



Evaluation workshop on the outcomes of the implementation of model for collaboration between nursing and midwifery service and education

The opening ceremony of the Evaluation Workshop on the outcomes of the implementation of model for collaboration between Nursing and midwifery service and education was conducted at the University of Nursing on 7 February 2011.

It was attended by Professor Dr Mya Thu, Rector, University of Nursing, Dr H.S.B. Tennakoon, WHO Representative to Myanmar, Rectors and Pro rectors of the Department of Medical Science, Medical Superintendants, matrons of teaching hospitals, principles from nursing and midwifery training schools and heads of departments from university of nursing.

The opening address was delivered by Professor Dr Mya Thu, Rector, University of Nursing followed by key-note address from Dr H.S.B. Tennakoon, WHO Representative to Myanmar.

Dr Tennakoon in his address highlighted the fact that the workshop being conducted has been one of the series of workshops and meetings that have been conducted to evaluate the model for collaboration between nursing and midwifery service and education and that it will be to evaluate the experiences of implementation after it has been extended to 15 new sites. He continued by saying that the expansion of the model to these new sites has been a major accomplishment and that the evaluation



WHO Representative to Myanmar Dr Herbert S.B. Tennakoon delivering key-note address at University of Nursing in Yangon.

workshop conducted will bring about the strengths and weaknesses in the implementation of the model and will further contribute towards improvement of the model. In conclusion Dr Tennakoon expressed his confidence that this workshop would further contribute towards enhancing collaborative efforts between academia and clinical nursing staff to further strengthen and improve clinical teaching of student nurses in the hospital setting. ■

Surveillance, Early Warning and Response System of Avian and Human Pandemic Influenza

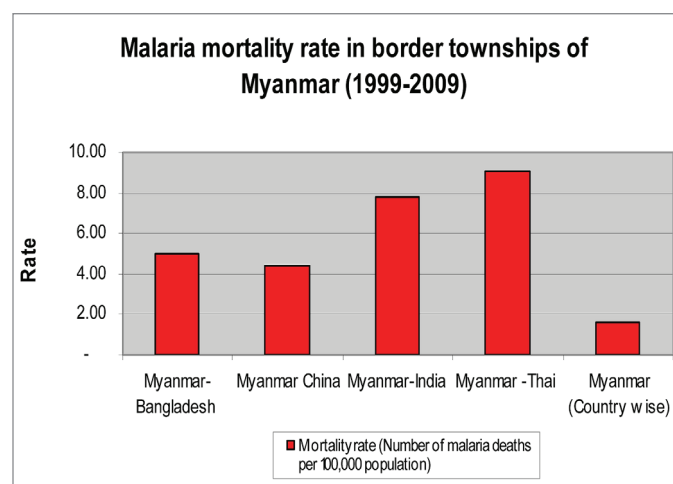
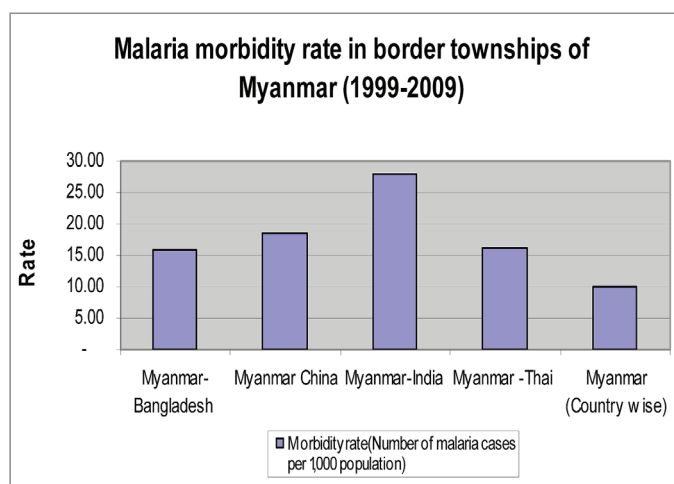
Surveillance, early warning and active response system is one of the key activities to detect clusters of severe acute respiratory infections at community and hospital settings, which can determine possible clues to detect suspected outbreak of Avian Influenza (AI).

Myanmar has experienced 5 waves of Avian Influenza outbreaks in poultry since 2006. The first wave of AI outbreaks occurred in 13 townships in Sagaing and Mandalay Regions during the year 2006. The second one occurred in Yangon, Bago Region and Mon States between the months of February and September 2007. Only one human case of AI was detected in November 2007 during the third wave of AI outbreaks in poultry, who was a seven years old girl, cured and survived. Fourth wave of AI outbreaks in poultry occurred in February/ March 2010 at Yangon and Sagaing Regions. Recently the fifth wave of AI

outbreaks was detected in poultry in Sittwe Township of Rhakine State in January 2011.

WHO has been providing required technical and logistic support to Ministry of Health, Myanmar for surveillance, investigation, early warning, and response activities related to Avian and Human Pandemic Influenza. The capacity building of Rapid Response Teams has been strengthened at state/region and district level. Field Epidemiology Training Programme (FETP) has been started since 2008. A total of 93 disease control staff have been trained. WHO country office in Myanmar has also provided logistic and technical support to National Influenza Laboratory (National Influenza Centre), regional laboratories and Department of Medical Research laboratory for Influenza Like Illness (ILI) surveillance and diagnosis of avian and human pandemic influenza, as well as other emerging and re-emerging diseases. ■

Malaria in border townships of Myanmar; current situation and implication for action



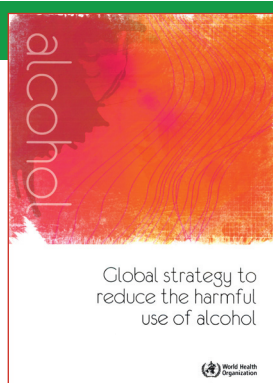
There has been increasing concern about malaria situation in the borders areas of Myanmar. Myanmar is located in South East Asia Region and bordering with Bangladesh, China, India and Thailand. There are 39 townships located along the border; one township in Myanmar-Bangladesh border, fourteen townships in Myanmar - China border, eight townships in Myanmar - India border and sixteen townships in Myanmar - Thailand border.

It has an estimated population of 4.5 million (2009) which is 8% of the population of the whole country. All these 39 townships are situated in the hilly and mountainous areas where most of the national races are residing. On average between the period of 1999 - 2009, the malaria burden in those areas contributes to 13% (79,664 cases) of total malaria cases and 33% (317 deaths) of total malaria deaths in the country. The highest morbidity and mortality rate were found in Myanmar - India border and Myanmar- Thailand border areas respectively. The malaria morbidity and mortality

are relatively higher compared to the townships in the central part of the country.

The National Malaria Control Program supports all the 39 townships on malaria prevention and control while 36 townships (92%) receive additional support from WHO, UNICEF and Three Diseases Fund (3DF) for prevention and case management of malaria. More financial support is expected under upcoming Global Fund Round 9 grant.

Since these townships are situated in hard to reach areas, it results in difficulties regarding accessibility to health facilities and monitoring of the progress of implementation of malaria control activities. In order to reduce the malaria burden, improve the health status and achieve the impact on socio-economic development, sustainability and strengthening of border health collaboration, further operational research is needed to identify the gaps and to reach the un-reached communities. ■



Book Reviews

Global strategy to reduce the harmful use of alcohol.

Geneva: World Health Organization, 2010. 38p. ISBN 978 92 4 159993 1

The Global Status Report on Alcohol and Health (2011) presents a comprehensive perspective on the worldwide, regional and country consumption of alcohol, patterns of drinking, health consequences and policy responses in Member States. It represents a continuing effort by WHO to support Member States with global information in their efforts to reduce the harmful use of alcohol and its health and social consequences.

<http://apps.who.int/bookorders/MDIbookPDF/Book/11500805.pdf>

Myanmar commemorated eight anniversary of leprosy elimination

Eight Leprosy Elimination Commemoration Ceremony being observed at the Ministry of Health, Nay Pyi Taw.



On 6 February 2011, the Ministry of Health, Myanmar organized a ceremony for the "Eighth Leprosy Elimination Commemoration Day" at the main conference hall of Ministry of Health, Nay Pyi Taw. The ceremony was to mark the eighth anniversary of the official declaration on 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 the country became less than one per 10,000 population. The ceremony was opened by the H.E. Deputy Minister for Health, Prof Paing Soe who delivered an opening speech.

The ceremony was attended by Presidents of Myanmar Women Affairs Federation, Myanmar Maternal and Child Welfare Association, representatives from WHO country office, liaison office of International Federation of Leprosy Elimination Associations (ILEP) in Myanmar and other national and international Non-Governmental Organizations, Directors-General and senior officials from Ministry of Health. In his speech, His Excellency highlighted the progress and achievements of leprosy control programme in Myanmar over the past years based on the WHO Global Strategy for Further Reducing the Leprosy Burden (2006-2010). He also described the efforts

of national leprosy programme, along with international collaboration, including WHO, Sasakawa Memorial Health Foundation, Nippon Foundation, International Federation of Leprosy Associations (ILEP), the Leprosy Mission International (TLMI), Japan International Cooperation Agency (JICA) and National Centre for Global Health and Medicine (NCGM).

Furthermore, H.E. Deputy Minister described the efforts of national leprosy control programme, under the guidance of National Health Committee and leadership of Ministry of Health, in collaboration with local authorities at various levels and national Non-Governmental Organizations, in achieving the leprosy elimination target as well as in sustaining quality leprosy services at community level. He also stated that the National Leprosy Control Programme has already initiated activities in preparing for future steps in line with the WHO "Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy, (Plan Period: 2011-2015)" including development of national guidelines for leprosy control programme.

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. ■



Dissemination of implementation plan for child health development strategy in Myanmar 2011-2012

The second "Five-Year Strategic Plan for Child Health Development 2010-2014" was developed during 2010 and was disseminated to all relevant stakeholders in June, 2010. This was followed by dissemination of the first 2 year implementation plan of activities according to strategic guidelines of the strategic plan. WHO/SEARO had given technical assistance for identifying the activities. Dr Vijay Kumar, Retired Director, WHO/SEARO, in collaboration with Department of Health (DOH), WHO and UNICEF (5 to 10 September 2010) identified the activities and targets. The draft was strengthened by Dr Neena Raina, Regional Advisor, Child and Adolescent Health (CAH)/SEARO and Dr Mikael Ostergren, Medical Officer, CAH, WHO/HQ.

The meeting was opened by Director General, DOH. The business session was chaired by Deputy Director General, Public Health. Three presentations were put up.

1. Overview of implementation plan for Child Health Development in Myanmar, 2010 - 2011 by Deputy Director General (Public Health)
2. Linkages within thrust areas and linkages with other sections/plans by Director (Public Health)
3. Coverage targets, key results and activities in 2011 - 2012 by Deputy Director, Women and Child Health Development

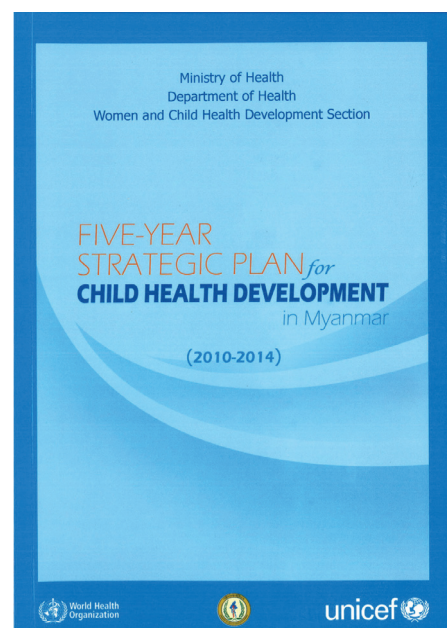
The three main thrust areas for implementation for child health development are Essential Newborn Care, community case management of pneumonia and diarrhea and community capacity development/behavior change communication (BCC) for the community for improved referral of the sick children and five key family practices.

These three areas are identified because

- Twenty five percent of Under Five Mortality is attributed to newborn deaths,
- Acute childhood illnesses pneumonia and diarrhea remain major killers for the under fives and
- Determinants of behavior e.g., nutrition practices, water and sanitation practices also attribute to childhood nutritional status and disease burden

While focusing on the important three thrust areas, collaboration and coordination with related departments namely Reproductive Health, Nutrition, Expanded Programme on Immunisation (EPI), Dengue haemorrhagic fever (DHF), Malaria, Tuberculosis (TB), HIV/AIDS, Communicable Diseases, water and sanitation, will be maintained.

It is hoped that this implementation plan will help attain better quality of life for Myanmar people by improving Child Health Development and to achieve Millennium Development Goals (MDGs) 4. It still need to mobilize funds to conduct the activities identified and aiming for country-wide coverage.



important dates

7 April 2011	World Health Day
25 April 2011	World Malaria Day
31 May 2011	World No Tobacco Day
14 June 2011	World Blood Donor Day