Japanese Encephalitis Vaccination Campaign in November and December 2017, Myanmar

Japanese Encephalitis (JE) is an important public health problem in South East Asia and the Pacific. In Myanmar, the national Expanded Programme on Immunization (EPI) with the support of WHO and UNICEF is introducing JE vaccine routinely from 2018. Prior to this, a nationwide catch-up vaccination campaign is targeting 14 million children (9 months to 15 years) during November and December 2017 with the support of GAVI funds. This approach is expected to provide high immunity against JE before incorporation of JE vaccines into the national routine immunization schedule. Both campaign and routine programmes will use WHO prequalified (SA 14-14-2) JE vaccine. The goal is to rapidly achieve reductions in morbidity and mortality associated with Japanese Encephalitis. The theme of the campaign is “Get all children immunized against Japanese Encephalitis”, in all states and regions of the country.

There are two phases of introduction. First, school phase JE vaccination targeting 5-15 years old students through the period 15-23 November 2017. Second, community phase JE vaccination targeting 9 months - 5 years (out-of-school) children during 11-20 December 2017. EPI programme advocated extensively with a wide range of stakeholders and civil society to raise awareness and engage support.

Addressing hepatitis

Viral Hepatitis is a major cause of liver cancer and cirrhosis, contributing to premature morbidity and mortality, and undermining economic growth and the push to achieve health and wellbeing for all.

In Myanmar, National Hepatitis Control Programme was established in late 2014 with the strong collaborative effort of MoHS, WHO, Liver foundation, local NGOs and INGOs. Viral hepatitis prevention and control activities are strengthened in Myanmar since 2014. Furthermore, hepatitis C treatment with oral, direct acting antivirals is being pioneered, since June 2017, in designated hospitals at Yangon, Mandalay and Nay Pyi Taw.

Since 2011, WHO has been collaborating with the World Hepatitis Alliance to coordinate the annual campaign for World Hepatitis day (WHD). The 7th WHD commemorated on 28th July 2017 was to highlight the collective efforts being made towards the elimination of hepatitis as a public health threat by 2030. This year provides a great opportunity for Myanmar to campaign to “Eliminate hepatitis”.

World Hepatitis day 2017 was observed in several parts of the country. For instance, Mandalay on 29 July 2017 and Taunggyi on 5 August 2017. During commemorations, the health sector organized educational talks, exhibitions and testing for viral hepatitis B and C.
Influenza A(H1N1)pdm09 event in Myanmar

WHO was notified by Ministry of Health & Sport, Myanmar, on 24th July 2017 of 13 cases of Influenza A(H1N1)pdm09. According to MoHS data as at 15 October 2017, there were 1,198 cases of severe acute respiratory infection and 401 cases are laboratory confirmed Influenza A(H1N1) pdm09. Among deaths with influenza, 38 deaths were likely due to Influenza whereas 22 were likely due to Influenza with co-morbidities. Majority of laboratory confirmed cases and deaths were from Yangon, Ayeyarwady and Bago Regions.

Through collaborative response of MoHS, WHO and all development partners, the trends for both laboratory confirmed Influenza A(H1N1) pdm09 cases and deaths have been decreasing significantly since mid-August 2017 attaining controlled situation within short duration.

After action review was carried out by Ministry of Health and Sports in collaboration with WHO, at the Department of Medical Research, Yangon, on Sunday 15 October 2017, to evaluate Influenza response measures. Lessons learnt were noted and preparatory steps for the next flu season agreed.

Malaria week in Nay Pyi Taw (Planned for December 2017)

Greater Mekong Sub-region (GMS) countries are dramatically reducing the burden of malaria. At the same time, success may be threatened by antimalarial drug resistance. Malaria Policy Advisory Committee constituted by WHO recommended eliminating malaria. The 10th East Asia Summit (EAS) in 2015 endorsed the Malaria Elimination Roadmap to address the challenges in malaria elimination. Ministry of Health and Sports of Myanmar with the support of Asia Pacific Leaders Malaria Alliance (APLMA), WHO and UNOPS are preparing for a high level ‘Malaria Week’, from 4 – 8 December 2017 in Nay Pyi Taw. The objective is to continue the momentum of malaria elimination and seek to sustain political commitment for sustainability of funding and intercountry collaboration.

The expected outcome will be a ministerial “Call for action” to accelerate malaria elimination, boosting efforts throughout Greater Mekong.
Road crashes are major causes of deaths in Myanmar. From 2013 to 2015, number of road deaths increased rapidly from 2,464 to 3,612. The WHO estimated Myanmar road death rates, increased from 15 to as high as 20.3 per 100,000 Pop., a jump from the 6th to 2nd rank within its WHO Region.

Individuals can protect lives on Myanmar roads through the followings:

1. **Safer road rules:**
   - Drive within speed limit (urban 48, rural 80, expressway 100 Km/hr.). Keep the speed below 60 Km/hr. while raining.
   - Do not drive drunk, tired/sleepy or under the influence of drugs or medicine.
   - Do not talk or text on mobile phone while driving.
   - Seatbelts must be fastened by all occupants.
   - All motorcycle drivers and passengers must wear standard quality helmets.

2. **Safer vehicles:**
   - Checking of tyres to ensure no signs of wear, damage, bulges, or tread separation;
   - The tyre inflation pressure should be as recommended by the manual;
   - Replacing bald and over 5 –year old tyres;
   - Not to overload vehicles;
   - Have the garage check for vehicle safety functions before distant trip and check again the lights and brakes right before the trips.

3. **Safer roads:**
   - Avoid roads under constructions or with bad conditions. Report to the concerned when there is dangerous road condition.

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**Important dates**

- **13-19 Nov 2017:** World Antibiotic Awareness Week
- **15-23 Nov 2017:** Japanese Encephalitis vaccination campaign in Myanmar - schools nationwide
- **1 Dec 2017:** World AIDS Day
- **11-20 Dec 2017:** Japanese Encephalitis vaccination campaign in Myanmar - communities nationwide
- **24 Mar 2018:** World TB Day
- **7 Apr 2018:** World Health Day

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Emergency health assistance in Rakhine state

Following the events of 25 August 2017, WHO is working closely with the Ministry of Health and Sports (MoHS) at Union and State levels to provide emergency health assistance to affected people. MoHS mobilized health staff from other parts of the country to augment local emergency health response. Importantly, health sector meetings were organized in Sittwe on 10 October and 16 November 2017.

WHO quickly supported three anti-cholera kits for Sittwe, Buthidaung and Maungdaw Township Health Departments. First batch of Central Emergency Response Fund (CERF)-funded, WHO-supported essential medicines were handed over to Rakhine State Health Directorate on 28 September 2017, and a second batch on 2 November 2017. The CERF-funded emergency health care services of MoHS in Maungdaw and Buthidaung kept going after the events of 25 August 2017 --- with a third batch of essential medicines to be delivered by end 2017.

WHO is supporting health teams of MoHS in Maungdaw, Buthidaung, Rathedaung and Sittwe townships as well as capacity building of MoHS emergency health teams in central Rakhine state through to end 2017. WHO is also providing technical assistance to MoHS with regards to disease surveillance and response, early warning, alert and rapid response system (EWARS). WHO, together with partners, continues to support MoHS to help meet humanitarian health needs in Rakhine state.

Union Minister of Health & Sports HE Dr Myint Htwe chaired the most recent national health cluster meetings to discuss and collaborate with health partners.

Malé Declaration - Building health system resilience to climate change

In recognition of the immense and increasing public health risks caused by climate change, Member countries of WHO South-East Asia Region unanimously endorsed the Malé Declaration on 7 September 2017, committing to build health systems able to manage climate-related shocks and stress.

"Climate change is happening, and is a risk to public health. Whether from greater severity and intensity of extreme weather events, changes in the spread and abundance of disease-carrying vectors such as mosquitoes, or changes to the physical environment that cause displacement or threaten livelihoods, climate change is already having an impact across our Region. Today’s Declaration demonstrates the commitment of the WHO South-East Asia Region’s Member Countries to take effective and immediate action,” Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia, said.

The Declaration being adopted at the Seventieth Regional Committee session of the WHO South-East Asia Region builds on recent initiatives at country, regional and global levels to tackle the public health risks caused by climate change. The Declaration is accompanied by a Framework for Action to be implemented between 2017 and 2022, and calls on UN agencies and other international organizations, development partners, philanthropic agencies, academic and civil society organizations to mobilize human, financial and technical resources for this purpose.

Full details of the Declaration: https://goo.gl/sRusgX

"We are close to the tipping point where global warming becomes irreversible. ... we could soon push the Earth over the brink, to become like Venus with a temperature of 250 degrees, and raining sulphuric acid."

Prof Stephen Hawking Cambridge, UK, in BBC interview on the occasion of his 75th birthday.