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**" Public health is of great importance for the country. I would like to say that the good health of the public is the best fortune for the country."**

(Excerpt from the inaugural speech delivered by the State Counsellor, HE. DawAung San SuuKyi at the ceremony unveiling the National Health Plan (2017-2021) on 31st March 2017 at Myanmar International Convention Center -2, NayPyiTaw)

# An Initiative Approach of Ministry of Health and Sports for Promoting Health Literacy in Naga Land of Myanmar

Posted by [Global New Light of Myanmar](#)

Date: February 23, 2018

(Dr.ThanLwinTun, Dr.Kyaw Thu Swe, Dr.PhyuPhyuAye)



• **Naga ethnic people perform the traditional dance as the celebrate their traditional new year. Photo: MNA**

Nagaland is a self-administered zone (SAZ) consisting of 3 townships within Sagaing Region, in the northwestern part of Myanmar. As stipulated by the 2008 Constitution, the Naga SAZ comprises the townships of Leshi, Nanyun and Lahe, its administrative seat. The Naga people represent one of the most distinct ethnic groups in Myanmar, not only because of their well-known traditional warrior costume but also because they have been guaranteed a Self-Administered Zone. However, they are yet one of the most vulnerable populations and Nagaland is the least developed part of the country, in great need of basic health care, education and infrastructures.

There are no proper roads for motor vehicles and therefore, it takes about two or three days to reach outlying villages. Food and supplies for the local people are delivered by motorcycles, especially in rainy season. Deprivation of proper infrastructures, and difficulties in communication and transportation are the root causes of several complicating consequences in Nagaland, including malnutrition, disease outbreaks and low levels of health knowledge and literacy.

While a self-administered zone, the provision of healthcare remains the responsibility of the Union Ministry of Health and Sports (MOHS). The assignment of ministry's staff in the isolated area has been a challenge for long a time.

The Nagaland got attention in 2016 after reports about a mysterious infectious disease outbreak had been mentioned in news media. The disease, which was not yet identified at that time, started affecting people living in HtanKhawLanmavillage of Lahe Township in June of 2016. The disease spread quickly to other villages, including those in Nanyun Township and a number of children had been reported dead.

The health authorities in both regional and union levels were notified about the outbreak and reported symptoms of the disease were fever, coughing, rashes, red and sore eyes. After hearing the news, the health officials from MOHS traveled to the area and confirmed that the so-called mystery disease was actually a measles outbreak.

Measles is a highly infectious disease caused by the measles virus and spreads easily through the coughs and sneezes of those infected. It may also be spread through contact with nasal secretions. But, it can be prevented effectively by measles vaccination. In response to the outbreak, the MOHS as well as the directorate of medical services of the Ministry of Defense sent medical teams to the areas where the outbreak occurred, and set up a vaccination program.

On the special request from the Ministry of Health and Sports, Basic Health Staff actively participated in a 6-month temporary assignment under the management of Sagaing Region Health Department and leadership of MOHS and Sagaing Region Government. U Thant ZinOo, a Health Assistant, received an award from the State Counselor in 2016 for his outstanding performance in the health campaigns in Nagaland.

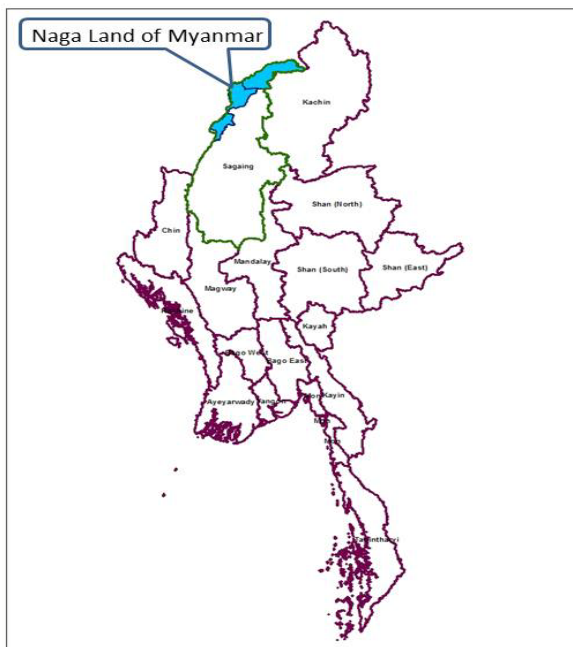
Naga community is comprised of several tribes and clans, and Naga People speak 89 different languages and dialects. However, there are many similarities between the different languages spoken. Language barriers also pose significant challenges when providing effective health education messages and quality healthcare. The modern-day society is celebrity-obsessed. The celebrities influence the people to embrace an array of knowledge, attitudes and behaviors that affect health of the people in general, because celebrities are highly influential people whose actions are watched and often imitated by their audiences. In order to disseminate the health information messages correctly and effectively in Nagaland, the Chief Minister of Sagaing Region Government appointed a Naga ethnic model and movie star, Marie Cole, as the Health Literacy Promotion Ambassador for Nagaland-2018.



This innovative approach in health promotion sector is particularly important for the people of Nagaland and recorded as the first appointment of a Health Literacy Promotion Ambassador to the remote communities of the country.

The Union Health and Sports Minister has also guided the health care professionals to improve their efforts to increase public understanding of health issues as well as to promote health literacy as a priority.

It is anticipated that the health advocacy with a local celebrity from the Naga community will lead to increased awareness of healthcare and the adoption of positive hygiene habits in Naga SAZ.



Naga ethnic model and movie star, Marie Cole

# From concept to implementation of Community Health Clinic (CHC) Model in Myanmar

Posted by [Global New Light of Myanmar](#)

Date: September 10, 2018

(Dr. ThanLwinTun, Dr. PhyuPhyuAye, Dr. Nang NaingNaingShein, Dr. Nyein Aye Tun, Dr. Le ThandarSoe, Dr. Zar Ni Lwin)



## Union Minister's speech at 'Meeting from concept to implementation of CHC'

The Union Minister for Health and Sports highlighted the concept of community health clinic (CHC) model for strengthening community health services to meet the changing health needs and to utilize limited resources efficiently. Over the last decade, the health needs of the population had altered considerably because of changes in dietary intake pattern and disease patterns, increased life expectancy and increased aging population.

According to STEPS survey which had investigated the prevalence of non-communicable diseases (NCDs) in 25 to 64 years old population in Myanmar (2014), 26.4% had hypertension, 10.5% had diabetes mellitus and 22.4% had been categorized as overweight. Another national survey on causes of death using verbal autopsy in Myanmar (2016-2017) showed that 74% of total deaths were due to NCDs. These data indicate the growing need to provide health care in local community setting.

The meeting – "**From concept to implementation of CHC Model**" was held at the meeting hall of MingalarThiri Hotel, Nay Pyi Taw at 31<sup>st</sup> August, 2018. The Union Minister for Health and Sports, the Union Deputy Minister, Director Generals, Deputy Director Generals, State and Regional Health Directors and Deputy Directors attended the meeting. The Union Minister gave instructions for effective implementation of CHC model and the attendees actively discussed regarding this issue.

The operational definition of the CHC is the action orientated public health care activity providing health care services focusing on health literacy promotion, screening for hypertension and diabetes mellitus, and treatment of uncomplicated NCD cases and elderly health care on every Wednesday at Rural Health Centers (RHC) and Urban Health Centers (UHC).

The **goal** of the CHC is to ensure improved accessibility to effective and efficient health care in community which contributes to reduction of NCDs morbidity and mortality. The **three main objectives** of CHC model are 1) to promote health literacy through motivation and supporting community members; 2) to provide screening, proper treatment and appropriate referral of people with NCDs such as hypertension and diabetes mellitus through provision of essential medicines; 3) to serve the health needs of the vulnerable and underprivileged people including aging population.

The CHC model is setting up with **six principles** of quality, partnership, equity, effectiveness, efficiency and community involvement. From the aspect of **community involvement**, the CHC will be supported by community support group (village health committee) including local NGOs and voluntary health workers. The RHC and UHC are the main structural focus involved in providing and facilitating CHC.

The activities of CHC includes 1) measuring body mass index (BMI-kg/m<sup>2</sup>); 2) measuring blood pressure; 3) measuring blood sugar level; 4) treatment of uncomplicated cases of hypertension and diabetes mellitus; 5) referral to higher centers according to Package of Essential NCD interventions (PEN) guideline; and 6) promoting health literacy according to Health Literacy Promotion guideline.

The accomplishment of Union Minister's concept to implementation of CHC will improve the health status of rural population by promoting health literacy including raising awareness of NCDs. Early detection and treatment of NCD cases and timely referral will reduce complications of NCDs and its related deaths. Moreover, effective primary and preventive health care for elderly people can prolong their life with better quality of life.

In addition, the Department of Public Health plays the role of coordination and supporting for implementation of CHC in every States and Regions together with contributions of community-based organizations, civil society organizations,



international non-governmental organizations, donor agencies, and private sector. The CHC is expected to support for achieving Universal Health Coverage (UHC) by accessing good quality health services without financial hardship and improving quality of life which also in line with National Health Plan of Myanmar (NHP, 2017-2021).

According to the MoHS Letter No: 3masa(Sa)2018/20377, dated: 6-12-2018, the “Community Health Clinic (CHC)” is renamed as “Wednesday Hypertension and Diabetes Mellitus Screening and Treatment Clinic (Wednesday HD Clinic)”.



Health literacy promotion



Measuring Blood Pressure



Measuring Blood Pressure of an elder.

# Formulating health care services for better health of ageing population in rural area of Myanmar

Posted by [Global New Light of Myanmar](#) Date: October 14, 2018

(Dr. ThanLwinTun, Dr. Nang NaingNaingShein, Dr. Nyein Aye Tun, Dr. Zaw Win Myint)



Myanmar, like other developing countries, is facing the emerging issue of increasing number of ageing population. Myanmar Elderly People Law (2016) has defined those 60 years and above as elderly people.

Myanmar's 2014 Census revealed that there are about 4.5 millions of ageing population which accounts for 8.7% of total population. Among them, 40 % are male and 60% are female. Seventy percent of them is residing in rural area and 30% in urban area.

By 2050, the proportion is expected to reach nearly 20 % of the total population. With significant increase in ageing population, the increased number of people with disabilities and chronic illnesses became recognized.

According to the hospital statistics report (2014 – 2016), the leading causes of morbidity and mortality of ageing population are non-communicable diseases such as Hypertension, Diabetes, Ischemic Heart Disease and Cerebrovascular diseases. Therefore, the health care services should be formulated according to the needs of ageing population.

With the aim of achieving active and healthy ageing and improving the quality of life of them, the Ministry of Health and Sports is providing comprehensive health care services including promotive, preventive, curative and rehabilitative services.

“Elderly Health Care Program” has been launched in Myanmar since 1994 with the support of World Health Organization. As the basic health staff are main service providers at primary care centers, they are trained on health care for ageing population using manuals. The local community including NGOs and CBOs has also involved as social mobilizers and health promoters.

Recently, the Union Minister for Ministry of Health and Sports has highlighted the concept of Community Health Clinic (CHC) model for strengthening community health services to meet the changing health needs of the community and to utilize resources efficiently. The operational definition of the CHC is the action oriented public health care activity providing health care services focusing on screening and treatment of uncomplicated Diabetes and Hypertension and health care for ageing population on every Wednesday at Rural Health Center (RHC) and Urban Health Center (UHC).

Those primary health centers promote health status of ageing population through health literacy promotion and lifestyle modification such as encouraging eating healthy diet, promoting physical activity, cessation of tobacco use and reducing harmful use of alcohol. It also provides curative services for minor illnesses and makes timely referral to the respective higher centers for further necessary management.

While the Ministry of Social Welfare, Relief and Resettlement is providing social support for senior citizens and the Ministry of Health and Sports is formulating health care services in order to meet their health care needs, the active involvement of local community is critical for improving quality of life of ageing population especially in rural area.

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2. Hospital Statistics Report, Ministry of Health and Sports (2014- 2016)
3. Elderly People Law, Myanmar (December, 2016)
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(September, 2017)
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Community Health Clinic (CHC) Model in Myanmar (11th September, 2018)



# Imbuing basic health staff with information technology for provision of quality health care in Myanmar

Posted by [Global New Light of Myanmar](#)

Date: November 18, 2018

(Dr. ThanTunAung, Daw Aye AyeSein, Dr. Than LwinTun, Dr. Nang NaingNaingShein)



INVESTING in health is essential not only to improving health outcomes but also to supporting economic growth. Since 2016, the Ministry of Health and Sports (MoHS) has been giving special attention on Health Information System, Health Literacy Promotion, School Health Program, Strengthening rural health facilities, non-communicable diseases prevention and control, and procurement and supply system of medicine and equipment among others.

The health knowledge, attitude and practice of our people can be effectively improved if our health education activities are simple, interesting, effective and widespread all over the country. So, the Union Minister for Health and Sports has also guided the health care professionals to improve their efforts for increasing public understanding of health issues as well as to promote health literacy as a priority.

Nowadays, the global investments in Information and Communication Technology (ICT) including basic infrastructure and innovations in e-learning, electronic health (e-Health) and mobile health (m-Health) is found to influence on training, deployment, support and empowering health care workers.



Experiences of several countries showed that given the right policies, ICT can serve as a powerful tool for health care workers to expand access to affordable and quality care for millions of people. ICT also allowed health care workers to continually build their capacity by accessing educational programs and research.

It is also recognized that mobile devices and internet access are becoming increasingly necessary professional tools for health care workers at all levels in developing countries. It provides an extraordinary opportunity to scale up health workers, especially front-line health care workers, training and improve its quality, as well as to optimize health service delivery and strengthen health systems through improving communication and clinical decision support.

In Myanmar, Township and Station medical officers and Basic Health Staff are major health care givers in rural and remote area, where 70% of population including ethnics group reside. Recently, the MoHS has launched Information Technology (IT) supported capacity building program through distribution of mobile tablets to those health care givers, with the objectives of enhancing their ability, promoting health literacy of community and providing effective and efficient health care to public.

It is served as a knowledge sharing platform and also provides ICT support services for health facilities. The tablet contains standardized health messages, essential manuals, guidelines and standard operating procedures (SOPs) for health professionals regarding public health care, medical care, laboratory, food and drug administration, planning, budgeting and staff affairs and research. Through those tablets, the health professionals can access many applications, including Diabetes Guide, Safe Delivery, Ted Talks, Love Question Life Answers and Health Education Movies etc. both online and offline.

In conclusion, imbuing Basic Health Staff with Information Technology would accelerate the momentum of our efforts for improving overall health status of the population, leaving no one behind.

# Leprosy is an unfinished agenda in Myanmar

Posted by [Global New Light of Myanmar](#)

Date: December 11, 2018

(Dr.ThanLwinTun, Dr.ChanTunAung)

*“Leprosy work is not merely medical relief: it is transforming frustration of life into joy of dedication, personal ambition into selfless service”*

(MahatamaGandhi )

## Leprosy Problem

The earliest scientific record regarding the magnitude of the leprosy problem in Myanmar was first reported by the Leprosy commission of India (1891) that estimated the prevalence to be 8.6 per 10,000 population for the whole country.

A WHO advisory team in 1963-1964 conducted a survey and revised the estimate prevalence upwards to 250 per 10,000 population for the whole country (about 590,000 cases).

During 1973, the National Authorities conducted a parallel survey which was called National Leprosy Programme Prevalence and Assessment Survey and in its report the prevalence was estimated to be 242 per 10,000 population.

## Leprosy Control

Myanmar Leprosy Control Programme was launched in 1952 and based on early case finding and providing domiciliary treatment with Dapsone to all patients in the country. Partial integration with People's Health Plan started in 1977.

In 1988, WHO recommended Multi-Drug Therapy(MDT) service was started in six hyperendemic regions (Yangon, Mandalay, Upper Sagaing, Magway, Ayeyarwaddy and Bago) and it was fully integrated into Basic Health services into 1991 and MDT services covered the whole country in 1995.

Before introduction of MDT services, registered prevalence rate was 54.3 per 10,000 in 1987. Prevalence rate was obviously reduced in 2017(0.42 per 10,000). A total of 30,0160 cases have been treated with MDT and cured since 1988.

## Leprosy Elimination

Myanmar has achieved leprosy elimination goal at the end of January,2003. It means that the registered prevalence rate per 10,000 population was less than one and leprosy was eliminated as a public health problem.

## Confusing Issue of Leprosy

Myanmar has achieved only leprosy elimination goal but not achieved leprosy eradication yet. But, most of the people are still misunderstanding the meanings of eradication and elimination, and the National Program has also been facing the key challenge as being the victim of our own victory.

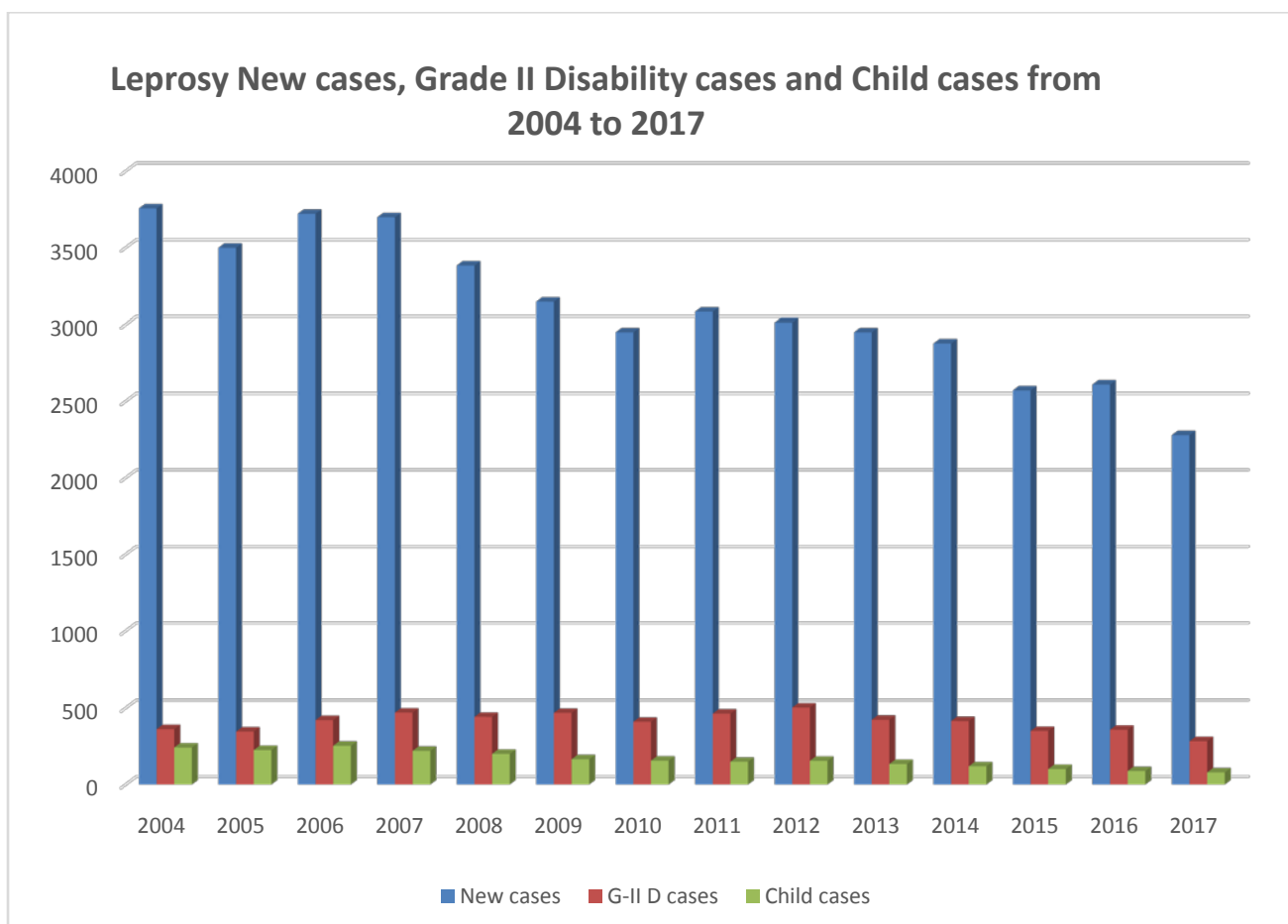
### Difference between Eradication and Elimination

**Eradication** refers to the complete and permanent worldwide reduction to zero new cases of the disease through deliberate efforts.(if a disease has been eradicated, no further control measures are required.)

**Elimination** refers to the reduction to zero (or a very low defined target rate of) new cases in a defined geographical area. **(Elimination requires continued measures to prevent re-establishment of disease transmission.)**

### Leprosy New Case Detection and Disability

From 2004 to 2017, the 43,535 new leprosy cases were detected, where some new cases were found as pocket in some areas. Among new 43,535 cases, 5714 had grade-II disability and 2286 cases were under 15 year (Child Cases) indicating that transmission is still present in Myanmar.



## **Conclusion**

With appreciations to MDT, Myanmar could eliminate the public health problem of leprosy since 2003 but new cases, including child cases are still coming out along with grade-II disability cases in some areas up till now. So, we should not neglect the leprosy disease.

Evidently, leprosy is remaining as an unfinished agenda in Myanmar and all the partners and every citizen need to actively participate in leprosy awareness activities for early case detection and prevention of disability as well as prevention of transmission. The beautiful finished agenda should be “Zero new cases, Zero disability among new cases and the affected persons becoming inclusive contributory members of the society.

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