

H.E. Union Minister for Health receives WHO World No-Tobacco Day 2013 Award



WHO Regional Director for South-East Asia Region, Dr Samlee Plianbangchang handed over the WHO World No-Tobacco Day 2013 award medal to H.E. Prof Pe Thet Khin, Union Minister, Ministry of Health

On 29 September 2013, the WHO World No-Tobacco Day 2013 Award was presented to H.E. Prof Pe Thet Khin, Union Minister, Ministry of Health by WHO Regional Director for South-East Asia Region, Dr Samlee Plianbangchang. It is a prestigious award bestowed by the Director-General of the World Health Organization, in recognition of His Excellency's

outstanding contributions towards tobacco control. The ceremony was opened by a welcome address made by Rector of the University of Public Health Prof Nay Soe Maung. First the Acting WHO Representative to Myanmar, Dr Jigmi Singay read out the statement of appreciation on behalf of World Health Organization. The statement highlighted the background of the Award, which is meant for individuals and institutions all over the world that have taken extraordinary steps for tobacco control and the rationale of conferring this esteemed Award to His Excellency.

Dr Samlee Plianbangchang then personally handed over the medal and certificate to His Excellency, Union Minister for Health, after delivering a few words conveying his appreciation on His Excellency's efforts for tobacco control. Finally, H.E. Prof Pe Thet Khin made some words of thanks to WHO and brief remarks on the challenges, achievements and future steps for tobacco control efforts in Myanmar. The ceremony was also attended by Directors-General of various departments under the Ministry of Health, Rectors of the Universities under the Ministry of Health, officials from WHO Regional and country office and representatives of international and local non-governmental organizations. ■

Turning the Tide on Tuberculosis: Tackling Drug-Resistant Tuberculosis and TB/HIV co-infection in Myanmar

Médecins sans frontières (MSF), the Ministry of Health of the Republic of the Union of Myanmar and WHO organized a symposium from 22 to 23 August 2013 in Yangon to discuss different approaches to care for people affected with tuberculosis (TB) and HIV. The symposium was opened by Dr Soe Lwin Nyein, Deputy Director General (Disease Control), Ministry of Health; Dr Unni Karunakara, President, MSF International; and Dr Jigmi Singay, Acting WHO Representative for Myanmar. In addition, Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership addressed the meeting through video link. The event succeeded in drawing together leading experts from across Myanmar and other high TB burden countries in the region, along with international leaders in the field in order to share their knowledge and experience in tackling multidrug-resistant TB (MDR-TB).

In 2012, only 5% of the estimated MDR-TB cases arising in the country had access to adequate care following WHO guidelines. The symposium discussed how to overcome barriers to scale-up MDR-TB diagnosis, treatment and care including particular



needs of vulnerable populations. Specific attention was also provided to the use of innovations for rapid diagnostics and treatment regimens. The symposium attracted significant national and international media attention and MSF launched the first Myanmar MDR-TB blogger (TB & Me: real stories of living with MDR-TB: <http://blogs.msf.org/tb/>).

At the time of the symposium, the National TB Programme informed that new guidelines for the management of MDR-TB in Myanmar had just been published. The guidelines have been developed based on the successful MDR-TB pilot project implemented with technical support from MSF and WHO. With the new guidelines and with strong support from technical and financial partners, the Ministry of Health is planning to put MDR-TB management to scale. ■

Largest ever roll-out of GeneXpert® rapid Tuberculosis test for 21 countries



International Drug Purchasing Facility (UNITAID), The World Health Organization (WHO), and the Stop TB Partnership have made the largest roll-out to date of GeneXpert® machines, a state-of-the-art test for tuberculosis (TB) that shortens the time to diagnose drug-resistant strains from weeks to only a few hours. By allowing health workers to quickly diagnose TB, drug-resistant TB and TB/HIV co-infection, this project will help halt the spread of one of the leading infectious causes of adult deaths and the leading killer of people living with HIV.

The global launch of the project took place on 10 September 2013 in Yangon and was presided over by Dr Min Than Nyunt, Director General, Department of Health.

The visiting team of UNITAID and the Foundation of Innovative New Diagnostics also conducted field visits in Yangon and Mandalay to obtain first-hand experience in using the GeneXpert machines as well as other programme components. A courtesy visit

was also paid to Dr Than Aung, H.E. Deputy Minister for Health in Nay Pyi Taw. WHO facilitated stakeholders meetings with the national programmes of TB, HIV and malaria; UN agencies; development partners; implementing partners and civil society. A special lecture "Addressing Public Health Issues through Market-based Approaches" was also delivered by Dr Denis Broun, Executive Director of UNITAID, at the University of Public Health, Yangon.

While UNITAID works in a globalized fashion, countries (including Myanmar) benefit much from its market interventions. Commitments were made to include Myanmar in the project to speed up switching from stavudine to tenofovir-based antiretroviral treatments as well as to look at increasing the global stockpile of second-line anti-TB drugs. UNITAID will continue to work at the global level to reduce prices for diagnostics and drugs for TB, HIV and malaria. ■

Table: Contributions of UNITAID to Myanmar

| Type of support | Value (US\$) |
|---|------------------|
| PMTCT support (2007-2010) | 303 752 |
| First-line anti-TB drugs (2007-2011) | 2 782 168 |
| Upgrade of two TB bio-safety level-3 reference laboratories | 714 425 |
| Second-line anti-TB drugs for pilot project (200 regimens) | 758 032 |
| Second-line anti TB drugs (584 regimens) | 2 425 847 |
| GeneXpert machines (4) | 80 000 |
| GeneXpert cartridges (5680) | 56 800 |
| TOTAL | 7 121 024 |

WHO Myanmar office moves to new location in Yangon

Please be informed that WHO Myanmar office has been relocated from Traders Hotel to No. 2, Pyay Road, 7 Mile, Mayangone Township, Yangon effective from 2 September 2013. Please find the new contact information below:

CONTACT INFORMATION

Address: No. 2, Pyay Road, (7 Mile), Mayangone Township, Yangon 11061, Myanmar.

Working Days/Hours:

Monday through Friday (Saturday and Sunday closed)
0830 to 1700 hours (Lunch 1200 to 1230 hours)

Telephone: (95-1) 650 405 - 406, 650 416, 654 386 - 390
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Acting WHO Representative to Myanmar: Dr Jigmi Singay

Consultation meeting on "Standardization of Clinical Management of HIV/AIDS- Current Trends in Myanmar"

It is estimated that in 2012 there were over 125,000 people living with HIV/AIDS who needed anti-retroviral treatment (ART) in Myanmar. Out of these, over 53700 were receiving the treatment by end of 2012, translating into programme coverage of 43%.

World Health Organization (WHO) has globally launched the consolidated guidelines for the preventions and treatment of HIV since June 2013. Subsequently, there was an assessment of ART services in Myanmar and following that there was a regional meeting by WHO-SEARO in July 2013 in Indonesia. The National AIDS Programme with support from WHO organized a National consultation of the leading clinicians (Physicians, Pediatricians and Obstetricians) from different parts of the country on 5 August 2013 at Nay Pyi Taw, to decide upon the future roadmap for the process of country adaptation of the Global WHO guidelines as well as to take a decision on the revision of the antiretroviral (ARV) regimens used. The key objectives of the meeting were:

- To introduce the new WHO 2013 consolidated guidelines and chart a way forward- action and timelines for adaptation to Myanmar context
- To review the current Global Fund (GF) procurement of ARVs in light of new evidence and recommendations

The meeting was inaugurated by Deputy Director General, Dr Soe Lwin Nyein and had participation from senior officials from Ministry of Health (MoH), leading clinicians and officials from United Nations Joint Programme on HIV/AIDS (UNAIDS). The technical and financial support to organize and facilitate the meeting was provided by WHO.



Dr Soe Lwin Nyein, Deputy Director General, inaugurated the consultation meeting on standardization of clinical management of HIV/AIDS - current trends in Myanmar.

It was also recommended to start the process of country adaptation of the global guidelines as soon as possible, with involvement of all stakeholders, as the new WHO guidelines not only provide clinical guidance but also operational and programmatic guidance. In line with universal access to treatment, early case detection and early treatment are crucial. For early detection of case, Department of Health is already decentralizing the HIV testing in a phased manner and there is a plan to undertake the decentralization of ART services from 2012 to 2016. The clinicians recommended to have one preferred first line ART regimen for the country, i.e. TDF - Tenofovir; 3TC - Lamivudine; EFV - Efavirenz (TDF+3TC+EFV) and a zidovudine based alternative first line. It was reinforced to phase out stavudine, with no new stavudine based regimes to be procured in the country. ■



The world health report 2013: research for universal health coverage. Geneva: World Health Organization, 2013. 146p. ISBN: 9789241564595

Overview

Everyone should have access to the health services they need without being forced into poverty when paying for them. This report argues that universal health coverage - with full access to high-quality services for prevention, treatment and financial risk protection - cannot be achieved without the evidence provided by scientific research. It maintains that all nations should be producers of research as well as consumers. The process of discovery should take place not only in academic centres but also in public health programmes where people seek health care and use the services provided. Investigations ranging from clinical trials to health policy studies can help chart the course to improved health outcomes and reduced poverty, but research needs national and international backing to succeed.

http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf



World Health
Organization

Mass Drug Administration for Control of Lymphatic Filariasis campaign 2013 in Myanmar

On 9 September 2013, the Mass Drug Administration campaign for control of lymphatic filariasis for this year was launched in ten states and regions across the country. Globally, lymphatic filariasis was endemic in more than 80 countries and territories, more than 1 billion people were at risk of infection. In 1996, WHO estimated that 120 million people worldwide were affected and 40 million people were living with deformity due to lymphatic filariasis. At present nine out of eleven countries are endemic for lymphatic filariasis in Asian Countries and Myanmar is one of them. According to the mapping of lymphatic filariasis in Myanmar in 2007, 45 out of total 65 districts (69% of districts) were endemic for lymphatic filariasis and 41.8 million people are at risk among total population of 60.38 million.



Making video documentation on training of basic health staff for MDA by GNNTD team at Thaton, Mon State

This year, MDA campaign was conducted from 9th to 15th September 2013 covering 36 districts in 10 States and Regions, including Yangon, Mandalay, Mon, Kayin, Bago, Ayeyarwady and 4 others, covering total population of 35.79 million.

In 2000, Myanmar has adopted WHO collaborative Global Programme to Eliminate Lymphatic Filariasis (GPELF) and Ministry of Health has developed the National Plan to Eliminate Lymphatic Filariasis (NPELF), the strategy aimed at elimination of lymphatic filariasis in 2020 (i.e. <1/1000 population) through Mass Drug Administration (MDA) using 2 drugs: Albendazole and Diethylcarbamazine. MDA had been started in 10 townships in Magwe Region as a pilot project in 2001. Until 2011, MDA covered 22 Implementation Units (One Implementation Unit is equivalent to one district) out of 45 IU. Three Implementation Units (IUs) have been stopped after satisfying the criteria to stop MDA according to 2005 WHO guideline. Microfilaria baseline rate is 15.13% and the rate reduced to 0.79% in all sentinel sites in 2012 after 9 rounds of MDA.

Ministry of Health has conducted this year's MDA campaign successfully with the participation of volunteers: village and ward administrative members and local non-governmental organizations under the supervision of basic health staff. Anti-filarial drugs are donated by the Glaxo Smith Kline - Global Manufacturing and Supply, United Kingdom. And the Global Network for Neglected Tropical Disease (GNNTD) has supported the MDA campaign in Myanmar and made video documentation of the activities.

important dates

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| 10 October 2013 | World Mental Health Day |
| 10 October 2013 | World Sight Day |
| 14 November 2013 | World Diabetes Day |
| 1 December 2013 | World AIDS Day |
| 3 December 2013 | International Day of Persons with Disabilities |