



Historic moments for Myanmar as it begins simultaneous roll out of two new vaccines in EPI programme



Baby Kay Thwe Moe, the first baby vaccinated with Pentavalent vaccine, in Myanmar

In November 2012 Myanmar launched two new vaccines into its EPI programme. Haemophilus Influenza type B (Hib) and second dose of routine measles vaccines will now be part of National Immunization schedule. An official launch of introduction of these new vaccines was held at Nay Pyi Taw on 6 November 2012.

Speaking on the occasion, His Excellency Union Minister for Health Professor Dr Pe Thet Khin thanked Global Alliance for Vaccines and Immunization, WHO and UNICEF for their support for introduction of the new vaccines and urged members of the National Health Committee from the Union level ministries, regional governments and NGOs to continue to make efforts for protecting children against the vaccine preventable diseases and promote the social and economic welfare of the country by strengthening the development of rural areas thereby the reduction of poverty, as the priority.

At this historic launching ceremony a high level delegation of GAVI lead by GAVI Board Chairperson Dagfinn Hoybraten, and parliamentarians from Australia and New Zealand were also present to support the government of Myanmar which has cofinanced pentavalent vaccine.

GAVI Board Chairperson mentioned that "Children in Myanmar will receive best protection available against five potentially deadly diseases".

Dr. H.S.B Tennakoon, WHO Representative for Myanmar, said, "The Government of Myanmar has shown leadership and continues to implement intensification activities, increase immunization coverage throughout the country to protect all children regardless of where they live. Introducing these new vaccines will help accelerate progress to achieve the goal of protecting more children and progress toward the Millennium Development Goal No. 4 (MDG4).

A young midwife at remote rural health centre said "the entire medical professionals in Myanmar is excited about this new public health initiative and now public should be made fully aware of the availability of these new vaccines which will benefit our children, the future of Myanmar".

The introduction of new vaccine is part of efforts of government of Myanmar in intensification of the routine immunization program to protect the children of Myanmar who are exposed to the risk of dying from pneumonia and meningitis. Hib is the leading cause of childhood bacterial meningitis, pneumonia and other serious infectious among children in Myanmar.

World Sight Day 2012



World Health Organization Representative to Myanmar, Dr H.S.B. Tennakoon delivers the address at the launching ceremony of World Sight Day at the Ministry of Health, Nay Pyi Taw.

The "World Sight Day 2012" inauguration ceremony was conducted in Naypyitaw on 11 October 2012 at the Ministry of Health.

H.E. Professor Pe Thet Khin, Union Minister for Health delivered an opening speech which was followed by opening remarks by Dr. H.S.B. Tennakoon, WHO Representative to Myanmar.

It was attended by Directors General under the Ministry of Health, officials from the Ministry of Health, Representatives from Myanmar Maternal and Child Welfare Association, Myanmar Women's Affairs Federation and international and local NGOs

World Sight Day is an annual day of awareness, to focus global attention on blindness, visual impairment and rehabilitation of the visually impaired held on the second Thursday in October.

World Sight Day is observed around the world by all partners involved in preventing visual impairment or restoring sight. It is also the main advocacy event for the prevention of blindness and for "VISION 2020: The Right to Sight", a global effort to prevent blindness created by WHO and the International Agency for the Prevention of Blindness.

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 its international membership of NGOs, professional associations, eye care institutions and corporations. Vision 2020 member organizations are

working together to eliminate avoidable blindness by 2020, in order to give everyone in the world the Right to Sight.

Many communities, associations and non governmental organizations work together with WHO and IAPB to promote World Sight Day for the following purposes:

- To raise public awareness of blindness and vision impairment as major international public health issues
- To influence governments, particularly health ministers, to participate in and designate funds for national blindness prevention programmes
- To educate target audiences about blindness prevention, about VISION 2020 and its activities and to generate support for VISION 2020 programme activities

The causes of blindness are cataract 51%, glaucoma 8%, age related macular degeneration 5%, childhood blindness and corneal opacities 4%, uncorrected refractive errors and trachoma 3%, diabetic retinopathy 15% and undetermined causes are 21%.

The World Sight Day theme for 2012 is : - Countdown 2020.

This was followed by a short video on the main causes of blindness and implementation of primary eye care programmes.

Next the mini exhibition was viewed and the ceremony was concluded. ■

Isoniazid preventive therapy: evaluation of pilot project

The World Health Organization (WHO) recommends that all HIV-infected persons be screened for tuberculosis disease; and HIV-infected persons without TB disease should be provided prophylactic treatment for TB, usually by providing isoniazid for a duration of at least six months. Few successful examples of Isoniazid Preventive Therapy (IPT) for people living with HIV or AIDS (PLHA) based from HIV service delivery sites are not yet available in the region.

The Myanmar National Tuberculosis and HIV/AIDS programmes agreed in 2008 to develop an IPT pilot project in three districts. The overall objective of the project was to develop a simple and sustainable programme model for efficient TB exclusion and IPT provision for PLHA. This project was evaluated in July 2012 by Dr Puneet Dewan, Medical Officer, WHO Regional Office for South-East Asia.

This pilot project has demonstrated the feasibility of IPT for PLHA from National AIDS Programme (NAP) and partner clinics in Myanmar. TB symptomatic screening was systematically implemented and strengthened in pilot site clinics. Over the project period more than 2500 PLHA were registered for IPT. Although a true denominator of the clinic populations is not available, a cross-sectional

Table: Characteristics of PLHA registered for IPT, Mandalay and Lashio, Aug 2009-Dec 2011

Characteristic	Subgroup	Number	Percentage
Site	Lashio	867	35%
	Mandalay	1 664	65%
Treatment clinic	Mandalay, Teaching Hospital	129	5%
	Mandalay-NAP	753	30%
	Mandalay, IHC (MU1,2,3)	296	12%
	Mandalay townships (7)	486	19%
	Lashio-MSF	579	23%
	Lashio-NAP	288	11%
Gender	Female	1 532	61%
	Male	976	39%
	Unknown	23	1%

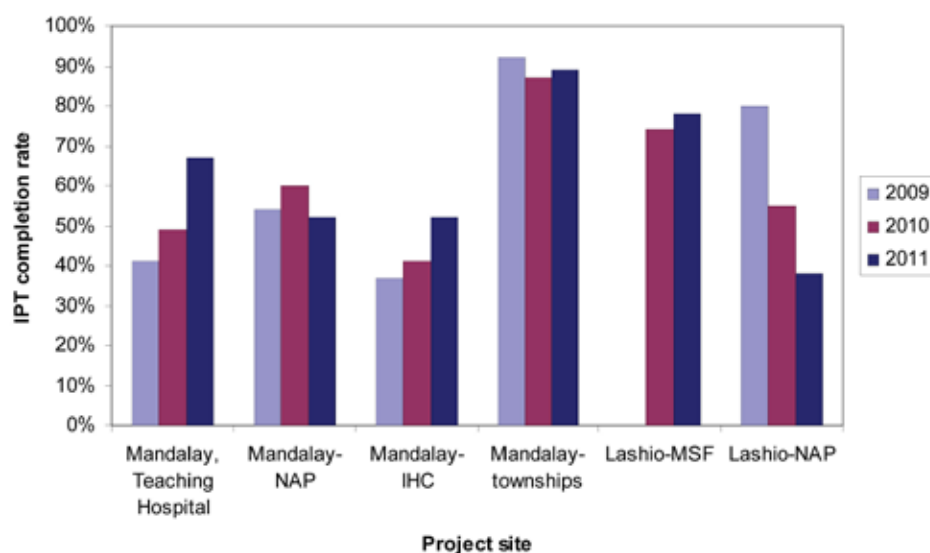
review of clinic records from June 2012 suggested that approximately 20% of all clinic attendees, or about one-third of eligible PLHA, had been initiated on IPT. Over 65% of IPT-registered patients completed treatment, approaching the 70% objective set for the pilot project.

On the basis of the IPT pilot project, the Ministry of Health, Department of Disease Control has taken the policy decision to scale-up this model of systematic TB screening and IPT provision nationwide to all townships with NAP teams implementing HIV clinical services.

Important lessons were learned during the pilot that will facilitate the successful scale-up of IPT. Integration into NAP clinic operations and systems

were essential. Systematic TB screening is feasible but requires strengthening in HIV clinics. Providers and patients required extensive sensitization to accept and include IPT as an essential part of routine HIV care. IPT treatment was completed with high efficiency from decentralized HIV treatment services in townships, and where treatment was synchronized with routine HIV care. ■

Figure: IPT treatment outcomes by project site and year of enrolment





World Health
Organization

Training course on facility-based integrated management of neonatal and childhood illness in Yangon

Myanmar aims to achieve the the Millennium Development Goal No. 4 (MDG 4) target of reduction of under-five mortality to 38 per 1,000 live births by 2015. Integrated Management of Childhood Illness approach is a major cost effective instrument to improve child health at the community level and the generic version had been implemented in Myanmar since 2004 with the collaboration of WHO and UNICEF. Neonatal component was incorporated in 2011.



Demonstration of newborn resuscitation

The capacity building of professionals for providing optimum care for sick children in first referral units is an obvious path to optimize the benefits of IMNCI on child survival. Facility-based integrated Management of Neonatal and Childhood illness (F-IMNCI) is a care package to train health workers in managing newborn and childhood illnesses at the facility level/inpatient care, providing the important link for care of the sick neonates and children reaching these facilities from the community. This package, developed by the Ministry of Health and Family Welfare of Government of India in collaboration with WHO and UNICEF in 2009, focuses on skill Development and "Hands on training" at hospitals. WHO Myanmar, in collaboration with the Women and Child Health Development (WCHD) section, Department of Health and donor AusAID, conducted the first demonstration training in Myanmar using the F-IMNCI package at Yangon Children Hospital from 1 - 5 October 2012.

The objectives of the course were:

- To train Medical officers and nurses on the skills for the management of sick neonates and children at a referral facility.
- To replicate the training using the Myanmar adapted version of F-IMNCI in future.
- To adapt the training manual in the context of Myanmar, after the training course.

The demonstration training was conducted for in-service training of Medical Officers and nurses working in the four selected AusAID programme townships (trainees) and demonstrated to senior Pediatricians from State/Regional Hospitals (Prospective Master trainers).

There were 20 participants (11 nurses and 9 doctors) and 6 local facilitators/observers (prospective master trainers). The demonstration of the model training was done by the three international facilitators from India.

All the participants showed complete satisfaction with the training process and tools. Some of them also felt that it would have been easier if the training material was in local language. Almost all the participants graded the course materials as very useful or useful including the clinical skill and workstations and felt that they were now ready to start Emergency Triage and Treatment, management of sick neonate and of sick child at their facilities. It is planned to eventually expand this training to all the States and Regions. ■

important dates

4 February 2013	World Cancer Day
3 March 2013	International Day for Ear and Hearing
22 March 2013	World Water Day
24 March 2013	World TB Day
7 April 2013	World Health Day