TB and HIVAIDS control (JICA, JATA, WHO, International Union against TB and Lung Diseases, Populations Services International, Medecins sans Frontieres and the Myanmar Medical Association, which have relied on the regular TB drug supply from the NTP for their own projects, would be faced with huge challenges to continue their disease control activities.

Dr Win Myint, Acting Director General, Department of Health, presented on the TB Control Activities and the TB Drug Situation of Myanmar. He clearly showed the first-line anti-TB drug cost, probable funding, and the funding gap year-wise (funding gap for 2010 is 3 million US$).

Mr Robert Matiru, Chief of GDF, then presented the findings of GDF annual monitoring mission to Myanmar during 24-29 November 2008, with positive remarks to TB Control Programme at all levels. GDF will continue its grant in 2009, US $ 2.5 million for the first-line TB drugs plus a grant for 100% of children needs. He also urged to ensure uninterrupted supply of TB drugs beyond 2009 in order not set back the hard won gains by the National TB Programme and partners.

Then the delegates shared their concerns and suggestions and made following recommendations on sustainability of first line anti TB drugs in Myanmar:

1. to ensure long term sustainable funding for major components of the Five Year National Strategic Plan for TB Control in Myanmar such as procurement of quality assured drugs, laboratory and other consumables, regular monitoring and supervision and provision of trainings, from donors and funding mechanisms, including the Global Fund Round 9 application;
   a. expand the consortium of donors to develop a concrete, time bound action plan for funding the gap of first-line TB drugs in the short and long term
2. to increase government funding for the procurement of first-line anti-TB drugs to cover not less than 3% of anti-TB drug needs; such funding should be additional to the overall TB control program budget with an annual increment
3. to urgently seek time bound commitment/ funds to avoid any critical shortfall of first-line anti-TB drugs for 2009–2010 including a buffer stock, prior to long term financing being secured
4. the GDF to expedite its 2009 TB drug grant commitment so that stocks are replenished by end of Quarter 2, 2009.

National Capacity Strengthening Workshop for Programme Managers on Integrated Prevention and Control of Noncommunicable Diseases (NCDs)

National capacity strengthening workshop for programme managers on integrated prevention and control of noncommunicable diseases (NCDs) in Nay-Pyi-Taw, Thingaha hotel on 8 December 2008.

The inauguration ceremony for the National Capacity Strengthening Workshop for Programme Managers on Integrated Prevention and Control of NCDs was conducted in Thingaha hotel in Nay-Pyi-Taw on 8 December 2008.

Opening speech was delivered by Dr Win Myint, Ag Director General, Department of Health and an opening address was delivered by Dr Nihal Singh, Medical Officer EPI on behalf of Professor Adik Wibowo, WHO Representative to Myanmar.

This workshop was organized by the Ministry of Health and supported financially and technically by WHO is aimed to equip programme managers at national and sub-national levels with updated knowledge and enhanced skills required for introduction of evidence-based public health interventions on NCDs (non communicable diseases).

The workshop is facilitated and technically assisted by Dr Jerzy Leowski, Regional Advisor NCD, SEARO, Dr Rajesh Kumar, Professor and Head, Postgraduate Institute of Medical Education and Research, School of Public Health, Chandigarh, India and Dr. Bhakta Raj Giri, Head of Department, Internal Medicine, Jigmi Dorji Wangchuk National Referral Hospital, Thimphu, Bhutan.

Chronic, noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer, chronic lung diseases and diabetes have emerged as a major public health challenge. According to WHO estimates NCDs account for 54% of all deaths in the SEA Region.

A worrisome fact is that middle-aged adults show disproportionately high death rates due to NCDs in comparison with those living in more developed countries. People contract disease at younger ages, suffer longer and die sooner than people of high-income countries.

NCDs are increasingly common among the poor and marginalized. They contribute to poverty and are among the key barriers to socioeconomic development. In developing countries, the poor population is likely to bear the brunt of chronic diseases, mostly due to lack of awareness of risk factors, inability to modify lifestyles and other reasons.

There is strong evidence that significant reduction in NCDs can be achieved by the introduction of simple public health interventions addressing major NCD risk factors and their socioeconomic determinants at population, community and individual levels.

There is an increased emphasis on targeting the common risk factors and a heightened commitment to apply integrated approaches to deal with all major NCDs. The existing knowledge on effective, efficient and affordable interventions to modify unhealthy diet, physical inactivity and tobacco consumption is largely underutilized.

To ensure that the translation of policy guidance into action is tailored to the socioeconomic conditions and health system of each Member country, the WHO Regional Framework for Prevention and Control of NCDs was formulated in early 2006.

The framework provides a step-wise approach to the development and implementation of comprehensive national policies, plans and programmes. The health secretaries of Member countries reviewed the regional framework in June 2006 and reiterated the need to strengthen the integrated epidemiological surveillance and population-based public health interventions using existing health-care systems to target the common risk factors and determinants of major NCDs.

The Sixtieth Session of the Regional Committee for South-East Asia further endorsed the regional framework and urged Member States to initiate appropriate steps to formulate, update and strengthen national policies, strategies and programmes for integrated prevention and control of NCDs. Implementation of the Regional Framework for Prevention and Control of NCDs requires the coordinated efforts of multiple stakeholders from the government, the private sector, civil society and international agencies.

The Action Plan for the Global Strategy for Prevention and Control of NCDs was endorsed by the World Health Assembly in May 2008. ■

Training of Trainers (TOT) training on Respiratory Infection Control

Training of Trainers (TOT) training on Respiratory Infection Control was conducted at 1000 bedded hospital in Nay Pyi Taw from 17 to 18 November 2008. 35 participants from state and division level senior medical officers including state and division health directors and medical superintendents attended the training. The training was jointly organized by WHO Myanmar Country Office and the Medical Care Division of the Department of Health. Facilitators of the training were Professor Win Naing from Chest Medicine Unit, Yangon General Hospital, Dr Yee Yee Naing, Senior Consultant, Chest Medicine Unit, North Okkalapa Hospital, Dr Ye Htun, Senior Consultant, Chest Medicine Unit, Mandalay General Hospital and Dr Myo Lwin, National Consultant from Avian Influenza Unit, WHO Country Office in Myanmar. As a follow up of this TOT, the participants were expected to organize and conduct training on Respiratory Infection Control for district and township medical officers in their respective states and divisions.

After this training the trained district and township medical officers are expected to conduct the multiplier courses at their respective districts and townships for basic health workers such as station medical officers, health assistants, midwives, nurses, etc. The district and township level training will be conducted in January 2009 and the multiplier courses before mid 2009.

The objective of these trainings is to prevent nosocomial infection and transmission of communicable diseases including Avian and Human Pandemic Influenza among the hospital staffs, patients and family members in the hospital settings. ■

H.E. Prof Mya Oo, Deputy Minister for Health providing guidance at Respiratory Infection Control TOT training conducted in Nay Pyi Taw, on 17-18 November, 2008.

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Ninth Partners meeting of Myanmar Leprosy Control Programme, Royal Kumudra hotel, Nay Pyi Taw (15-16 December 2008)

Dr Leonard Ortega, Ag WR delivering an opening address

The inauguration ceremony for the Ninth Partners meeting of Myanmar Leprosy Control Programme was held at Royal Kumudra hotel in Nay Pyi Taw. Opening speech was delivered by Dr Swe Win, Director (Administration) on behalf of Ag Director General, Department of Health. Dr Leonard Ortega, Ag WR delivered an opening address. This was followed by an address by Mr Dann Posteen, Project Coordinator, Netherlands Leprosy Relief.

The meeting was attended by Deputy Director General Dr Kyaw Nyunt Sein, officials from the leprosy programme of the Department of Health, Representatives from the International Federation of Anti-Leprosy Associations--

- Representative from American Leprosy Mission
- Representative from Netherlands Leprosy Relief
- Representative from the Leprosy Mission International
- Representative from Sasakawa Memorial Health Foundation

Members of the National Task Force Committee for Leprosy Control, WHO and national NGOs.

The objectives of the meeting were :

- To review the leprosy control activities and achievements in 2007-2008
- To present the current leprosy situation in Myanmar
- To discuss the plan of action 2009 of Myanmar Leprosy Control Programme and to consider resource requirement for 2009
- To enhance the cooperation with partners for sustaining leprosy control services and to strengthen POD (prevention of disability) and rehabilitation

WHO's Global Strategy for further reducing the leprosy burden and sustaining leprosy control activities, 2006-2010 focuses on sustaining the gains made so far and on reducing the disease burden further in all endemic communities. At the same time, particular attention is given to ensure that the quality of services is not compromised.

The strategy has tried to address the remaining challenges that endemic countries are likely to face in providing services to further reduce the disease burden due to leprosy. It is, in fact, a natural evolution of the WHO strategic Plan for Leprosy Elimination 2000-2005 that encouraged commitment among endemic countries in dealing with the challenges posed by the disease.

The reported global registered prevalence of leprosy at the beginning of 2007 was 231,361 cases. Sixteen countries reported over 1,000 new cases and in total accounted for 94% of global new cases during 2006.

In the South-East Asia Region, the new case detection rate declined from 47.8 in 1998 to 10.51 per 100,000 population in 2006. There were 6 countries reporting more than 1000 cases annually in the region.

In the past, Myanmar was regarded as a country where leprosy prevalence was very high and has been a public health problem in the country. The National Leprosy Control Programme was launched in 1952 with the technical assistance of WHO. Despite Several constraints, the Leprosy Control Programme of Myanmar has made considerable progress over the past 50 years in collaboration with various partners. In 1986 WHO MDT was introduced in Myanmar. The Union of Myanmar, formally announced the achievement of leprosy elimination target in the country on 6 February 2003 at the 3rd Global Alliance for Elimination of Leprosy meeting held in Yangon. Currently, the registered cases in 2007 was 2892 and the prevalence rate was 0.50 per 10,000 population.

In addition to WHO assistance, various key partners such as Sasakawa Memorial Health Foundation (the Nippon Foundation) of Japan, American Leprosy Mission, Netherlands Leprosy Relief, the Leprosy Mission International, Novartis Foundation and national NGOs have generously contributed in terms of technical and financial support. Collaboration of various government departments, media personnel and private sector also played a significant role. ■

World Diabetes Day 2008

The opening ceremony for World Diabetes day 2008 was held at the meeting hall of the Ministry of Health in Nay Pyi Taw. Inaugural speech was delivered by H.E. Professor Kyaw Myint, Minister, Ministry of Health.

The second part of World Diabetes day 2008 was followed by talks on the following topics:

- "World Diabetes day" by Dr Ko Ko, Lecturer/Consultant, North Okkalapa General Hospital in which history and development, aims and themes of World Diabetes day were discussed
- "Diabetes Mellitus in children and adolescents " by Dr Myat Kaung, from Thingangyun Sanpya Hospital,
- "Prevention of Diabetes Mellitus" by Professor Dr Tint Swe Latt, Project Manager of Diabetes Project

The second part was attended by staff from the Ministry of Health and NGOs. Pamphlets on World Diabetes day, T-shirts and bags with World Diabetes day logo and theme, including key chains, towels and ball pens were distributed to the audience.

For the last part of the ceremony, testing of blood glucose was done, free of charge to any person who wanted to be tested including measuring of blood pressure, body weight, waist circumference and BMI were done. Risk score for type (2) diabetes was calculated for each person and advice on prevention of diabetes was given. The ceremony came to a successful conclusion at 1:00 pm in the afternoon.

World Diabetes day is the primary global awareness campaign for diabetes

It is aimed to raise awareness of diabetes of its escalating rates around the world and of the causes, symptoms, treatment and complications associated with the condition.

Started by the International Diabetes Federation (IDF) and WHO in 1991—the day is celebrated on 14 November to mark the birthday of Frederick Banting who, along with Charles Best who were instrumental in discovering insulin in 1922. In 2007, World Diabetes Day became an official United Nations world day, following the UN World Diabetes Day resolution 61/255 in December 2006

The theme for World Diabetes day 2007 and 2008 is "Diabetes in Children and Adults".

The theme for World Diabetes day 2009 until 2013 is "Diabetes Education and Prevention".

WHO estimates that more than 180 million people worldwide have diabetes, according to 2005 figures. The number is likely to more than double by 2030 without intervention.

Almost 80% of diabetes deaths occur in low and middle income countries. ■

MCC-WHO-3DF community-based malaria control: progress and challenges

Insecticide-treatment of mosquito nets by the villagers under the guidance of trained volunteer

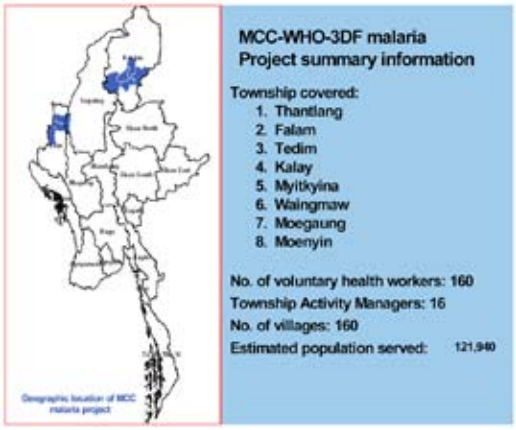
Empowered village health volunteers are making significant contributions towards malaria control, there is no more death attributed to malaria in their respective communities and the villagers appreciated very much their services. These sum up the progress to date of community-based malaria control project in 160 remote hard to reach villages being implemented by the Myanmar Council of Churches (MCC). It is financially supported by Three Diseases Fund (3DF), and with technical and management support by WHO.

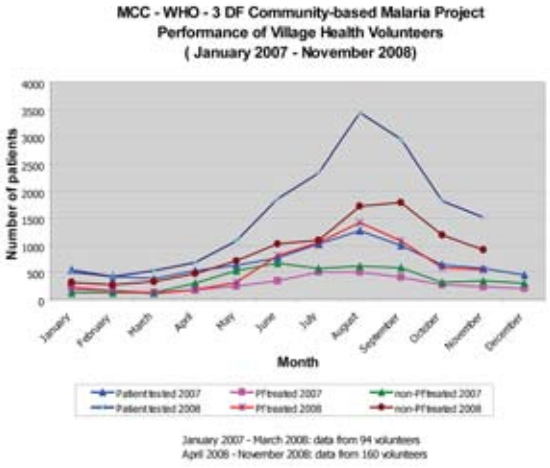
The project started in 2004 in 94 hard to reach villages in Chin State, Kachin State and Sagaing Division with support from Global Fund, continued with 3DF "bridge fund", with technical assistance from VBDC and WHO. In February-March 2008, 66 additional volunteers were included. In each target village, the health committee, village elders and Church leaders selected one volunteer. The volunteers are empowered to implement two key interventions: (1) prevention using insecticide-treated mosquito nets (ITNs) and long lasting insecticidal nets (LLINs), and (2) early diagnosis and appropriate treatment as per the national malaria treatment policy.

During the period from Jan 2007 to Nov 2008, the volunteers attended a total of 28,082 persons with febrile illnesses, examined for malaria 25,401 people, detected 9,858 P. falciparum malaria and 14,461 probable malaria cases. On average per month each volunteer attended 10 febrile cases, examined for malaria 9 persons, detected and treated 4 P. falciparum malaria and 5 probable malaria, mostly during the first 2 - 3 days of illness. The early detection and appropriate treatment with effective drugs prevented the development of severe malaria and deaths. As expected, most malaria cases occurred during the rainy months.

Moreover, in 2008 the volunteers treated with insecticides 32,605 mosquito nets and distributed 5,000 long lasting insecticidal nets. They educated and motivated the people to sleep inside mosquito nets every night.

Aside from strong community ownership, other factors that help sustained the performance of the volunteers are: refresher training, logistic support, supportive supervision, monitoring, annual evaluation and planning meetings and feedback to the target communities. Sustaining the community ownership and the logistics and technical support for the project are continuing challenges.

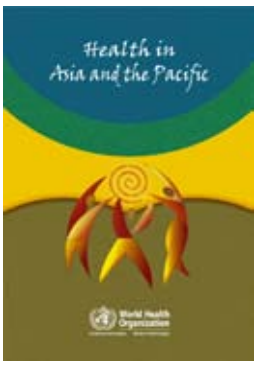




Book Reviews

Health in Asia and the Pacific.

New Delhi: WHO/SEARO & WHO WPRO, 2008. 539p.

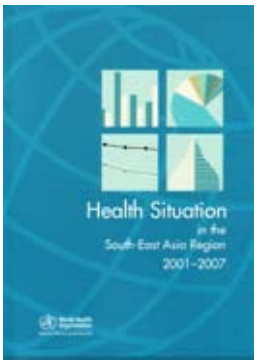


This book continues a recent trend in reporting by combining information from the WHO South-East Asia and Western Pacific regions. It serve as a resource for officials, policy-makers and others working in all sectors related to public health by providing a single source of information on public health issues across the 48 countries and areas that form the Asia Pacific Region.

http://www.searo.who.int/biregional/linkfiles/Biregional_Publication.pdf

Health situation in the South-East Asia Region 2001 -2007.

New Delhi: WHO/SEARO, 2008. 206p.



The Health Situation in the South-East Asia Region was first published in 1980 and the present volume is the eleventh in the series. It presents the health situation in the Member States, as reflected by epidemiological data, primarily covering the period 2001-2007. It is presented with a regional perspective and, where appropriate, comparisons have been made with other regions of WHO and with world averages.

http://www.searo.who.int/LinkFiles/Evidence_&_Health_Information_Health_Situations_SEAR__2001-2007.pdf

important dates

4 February 2009	World Cancer Day
24 March 2009	World TB Day
7 April 2009	World Health Day
25 April 2009	World Malaria Day