Nutrition Promotion Weeks and World Breast Feeding week

The commemoration ceremony for Nutrition Promotion Weeks and World Breast Feeding week was conducted at the Ministry of Health in Nay Pyi Taw on 2 August 2009. It was attended by H.E. Professor Kyaw Myint, Minister, Ministry of Health; H.E. Brigadier General Ohn Myint, Minister, Ministry of Mines; H.E. Professor Paing Soe, Deputy Minister, Ministry of Health; Dr. Leonard Ortega, Ag WHO Representative and Mr. Ramesh Shrestha, UNICEF Representative to Myanmar.

Opening speech was delivered by H.E. Minister for Health Professor Kyaw Myint, followed by opening remarks by Dr. Leonard Ortega, Ag WHO Representative and by Mr. Ramesh Shrestha, UNICEF Representative to Myanmar.

Next H.E. Ministers and Ag WHO Representative and UNICEF Representative administered vitamin A capsules to children under five years of age.

Nutrition promotion week 2009 has been conducted as follows:
- Week one: focuses on promoting breast feeding
- Week two: focuses on vitamin A supplementation and deworming of children under 5 years
- Week three: focuses on supplementation of iron and vitamin B1 among pregnant women and lactating mothers
- Week four: focuses on IDDE-Iodine Deficiency Disorders Elimination

The theme of World Breastfeeding Week 2009 is "Breastfeeding - a vital emergency response. Are you ready?" It highlights the need to protect, promote and support breastfeeding in emergencies for infant and young child survival, health and development. This year’s theme emphasizes the need to consider breastfeeding as a life saving intervention before and during emergencies.

Children are among the most vulnerable groups during emergencies, and small children are the most vulnerable of all, due to increased risk of death due to diarrhea and pneumonia. During emergencies, unsolicited or uncontrolled donations of breast milk substitutes may undermine breast feeding and should be avoided. The focus should rather be on active protection and support of breast feeding by for example establishing safe “corners” for mothers and infants, one to one counseling and mother to mother support.

The theme of World Health Day 2009 was “Save lives. Make Hospitals safe in emergencies” This year’s breast feeding week builds upon this theme and extends it with actions in the community. Emergencies do increase risks of infant and young child mortality, however with appropriate action, these precious lives can be saved.

National Workshop on Tobacco Control using MPOWER Policy Package

The Ministry of Health, Myanmar, with support and collaboration of WHO, organized the National Workshop on MPOWER Policy Package for Strengthening Tobacco Control Efforts, from 8 to 10 September 2009 at Thingaha Hotel, Nay Pyi Taw.

MPOWER is a Policy Package to reverse the tobacco epidemic. It is an acronym that stands for Monitor tobacco use and prevention policies, Protect people from tobacco smoke, Offer help to quit tobacco use, Warn about the dangers of tobacco, Enforce ban on tobacco advertising, promotion and sponsorship and Raise taxes on tobacco.


The objectives of the workshop were as follows:
1. To raise awareness about each policy of the MPOWER Package, its recommended interventions and strategies for implementation;
2. To promote multisectoral collaboration towards implementation of the six MPOWER policies; and
3. To provide a platform to formulate a plan of action for implementation of the MPOWER policies.

During the workshop, presentations on background information including WHO Framework Convention on Tobacco Control, the global, regional and country situation on tobacco epidemic and control efforts, details on each policy of MPOWER package, etc. were made by respective focal persons from Ministry of Health, WHO, Ministry of Finance and Attorney General Office.

Presentations for each agenda item were followed by open discussions to clarify issues and concerns. All participants joined the forum and contributed their frank opinions to reach fruitful outcomes. On the last day, the workshop participants consolidated the discussion and contributions and summarize the recommendations. A draft action plan for further strengthening tobacco control in line with MPOWER policy package was also developed.

The recommendations and the draft action plan will serve as the basis for undertaking future steps for implementation of MPOWER policy package for strengthening tobacco control efforts in Myanmar.
Antiretroviral Therapy (ART) Cohort Analysis Training

ART program in Myanmar has been started since 2005 and there has been monitoring of patients by means of longitudinal analysis (Cohort) in few ART sites and cross sectional analysis (Monthly Report) in all ART sites. In order to have systematic, standardized and qualitative indicators of program activities, Cohort Analysis Training was conducted for National AIDS program (NAP) in June 2009 with the technical support of WHO SEARO and WHO MMR.

Cohort analysis of patients on ART allow comparison of treatment status/outcome over time and between groups of patients who have had equal duration of ART either from the same ART centre or between different ART centers. The cohort analysis compares the baseline clinical status of a group of ART patients who started treatment in the same month and year (cohort) with their status at 6, 12 and 24 months. Thirty-eight participants from 22 ART centers across Myanmar attended the 3-day training. The participants included medical officers, specialists and State/Division AIDS/STD officers, AIDS/STD team leaders involved in patient care in hospitals.

Goals of Antiretroviral Therapy provided by National AIDS Programme are reducing admitted patient load with the targets of: 95% adherence to treatment, less than 20% Lost to Follow Up after 1 year and at least 70% alive and on treatment after 1 year. The expected outcomes of ART programme are extend life of PLHAs, improve the quality of life of People Living with HIV/AIDS (PLHAs), reduce opportunistic infections and minimize drug resistance.

During the training, participants discussed the indicators used for ART provided by NAP and also the internationally used indicators, including the early warning indicators for drug resistance. In addition, participants discussed the difference between the monthly report and the cohort report. It was highlighted that the monthly report does not provide qualitative information about treatment outcomes. After demonstration of completing a simple cohort format (6 month outcome of 10 patients), participants conducted exercises and finally, extracted the cohort data for 2007 and 2008 from their own ART enrollment registers. National cohort outcomes for 2007 and 2008 were compiled from 6 respective townships and the results of 6 month ART cohort analysis and 1 yr ART cohort analysis of each year were presented.

ART of National AIDS Programme cohort Analysis

- Total Cohort: 9 different Centers, 763 patients
- 2007 Cohort:
  - 6 Centers (Waibagi, Mandalay, Magwe, Taungyi, Mawlamyine, Myitkyina)
  - 460 patients at 6 and 12 months
  - 279 patients at 24 months
- 2008 Cohort:
  - 5 Centers (Waibagi, Taungyi, Hpaan, Kyaing Tong, Pathein)
  - 303 patients at 6 months
  - 93 patients at 12 months

With regards to the training, standard pre and post training assessment and training evaluation were conducted. Overall 50% of participants felt that the training was ‘useful’ and another 50% felt that the training was ‘very useful’. No participants felt that the training was ‘not useful’.

The session wise analysis of the training is provided in the Fig 2.

The participants appreciated the following about the training: exercises and practical training, the use of actual data/registers, the attitude of the trainer, the place/facilities, the support, teaching aids, discussions and the team work clinicians and the STD team.

The pre and post training assessment reveals a 100% increase of participant’s knowledge and understanding (increase from 25% to 50%).
Launching Ceremony of the DOTS-Plus Programme for the Management of Multidrug Resistant Tuberculosis (MDR-TB) in Myanmar

The Ministry of Health, Myanmar and the World Health Organization organized the launching ceremony of DOTS-Plus (Directly Observed Treatment Short course - Plus) Programme for the management of MDR-TB in Myanmar, on Thursday 9 July 2009, at 10:00 am, at the Training Hall of the National TB Reference Laboratory, in the compound of TB Hospital Aung San, Yangon. The enrolment of the first MDR-TB patients on second-line TB treatment is a major milestone for TB control in Myanmar. The MDR-TB management pilot programme have been jointly implemented by the National TB programme and Medecins Sans Frontieres Holland, with technical assistance of WHO, and will enroll a first group of 275 MDR-TB patients over the next 2 years.

The ceremony was opened by the Deputy Director General Dr Saw Lwin who delivered an opening speech. In his speech Deputy Director General highlighted the long history of TB control programme in Myanmar over the last forty years. Myanmar is among the 22 TB high burden countries, the 27 multidrug resistant and extensively resistant TB burden countries and among the 41 TB/HIV burden countries in the world.

The second national drug resistance survey was performed in 2007 and found 4.2% and 10% MDR-TB in new TB patients and previously treated patients respectively.

Based on the results, it is estimated that in 2007, there were 2,383 MDR-TB patients in Myanmar: 1,703 among new TB patients and 680 among previously treated patients.

Dr Han’s H Kluge, Acting WHO Representative, mentioned in his welcome speech about partnership approach among MOH, WHO, Medical Universities, INGOs and NGOs. He also thanked to UNITAID for the second line drugs; USAID, and DDF for financial support; MSF Holland for an excellent cooperation; local NGOs and INGOs as PSI and World Vision for helping in community awareness and case management in MDR-TB Management.

Mr Luke Arend, chief on MSF Holland/ Myanmar gave opening remarks that they will cooperate well and give financial and technical support as much as they can in the Pilot Programme.

The ceremony was attended by Senior officials from Departments under the Ministry of Health; Officials from Australia, US, British, Japanese Embassies; Representatives from USAID, UNOPS, TOTAL, Myanmar; UNION, UNDP, USAIDS, UNICEF, JICA Myanmar; Representatives from INGOs such as MSF Holland, MSF Switzerland, PSI/ Myanmar, and World Vision.

Later, Deputy Director General Dr Saw Lwin, Dr Han’s H Kluge (Acting WHO Representative) and Dr San Win Maung (MSF Holland) delivered the first dose to each MDR-TB patient in new MDR-TB ward, Aung San TB Hospital.

The second Launching ceremony of DOTS-Plus Programme for the management of MDR-TB in Mandalay was organized on Wednesday 15 July 2009, at 10:00 am, at the Meeting Hall of the Patheingyi TB Hospital, Mandalay. Director of Disease Control Dr Win Maung, Acting WR Dr Han’s H Kluge, Dr Thandar Lwin Programme Manager (TB) and invited guests were attended. The first dose to (4) MDR-TB patients were given by Director of Disease Control Dr Win Maung, Acting WR Dr Han’s H Kluge and distinguished guests.

Meeting on Pandemic response plan at WHO country office

On 11 June 2009, WHO Director-General has declared that "the world is now at the start of the 2009 influenza pandemic", since community transmission of the disease occurs in countries in different regions of the World Health Organization, and that meets the criteria for pandemic. Myanmar has declared first case of pandemic (H1N1)2009 on 27 June 2009 and total of 25 cases with no death as of 25 August 2009.

Kanankpon Conix( Jum) of Global Influenza Programme in the Health Security and Environment Cluster of the World Health Organization had visited WHO country office on 12-18 July 2008. During her visit, pandemic response plan meeting was conducted on 16 July 2009 at WHO meeting hall. The meeting was attended by Dr Soe Lwin Nyein, Director (Epidemiology), Medical superintendent and professor of Yangon General Hospital, Director and senior virologist of National Health Laboratory, Deputy Director of Central Medical Store Depot, Yangon Divisional Health Director, Department of Health and authorities from Ministry of Health, and officials from WFP, UNICEF, FAO, Livestock Breeding and Veterinary Department.

The objectives of the meeting is to update participants with the global situation and strategies for pandemic influenza H1N1 09, and country situation in Myanmar and to review the status of the implementation of a national pandemic plan and the operational workplan in light of current pandemic. At the meeting Jum and Dr Soe Lwin Nyein had presented the global situation and strategies for pandemic influenza H1N1 09, and country situation in Myanmar respectively. The meeting was ended at 12:30 Noon after open discussion.
The Government of the Republic of Italy has been supporting Ministry of Health, Myanmar, for improving child survival by implementation of the Essential Newborn Care (ENC) Programme since 2006. During the first phase health care staff has been trained in 14 Townships in Magway, Ayeyarwady, Sagaing and Bago Divisions. The second phase of the program started on 1 January 2009. The Department of Health will expand the Programme to 16 more townships: Dedaye, Hinthada, Kyakylat, Kaungyidaunt, Maubin, Myaungmya, Ngapudaw, Pyapon, Thabaung and Wakema in Ayeyarwady Division and Chan Aye Thar Zan, Kyaupkadaung, Leuwe, Pyinmana, Tatkon and Thabeikkyin in Mandalay Division.

The objectives of this second phase of the ENC Programme are:

**In the townships of the first phase:**
1. to strengthen the health facility-based and community-based interventions for improving maternal and neonatal health by raising awareness of maternal and newborn health issues, enhancing key family practices and community participation.

2. to improve case management skills of Skilled Birth Attendants in Maternal and Neonatal Care so that best practices are implemented in the first referral facility and at the community level.

**In the townships of the second phase:**
1. to provide technical support for training health staff for strengthening and expansion of newborn health care and management.

Advocacy meetings were carried out in July and the first two Training of Trainers (ToT) courses were conducted in August in Central Women’s Hospital, Yangon from 10 to 21 August. The trainers were neonatologists from Yangon Central Women’s Hospital, North Okkalapa General Hospital, Thingangyun Sanpya Hospital, and Taunggyi Women and Children’s Hospital. Another two ToT courses have been planned in Mandalay Division at Mandalay Central Women’s Hospital from 21 September to 2 October, 2009.

---

**Book Reviews**

**Counselling for Maternal and Newborn Health Care**

The main aim of this MNH Counselling Handbook is to strengthen counselling and communication skills of health providers including skilled birth attendants, helping them to effectively discuss with women, their husbands/partners and families and communities the important issues surrounding pregnancy, childbirth, postpartum, postnatal and post-abortion care. Key information from the clinical guide “Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice” (PCPNC) has been integrated.


**International travel and health**

The book is intended to give guidance on the full range of significant health issues associated with travel. The roles of the medical profession, the travel industry and travellers themselves in avoiding health problems are recognized. The recommendations address the health risks associated with different types of travel and travellers.


---

**Important dates**

- 8 October 2009: World Sight Day
- 10 October 2009: World Mental Health Day
- 14 November 2009: World Diabetes Day
- 1 December 2009: World AIDS Day
- 3 December 2009: International Day of Persons with Disabilities