

Launching ceremony of world breast feeding week and nutrition promotion month



World Health Organization Representative to Myanmar, Dr H.S.B. Tennakoon delivers the address at the launching ceremony of world breast feeding week and nutrition promotion month at the meeting room of the Ministry of Health, Nay Pyi Taw.

The "Launching ceremony of world breast feeding week and nutrition promotion month" was conducted at the meeting room of the Ministry of Health on 1 August 2012. The inaugural speech was delivered by H.E. Professor Dr. Pe Thet Khin, Union Minister for Health.

It was followed by addresses by Dr. H.S.B. Tennakoon, WHO Representative to Myanmar and by Ag UNICEF Representative to Myanmar, Ms Juanita Vasquez. This was followed by distribution of plaques to township / station hospitals for hospital breast feeding initiatives.

Afterwards the invitees administered vitamin A capsules to children 6 months to 5 years and iron and vitamin B1 tablets to pregnant and lactating women.

Nutrition promotion week has now been conducted for successive years continuously, since 2003 which takes place in the first week of August every year. Nutrition promotion week 2012 will be conducted as follows:

- Week one will focus on promoting breast feeding
- Week two will focus on nutrition promotion of under 5 children which includes vitamin A supplementation and de-worming
- Week three will focus on nutrition promotion of pregnant and lactating mothers which includes supplementation of iron and vitamin B1 among pregnant women and lactating mothers
- Week four will focus on IDDE-Iodine Deficiency Disorders Elimination

It will also be conducted at state-regional, township and community levels.

World breast feeding week is celebrated every year from 1-7 August in more than 120 countries to encourage breast feeding and to improve the health of babies around the world. It commemorates the Innocenti Declaration made by WHO and UNICEF policy makers in August 1990 to protect, promote and support breast feeding.

World breast feeding week celebrates its twentieth anniversary in 2012. Twenty years ago the World Alliance for Breast feeding Action (WABA) launched the World Breast Feeding week campaign to focus and facilitate actions to protect, promote and support breast feeding. Since then, each year World Breast feeding Week has put the spotlight on various breast feeding issues.

This year it focuses on the progress that has been made on the implementation of the *Global Strategy for Infant and Young Child Feeding (GS/IYCF)* which was adopted by the World Health Organization (WHO) and UNICEF ten years ago. Implementing the Global Strategy effectively is essential to increase breast feeding rates : especially breast feeding for the first six months, and to reach the Millennium Development Goal (MDG) 4.

Breast feeding is the best way to provide newborns with the nutrients they need. WHO recommends exclusive breastfeeding until the baby is six months old and continued breastfeeding with the addition of nutritious complementary foods for up to two years or beyond. ■

Myanmar is ready to introduce pentavalent vaccine into routine immunization schedule



National level training course for mid-level managers, at Nay Pyi Taw

Myanmar will introduce the *Haemophilus influenzae* type B (Hib) vaccine combined with Diphtheria, Pertussis, Tetanus (DPT) and Hepatitis B (Hep B) as pentavalent vaccine by this year 2012. This is the long-awaited opportunity for children of Myanmar who are exposed to the risk of dying from pneumonia and meningitis, being the leading causes of child mortality.

After the preparation of costed multi-year plan for immunization the proposal for introduction of Hib vaccine was submitted to GAVI alliance and approved. The country co-financed for the pentavalent vaccine and the government contributed 6.5 million for the five year period. This kind of contribution is a historic event in the public health practice in Myanmar. To get better coverage of invaluable vaccine, the country is preparing to strengthen its immunization system. Mid-level manager training of central and sub-national EPI managers and paediatrician has been conducted and advanced training on Adverse Events Following Immunization (AEFI) and causality assessment was facilitated by international experts.

The basic tools in the immunization are revised and updated and immunization in practice guidelines have been updated in line with the Reach Every District (RED) strategy and microplanning. Effective vaccine management assessment was made and improvement plan was implemented. Cold chain system was reviewed and updated. Diversity of the geography and topography made some areas hard to reach and those areas will be covered by the regional strategy of intensification of

routine immunization in the year 2012 and onwards. Second dose of measles is to be introduced this year.

It is hoped that the child survival will be much improved by elimination and control of deadly vaccine preventable diseases.

Children of Myanmar will benefit from protection against *Haemophilus influenzae* type b (Hib) disease such as meningitis and pneumonia, in addition to continuing protection from four other potentially fatal diseases: diphtheria, whooping cough, tetanus, hepatitis B as the country introduces the five-in-one pentavalent vaccine into its routine immunization programme.

A total of 1.4 million children under 12 months of age will be vaccinated starting from October 2012.

Children under one year of age should receive the vaccination in three doses, at two, four and six months of age, according to Dr Soe Lwin Nyein, Director Epidemiology of the Department of Health.

The new vaccine is the combination vaccine against five diseases and children does not need to be vaccinated for each disease separately. The national vaccination programme aims to reduce preventable childhood infectious diseases and as a consequence child mortality. Introduction of new vaccine will help us meet one of the Millennium Development Goals in 2015 - the one that calls for a two-thirds reduction in under-five mortality. Infant mortality in Myanmar has been estimated at 37.5 deaths per 1000 live births and under-five mortality rate at 46.1 deaths per 1000 live births. ■

First annual review meeting for Myanmar artemisinin resistance containment (MARC) programme

The Deputy Minister for Health, H.E. Dr Win Myint delivers the speech at the MARC Annual Review Meeting at Nay Pyi Taw.



In April 2011, the Strategic framework on Myanmar artemisinin resistance containment (MARC) 2011 to 2015 was endorsed by the Ministry of Health of Myanmar, together with its partners, both national and international. The joint effort is a response to a growing concern regarding the emergence of malaria parasite resistant to artemisinin derivatives. MARC adopts guidelines provided by the Global plan for artemisinin resistance containment. Implementation of MARC started in July 2011, following the agreements made during the informal consultative meeting. It is a collaborative effort among many key partners and donors.

In order to review MARC activities in year 1 and to identify challenges, the Malaria Unit/ WHO Myanmar Office, in collaborations with the national programme and its partners, organized an annual review meeting. The meeting was represented by persons from the Ministry of Health at all levels, other ministries, national research institutes, non-governmental organizations and other national and international partners. The meeting was presided over by the Deputy Minister of Health of Myanmar, and the WHO Representative to Myanmar.

The Meeting made a note that MARC was late in starting due to administrative reasons but made a

tremendous headway in the first year. The following items summarize key issues, and agreements made during the meeting.

1. All implementing partners agreed that MARC will move faster and be more efficient if follow up and supervision and Monitoring and Evaluation (M&E) activities at all levels can be done as planned with the help of coordinators.
2. Integration of MARC activities into regular malaria control programme such as computerized surveillance system.
3. Carry out research activities on multiple regimens of Artemisinin-based Combination Therapy (ACT), mass screening, Rapid Diagnostic Test (RDT), extent of outdoor transmission on migrants
4. More frequent Technical Strategic Group (TSG) meetings for better collaboration and information sharing.
5. A detailed analysis of financial gap must be done for comprehensive packaging to propose to donors.
6. There is an urgent need to strengthen the WHO Country Office's human resources. ■



World Health
Organization

News on external evaluation of malaria control programme

Checking malaria data in remote village in Sagaing Region



WHO Myanmar, in collaboration with the National Malaria Control Programme, conducted an External Evaluation of the Malaria Control Programme in Myanmar, from 30 July - 9 August 2012 with the following objectives:

- To conduct comprehensive in-depth analysis of malaria situation and the national malaria control programme in Myanmar.
- To make recommendations to further improve the malaria prevention and control programme, including artemisinin resistance containment, in Myanmar.

The opening ceremony of the mission took place in Yangon on 30 July 2012. Dr Saw Lwin, Deputy Director General and Dr H.S.B. Tennakoon opened the Evaluation mission. The review team, consisting of 9 reviewers who are experts of various disciplines (malaria control, programme management, entomology, pharmacy, health economics, education, resource mobilization, training, etc.) was led by Dr Kamini Mendis. The reviewers reviewed the documents, guidelines and reports, and interviewed key national officers and visited the Central Vector-borne Disease Control Office (VBDC), the Food and Drug Administration (FDA), and central VBDC warehouse. The team visited and interviewed staff of related institutes, UNOPS, 3Disease Fund, UNICEF, and key partners who contributed to malaria control programme. The review team split into 4 groups and visited 4 states/regions; Taningtharyi, Southern Shan State, Sagaing and Magway to observe malaria control activities at field level as well as health facilities. They also had opportunity to observe activities carried out by partners (NGOs), discussed with volunteers and villagers who live in remote, malaria endemic areas.

The review team presented their key findings on 7 August 2012. They observed a tremendous effort in malaria control in Myanmar which resulted in a rapid increase in coverage of key interventions and improved service delivery to the village level. There is evidence, from some areas, of a reduction in the malaria incidence consequent to increased intervention coverage. Several practical recommendations were made. Full report will be made available in September 2012. ■

important dates

10 October 2012	World Mental Health Day
13 October 2012	World Sight Day
14 November 2012	World Diabetes Day
1 December 2012	World AIDS Day
3 December 2012	International Day of Persons with Disabilities