



## World Sight Day 2009 Commemoration



H.E. Professor Kyaw Myint, Minister, Ministry of Health, delivering the opening speech at the commemoration ceremony of World Sight Day 2009 in Nay Pyi Taw.

The commemoration ceremony of World Sight Day 2009 was held at the Ministry of Health in Nay Pyi Taw at 0830 hours on 8 October 2009. The inaugural speech was delivered by H.E. Professor Kyaw Myint, Minister, Ministry of Health. Next, Dr Leonard Ortega, Ag WR, Myanmar delivered an address.

Afterwards, H.E. Professor Kyaw Myint, Minister of Health and Dr. Leonard Ortega, Ag WR viewed the mini-exhibition on World Sight Day.

World Sight Day, on the second Thursday of October, is an annual event focusing on the problem of global blindness; it aims to raise public awareness around the world about the prevention and treatment of loss of vision.

Vision 2020: The Right to Sight is the global initiative for the elimination of avoidable blindness, a joint programme of the World Health Organization (WHO) and the International Agency for the Prevention of blindness (IAPB), with an international coalition of public, private, philanthropic, commercial and academic organizations, who seek to do more through collaboration than any one could do alone.

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.

WHO has been dealing with causes of blindness and care for the blind since the early years of the Organization. Trachoma was one of the health problems requiring international control efforts in the aftermath of the Second World War. Further, the WHO prevention of blindness programmes was

established in 1978 .

The "Vision 2020: The Right to Sight" is a global initiative, launched on 18 February 1999, which aims to eliminate avoidable blindness by the year 2020. Vision 2020 programmes have been adopted in more than 40 countries.

Key strategies of vision 2020 are : increasing awareness of the major public health issue; mobilizing additional resources, controlling major causes of avoidable blindness ; training ophthalmologists and other personnel in eye care ; and providing technology and infrastructure.

In the prevention of blindness field, interest in understanding differences between men and women generally began with a systematic review and meta analysis of population based surveys conducted between 1980 and 2000. This was the first attempt to explore sex and gender issues in eye health and blindness programme.

Overall, women were 1.43 times more likely to be blind than men. Extrapolating these findings to the global population suggests that women account for almost two thirds (64%) of all cases of blindness.

The disparity in blindness between men and women can be grouped into three distinct, but overlapping areas :

- Globally, women tend to live longer than men—Since vision loss is associated with ageing there are more women with vision loss than men
- Women have a higher risk of acquiring diseases that can lead to blindness—Biologically, women have a slightly higher risk of developing cataract compared to men. Women also have a higher risk of developing trichiasis, a consequence of trachoma infection
- Finally, and most importantly, in the least developed countries of the world, women utilize eye care services less frequently than men

The theme of World Sight Day 2009 - gender - eye health equal access to care - recognizes that :

- Two-thirds of blind people worldwide are women and girls
- In many countries, men's access to eye care is twice that of women
- VISION 2020 programmes employ strategies which effectively address this strategy

According to the World Sight Day 2009 Report on gender and blindness, "achieving gender equity, whether by addressing trachoma, cataract, glaucoma, refractive errors or other causes of vision loss will require a concerted effort by all involved in prevention of blindness"

The Report highlights examples of successful programmes and dedicated personnel who are keen to make a difference. While a successful approach adopted in one setting may not be transferable to a different context, there are common approaches that are suitable for scaling up. These include :

- Reaching out to women and girls in the community, whether through local primary health workers, community leaders or female peers
- Providing appropriate transport options, since women often have restricted ability to travel, especially unaccompanied
- Counseling, which "empowers families to make decisions" and ensures that the needs of women and girls are not neglected for cultural and economic reasons

Adopting approaches to improve the use of services by women and girls will not only reduce gender inequity in blindness and vision loss—it will have a significant benefit to the family, to the community and to society at large.

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 and H.E. Professor Paing Soe, Deputy Minister, Ministry of Health viewing the World Sight Day 2009 exhibition in Nay Pyi Taw.



## Myanmar hosted Regional Workshop on Management of Snakebites



Dr Leonard Ortega, Acting WHO Representative to Myanmar reading out the message of the Regional Director at the opening of Regional Workshop on Management of Snake-bite.

**T**he Regional Workshop on Management of Snakebites was held in Yangon, Myanmar from 30 November to 2 December 2009.

The Opening ceremony of the Workshop was conducted at Ball Room 1 of Traders Hotel at 0900 hours on 30 November 2009. On behalf of the Ministry of Health, the Inaugural speech was delivered by Dr Khin Pyone Kyi, Director General, Department of Medical Research (Lower Myanmar), which was followed by reading out the message of Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, by Dr Leonard Ortega, Ag WHO Representative to Myanmar.

The Workshop was attended by participants from 9 Member Countries of the Region, Dr Rajesh Bhatia, Regional Advisor, WHO South East Asia Regional Office, and Professor David Warrell, Emeritus Professor of Tropical Medicine, St Cross College, John Radcliff Hospital, United Kingdom.

The objectives of the workshop are:

- To review the situation of snakebite as a public health problem in the South

East Asia Region and strategies being employed for its prevention and control

- To share revised SEARO guidelines and management of snakebites and discuss its implementation at country level including utilization as a teaching tool in medical schools
- To review the availability of snake antivenom in the South-East Asia Region and identify mechanisms to enhance its production and availability at the point of use

Snakebites are well-known medical emergencies in many parts of the world, especially in rural areas. Agricultural workers and children are the most affected. The true worldwide incidence of snakebite envenoming has proved difficult to estimate. It has been estimated that there are 5 million snakebites, resulting in 2.5 million envenoming, 125 000 deaths and perhaps three times that number of people suffer permanent disabilities in the world each year. The incidence of snake-bite mortality is particularly high in South-East Asia. In India alone, there may be as many as 50 000 snakebite deaths each year. As many estimates of snakebite mortality and resulting permanent morbidity are based on hospital reports, the actual global impact of this neglected major public health problem is much higher. Furthermore, when evaluated in terms of disability adjusted life years (DALYs), the impact of snake-bites is very high because most victims are children or young agricultural workers. The impact of snakebite as an occupational disease on the economy is also highly significant.

WHO-SEARO had developed guidelines on the management of snakebites. WHO has supported countries in developing similar national guidelines, as in India in 2007, and has also brought together experts for information sharing, as in Myanmar

and Thailand in recent past. The regional guidelines are being revised to incorporate the latest knowledge. In this workshop, the revised version of these guidelines, originally published in 1999 was discussed by the participants.

The workshop has made recommendations for Member Countries as well as for WHO.

The key recommendations for countries were -

- Develop comprehensive national guidelines on rational management of snake bites and ensure access to anti-venom on an equitable basis,
- Strengthen health system requirements to provide efficient case management services to victims of snake bites,
- Augment production of anti-venom,
- Institute a surveillance mechanism on snakes,
- Promote community awareness to overcome myths associated with snake bites and their management,
- Seek intercountry cooperation, and
- Undertake operational research to develop tools for minimizing misery due to snake bites.

And key recommendations for WHO were -

- Publish and disseminate revised guidelines on snake bite management
- Undertake advocacy with national authorities to develop and implement national guidelines on snake bite management,
- Support capacity building in various aspects of snake bite management,
- Collect and share global data on all aspects of snake bites,
- Support operational research on snake bites management and epidemiology, and,
- Facilitate intercountry cooperation,
- Organize regional meetings for exchange of experiences within the Region. ■

## Workshop to review and plan therapeutic efficacy surveys to monitor *P. falciparum* and *P. vivax* resistance to antimalarial drug in the Greater Mekong Subregion

**T**he Myanmar National Malaria Control Programme, in collaboration with WHO Country Office, hosted the workshop to review and plan therapeutic efficacy surveys to monitor *P. falciparum* and *P. vivax* resistance to antimalarial drug in the Greater Mekong Subregion in Mandalay, September 30 - October 2, 2009. The workshop was financially supported by United States Agency for International Development (USAID).

The workshop was opened by Dr Win Myint, Director General, Department of Health, Ministry of Health and was attended by representatives from the national malaria programmes of five Mekong countries, USAID, Mekong Malaria partners (ACTMalaria, Bill and Melinda Gates Foundation, WWARN, US-CDC and Malaria Consortium), and the WHO Secretariat. Objectives of the meeting included reviewing therapeutic efficacy surveys done in the Mekong countries in 2008 and 2009, and to plan surveys in 2010 and 2011.

The Greater Mekong Sub-region is well known as an epicenter of *P. falciparum* resistance to antimalarial drugs. All six countries of the Mekong region have introduced artemisinin-based combination therapies (ACTs), which are currently the only effective therapies against multidrug-resistant malaria. In 2007, decreased sensitivity to ACTs was found on the Thai-Cambodian border. It was concluded that there was a need to strengthen the surveillance of antimalarial drug resistance in the region. The Mekong therapeutic efficacy network, managed by WHO-Mekong Malaria Programme, now has a network of 32 active sentinel sites and aims to document the geographical extension of *P. falciparum* resistance to ACTs and artesunate monotherapy and *P. vivax* resistance to chloroquine in the region.

The results presented at the workshop showed decreasing efficacy of ACTs not only at the Thai-Cambodian border, but



Group discussion for the development of workplan for Therapeutic Efficacy Surveys (TES) studies (2010-2011)

also in Yunnan, China, on the Sino-Myanmar border, and in southern Vietnam. In Myanmar, especially the results from Kawthaung caused concern. Partners and donors were impressed by the work done but concerned by the results, and underlined the need for all involved to respond quickly to contain any resistance. ■



## Joint Supervisory visit to National TB Prevalence Survey Site at Dedaye Township

**T**uberculosis is one of the major public health problems in Myanmar which is one of 22 TB high burden countries. According to the 1994 National TB Prevalence Survey the incidence of new sputum smear positive cases was 75 per 100,000 populations per year. With that estimate, Myanmar achieved the global target of 70% case detection rate and 85% of treatment success rate since 2006. TB prevalence survey was done for Yangon Division in 2006, and found TB burden much higher than estimated. So National TB Programme in close collaboration with WHO decided to perform Nationwide TB Prevalence Survey in Myanmar in 2009 to determine the prevalence of pulmonary TB at a defined point in time (2009) and also to assess a trend in TB prevalence by a series of surveys (5-10 year interval) in future. National TB Prevalence survey has stated in June 2009 with the support of WHO, JICA, JATA, Bill and Melinda Gate Foundation through PSI, 3 Diseases Fund through UNOPS and USAID total amounting to US\$ 877,000. There will be 70 clusters all over the country; 33 clusters in Upper Myanmar and 37 clusters

in Lower Myanmar; 50 clusters in urban and 20 clusters from rural areas. Each cluster consists of at least 710 people of above aged 15. The survey will be finished in 1st quarter of 2010 and data entry, analysis and reports are expected at end of year 2010. Now 49 clusters have been completed. The Steering Committee for TB Prevalence Survey (2009-2010) was chaired by Dr. Saw Lwin, Deputy Director General (Disease Control) with the stakeholders as members for collaboration, monitoring and regular sharing of information.

A joint monitoring visit by the representatives of WHO, NTP, UNOPS and PSI had been organized to the 49th



Joint supervisory team observed the operational process in the system.

cluster site of National TB Prevalence Survey conducted at Indu village, Dedaye township, Ayeyarwaddy Division, on 14 December 2009. The supervisory team observed the operational process in system and remarked the survey with validity and reliability high. ■

## World Diabetes day 2009



H.E. Professor Mya Oo, Deputy Minister, delivering the opening speech at the World Diabetes Day 2009 commemoration ceremony in Nay Pyi Taw.

**T**he commemoration ceremony of World Diabetes Day 2009 was held at the Ministry of Health in Nay Pyi Taw at 0900 hours on 14 November 2009. The inaugural speech was delivered by H.E. Professor Mya Oo, Deputy Minister, Ministry of Health. It was attended by Director Generals under the Ministry of Health and representatives from MMCWA and MAAF.

H.E. Professor Mya Oo, Deputy Minister,

viewed the mini-exhibition and the photographic documentation on previous World Diabetes Day activities.

World Diabetes Day is the primary global awareness campaign for diabetes. World Diabetes day raises awareness of diabetes-its escalating rates around the world and how to prevent illness in most cases.

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 second part of the commemoration ceremony for World Diabetes Day were talks on World Diabetes Day by :

- Dr Si Si Tun, Associate Professor, 1000 bedded Nay-Pyi-Taw General Hospital on "World Diabetes Day"
- Dr Ko Ko, Lecturer/Consultant Physician, North Okklapa General Hospital, Yangon on "Understand

Diabetes-Facts and knowledge"

- Professor Tint Swe Latt, Project Manager, Diabetes Project on "prevention of Diabetes Mellitus"

During the talks, IEC materials which includes pamphlets and booklets on World Diabetes Day, T shirts, hand bags, key chains, towels and ball pens with World Diabetes Day logo was distributed to the audience.

As the last agenda, blood testing of glucose, measuring blood pressure, body weight, waist circumference and BMI was done to all those interested persons from the audience. ■



H.E. Professor Mya Oo, Deputy Minister, and guests viewed the mini-exhibition and the photographic documentation at the World Diabetes Day 2009 commemoration ceremony.



World Health  
Organization

## Library workshop on Information Management for HELLIS librarians, Yangon, Myanmar



Group photo of participants and resource person at the library workshop at  
Medical Education Centre

**W**ith the support of WHO, the Department of Medical Sciences conducted the HINARI (Health InterNetwork Access to Research Initiative) and HELLIS (Health Literature, Library and Information Services) training workshop from 26 October to 3 November 2009 in Yangon at the Medical Education Centre conference hall. There were two sessions in the workshop, the first session is on HINARI and the second session is on PhpMyLibrary software using Marc 21 for data inputting. The workshop was targeted to build capacity in HELLIS libraries who have not yet integrated the HINARI into their library services. The HINARI programme, set up by WHO together with major publishers, enables developing countries to gain access to one to the world's largest collections of biomedical and health literature. Over 6400 journal titles are now available to 3400 health institutions in 108 countries, benefiting many thousands of health workers and researchers, in turn, contributing to improved world health. The HINARI website can be found at [www.who.int/hinari](http://www.who.int/hinari).

The workshop was facilitated by Librarians from WHO country office, Myanmar, University of Medicine I, University of Medicine II and Central Biomedical Library, Department of Medical Research (Lower Myanmar), Yangon.

Based on this background during one week 25 librarians from national institutes of different parts of Myanmar, were trained on line. As part of the training, participants and observers had the chance to observe demonstrations and practice in accessing and retrieving full text articles from HINARI website using Pubmed and MyNCBI. They also had the opportunity to register for their institutes. Additional presentations include how to run a training workshop and how to manage references using EndNoteWeb.

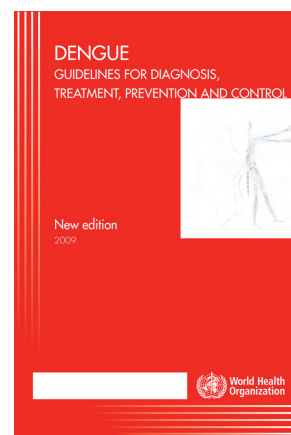
The objective of the workshop was to train the librarians in information management following international standards by using PhpMyLibrary software. This software is a PHP MySQL Library automation application. The programme consist of cataloguing, circulation, and webpac module. The programme has an import - export feature and it strictly follow the USMARC standard for adding materials. PhpMyLibrary is a free software (open source) developed by Philippines and customized by U Aung Myint with an initiative and support from Ms Anchalee Chamchuklin, IMD, WHO SEARO. ■

### important dates

4 February 2010	World Cancer Day
24 March 2010	World TB Day
7 April 2010	World Health Day

## Book Reviews

**Dengue: guidelines for diagnosis, treatment, prevention and control. New edition. Geneva: World Health Organization, 2009. 146p.**



This publication is intended to contribute to prevention and control of the morbidity and mortality associated with dengue and to serve as an authoritative reference source for health workers and researchers. These guidelines are not intended to replace national guidelines but to assist in the development of national or regional guidelines. They are expected to remain valid for five years (until 2014), although developments in research could change their validity, since many aspects of the prevention and control of dengue are currently being investigated in a variety of studies. To address this challenge, the guide is available on the internet and will be updated regularly by WHO.

<http://www.who.int/csr/resources/publications/dengue/Denguepublication/en/>

**Water safety plan manual. Geneva: World Health Organization, 2009. 108p.**



The most effective means of consistently ensuring the safety of a drinking-water supply is through the use of a comprehensive risk assessment and risk management approach that encompasses all steps in water supply from catchment to consumer. In these guidelines, such approaches are called water safety plans (WSPs).

[http://www.who.int/water\\_sanitation\\_health/publication\\_9789241562638/en/](http://www.who.int/water_sanitation_health/publication_9789241562638/en/)