



Arrival of New WHO Representative to Myanmar

Presentation of Credentials to H.E. U Nyan Win, Minister, Ministry of Foreign Affairs

WHO Representative to Myanmar Dr. Herbert S.B. Tennakoon presented his credentials to H.E. U Nyan Win, Minister, Ministry of Foreign Affairs at 3 pm on 13 August 2010 at the Ministry of Foreign Affairs in Nay Pyi Taw. Present at the ceremony was U Nyunt Swe, Ag Director General of the International Organizations and Economic Department of the Ministry of Foreign Affairs, Daw Aye Aye Soe, Deputy Director, International Organizations and Economic Department of the Ministry of Foreign Affairs, Dr. Leonard Ortega, Medical Officer, Malaria and Dr. Maung Maung Lin, National Professional Officer, WRO Myanmar. ■



WHO Representative to Myanmar Dr. Herbert S.B. Tennakoon presented his credentials to H.E. U Nyan Win, Minister, Ministry of Foreign Affairs in Nay Pyi Taw.

Courtesy call to H.E. Professor Kyaw Myint



WHO Representative to Myanmar Dr. Herbert S.B. Tennakoon paid a courtesy call to H.E. Professor Kyaw Myint, Minister, Ministry of Health in Nay Pyi Taw.

WHO Representative to Myanmar Dr. Herbert S.B. Tennakoon paid a courtesy call to H.E. Professor Kyaw Myint, Minister, Ministry of Health on 13 August 2010 at the Ministry of Health in Nay Pyi Taw. Present at the courtesy call was Dr. Win Myint, Director General, Department of Health, Dr. Than Zaw Myint, Director General, Department of Medical Science, Dr. Thein Thein Htay, Deputy

Director General (Public Health), Dr. Soe Lwin Nyein, Director (Epidemiology) and Dr. Kyaw Khaing, Deputy Director, International Health Division, Ministry of Health. After exchanging preliminary greetings, the discussion mainly focused on the current completeness of the staff team in WRO Myanmar and also on continued collaboration with WRO Myanmar and the Ministry of Health. ■

Myanmar inaugurates state of the art TB laboratory



Inauguration ceremony of Bio-safety Level 3 Laboratory at National TB Reference Laboratory, Yangon 12 July 2010.

In 2008, UNITAID, an international facility for the purchase of drugs and diagnostics for HIV/AIDS, tuberculosis and malaria, approved funding for a project to accelerate access to diagnostics for patients at risk of multidrug-resistant tuberculosis (MDR-TB) in 27 countries, including Myanmar.

The EXPAND-TB (Expanding Access to New Diagnostics for TB) Project is a collaboration between the World Health Organization (WHO), the Global Laboratory Initiative (GLI), the Foundation for Innovative New Diagnostics (FIND) and the Stop TB Partnership Global Drug Facility (GDF). To date, UNITAID has contributed with US\$ 87.6 million to EXPAND-TB. The overall goal of the five-year Project is to narrow the huge diagnostic gap in MDR-TB control by expanding and accelerating access to new and rapid diagnostic technologies within appropriate laboratory services at country level, accompanied by the necessary know-how for technology transfer, and ensuring these new technologies are properly integrated within TB control programmes.

On 12 July 2010, a state of the art TB laboratory was inaugurated at the National Tuberculosis Reference Laboratory, Aung San TB Hospital Compound, Insein, Yangon. H.E Professor Kyaw Myint, Minister,

Ministry of Health, chaired the opening ceremony which was attended by Deputy Minister Professor Paing Soe, Director General, Department of Health, Deputy Director General, Disease Control, directors, professors, medical superintendents, chairman of the Divisional Health Committee (Yangon Division), WHO Acting Representative Ms Margareta Skold, and Dr Giorgio Roscigno, Chief Executive Officer from FIND.

UNITAID has financially supported the EXPAND-TB project to upgrade the laboratory capacity at the National TB Reference Laboratories in Yangon and Mandalay with US\$ 1,199,498. Extensive technical support has been provided by FIND, while WHO has facilitated the importation of all the equipment and supplies and has ensured coordination of the Project in Myanmar.

The new TB diagnostic tools include liquid culture, first-line drug susceptibility testing, rapid immunoassay for species identification and line probe assay for rapid diagnosis of MDR-TB.

The new state of the art laboratories established both in Yangon and Mandalay will greatly benefit TB patients, their families and the community since MDR-TB diagnosis can be confirmed within 3 days compared to the earlier 2-3 months. ■

Refresher Training on Anti Retroviral Therapy

Cohort Analysis

Participants at the Refresher Training on Anti Retroviral Therapy Cohort Analysis.



The refresher training on the Anti Retroviral Therapy (ART) cohort analysis was conducted by the National AIDS Program on 17 and 18 June 2010 at the Traders' Hotel in Yangon, with technical assistance from WHO and financial support from the Three Diseases Fund (3DF). There were 40 participants representing the key persons from the ART sites and invitees from 3DF and International Union Against Tuberculosis and Lung Disease.

The objectives of the training were to strengthen national HIV treatment monitoring and evaluation systems (recording and reporting tools) and in particular to increase capacity of ART site staff to conduct cohort-based analyses of treatment outcomes among persons receiving antiretroviral therapy.

It was a hands on training involving power point presentation, group work and discussions. The use of real time data by the participants enabled the participants to understand the gaps in data recording and importance of various fields in the recording tools.

In this ART Cohort analysis, the indicators used were mainly the treatment outcomes, functional

status, side effects of ART drugs , immunological status and drugs adherence at 6, 12 and 24 months. Such cohort analysis can yield useful information that can be utilized for better patient and program monitoring.

The new software that has been developed for the ART sites and is been piloted currently, was also demonstrated for its utility in tracking patient follow up and drug stocks

Immediate impact of the training was assessed using pre and post training questionnaires. The training was also evaluated using the participant course evaluation forms. Each session in training evaluation focused on quality of (a) Material use in the session, (b) Explanation provided by trainers, (c) Over all understanding by the participants.

Most participants found that during the training they got the overview of the other ART sites. They also suggested to conduct regular refresher ART Cohort training (in light of frequent turn over of staff), to arrange for regular reporting system, and to give feed back to ART sites and if possible to consider electronic reporting system. ■



World Health
Organization

Influenza (H1N1) 2009 -

No longer pandemic

WHO declared *Pandemic Alert Phase 6* on 11th June 2009. More than 18449 people died and hundreds of thousands were severely affected around the world. Causative agent is pandemic (H1N1) 2009 influenza virus.

Since the beginning of alert for Pandemic (H1N1) 2009 was raised in Mexico during the second week of April 2009, Ministry of Health of Myanmar had taken active steps with WHO's collaboration, to respond to the influenza pandemic including active surveillance at points of entries: seaport, airport and ground crossing points.

On 27th June 2009, first case of pandemic (H1N1) 2009 was detected in an international traveler who came back from an affected country. Pandemic influenza continued to spread in the country until February 2010 with total of 138 laboratory confirmed cases, but there was no fatality. Ministry of Health has made plans in advance for predicated handling on an outbreak of H5N1 influenza, which make it ready to respond to the emergence of pandemic (H1N1) 2009.

Now, pandemic influenza, worldwide, is transitioning towards seasonal patterns of transmission, and in majority of the countries, out of season outbreaks have ceased, and intensity of transmission has also lowered. But, (H1N1) 2009 virus will likely to continue to circulate for some coming years, with the behavior of seasonal influenza pattern, affecting some countries with the low or significant (H1N1) 2009 epidemics.

Based on the advice of the Emergency Committee and her own assessment of the current situation, the Director General of World Health Organization declared on 10 August 2010 that "The World is no longer in an Influenza Pandemic and therefore terminated the Public Health Emergency of International Concern in accordance with the International Health Regulations(2005)."

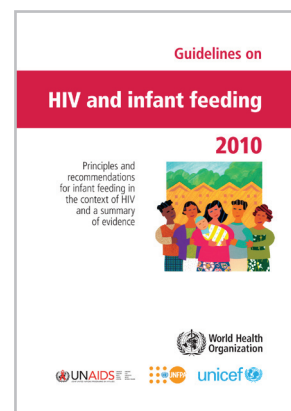
The Emergency Committee strongly emphasized the need for States to maintain vigilant disease surveillance and monitoring for influenza outbreaks and influenza-like illness as well as ensuring the availability of necessary public health measures for preventing and controlling influenza. Such measures include the continued use of (H1N1) 2009 pandemic or seasonal influenza vaccines where appropriate and available. ■

important dates

6 September 2010	Meeting of the Senior Advisers to Ministers of Health, Bangkok, Thailand
7 September 2010	28 th Meeting of the Ministers of Health, Bangkok, Thailand
8-10 September 2010	63 rd session of the Regional Committee for South-East Asia, Bangkok, Thailand
10 October 2010	World Mental Health Day
14 October 2010	World Sight Day
14 November 2010	World Diabetes Day
1 December 2010	World AIDS Day
3 December 2010	International Day of Persons with Disabilities

Book Reviews

Guidelines on HIV and infant feeding 2010: principles and recommendations for infant feeding in the context of HIV and a summary of evidence. Geneva: World Health Organization, 2010. 58p. ISBN: 9789241599535

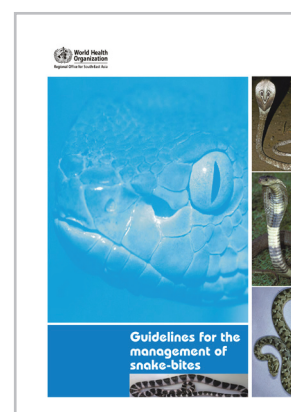


These revised guidelines provide principles and recommendations for infant feeding in the context of HIV and a summary of the evidence, which has major implications for how women living with HIV might feed their infants, and how health workers should counsel these mothers.

http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf

Warrel, D.A.

Guidelines for the Management of Snake-bites. New Delhi: SEARO, 2010. 162p. ISBN-13 9789290223771



Snake-bites are well-known medical emergencies in many parts of the world, especially in rural areas. Agricultural workers and children are the most affected. The incidence of snake-bite mortality is particularly high in South-East Asia. Rational use of snake anti-venom can substantially reduce mortality and morbidity due to snake bites.

www.searo.who.int/LinkFiles/BCT_snake_bite_guidelines.pdf