Despite the progress made during the Millennium Development Goals era, maternal mortality in Myanmar still remains unacceptably high – with latest Population Census results estimating Maternal Mortality Ratio (MMR) in the country at 282 deaths per 100,000 live births. In 2015, almost 3000 women died in Myanmar before, during or soon after giving birth.

Maternal deaths have extensive repercussions not only at individual and family level, but also on the more general socio-economic status of the country. In order to continue on the current positive development path and achieve the objectives of the 2030 Sustainable Development Goals, maternal mortality in Myanmar will need to be targeted in a comprehensive and concerted manner, with the collaboration of all health workers and health authorities at each level of the country’s health system.

For this reason, the launch of the new Maternal Death Surveillance and Response (MDSR) system in Myanmar represents a pivotal step towards the reduction of maternal mortality and the achievement of the SDGs.

The MDSR system is a form of continuous surveillance linking the local to the national level, with the aim to understand the causes and circumstances related to each and every maternal death and trigger an appropriate response at all levels of the health system. Since September 2016, maternal deaths have been declared a notifiable event in Myanmar within 24 hours from the death. Only through effective surveillance and investigation health authorities will be able to reduce these deaths, by implementing appropriate and evidence-based corrective actions.

The MDSR system was developed by the Maternal and Reproductive Health Division of the Ministry of Health and Sports with technical support from the United Nations Population’s Fund (UNFPA) and WHO Country Office for Myanmar; funding was provided by the Three Millennium Development Goal Fund (3MDG). After the high-level launching ceremony in Nay Pyi Taw on September 23rd, opened by an address of H.E. Dr Myint Htwe, Union Minister for Health and Sports, subsequent advocacy and training sessions will take place at State and Regional level across Myanmar.

WHO wishes to congratulate the Ministry of Health and Sports for the commitment and efforts towards this important public health objective and remains ready to support health authorities in the subsequent phases of MDSR implementation.
Developing guidelines for the clinical management of Dengue and Dengue Hemorrhagic Fever

On September 6th 2016 the vector-borne diseases (VBD) team of WHO Myanmar convened a technical workshop to develop the National Clinical Management Guidelines for Dengue and Dengue Hemorrhagic Fever (DHF), in support of Myanmar health authorities and with the collaboration of experts and academics from the Universities of Medicine of the country. Dengue and DHF is a vector borne disease prevalent in Myanmar which can have serious health consequences; the disease is transmitted through the bites of infected Aedes mosquitoes.

In the context of dengue diagnosis and treatment in Myanmar, guidelines and technical procedures need to be developed, adapted and updated frequently to ensure that the most up-to-date and effective strategies are put in place for disease management and control, based on the global and regional standards. The technical workshop was attended by former Union Health Minister Professor Pe Thet Khin, Professors and Heads of Pediatric and Medicine Department from University of Medicine 1 and 2 of Yangon, University of Medicine of Mandalay and Magway and by Defense Services Medical Academy and other officials from the National Dengue Prevention and Control Program.

Staff from WHO Country Office for Myanmar facilitated the workshop and coordinated technical inputs and discussions.

Developing uniform Dengue clinical management guidelines which must be applicable throughout the country is a central step for the management of the disease, remarked Prof. Pe Thet Khin. After a situation update on dengue in Myanmar presented by Dr. Than Naing Soe, Assistant Director from the Vector Borne Disease Control Programme of the Ministry of Health and Sports (MoHS), Dr. San San Win, focal point for Neglected Tropical Disease of WHO Myanmar, presented the draft guidelines developed with the support of the Department of Communicable Diseases of WHO Regional Office for South-East Asia and WHO Myanmar.

Professors from the Universities of Medicine 1 and 2 illustrated the current clinical standards for treatment of dengue and dengue hemorrhagic fever in adults and in children, which were then further discussed during the workshop in order to be aligned with WHO guidelines and refined accordingly.

Participants agreed on the need to standardise clinical treatment and management of these conditions across health facilities and medical practitioners in Myanmar, and thus recommended the further development of the suggested draft guidelines.

During the workshop Dr Kyaw Zin Wai, Professor of Pediatrics, University of Medicine 2, and Dr Moe Moe San, Professor and Head of Tropical Medicine, University of Medicine 1, were identified as focal points to coordinate with the Pediatric and Physicians Societies respectively and communicate the developments and suggested amendments to the draft guidelines to the National Programme of MoHS and to WHO. WHO will continue to support the Programme in the finalization and implementation of these guidelines, and congratulates all participants and institutions for this further step in the fight against this disease.
In April this year the first civilian government in over a quarter of a century assumed power in Myanmar, and the Hluttaw (Parliament) Development Strategy aims to inform and build capacity among newly elected Members of the Parliament.

As part of the United Nation’s support to the Myanmar’s Hluttaw Development Strategy 2016-21, WHO led a seminar on the central role played by health in the development context of the country. The Seminar took place in Nay Pyi Taw from 23 to 25 August 2016.

The seminar was opened by H.E. Union Minister of Health and Sports, Dr Myint Htwe, and attended by members of the parliamentary committees on health and finance from both the Pyithluttaw and Amyother Hluttaw (lower and upper houses of Parliament, respectively). The seminar familiarized parliamentarians with key technical issues and international experience on health, so that they may consider all relevant aspects for making informed policy decisions on universal health coverage. Furthermore, it provided tools to advocate for health in development financing as a key driver of poverty reduction and economic growth in Myanmar.

Discussions during the seminar focused on three key responsibilities of the parliamentary committees: public policy, budget scrutiny and legislation in the context of developing public health strategies. In a recorded message for the attendees, Professor Jeffrey Sachs (United Nations Secretary General Special Envoy for Sustainable Development Goals) flagged the crucial role of these functions for mutual reinforcement between the executive and legislative branches of Government, to ensure that Myanmar can complete the Millenium Development Goals (MDG) agenda and make progress on the more challenging Sustainable Development Goals (SDG).

The SDGs encapsulate very relevant strategic directions on health for policymakers in Myanmar. Three particular aspects were highlighted during the seminar. First, the SDGs re-emphasize the importance for quality primary health care, as also included in the MDGs agenda. Second, the SDGs include noncommunicable diseases (NCDs), which constitute a shifting burden of disease in Myanmar and require a strong multi-sector approach to public health. And third, the SDGs include a separate and distinct goal on strengthening health systems as a means to achieving universal health coverage (UHC) – a key health policy recommendation.

During the seminar, parliamentarians and national and international experts considered policy choices for Myanmar that could strengthen primary care such as more health workers and adequate supplies, especially affordable medicines. Finally, the use of legislation to reinforce policy choices and budgetary decisions was examined, particularly related to effective engagement of the private sector for UHC through appropriate regulation.
Pneumococcal Vaccine (PCV) introduced in Myanmar, strengthening routine immunization activities

On 1st July 2016 Dr Myint Htwe, Union Minister of Health and Sports for Myanmar, launched the introduction of pneumococcal vaccine (PCV) during a high-level ceremony held in the capital, Nay Pyi Taw. The PC vaccine – protecting against diseases such as pneumonia, one of the leading killers of children under 5 year in Myanmar - has been introduced throughout the country on the same day. All new birth cohorts will receive the new vaccine.

During the ceremony held at the Ministry of Health and Sports, representatives from GAVI, UNICEF and WHO congratulated the Government of Myanmar for launching this new vaccine and for their efforts towards improving children’s health in the country. The government of Myanmar is committed towards improving children’ health and reducing under 5-year-old mortality rates; the expansion of the immunization programme (EPI) is considered a therefore a high priority for the Ministry of Health and Sports.

In his speech the Minister emphasized the need of reaching every eligible child with the new vaccine. He also stressed the importance of reducing mortality, morbidity, disability and suffering caused by vaccine preventable diseases. Every effort should be made to reach every child in the country and make immunization services equitable and available for everyone, everywhere.

Myanmar is also using the introduction of PCV as an opportunity to strengthen routine immunization. There are plans to improve service delivery and equitable access to vaccines irrespective of geography, social factors, ethnicity, wealth, education and sex; improve data management, monitoring and capacity building of basic health staff; implement special strategies for hard to reach, peri-urban, conflict areas and for migrant population.

Update on Measles outbreak in Nagaland townships

Almost 40 deaths were reported in villages of Lahe and Nunyun townships of the Naga self-administrative zone of Sagaing Region, Myanmar, since June 2016. Laboratory tests confirmed that some of those deaths were caused by an outbreak of Measles, a vaccine-preventable disease which can have serious health consequences, especially amongst children under 15 years.

The difficulties entailed by the remoteness of those areas and the lack of communication meant that the Ministry of Health and Sports received delayed information about the outbreak. The Department of Public Health urgently took control measures and response actions, which included the deployment of medical teams and the implementation of an outbreak response immunization (ORI) campaign in Lahe Township, targeting a total of 17,000 children between 9 months to 15 years. Additional primary health care services were provided to the villages by MoHS staff and Military medical officials for those in need of medical care, and the outbreak was brought under control towards the end of August 2016.

The Dept. of Public Health is now in the process of developing a comprehensive health plan for Nagaland, while the EPI programme is planning the implementation of a mass-scale crash immunization campaign for all routine vaccines for all children under 3 years living in Nagaland, in an effort to bring up immunization coverage rates and strengthen primary health care interventions for the population.