Accreditation of National Health Laboratory as National Influenza Centre, Myanmar

The ceremony for accreditation of National Health Laboratory as National Influenza Centre took place on 26 February 2008. The launching ceremony was attended by His Excellency Lt-Gen Myint Swe of Ministry of Defence, His Excellency Professor Kyaw Myint, Minister of Health, His Excellency Prof Mya Oo, Deputy Minister of Health, Dr Samlee Plianbangchang, Regional Director, SEARO along with other distinguished guests including ambassadors of Australia, Cambodia, Japan, Charge d’Affaires of USA and UN Representatives. The Regional Director handed over the accreditation letter to the Ministry of Health.

The creation of National Influenza Centre in the National Health Laboratory is a remarkable achievement of the Government of the Union of Myanmar in responding to the current threat of influenza pandemic. WHO congratulates the Government of the Union of Myanmar for this commendable effort.

Influenza virus occasionally causes epidemic and pandemic. As far as records are available, there had been three major influenza pandemics in the 20th century. The most devastating one was the Spanish flu outbreaks in three consecutive waves across the globe in 1918. It killed at least 50 million people. The subsequent pandemics were in 1957 and 1968 respectively. Even though milder, the later two pandemics still killed about 2 million people.

Influenza virus is prone to cause pandemic, because its genetic composition is relatively unstable. So, it frequently undergoes mutation, or combines with animal virus. The phenomena that can lead to the emergence of a novel virus, which is the human population has no immunity. Therefore, the infection with this type of virus can rapidly spread and result in a pandemic.

Currently, there is a threat posed by Avian Influenza that may emerge as the next pandemic in human. To ensure effective preventive and control measures, there is a need of a system to monitor and predict the influenza epidemic right at its start.

WHO established a Global Influenza Surveillance Network to monitor and characterize influenza virus of pandemic potential since 1950. The backbone of this global network are the National Influenza Centres (NICs). These Centres are national institutions designated to be National Influenza Centres by National Health Authorities.

Since the Government of the Union of Myanmar has formally designated the National Health Laboratory as their National Influenza Centre: WHO now recognizes this Centre as a member of the Global Influenza Surveillance Network. This network currently consists of 122 centres in 93 countries around the world. Being a member of WHO Global Influenza Surveillance Network entails both right and responsibility in the prevention of influenza pandemic.

To jump start the functioning of National Health Laboratory as NIC in Myanmar, WHO has provided reference reagents for the diagnosis of H5 virus. Every year, WHO will provide standardized kits for identification of the current strains of influenza viruses. These reagents cannot be commercially procured; they are exclusively produced for NICs by WHO Collaborating Centres.

The information by these Centres on the antigenic characterization of influenza viruses that are globally circulating will be shared. NICs also will receive WHO publications on regional and global influenza activities. For this global network to maintain its vigilant monitoring, NIC will need to fulfill the following functions:

- Sharing of viruses for risk assessment;
- Sharing of the relevant information with the global network;
- Collecting clinical specimens and undertaking initial identification of type of virus;
- Alerting the Global Network of any influenza virus that cannot be readily identified by using WHO reagents.

Initially the NICs were primarily involved in the surveillance of seasonal influenza viruses. Due to the outbreaks of H5N1, the role of NICs have become increasingly important; their adequate capability and capacity to fully function as expected become indispensable. Timely and accurate diagnosis of influenza virus by NICs could be very helpful in averting a pandemic of influenza.

The National Health Laboratory in Myanmar will be an active partner in the regional and global networking. Such networking will enable the sharing of methods, scientific findings, reagents and expertise.
Malaria Technical and Strategy Group updated the national malaria treatment policy in Myanmar

A special meeting of the Malaria Technical and Strategy Group (TSG) was convened by the Department of Health in collaboration with the WHO Country Office, 19 - 20 February 2008. The objectives of the meeting were:

1. To review the progress, issues and challenges in the implementation of the national malaria treatment policy in Myanmar adopted in September 2002.
2. To review the current evidence on the efficacy of artemisinin-based combination therapy (ACT) for uncomplicated *P. falciparum* malaria and the efficacy of parenteral drugs for severe and complicated malaria in Myanmar.
3. To update the current national malaria treatment policy and recommend it to the Ministry of Health for official adoption and implementation.

A total of 40 experts from the Departments of Health (DOH), Medical Research and Medical Science, Defense Medical Services, Myanmar Academy of Medical Science, Myanmar Medical Association, International NGOs, JICA, UNICEF (Myanmar) and WHO (Headquarters, South-East Asia Regional Office and Country Office in Myanmar) participated in the meeting. A special invitee was Dr. Wichai Satimai, Director, Vector Borne Diseases Control (VBDC), Department of Disease Control, Ministry of Public Health (Thailand); he shared lessons from Thailand. Two representatives from UN Office for Project Services (UNOPS) and three representatives from private pharmaceutical companies were present as observers. Dr. Saw Lwin, Director, Disease Control, Department of Health chaired the meeting.

Prior to the special meeting, Dr. Leonard Ortega (WHO Medical Officer/Malaria) and Dr. Than Win (Deputy Director, VBDC, DOH) convened the case management working group of the malaria TSG three times at WHO. The working group discussed the evidence on the efficacy of various ACTs in Myanmar and in other countries and the lessons learned in the implementation of ACT as first line treatment of *P. falciparum* malaria since its adoption in September 2002.

The salient features of the updated malaria treatment policy are: (1) treatment of uncomplicated *P. falciparum* malaria throughout the country with either (a) artemether-lumefantrine, (b) artesunate-mefloquine, or (c) dihydroartemisinin-piperaquine, (2) parenteral artesunate as first line treatment for severe malaria, (3) chloroquine for treatment of other species of malaria, and (4) recommendations on treatment failures, pre-referral treatment, treatment of malaria in pregnancy, chemoprophylaxis and stand by curative treatment. Policy statements regarding malaria diagnosis, financing, training, quality assurance, research, monitoring and evaluation are also included to support the implementation of the updated malaria treatment policy.

**World Cancer Day 2008**

Cancer is the leading cause of death around the world. WHO estimates that 84 million people will die of cancer between 2005 and 2015 without intervention.

Each year on 4 February, WHO joins with the sponsoring International Union Against Cancer to promote ways to ease the global burden of cancer. Preventing cancer and raising quality of life of cancer patients are recurring themes.

Around 700 million children almost half of the world’s children breathe air polluted by tobacco smoke, particularly at home. On 4 February 2008, World Cancer Day will direct a simple message to parents: “Second hand smoke is a health hazard for you and your family. There is no safe level of exposure to second hand smoke. Give your child a smoke free childhood.”

Key messages to be addressed to parents:

- There is no safe level of exposure to second hand smoke
- Because you care, protect your children from second hand smoke
- Teach children to stay away from second hand smoke
- Avoid smoking or allowing others to smoke in your home or car, even when your children are not there
- Do not smoke while pregnant or in the vicinity of someone who is pregnant
- Use a smoke free day care centre
Public Public Mix DOTS (Strengthening Hospital DOTS linkage System)

In December 2007, the OPD service of the Thingangyun State) and one additional dispensing site at Moegaung and Bamaw townships (Kachin State) piloted (DTCs) in Yangon, Mandalay, Lashio (Shan State) and National Tuberculosis Programme (NTP) officials. It was followed by the training of 53 hospital staff on Public Public Mix DOTS. Hospital DOTS Committee was formed for each hospital chaired by Medical Superintendent and members from heads of clinical disciplines. The organizational structure of the Hospital Public Mix DOTS Unit was set up. Assistant Medical Superintendent was assigned as PPM Coordinator. Roles of Laboratory, nurses, medical social workers and pharmacist were identified. PPM DOTS in hospital has identified four options to implement:

Option 1: Diagnosis of TB cases + prescription of treatment regimen in hospital followed by referral to Health Center for DOT, with clinical follow up at hospital

Option 2: Same as Option 1 without clinical follow up at hospital

Option 3: Diagnosis of TB cases + start Directly Observed Treatment (DOT) in hospital followed by referral to Health Center during treatment

Option 4: Diagnosis of TB case and provide full treatment (DOT) at hospital

Currently all hospitals are implementing option 3 and option 4. The logistics management, recording and reporting, monitoring and supervision systems were established for PPM DOTS.

Myanmar reviews implementation of the methadone programme

The Substance Abuse Prevention project of the Department of Health and financial assistance from the 3 Diseases Fund organized a two day workshop in December 2007 to discuss on the progress observed by the MMT programme since its opening early in 2006. Participants included clinicians and Department of Health officials, patients, representatives from the Ministry of Home Affairs, the UN and NGO sectors.

The agenda included the presentation of the preliminary results of a survey recently conducted among patients enrolled in the programme in all the MMT sites which provided detailed information about the socio-demographic characteristics, drug misuse history and injection related HIV risk behavior, treatment history and initial outcomes and impact of the MMT programme among the beneficiaries. Based on the results of the survey, a total of 490 patients have been enrolled in the programme since its inception. Among them 69% are still on treatment. Most importantly, the survey provided initial strong evidence of the positive impact the MMT programme is having in reducing heroin use patterns, injected related HIV risk behavior and improvements in health and quality of life among patients.

Before starting treatment all patients had the opportunity to share their experiences as representatives from NGOs and from the patients had the opportunity to share their local experiences in implementing or participating to the programme, including the successes as well as the challenges faced.

All participants agreed in the positive outcomes and impact the MMT is having in their communities.

The main challenge now for the programme is to scale up and to reach greater coverage for a greater number of beneficiaries and thus have a meaningful impact not only in improving the life of injecting drug users but also in reducing significantly the transmission of HIV among this population.
National workshop on information management and retrieval for HeLLIS network libraries

As a follow up to the library workshops on information management and retrieval and Health Internet Network Access to Research Initiative (HINARI) held in June of 2007, a national workshop on the information management for junior librarians from Health Literature, Library and Information Services (HeLLIS) libraries in Myanmar was conducted at the Medical Education Centre in Yangon from 10 - 19 December 2007.

The objective of the workshop was to train the librarians in information management following international standards by using PhpMyLibrary software. The program consists of cataloguing, circulation and has an import-export feature. It strictly follows the USMARC standard for adding materials. Both PhpMyLibrary and HINARI training were conducted during this national workshop.

The trainers were chosen from the participants of Training of trainers workshop on information management and retrieval for HeLLIS network libraries held in June 2007. Ms Nyunt Nyunt Swe, Chief Librarian, Department of Medical Research, Ms Khin Maw Maw Tun, Chief Librarian, University of Medicine (I), Mr Thi Tar, Chief Librarian, University of Medicine (II), Ms Marla Win, Librarian, and Mr Tin Htoo Khang, IT Specialist from WHO Myanmar facilitated the workshop.

It was attended by 22 assistant librarians from medical libraries across Myanmar. The participants were from Universities of Medicine, Nursing, Dental Medicine, Traditional Medicine, Pharmacy, Medical Technology, Community Health, and University of Public Health and also from Department of Medical Research Libraries and they will be using the PhpMyLibrary software to catalog monographs, thesis and articles and for users registration.

Monographs on Climate change and human health
Climate change and human health: risks and responses
editors: A. J. McMichael [et al.]
This volume seeks to describe the context and process of global climate change, its actual or likely impacts on health, and how human societies and their governments should respond, with particular focus on the health sector.

Ecosystem and human well-being: health synthesis: a report of the Millennium Ecosystem Assessment
This report represents a call to the health sector, not only to cure the diseases that result from environmental degradation, but also to ensure that the benefits that the natural environment provides to human health and well-being are preserved for future generations.

Preventing disease through healthy environments. Towards an estimate of the environmental burden of disease
This analysis details the health impacts of environmental risks across more than 80 diseases and injuries. Findings are particularly relevant to health care policymakers and practitioners.

Important dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 - 9 April 2008</td>
<td>Training workshop on Methadone Maintenance Therapy prescription and dispensing, Sedona Hotel, Mandalay</td>
</tr>
<tr>
<td>25 April 2008</td>
<td>World Malaria Day</td>
</tr>
<tr>
<td>29 April - 3 May 2008</td>
<td>Training all State/Divisional TB officers in TB software</td>
</tr>
<tr>
<td>19 - 24 May 2008</td>
<td>Sixty-first World Health Assembly, Geneva, Switzerland</td>
</tr>
<tr>
<td>31 May 2008</td>
<td>World No Tobacco Day 2008 ‘TOBACCO-FREE YOUTH’</td>
</tr>
</tbody>
</table>