

## Surveillance of birth defects: a key strategy for reducing newborn and child mortality in Myanmar



A newborn receives post-natal care, Shan State. Photo: WHO/Htein Win

Despite significant progress in Millennium Development Goals over the past decade, ending preventable maternal newborn and child mortality remains an unfinished agenda and one of the world's most critical challenges. At the same time, birth defects have been recognized as a global public health concern since they are progressively contributing to a greater proportion of infant and childhood mortality. WHO estimates that, **globally, about 7% of all neonatal deaths are caused by birth defects.**

Birth Defect Surveillance is one of the most important strategies to reduce newborn and child morbidity and mortality. Surveillance and prevention of birth defects will contribute to the achievement of the Sustainable Development Goals targets of 2030. Furthermore, in the context of the worldwide spread of Zika virus and associated neonatal malformations, birth defect surveillance acquires a particular importance for the planning and response to the Zika virus disease.

Since 2011, the WHO Regional Office from South East Asia, in collaboration with the Centers for Disease Control and Prevention (CDC) has been supporting the development of national programmes for Prevention and Control of birth defects in South East Asian countries. In response to those regional efforts, a national planning meeting for the prevention and control of birth defect was conducted in Myanmar during 2014, and the resulting **National strategic Plan for Prevention and Control Birth Defects (2014-2018)** was developed and disseminated. A Training of Trainers on Surveillance of Prevention and Control of Birth Defects was then held in 2015, targeting tertiary hospitals and hospitals at State and

Regional level in order to initiate the surveillance system.

In November 2016, the National Nutrition Center (NNC), the focal point for Prevention and Control of Birth Defect, from the Ministry of Health and Sports conducted a **hands-on training on birth defect surveillance with the support of WHO**, in order to refresh the current knowledge of the system and update practices with the latest web-based surveillance tools. Two international experts from the Neonatal Health and Delhi Newborn Network and from the All India Institute of Medical Sciences (AIIMS), WHO Collaboration Centers in India, facilitated the training.

Almost **100 participants among Medical Superintendents, Obstetricians-Gyneacologists and Pediatricians from 22 States/Regional hospitals attended the training.** At the end of the workshop, the participants were able to initiate birth defect surveillance within the WHO-SEARO web-based Newborn and Birth Defect Database (NBBD), and understand the global, regional and country frameworks of public health strategies. They refreshed their knowledge on birth defect data collection, reporting and analysis at hospital level, and gained hands-on experience on methodology tools for maintaining data quality.

Lastly, **coordination amongst health authorities and health care providers** was improved through the identification of focal points responsible for the NBBD database in Myanmar. Each participating institution also had the opportunity to develop institutional plans to implement this birth defect surveillance in their hospitals.

## Fighting malaria amongst high-risk communities: Myanmar rubber plantations workers receive malaria diagnosis and treatment

In the seemingly uninhabited jungles of Myanmar's Mon State, hundreds of people work every night collecting rubber, making their way through acres of dense forests. As they go on with their heavy work, they need to be wary of small but dangerous threat: the bites of malaria-carrying mosquitoes.

Rubber plantations are an important part of Myanmar's economy. Found mostly in the South-Eastern part of the country and along the border with Thailand, they need to be constantly manned to keep rubber production going. Migrant and seasonal workers from around the country set camps in the middle of the plantations, having to work through the night and early morning across hundreds of acres of land. As such, their chances of falling ill with malaria soar.

U Tin Naing Soe is a migrant worker in the Kwali Camp of Kyat Hto Township. However, he now has an additional role in his community: "I am the Rapid Diagnostic Test provider of the camp" he says proudly. **"I have been trained to conduct malaria testing for everyone in the community who feels sick or has a fever,** and if the result is positive for malaria I can administer treatment. I also report any malaria cases to the Township Community Project Assistant from the International Organization for Migration (IOM), so they can share malaria case data accordingly with health authorities".

IOM's project for detecting and treating malaria in high-risk communities is funded through the Global Fund to Fight AIDS, Tuberculosis and Malaria; they are one of the implementing agencies working across the country on malaria-related projects. **The National Malaria Control Programme (NMCP), WHO and other partners are instrumental in ensuring that malaria funds and quality-assured drugs and diagnostics are secured and distributed efficiently,** to achieve the objective of a "Malaria-free Myanmar" by 2030.

WHO has been supporting the NMCP of the Myanmar's Ministry of Health and Sports to plan, develop and fund the implementation of malaria control and elimination strategies in the country. In recent years, **Myanmar has achieved impressive results in the fight against the disease.** In the past decade the number of malaria deaths has dropped steadily year by year from 1,707 in 2005 to just 37 in 2015 (over 98% reduction over 10 years) reflecting major improvements in access to early diagnosis and appropriate treatment, also thanks to the network of Village Health Volunteers. Still, pockets of 'high-risk areas' remain.

**"Migrant and Mobile Population (MMP) are one among some of the high-risk population groups** for malaria in Myanmar. Since the country is moving towards elimination, strategies focused on MMPs and



Left: U Tin Naing Soe prepares to conduct a malaria Rapid Diagnostic Test (RDT). Right: RDTs can detect malaria infection through a small drop of blood. Photos: WHO/F. Maurizio



interventions to early detect and treat malaria among these groups of people are all the more important. The surveillance system should also be tailored to make it more MMP sensitive”, says Dr Badri Thapa, Malaria Scientist in WHO Country office, Myanmar.

In order to bring the number of cases down to zero, **effective coordination amongst all partners is required.** WHO is working as the secretariat of the Malaria Technical and Strategy Groups in Myanmar, which bring together 31 implementing partners, donors and government counterparts to strengthen collaboration and to optimize the malaria strategies and interventions. **The new Myanmar Malaria National Strategic Plan for 2016-2020, developed by the NMCP with technical assistance from WHO,** will be the master plan guiding all malaria activities across the country for the next five years.

NMCP and partners provide comprehensive packages of services to the MMP by establishing malaria screening border posts, malaria clinics, and migrant work site interventions. Dr Aung Thi, Programme Manager for NMCP says: “MMPs have language barrier, they are stigmatized and discriminated; most of them move due to socio-economic reasons and are engaged in informal work or in various sized industries and development projects. We should not be waiting for them to access prevention, diagnosis and treatment services in public health facilities. Instead, **we should be proactive in finding these groups in their worksites,** through suitable malaria interventions in partnership with the sectors employing them. Otherwise, these people are at risk of being infected and of reintroducing malaria in areas which are already working towards prevention of re-establishment.”

For U Tin Naing Soe and his fellow camp-dwellers, good Malaria programming and strategies mean being able to get accurate information, diagnostic opportunities and treatment for malaria as soon as they are needed. As he goes on to deliver his health information session on the risks and prevention of malaria across the plantation camps, there is a concrete hope that soon the threats of malaria infection will only be a memory in all areas across Myanmar.



U Tin Naing Soe delivers a health information talk on malaria for the community. Photo: WHO/F. Maurizio

## “Depression: Let’s Talk”: World Health Day campaign for 2017 kicks off on October 10th, World Mental Health Day

On 10 October 2016, World Mental Health Day, WHO launched a one-year campaign: “Depression: let’s talk”. The goal of the campaign is that **more people with depression, in all countries, seek and get help.**

**Depression is a common mental disorder,** characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.

Depression can be long-lasting or recurrent, substantially impairing an individual’s ability to function at work or school or cope with daily life. At its most severe, depression can lead to suicide. When mild, people can be treated without medicines but when depression is moderate or severe they may need medication and professional talking treatments.

In Myanmar, the Ministry of Health and Sports is reinforcing the Mental Health programme, with support from WHO and other international partners. A **new essential package of health services for Mental Health is currently being drafted by MoHS** and The World Bank, and plans are underway to conduct awareness raising campaigns on depression and mental health disorders, including prevention of suicide, in 2017, which will include the production of health education material.

MoHS is also planning to provide counselling services and provide helplines for people requiring mental health support. WHO commends these planned activities and is ready to support health authorities in their planning and implementation. **Depression has been identified as WHO’s World Health Day theme for 2017.**

## First case of Zika Virus infection detected in Myanmar; step up measures to fight vector-borne diseases

On Thursday 28 October 2016 the Ministry of Health and Sports announced that a first case of Zika virus infection was been confirmed in Myanmar, in a foreign national who is currently pregnant. In light of this case, increasing preventative measures to control the spread of mosquitoes that can transmit Zika and other infections has become an even more relevant public health intervention.

**“Mosquito control activities are crucial to control the spread of diseases. Reducing the number of mosquitoes will not only help curb the spread of Zika virus, but also of Dengue and Chikungunya, which remain prevalent in Myanmar. Everyone should play an active part in controlling and reducing the presence of mosquitoes, starting from increasing personal protection against mosquito bites and eliminating mosquitoes in and around their houses”** says Dr Jorge Luna, WHO Representative for Myanmar.

**Increased disease surveillance and mosquito-control activities** must form a central part of effective vector-borne diseases control plans, and WHO stands ready to work with Myanmar health authorities to step up current vector control activities.

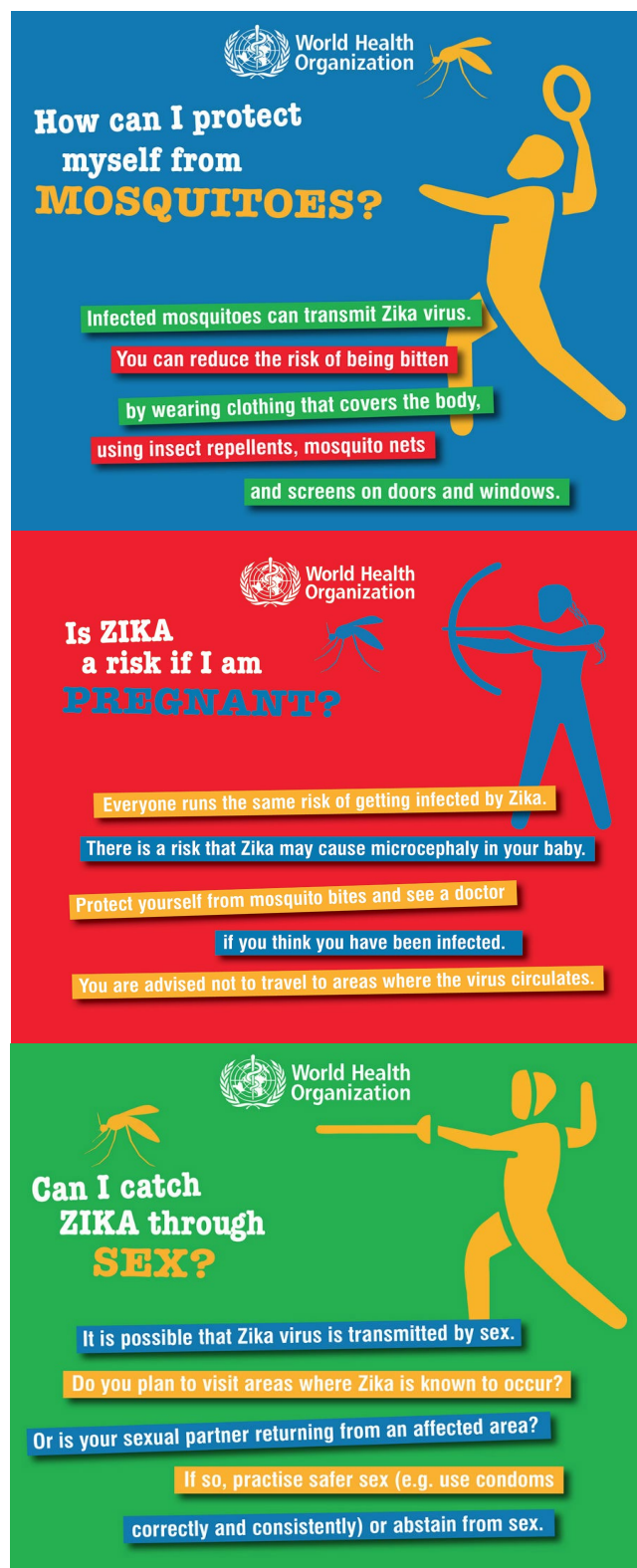
### More on Zika Virus

Zika virus infections have been reported in 69 countries worldwide since 2015, and in Asia cases have been found in neighbouring Thailand as well as Indonesia, Singapore, Malaysia and Viet Nam. The Aedes mosquitoes, responsible for the spread of the disease, are prevalent across Myanmar and Asia more in general.

If contracted during pregnancy, Zika virus infections are associated with an increase in birth defects, namely microcephaly. Infections are also associated with an increased incidence of Guillame-Barré Syndrome, a rare but serious neurological condition that can affect people of all ages, but it is more common in adults and slightly more frequent in males.

WHO urges all pregnant women living in areas where Zika virus is present to take all possible measures to avoid being bitten by mosquitoes. These include using mosquito repellent at all times, wearing long, light-coloured clothing, sleeping under mosquito nets and ensuring that no standing water is present in or around the house. More frequent ante-natal check-ups are also recommended, especially if Zika infection is suspected (symptoms include fever, rash, joint pain etc.). In addition,

sexual partners of pregnant women who are living in or returning from Zika-affected territories are encouraged to practice safe sex (using condoms) or abstain from intercourse for the duration of the pregnancy, as Zika virus can also be transmitted through sexual relations.



**How can I protect myself from MOSQUITOES?**

- Infected mosquitoes can transmit Zika virus.
- You can reduce the risk of being bitten by wearing clothing that covers the body, using insect repellents, mosquito nets and screens on doors and windows.

**Is ZIKA a risk if I am PREGNANT?**

- Everyone runs the same risk of getting infected by Zika.
- There is a risk that Zika may cause microcephaly in your baby.
- Protect yourself from mosquito bites and see a doctor if you think you have been infected.
- You are advised not to travel to areas where the virus circulates.

**Can I catch ZIKA through SEX?**

- It is possible that Zika virus is transmitted by sex.
- Do you plan to visit areas where Zika is known to occur?
- Or is your sexual partner returning from an affected area?
- If so, practise safer sex (e.g. use condoms correctly and consistently) or abstain from sex.