

## Commemoration ceremony of International Epilepsy Day in Yangon and health talk on Epilepsy



*Guests viewing the mini exhibition on Myanmar Epilepsy Initiative*

**T**he commemoration ceremony of International Epilepsy Day was conducted at the University of Nursing Auditorium on 8th February 2015.

It was inaugurated by the Chief Minister of Yangon Region H.E. U Myint Swe who highlighted the fact that it was the first time such an event has been held in Myanmar to increase the participatory role of government as well as other organizations to reduce the treatment gap for people with epilepsy. In his address, the H.E. Deputy Minister for Health Dr. Win Myint stressed on the need to scale up awareness raising and health education activities to correct the myths and misunderstandings surrounding epilepsy and the need to reduce stigma and discrimination faced by people with epilepsy and to provide support to enable them to lead normal productive lives as much as possible. In his address the WHO Representative to Myanmar - Dr. Jorge M. Luna pointed out the close collaboration among all the stakeholders and technical and financial support from WHO in launching the Myanmar Epilepsy Initiative in Myanmar and stressed the need for sustainability of project activities by incorporating them in the existing health system. After the closing remarks by the Project Manager Professor Win Min Thit, the guests viewed the mini exhibition displayed on the Myanmar Epilepsy Initiative project activities

implemented in the country. This was followed by the second part of the programme where Health Education talk on epilepsy was conducted. The speakers were eminent neurologists from the Department of Neurology, Associate Professor Dr. Seinn Mya Mya Aye who presented on "What is Epilepsy" and "Clinical Presentations/types" of seizures and Senior Consultant on Neurology Dr. San Oo who presented on "First Aid" and "Do's and Don'ts" regarding Epilepsy.

More than 50 million people worldwide have epilepsy, more than three quarters living in low and middle-income countries. An estimated 2.4 million new cases occur each year. Epilepsy accounts for 0.5% of the total global burden of disease.

The risk of premature death in people with epilepsy is 2-3 times higher than for the general population in high-income countries and more than six times higher in low- and middle-income countries. People with epilepsy often suffer from co-morbidities such as depression and anxiety, associated intellectual disabilities, especially in children, and physical injuries (for instance, fractures and burns).

People with epilepsy are often subjected to stigmatization and discrimination because of misconceptions and negative attitudes surrounding the disease. ■

## World Health Day 2015

### Food Safety \_ "From farm to plate, make food safe"

**W**orld Health Day is globally commemorated every year on 7 April, the birthday of the Organization. The World Health Organization selects a priority area of global public health concern as a theme for World Health Day. The theme for World health Day 2015 is **Food Safety**, a theme of high relevance to all people on the planet, and multiple stakeholders, including government, civil society, private sector, and non-governmental organizations.

WHO Country Office in Myanmar, since a few decades ago, has been taking the World Health Day events as an opportunity for advocacy of the theme to high-level policy makers and stakeholders as well as for raising awareness among the community through wide dissemination of the health messages across the country. As usual, WHO Country Office started preparations even before end of 2014, once the theme for the World Health Day 2015 was announced. In December 2014, Country Office developed, produced and disseminated desk calendars, New Year Greeting cards with messages and illustrations featuring the theme of World Health Day 2015. During the months of February and March 2015 more advocacy materials with messages, pictures or illustrations were designed for advocacy items such as T-shirts, document bags, banners, posters, pamphlets, newsletter, etc. The process for developing of such materials involved a series of consultations among

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အဆင့်ဆင့်သန့်ရှင်း ရောဂါကင်း၏”

WHO country office Food Safety technical unit, information unit and WHO/SEARO, particularly public information communication and advocacy unit and the relevant technical unit.

Country office also closely collaborated with the central health education bureau (CHEB), Ministry of Health, which is the focal point in the ministry for organizing World Health Day official commemorative ceremonies at central level as well as at the state and regional capitals. As before, WHO country office will join the Ministry of Health on the World Health Day, at the central level ceremony, by high-level representation as well as by setting up a mini-exhibition booth at the venue of the official commemoration. At the WHO country office booth advocacy and information materials such as WHO publications, reference documents, video clips featuring relevant messages, posters, banners, newsletters, T-shirts, document bag will be displayed and distributed. Upon completion of all activities, WHO country office will prepare a comprehensive report along with photos for sharing with WHO/SEARO for inclusion in the Regional report for further dissemination as well as uploading to the SEARO website. ■

### NCD corner at the WHO country office



**W**HO country office Myanmar has launched a new initiative for staff members called "NCD corner", which is a place where staff members can learn relevant and updated information with regard to Non-Communicable Diseases (NCD) as well as check or monitor their status and risk factors related to NCDs. The designated corner is located in the main lobby near the reception area. A desk equipped with devices for measuring body weight, blood pressure and blood glucose level as well as health information and education materials is available for all staff members during the office hours. Staff members can enjoy the facilities on self-service basis, while arrangements are also made to get assistance from colleagues or seek medical advice as appropriate. The apparatuses and consumables are donated by WHO Representative, staff members and the Staff Association country chapter. ■



## Fifth joint monitoring mission for tuberculosis care and prevention, 1-11 December 2014



*Interview with key informants during field visit to Manhkring Rural Health Centre, Myitkyina, Kachin State*

WHO facilitated the fifth joint review of the Myanmar national tuberculosis (TB) programme. A team was composed of national and international reviewers, including TB specialists and experts in cross-cutting public health issues, government staff as well as NGO and WHO staff and free-lance consultants.

Complementing various assessments undertaken during the past year and considering the need to provide a baseline for the End-TB strategy, the terms of reference were rather unconventionally formulated, in that they looked more into areas of higher strategic importance rather than the technical subcomponents of TB control.

Following a thorough briefing by National Tuberculosis Programme (NTP) and partners, first-hand information was collected during field visits undertaken by four different teams. The teams summarized their findings which were subsequently discussed in plenary.

Key challenges identified included:

Emerging capacity at district and township levels is still insufficient for the needed programme expansion in order to find and treat all cases. Health sector reform and the proposed split of Medical Care and Public Health will create opportunities,

but will also pose challenges to NTP management. Current case detection is missing around 30% of the estimated TB cases, especially those in vulnerable groups, including the elderly and children. Future expansion of Multidrug-resistant tuberculosis (MDR-TB) services may challenge again the increased capacity in MDR-TB management with possible (too) heavy burden on peripheral services. Only a minority of TB and HIV co-infected patients currently accesses appropriate services, especially treatment with antiretroviral drugs. The rapid expansion of the private sector and the multiplicity of partners emphasize the need for the NTP to exercise leadership.

A limited number but succinct set of recommendations were grouped under three principal headings: (1) The NTP and partners should strengthen their capacity to carry out basic TB control functions and improve the quality of care; (2) The NTP and partners need to expand their work significantly to cover the gap between the most peripheral health facilities, and people in the communities, and to provide more treatment for MDR-TB and for those with both TB and HIV infection; and (3) Different stakeholders (NTP, other government departments, NGOs, the private sector and external partners should collaborate more fully with each other. ■



## Myanmar launches its largest ever vaccination campaign, reaching 17.4 million children with Measles Rubella (MR) Vaccine

**G**overnment of Myanmar is committed to achieve WHO South-East Asia Regional goal of measles elimination and rubella control by 2020. In order to accelerate progress towards this goal, under the leadership of the Ministry of Health with support from WHO, GAVI and UNICEF, Myanmar conducted a National Measles Rubella Vaccine campaign in January-February 2015 targeting all children in the age group of 9 months to 15 years irrespective of their previous immunization status. This wide age range cohort was decided based on the local Measles Rubella epidemiological situation.

The National MR campaign was conducted in two phases targeting an estimated 17.4 million children. The first phase was conducted in January 2015 targeting school children 5 years to 15 years in approximately 45,000 schools, government, private and monastic schools. The second phase targeting approximately 65,000 villages/urban wards was conducted in February 2015 vaccinating children from 9 months to 5 years of age plus children missed out in school phase, children who don't attend school. In order to achieve high quality of coverage, extensive preparatory activities were undertaken such as establishment of Central Executive Committee, development of planning, technical training guidelines for health workers, school teachers, and volunteers. Village/ward-wise micro plans, master list of all eligible children, advocacy meeting with various stakeholders like department of education, local authorities, Myanmar Medical Association, Myanmar Maternal and Child Welfare Association (MMCWA) and National & International NGOs. Extensive social mobilization was carried out in all communities using TV/Radio as mass



*An adolescent girl being vaccinated for Measles Rubella vaccine*

media, displaying posters, banners, stickers and interpersonal distribution of invitation cards to families. All health workers were re-trained with special emphasis on injection safety practices, prevention and management of adverse events following immunization (AEFI). The cold chain and vaccine, logistic supply chain was thoroughly reviewed and strengthened. WHO deployed additional international technical experts to support the preparedness & planning.

The campaign reached approximately 94% of the target population. Country-wide, mobilization of nurses, teachers and efforts of countless community leaders resulted in an excellent coverage. Even in areas of conflict and intercommunal tensions such as Rakhine and Kachin States, unprecedented mobilization of health staff, volunteers and community leaders helped coverage reach levels comparable to the national average. The reasons for some unimmunized children in the population were sickness or parents traveling and some children in remote inaccessible areas. 4 major AEFI cases were recorded during the campaign, however, detailed investigation did not show any association of these AEFI with MR vaccine. The success of MR campaign is attributed to high level of political commitment, high quality preparedness supported by technical assistance from WHO and UNICEF, dedicated health staff, strong support from education department, local authorities, and volunteers. Starting May 2015 rubella vaccine (MR) will be part of National routine immunization program. ■

### important dates

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|--------------------------|-------------------------|
| 7 April 2015             | World Health Day        |
| Last week of April, 2015 | World Immunization Week |
| 25 April 2015            | World Malaria Day       |
| 31 May 2015              | World No Tobacco Day    |
| 14 June 2015             | World Blood Donor Day   |