

# Myanmar

## The Liver Foundation\*

Donation-based liver disease prevention and control organisation  
Rangoon, Myanmar

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Myanmar reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

- ✔ The government information was thought to be accurate for **36.0%** of items.  
 Survey points marked "accurate": 1.2, 2.1, 3.4, 4.1, 4.2, 4.6, 4.7, 4.8 and 5.1.
- ✘ The government information was thought to not be accurate for **36.0%** of items.  
 Survey points marked "not accurate": 1.3, 2.2, 3.1, 3.2, 3.3, 3.5, 4.5, 5.3 and 5.4.
- The respondent took no position on the government information for **28.0%** of items.  
 Survey points marked "take no position": 1.1, 4.3, 4.4, 4.9, 4.10, 5.2 and 5.5.

#### Survey comments from the Liver Foundation:

##### Information reported by government (2012–2013)

##### Civil society respondent comments (2014)

- ✔ To our knowledge, this information is accurate.

**1.2** There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It has 20 staff members. There are 49 full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

*There are Liver units in the Department of Medical Research and General Hospitals in Yangon, Mandalay, Naypyidaw, North Okalapa and Defence Services (Government).*

**2.1** The government did not hold events for World Hepatitis Day 2012, but has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

*Liver Unit (Yangon General Hospital) has held "World Hepatitis Day" events since 2009 while Liver Foundation (Myanmar) and GI and Liver Society (Myanmar Medical Association) carried out the events in 2013.*

**4.8** There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

*There are some drawbacks as screening tests are not molecular assays*

- ✘ To our knowledge, this information is not accurate.

**3.1** There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B and C. There is a national surveillance system for the following types of chronic hepatitis: B and C.

*It is included in notifiable diseases on paper but public is not aware and it is not carried out systematically.*

**3.3** Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally. The government publishes hepatitis disease reports monthly and annually.

*This is just on paper and not accurate.*

\* World Hepatitis Alliance member.

**✘** *To our knowledge, this information is not accurate.*

#### Information reported by government (2012–2013)

**3.5** There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the most recent one was in 2010.

**4.5** There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

**5.3** People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge for everyone, but they are free for pregnant women and blood donors. Hepatitis B and hepatitis C tests are compulsory for pregnant women, blood donors and people applying for employment.

**—** *We take no position regarding this statement.*

**1.1** There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, and treatment and care.

**4.3** Nationally, 10% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 38% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

**4.9** There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

**5.5** The following drugs for treating hepatitis B are on the national essential medicines list: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil, entecavir, telbivudine and tenofovir. The following drugs for treating hepatitis C are on the national essential medicines list: interferon alpha, pegylated interferon and ribavirin.

#### Civil society respondent comments (2014)

*Funds are required for national serosurveys and has not been available for many years.*

*Few departments have this kind of facility.*

*True for blood donors and for some antenatal care centres.*

*We have no information about this existing.*

*Birth dose may be true in cities but difficult in rural areas.*

*Bylaws may be required for legal use of syringes for people who inject drugs.*

*These drugs are too expensive for routine use.*

# Myanmar

## The Liver Foundation continued

### Statement from the Liver Foundation regarding key hepatitis policy issues in Myanmar:

Of the five types of viral hepatitis, Hepatitis A, B, C, and E are endemic in Myanmar. Hepatitis B and C are blood borne infections and can cause chronic infections leading to complications. Hepatitis A and E are water-borne infections. All four infections can be prevented and it is very important for the general population to be aware of these facts and the duty of the government to carry out awareness-raising activities to educate the public.

Currently there is weakness in the awareness-raising activities both for blood-borne infections (hepatitis B and C) and waterborne infections (hepatitis A and E) by the government. There should be increase in the distribution of educational posters, pamphlets,

advertisements on TV and radio broadcasting to reach the community. Simple advice such as not sharing razors, toothbrushes, nail cutters, using only disposable syringes, compulsory screening of blood donors, personal hygiene, sanitation and vaccination are all of great importance to prevent transmission.

In Myanmar, according to research findings, the main mode of transmission for hepatitis B is from mother to child during birth. Thus birth dose of hepatitis B vaccine is of great importance to prevent chronic infection in the child. However although hepatitis B vaccine has been introduced into the EPI over 10 years ago, the schedule is 2.5, 3.5 and 4.5 months with the pentavalent vaccine currently. The Government is trying to obtain monovalent HB vaccine for birth dose but not carried out as yet.

In Myanmar, prior permission from the government or local authority is required for local NGOs or international NGOs to carry out activities in the community such as health education talks, blood screening, and vaccination programmes. Thus these groups should all work together in harmony to obtain successful results. The government should take the initiative, make health plans and projects and also work in collaboration and coordination with local NGOs and international NGOs to use their participation, to give them official recognition and also use their resources and funding as available.