

## The Regional Meeting on the Use of Herbal Medicines in

### Primary Health Care



Opening address of Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region at the Inauguration ceremony for Regional Meeting on the use of Herbal Medicines in Primary Health Care, Yangon, Myanmar.

The Ministry of Health, Union of Myanmar, hosted the Regional Meeting on the Use of Herbal Medicines in Primary Health Care at the Traders Hotel, Yangon from 10 to 12 March 2009. The meeting was jointly organized by WHO Regional Office for South-East Asia and the Department of Traditional Medicine, Ministry of Health with the objective to promote the use of herbal medicine in countries of the South-East Asia Region. About sixty participants and resource persons from nine out of eleven Member States joined the meeting. Dr Samlee Plianbangchang, the Regional Director of the

WHO South-East Asia Region made an opening address, in which he highlighted the important role of herbal medicines as a primary source of health care among the people of this region. Dr Tin Nyunt, Director General of Department of Traditional Medicine, mentioned in his welcome address the strong history of Myanmar traditional medicine and high level of knowledge and attitude as well as good practices of traditional medicine widely spreading all over the country.

The Specific Objectives of the meeting were:

1. To explain the role of WHO in promoting herbal medicine in primary health care (PHC).
2. To share information on the use of herbal medicine among countries of South-East Asia Region.
3. To strengthen research in ensuring efficacy, safety and quality of herbal medicines.
4. To discuss intercountry cooperation in herbal medicine.
5. To prepare strategic frameworks for sharing information on use of herbal medicine, for research on efficacy, safety and quality and for intercountry cooperation in herbal medicine.

During the three-day meeting participants discussed, in addition to country papers, the generic framework for sharing information on the use of herbal medicine in PHC, generic framework for research on efficacy, safety and quality of herbal remedies in PHC and generic framework for intercountry cooperation in herbal medicine for use in PHC.

The meeting made a number of recommendations, both for WHO and for the Member Countries, which include specific recommendations on information sharing, research, intercountry cooperation and further development and expansion of herbal gardens. ■

## Myanmar commemorated "Sixth Leprosy Elimination Day"

On 6 February 2009, the Ministry of Health organized a ceremony to commemorate the sixth Leprosy Elimination Day, at the main conference hall of Ministry of Health, Nay Pyi Taw. The ceremony was to mark the sixth anniversary of the declaration for achievement of leprosy elimination status in Myanmar that was announced on 6 February 2003. Elimination of leprosy as a public health problem indicated that leprosy prevalence in Myanmar became less than one per 10,000 population.

The commemorative ceremony was opened by the H.E. Minister for Health, Prof Kyaw Myint who delivered an opening speech. In his speech His Excellency highlighted the long history of leprosy control programme in Myanmar over the last fifty years. He also described the efforts of national leprosy programme along with the international collaboration, including WHO, Sasakawa Memorial Health Foundation, Nippon Foundation, Novartis and International Federation of Leprosy Elimination Associations (ILEP). The slogan for this year was "Treat Early: Prevent Disability". The ceremony was attended by the Deputy Minister for Health, Prof Mya Oo, Directors-General of the Ministry of Health, senior officials from Departments under the Ministry of Health, representatives from Myanmar Women's

Affairs Federation, Myanmar Maternal and Child Welfare Association and other national NGOs and international organizations such as the International Medical Centre of Japan (IMCJ), Japan International Cooperation Agency and the Leprosy Mission International.

Later, H.E. Minister and H.E. Deputy Minister delivered the prizes to the winners of essay competition on the leprosy elimination. Ms Margareta Skold PHA/WCO-MMR and Director of IMCJ, Dr Norihisa Ishii also delivered the prizes. It was followed by a short video clip focusing on care and support of persons affected by leprosy. After the ceremony, the dignitaries and invited guests viewed the mini-exhibition displayed by the Ministry of Health featuring various activities of leprosy control programme in Myanmar.

The official ceremony was followed by a series of talk on leprosy programme in



Prof Kyaw Myint, H.E. Minister for Health delivering the prize to a winner of essay competition.

Myanmar by a number of renowned speakers including the national programme manager, famous writers and an actress who has played various roles in three different video clips raising leprosy awareness. The chairperson of the talk programme, Dr Kyaw Nyunt Sein, Deputy Director General of Department of Health and the co-chair Dr Maung Maung Gyi, former WHO national consultant on leprosy also gave remarks complementing the speakers. ■



## Experts Recommend Actions to Prevent the Emergence and Spread of Anti-malarial Drugs

### Resistance in Myanmar

**T**he Department of Medical Research (Lower Myanmar), in collaboration with WHO, successfully concluded a Technical Meeting on Anti-malarial Drug Resistance in Myanmar on 13 March 2009. Experts on malaria from national and international organizations and representatives from Food and Drug Administration and the pharmaceutical companies in Myanmar participated. They concluded that treatment failure rates to artemisinin-based combination treatments (ACTs) is high, and the prolonged parasite clearance time documented in seven cases is a concern. However, it was not clear if the treatment failures and the prolonged parasite clearance time were due to *Plasmodium falciparum* resistance to artemisinins since pharmacokinetic studies were not done and Polymerase Chain Reaction (PCR) analysis was only done for studies carried out in 2007. Previous report on two cases of *P. vivax* malaria resistant to chloroquine was noted. Further studies are needed to validate resistance of *P. vivax* to chloroquine and to determine the magnitude.

The experts identified key factors that may contribute to the emergence and spread of resistance to anti-malarial drugs in Myanmar. They recommended the following strategic actions to address them:

1. Scale up rapidly nationwide, both in the public and private sectors, the provision of early diagnosis and appropriate treatment of malaria in line with the current national malaria treatment policy. Quality assured diagnostic tests and ACTs should be widely available, preferably free of charge. It should be supported with effective supportive interventions such as: (a) training,

continuing medical education of health care providers, and dissemination of the national malaria treatment guidelines to target users, (b) behavior change communications for both the health providers, patients and the populations at risk of malaria, (c) surveillance system, (d) supervision, monitoring and evaluation

2. Prioritize the implementation of preventive measures such as Insecticide treated net (ITNs)/ Long lasting insecticide net (LLINs) and Indoor Residual Spray (IRS) in areas where treatment failures were detected or in areas where there is high risk of emergence and spread of drug resistance.
3. Further strengthen and expand the Malaria Technical and Strategy Group. It should serve as a coordination body to monitor and provide recommendations to scale up the implementation of the national malaria treatment policy.
4. Review the available anti-malarial drugs in the country. Ineffective anti-malarial drugs, those that do not comply with registration and national standards and those that are not in line with the national malaria treatment policy should be recommended for de-listing. The Food and Drug Administration (FDA), in collaboration with other concerned government agencies, WHO and other key stakeholders, should consider this as a priority activity to be done as soon as possible.
5. Strengthen the capacity of FDA to detect fake, sub-standard drugs and counterfeit drugs. This will include, among others, human resource development, and provision of equipment

and supplies. The capacities of other agencies (e.g., CMSD, VBDC, DMRs, NGOs, etc) for effective malaria prevention and control should be further improved.

6. Advocate to the pharmaceutical companies and drug vendors to adhere to the national malaria treatment policy.
7. Carry out operational research to improve rational use of and access to Rapid diagnostic test (RDTs) and ACTs.
8. Continue monitoring the therapeutic efficacy of anti-malarial drugs and further improved it to ensure quality and timely availability of data. PCR analyses and pharmacokinetic studies should be done.
9. Strengthen the collaboration with countries in the Greater Mekong Sub-region, Bangladesh and India to address the emergence and spread of drug resistance.
10. Mobilize more resources (e.g., from Three Diseases Fund, GFATM and other donors) for effective malaria prevention and control.

In her opening remarks, Prof Adik Wibowo, WHO Representative to Myanmar, emphasized that "the emergence and spread of resistance to artemisinin-based drugs will have serious consequences not just in Myanmar but also globally. I encourage the national health authorities and the international community to jointly invest massive financial and technical resources to prevent a catastrophe". Indeed, enormous resources would be needed to carry out the strategic actions recommended to prevent the emergence and spread of antimalarial drugs resistance in Myanmar. ■

### Polio eradication - An update



Prof Adik Wibowo, WHO Representative to Myanmar giving polio vaccine to a child during the National Immunization Day, January 2009.

Nigeria, spreading to polio free areas in southern part of the country, and to West African polio free countries. Western Uttar Pradesh in India which stopped local transmission of type 1 polio virus got re-infected from Bihar after over 12 months local interruption. There was an upsurge of polio cases in Pakistan and Afghanistan and expansion of access problems due to security. Outbreaks prolonged following importation in southern Sudan/Ethiopia, Chad, Angola and DR Congo.

In 2009, when WHO Director General Dr Margaret Chan read the media article that polio has spread to Kenya

and first polio case reported from Uganda after 13 years of polio free status, she sent a message to all regions "The situation is disturbing and we must take prompt and

vigorous action before polio gets out of control. We must anticipate and be prepared for questions from development partners and Member States on what is WHO's response.

Myanmar was polio free from 2000-2006 and major outbreak was reported from Northern Rakhine State in 2007. Ministry of Health, Government of Union of Myanmar responded very strongly by implementing many Sub-National Immunization Day (SNID)/ National Immunization Day (NID) rounds and could prevent further spread to other states and divisions. Strengthened Surveillance for suspected polio cases and improved routine immunization coverage for infants.

Based on high standard of Acute Flaccid Paralysis (AFP) Surveillance, improved Oral Polio Vaccine (OPV3) coverage and high quality of Surveillance, Myanmar is considered polio free at present. But challenge of importation will always remain as long bordering countries are not polio free. ■

**Y**ear 2008 has been a tough year for polio eradication goal. There was a major outbreak of polio type 1 in Northern

## Meeting with SEAR WHO Country Office Planning Focal Points on Programme Development and Management



Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region giving opening remark at a meeting with SEAR WHO Country Office Planning Focal Points on Programme Development and Management, Yangon, Myanmar.

During 9-12 March 2009, a meeting on Programme Development and Management was held in Yangon for WHO country focal points responsible for WHO planning process with countries. The meeting drew together participants from all WHO country offices in South East Asia Region including Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.

Awarding high importance to the event, WHO Regional Director of South East Asia Dr Samlee Plianbangchang gave the opening remarks in which he highlighted both challenges and opportunities for WHO in developing collaborative activities with countries for the years 2010 and 2011. In the current economic climate in which there will be a reduction in the amount of financial resources that the WHO will receive for activities, it will be even more important to work closely with countries to make sure that the health needs of the countries are taken into account in WHO activities. Both the SEAR Regional Committee in September 2008 and the WHO Executive Board in January 2009 highlighted the need to distribute WHO funds in an equitable manner across different areas of work, and to make sure that priority activities that are crucial for the attainment of the Millennium Development Goals, such as the improvement of maternal and child health, are sufficiently funded. Following the meeting, WHO/SEARO will embark on the process of planning WHO activities for 2010 -2011 in the Region. In recalling the vision and mandate of WHO, Director of Programme Management Dr Myint Htwe stressed that WHO activities for 2010 -2011 should be geared towards strengthening health systems using the Primary Health Care approach with activities reflecting the country needs and priorities. ■

## National Workshop on Adopting and Adapting the International Standards for TB Care (ISTC) in Myanmar, 4 - 5 March, 2009

The Ministry of Health, Myanmar, in collaboration with WHO Country Office Myanmar organized the National Workshop on *Adopting and Adapting the International Standards for TB Care in Myanmar* at Traders' Hotel, 4-5 March 2009. The workshop was financially supported by the United States Agency for International Development and WHO.

The country's highest level medical professionals attended, namely Professors/ Heads of Medicine, Surgery, Obstetric and Gynaecology, Paediatric, Respiratory Medicine, Orthopaedic surgery, Universities of Medicine and Defense Service Medical Academy, the Myanmar Medical Association, other related Ministries (Railway, Labour, Home Affairs), representatives of Medical Superintendents, Township Medical Officers, National TB Programme (NTP), the US Embassy, International Non Governmental Organizations, the Japan International Cooperation Agency, and the 3 Diseases Fund.

Research in Myanmar, and globally, demonstrated that a large proportion of TB patients are diagnosed and treated outside the National TB Programme: either in the private sector or in public sector but not related to the National TB Programme (for example in specialist hospitals, and Ministries other than Health including prisons). Importantly, this research also confirmed that the diagnostic and treatment protocols used by the specialists are often sub-standard, paving the way to create drug resistance.

These findings clearly highlight the need to urgently scale up TB control efforts by strengthening the collaboration with not only the general practitioners but also specialists/ private practitioners and medical institutes and other Ministries. To this effect, the global Stop TB partnership developed the International Standards of TB care.

Since then, many countries have adopted the International Standards of TB care or ISTC, using the ISTC to unite public and private

sectors in providing a uniformly accepted level of care for all patients with, or suspected of having, TB by describing the essential elements of TB care that should be available everywhere. Importantly, the ISTC also present a core for medical and nursing school curricula and for continuing medical education.

The main facilitator of the workshop was Professor Phillip Hopewell, Professor of Medicine, University of California, American Thoracic Society. The chair was Professor Tin Maung Cho, retired Professor/Head of Respiratory Medicine and co-chair Professor Aye Maung Han, Rector of University of Medicine (1), Yangon.

The National TB Programme had performed an assessment survey before the workshop in selected public and private facilities to assess the situation on TB practices. This survey would then be the baseline to measure impact after the introduction of the ISTC in the same selected facilities.

There are (17) *International Standards for TB Care* (6 Standards for Diagnosis, 9 Standards for Treatment and 2 Standards for Public Health Responsibilities). The individual standards were discussed and modifications were proposed in the working groups needed for Myanmar context.

The Indonesian experiences on uses of *ISTC* was also shared by two leading pulmonologists from Faculty of Medicine University of Indonesia where the *ISTC* were successfully rolled out aligning the specialists with the National TB Programme.

The approaches for dissemination and uses of *ISTC* in Myanmar context were thoroughly discussed in group and plenary and made the following recommendations:

1. Given that there was minimal need for adaptation identified by the Workshop the Ministry of Health should endorse



Prof Adik Wibowo, WHO Representative to Myanmar giving an opening speech at the National Workshop on Adopting and Adapting the International Standards for TB Care (ISTC) in Myanmar.

*ISTC* together with an annex stating the points for adaptation for the Myanmar context.

2. The NTP should advocate to the MOH to officially launch *ISTC* during the upcoming World TB Day activities on March 24, 2009.
3. The Ministry of Health should establish an *ISTC* Task Force that includes the relevant stakeholders.
4. The NTP, in collaboration with relevant partners should develop a work plan for implementation, and monitoring and evaluation of the *ISTC* in Myanmar.
5. Based on the above work plan, a resource mobilization plan should be presented to relevant donors such as the GFATM (round 9), USAID, and UNITAID.
6. The Myanmar Medical Association should endorse the *ISTC* based upon the adoption of the *ISTC* with the limited adaptations for the Myanmar context developed in the National Workshop on the *ISTC*.

The consensus of the workshop for the next step is to establish an *ISTC* Task Force and develop draft work plan by June, 2009. ■



### Private General Practitioners

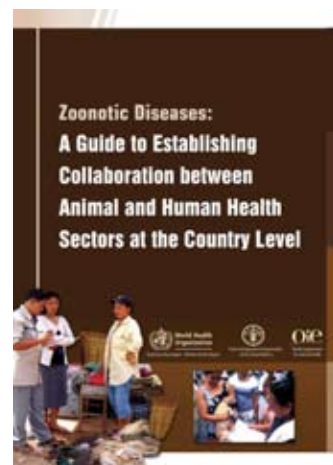
Early diagnosis and appropriate treatment is one of the key strategies to address the remaining high burden of malaria. The effectiveness of this strategy is affected by several factors such as: implementation of evidence-based policy, knowledge, skills and rational practices of health care providers (both in the public and in the private sectors), availability of and access to quality assured diagnostics and antimalarial drugs, treatment seeking behaviour, adherence to the policy by both the health care providers and by the patients, etc.

Since the private GPs are important health care providers for malaria cases, MMA and WHO are collaborating with National Malaria Control Programme to improve quality of management of malaria cases by the private general practitioners. ■



## Book Reviews

New Delhi: WHO/SEARO, 2009.  
20p.

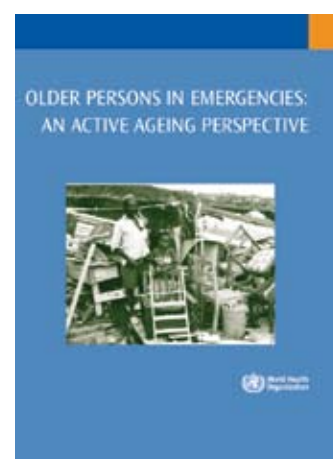


This is a joint publication between WHO/WPRO, WHO/SEARO, FAO and OIE. The purpose of the guide is to assist countries and areas in achieving sustainable and functional collaboration between animal and human health sectors, which is crucial to addressing the challenges posed by endemic, emerging and re-emerging zoonoses.

<http://www.wpro.who.int/NR/rdonlyres/5419C622-412A-45E5-8006-143B26EA253C/0/Zoonoses02.pdf>

## Older Persons in Emergencies: An active ageing perspective.

Geneva: World Health Organization, 2008. 43p.



The report contributes a wealth of real-life experiences to inform policy and practice makers about the needs and contributions that older people face during emergency and reconstruction phases.

<http://www.who.int/ageing/publications/EmergenciesEnglish13August.pdf>

## important dates

<b>28 - 29 April 2009</b>	The second meeting of the South-East Asia Nursing and Midwifery Educational Institutions Network (SEANMEIN), Yangon, Myanmar
<b>31 May 2009</b>	World No Tobacco Day
<b>14 June 2009</b>	World Blood Donor Day