

Commemoration ceremony of World Diabetes Day 2013 in Nay Pyi Taw, Myanmar



H.E. Professor Pe Thet Khin, Union Minister for Health, delivered the inaugural speech at the inauguration ceremony of World Diabetes Day 2013 in Nay Pyi Taw.

The inauguration ceremony of World Diabetes Day 2013 was conducted at the Ministry of Health in Naypyitaw on 21 November 2013. The inaugural speech was delivered by H.E. Professor Pe Thet Khin, Union Minister for Health. It was attended by H.E. Dr. Daw Thein Thein Htay, Deputy Minister for Health, 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, local NGOs and staff from WHO Country Office Myanmar.

After the inauguration ceremony a seminar was conducted in which the following topics were presented and discussed :

- World Diabetes Day by Dr. Ko Ko, Associate Professor, University of Magway
- General Knowledge on Diabetes by Dr. Thein Myint, Lecturer, University of Medicine 2
- Health Promotion regarding Diabetes and NCDs by Professor Tint Swe Latt, Rector, University of Medicine 2

Health Screening for diabetes was also conducted for the participants.

World Diabetes day takes place on 14 November every year. The date was chosen because it marks the birthday of Frederick Banting who, along with Charles Best is credited with the discovery of insulin.

World Diabetes day is celebrated world wide. It brings together millions of people worldwide in over 160 countries to raise awareness of diabetes including children and adults affected by diabetes, health care professionals, health care decision makers and the media. World Diabetes Day unites the global diabetes community to produce a powerful voice for diabetes awareness.

While many events take place on or around the day itself, a themed campaign runs throughout the year with actions planned to influence political opinion and support the goals of the campaign.

World diabetes day was introduced by the International Diabetes Federation and the World Health Organization in 1991 in response to concern over the escalating incidence of diabetes around the world. Since then, the event has grown in popularity every year.

Each year World Diabetes Day highlights a theme related to diabetes. Topics covered in the past have included diabetes and human rights, diabetes and lifestyle and the cost of diabetes. In 2007, the decision was made to spread campaign themes over a longer period. The theme for diabetes in children and adolescents was extended to cover 2007 and 2008.

For 2009 and beyond the Executive Board of the International Diabetes Federation turned to its global network of diabetes associations to propose the theme. The most popular choices were diabetes education and prevention. It was felt that significant efforts to prevent diabetes would not be possible without sufficient diabetes education. Consequently, the theme chosen was **"Diabetes Education and Prevention"**, a broad theme that will cover the five year period from 2009-2013.

The campaign slogan continues to be **"Diabetes: Protect our Future"**. The theme reiterates the importance of understanding the condition not only by the patient but also by the treating physicians to ensure proper treatment and by the government to implement necessary policies to control the disease and prevent it where possible. ■

World AIDS Day 2013 commemoration ceremony in Myanmar



H.E. Professor Pe Thet Khin, Union Minister for Health, delivered the speech at the commemoration ceremony of World AIDS Day 2013 in Nay Pyi Taw.

On 1 December 2013, World AIDS Day commemoration ceremony was held in the meeting hall Ministry of Health in Nay Pyi Taw at 9:00 am. The ceremony was chaired by HE Union Minister of Health Professor Pe Thet Khin and was attended by Deputy Ministers of Health, Immigration, Ministry of Foreign Affairs and Ministry of Hotel and Tourism, National AIDS committee members, representative from UN, NGO/INGO and Ministry of Health officials.

Union Minister for Health HE Professor Dr Pe Thet Khin addressed that in 1981, the first case of AIDS was reported in the United States. At present, 34 million people are living with HIV globally. The total number of new HIV infections remains high—2.5 million in 2011. A total of 1.7 million people died of AIDS-related illnesses worldwide in 2011.

This year World AIDS day slogan is same as last year "Getting To Zero". It means Zero New HIV infection, Zero Discrimination and Zero AIDS related deaths. Stigma and discrimination create an environment of fear that prevents people from accessing life-saving HIV services. It is important that everyone who suspects themselves to be at risk, seeks HIV test and knows their HIV status early, so they can prevent new infections and can access life-saving treatment when needed.

Acting WHO Representative to Myanmar Dr. Jigmi Singay delivered the message of the UN Secretary-General, and Mrs. Savina Ammassari, from UNAIDS conveyed the message of the Executive Director of UNAIDS. The commemoration ceremony ended with awarding of mementoes to winners in painting, essay writing and cartoon making contests from State high and middle schools. ■

Training of Trainers on HIV Drug Resistance Early warning Indicators

In Myanmar HIV/AIDS prevention and care activities are being implemented as a National concern since 1988. An estimated 125,000 people living with HIV/AIDS were in need of anti retro viral therapy (ART) in 2012. Nationally, there were 53709 People living with HIV (PLHIV) receiving ART by the end of 2012, translating into a coverage of 43%. Myanmar has planned to achieve the 77% coverage with ART in 2015 and 85% coverage by 2016.

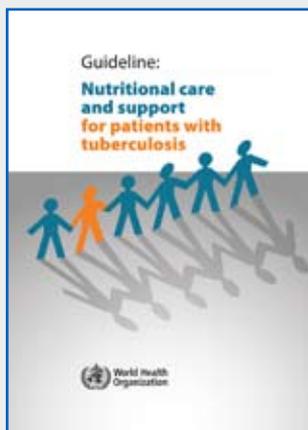
As anti retro virals (ARVs) become more readily available with the scaling up of treatment programme, emergence and transmission of HIV drug resistance is an unavoidable consequence, even when appropriate drugs are prescribed and adherence is maximally supported. However, a well functioning programme with good quality services, maximized adherence and smooth programmatic planning like uninterrupted supplies of ARVs can minimize the emergence of resistance and need for second line drugs.

Early warning indicators (EWI) of HIV drug resistance are key component of the public health strategy to minimize and assess HIV drug resistance in countries scaling up antiretroviral therapy.

EWI data collection is crucial for the monitoring of drug resistance but also for data quality assessment. The HIV drug resistance surveys provide important information on the existence and prevalence of resistance strains in the study populations, through structured questionnaire and laboratory based genotyping of the virus. They, however, do not tell us the possible reasons that could have led to these resistant patterns. The early warning indicators provide us



with possible programmatic reasons for emergence of the drug resistance. Hence, it is imperative that before we plan any drug resistance surveys, we have a system of collecting and analyzing the early warning indicators. This is also in accordance to the WHO recommended HIV drug resistance strategy that any country should have. The National Programme has therefore developed a protocol for early warning indicators and developed a training package. The National training of trainers on data collection of the EWI were conducted by National AIDS Programme, Department of Health in Nay Pyi Taw and Mandalay in October 2013. The participants were from the high volume ART sites in public settings as well as INGO/NGO settings, regional officers/team leaders from states and regions, representatives from NGOs and INGOs, senior officials from National AIDS Programme, Department of Health and officials from HIV unit, WHO country office for Myanmar. ■



Nutritional care and support for patients with tuberculosis: guideline. Geneva: World Health Organization, 2013. 54p.

ISBN: 978 92 4 159641 0

Overview

This guideline provides guidance on the principles and evidence-informed recommendations on the nutritional care and support for patients with tuberculosis. Undernutrition increases the risk of tuberculosis and in turn tuberculosis can lead to malnutrition. Undernutrition is therefore highly prevalent among people with tuberculosis. The primary audience for the guideline is health workers providing care to people with tuberculosis.

http://apps.who.int/iris/bitstream/1065=65/94836/1/9789241506410_eng.pdf



Measles elimination and rubella control in Myanmar by 2020



Measles outbreaks continue to cause illness and deaths globally and are a major development obstacles for population in South East Asia Region. Rubella can cause deaths and debilitating birth defects known as Congenital Rubella Syndrome (CRS) and can have a life-long impact on families. In Myanmar many children died of measles in the last three years in outbreaks which were contained by nation-wide mass measles campaign targeting the age group of 9 months to 5 years. Rubella was also prevalent in Myanmar and the evidence was strong from the present and past data on the presence of antibodies against rubella. The incidence of congenital rubella syndrome (CRS) was estimated by active surveillance in major hospitals in Yangon city. The incidence of laboratory confirmed CRS was 0.1 per 1000 live births and suspected was 0.5 per 1000 live births.

To solve the double problem of measles and rubella Government of Union of Myanmar has applied to Global Alliance for Vaccine Immunization (GAVI), for the catch up campaign of Measles-Rubella to be followed by introduction of rubella vaccine into the routine immunization system. The campaign will target the wide range age group of 9 months to 18 years. This campaign is going to be a huge public health movement reaching about one third of the population. Social mobilization activities need to be extensive to create public awareness. The benefit of the campaign is the cover-up of some susceptible accumulating which have missed routine immunization and supplementary immunization activities.

In order to reach the goals of measles elimination and control rubella governments will need to

- Achieve and maintain 95% population immunity against measles and rubella within each township through routine immunization and/or supplementary campaigns
- Develop and sustain a sensitive and timely case-based measles and rubella surveillance system and an accredited measles and rubella laboratory network

important dates

4 February 2014	World Cancer Day
22 March 2014	World Water Day
24 March 2014	World TB Day
7 April 2014	World Health Day