



Myanmar Challenging and rewarding !

Walk For life

2012-2022

Where practical parental consent has been obtained for all photographs.

A country of shimmering beauty





a new experience for visiting trainers





Myanmar

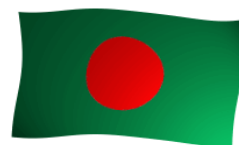
Area:

676 578 sq km

Population:

59m

Estimated 1 100 + children born each year with clubfoot



Bangladesh

Area:

149 460 sq km

Population:

180m

Estimated 4 000 + children born each year with clubfoot

From 2009 in Bangladesh, Walk for Life has established, arguably, the world's largest single country clubfoot program. Over 33 000 children have enrolled. It is sustainable. Please follow this link to learn more: <https://heyzine.com/flip-book/29c708cee2.html>

Excitement and Anticipation

In the early 70's I regularly visited Mae Hong Song in Thailand. I sat on the verandah and looked across the River Pai to Burma. Villagers traded rubies. A closed country. Intriguing and mysterious.

In the 50's my parents talked nostalgically of Kipling and The Road to Mandalay.

In 2012, sixty years later I lived in this complex and beautiful country for 5 years, commuting between Dhaka, Yangon and Hanoi.

After just over 2 hours flying time from Dhaka the plane would break through the clouds on descent to reveal the golden temples. Jaw dropping.

A new challenge to add to the programs in Bangladesh.

In 2012 Walk For Life in Myanmar felt like a cash strapped entrepreneurial start up.

Braces transported in my luggage from Dhaka.

Staying in \$20 a night hotel, which became the office by day.

Australian Aid assistance was paid by cash..... in a paper bag.

Times change!

Myanmar opening up to the world. Optimism and sometimes disbelief.

Colin Macfarlane AM May 2023.

Australia Day. High Commission
Yangon 2013





Dr Paul Wade DPM.

“I was most fortunate to be able to spend 11 years of my early retirement working with Walk for Life in Myanmar after the political reforms in 2011. Myanmar is a beautiful country and its people are resilient. My time here has been most memorable.

Even though this chapter of our project is over, many doctors, nurses, and physiotherapists have learnt about the Ponseti method and know it is the best treatment for infant clubfoot.

Brace availability is ensured due to local production.

Though we are sad to leave, our door remains open to serve. Our aim is to continue spreading the Ponseti gospel anywhere open to learning.

I hope to return to Myanmar again in the near future.

Our partners in Myanmar



LANG | FOUNDATION



The Problem



Every year in Myanmar about 1 100 children are born with clubfoot. Left untreated children live with the pain and stigma of untreated clubfoot. For a lifetime.

It is one of the most common birth defects and effects roughly one in thousand births. The condition affects boys twice as often as girls. About 50% of children with clubfoot have it in both feet: a condition known as bilateral clubfoot. The cause of clubfoot is unknown but it may be a combination of genetics and environment.

The solution:

Ponseti clubfoot treatment

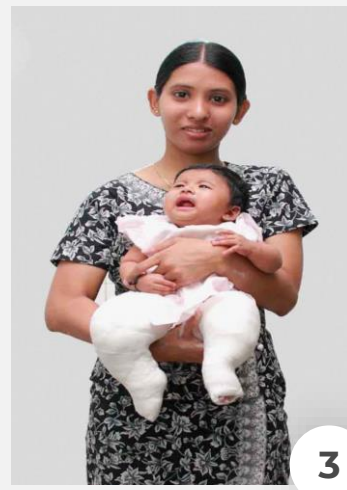
It is straight forward: succeeds 98 percent of the time and inexpensively changes a life.

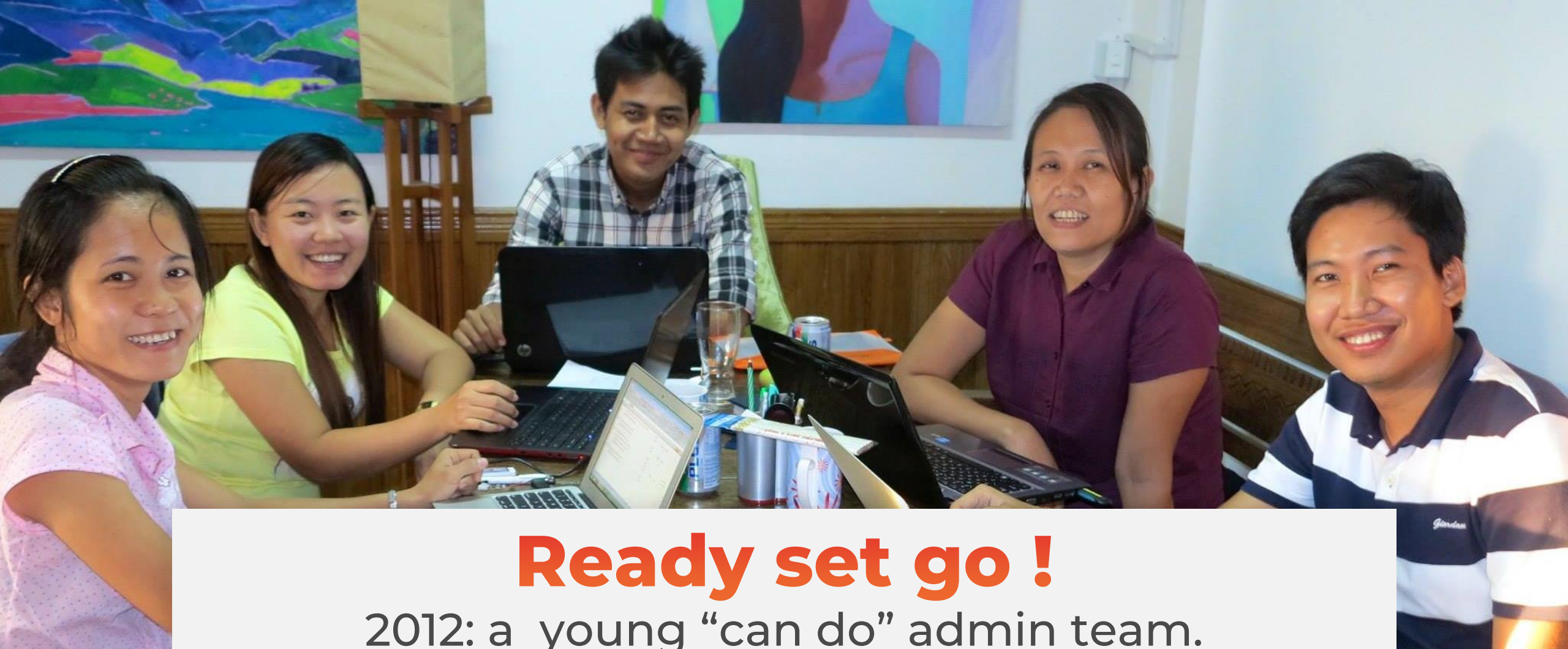
Until the 1990's surgery was popular: however over time surgically corrected feet became painful, stiff, and arthritic. The surgery was complicated and expensive.

Meantime in Iowa USA Prof Ponseti, a pediatric orthopedic surgeon was evolving a non invasive technique to manipulate and cast the clubfoot.

Today, the Ponseti method is the treatment of choice for clubfoot. When it is done correctly, 98 % of children born with clubfoot never need invasive surgery.

Ponseti in 6 weeks



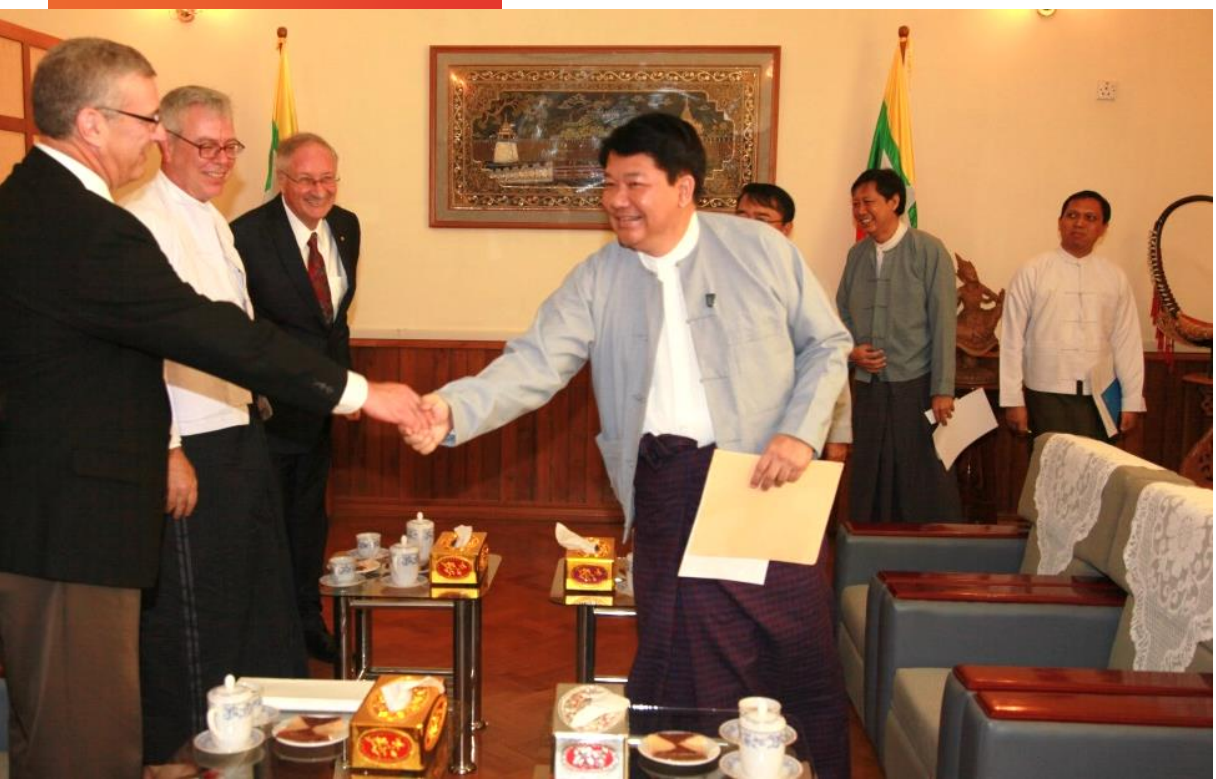


Ready set go !

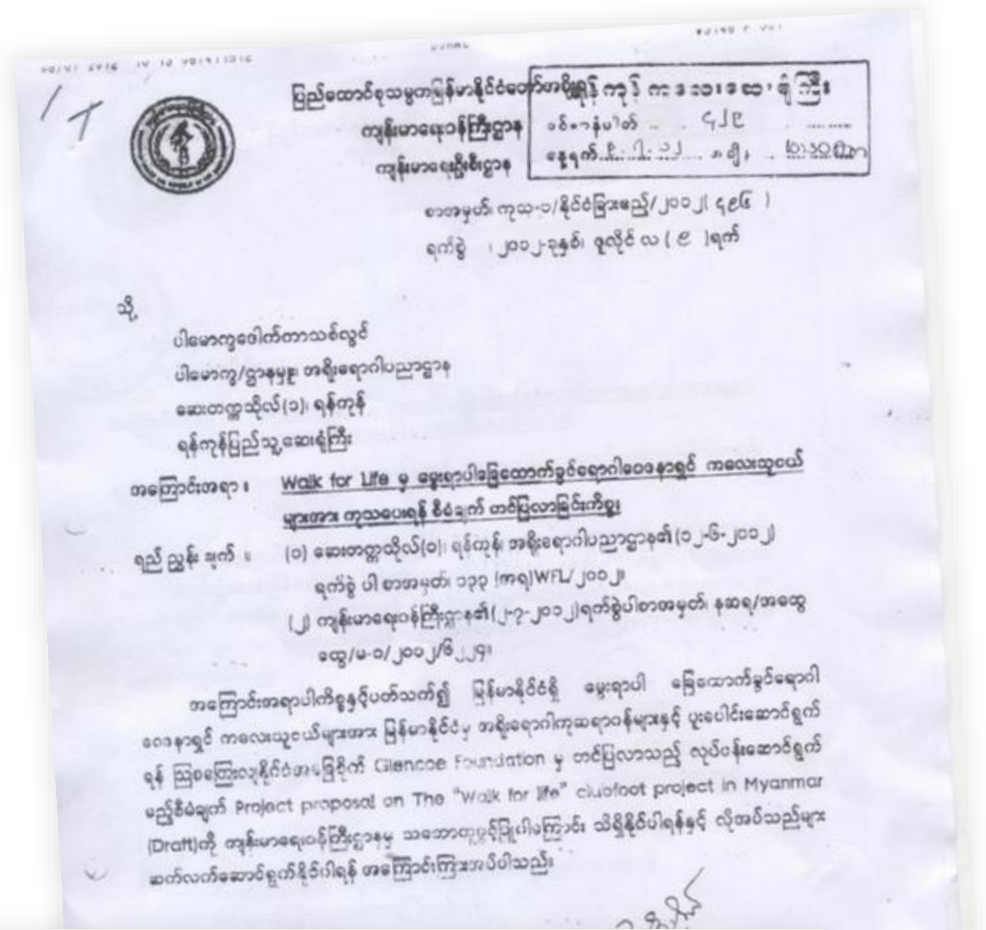
2012: a young “can do” admin team.

Led by Kyaw Kyaw Oo (centre), with Zinmar Win, Thandar Aung, Say Say Win and Pyoe Htet Aung.

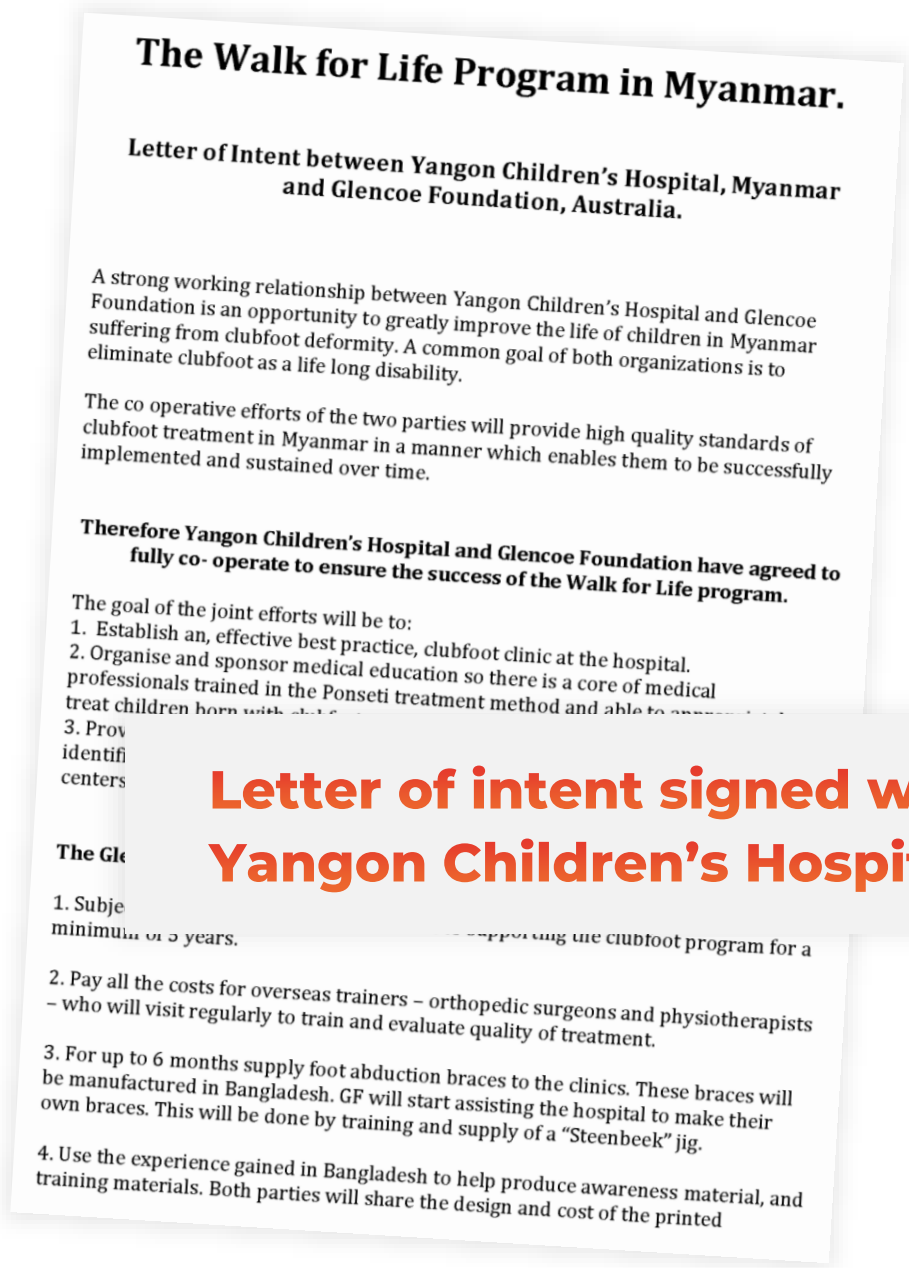
The Minister said to the DG Health: “make it happen”



Professor Thit Lwin, arranged two meetings with the minister for Health Dr Pe Thet Khin. Professor Dietz , Dr Paul Wade and Md. Shariful Islam Khan represented Walk for Life .



2nd July 2012.
Minister approves Walk for Life in Myanmar



Letter of intent signed with Yangon Children's Hospital.

Prof Thit Lwin: our clubfoot champion

Professor Thit Lwin, a fine orthopedic surgeon, humble, knowledgeable and very supportive of Walk for Life. And he was fun to be with. Sadly he died too early in 2016.

Every program needs its local champion: Thit Lwin was ours in Myanmar.





The launch of Walk for Life

Yangon Children's Hospital. January 2013.

Children, parents, nurses , physiotherapists, doctors and guests.



13 surgeons and physiotherapists

came from overseas to train and assess



Professor Dr Humayun Kabir
Dr Mohammad Shahriar Rahman
Sakina Sultana
Md Shariful Islam Khan
Momtaj Sultana Mou
Tanzina Bithi
Md Mamun Hossen Chowdhury
Md Jamil Hossain
Mahmuda Sharmin Aurin.



Dr Paul Wade.



Dr Steve Mannion
Denise Watson



Professor Fred Dietz

Kate Lock, a senior manager with the National Health Service UK provided systems and record training.



Montaj Sultana Mou taught in Mandalay.

Mou , a very experienced Ponseti practitioner, has been managing the WFL clinic in Rajshahi Bangladesh since 2010. This clinic alone has enrolled over 1 200 children.

In Myanmar we produced a video on the practice of tenotomy. This is now used by Ponseti practitioners globally and is an essential part of the training modules offered by :

GLOBAL  CLUBFOOT INITIATIVE

The Ponseti percutaneous Achilles tenotomy



A percutaneous Achilles tenotomy for clubfoot is a procedure that lengthens the Achilles tendon and helps to improve flexibility of the ankle. 95% of children require this simple procedure carried out under local anesthetic.

Ignacio V Ponseti



Dr Steve Mannion, Dr Paul Wade and Bangladesh physiotherapist Sakina Sultana combined to make this video.
<https://youtu.be/0dhB0dx8sgM>



Training in Magway, Mandalay, Yangon and Taunggyi



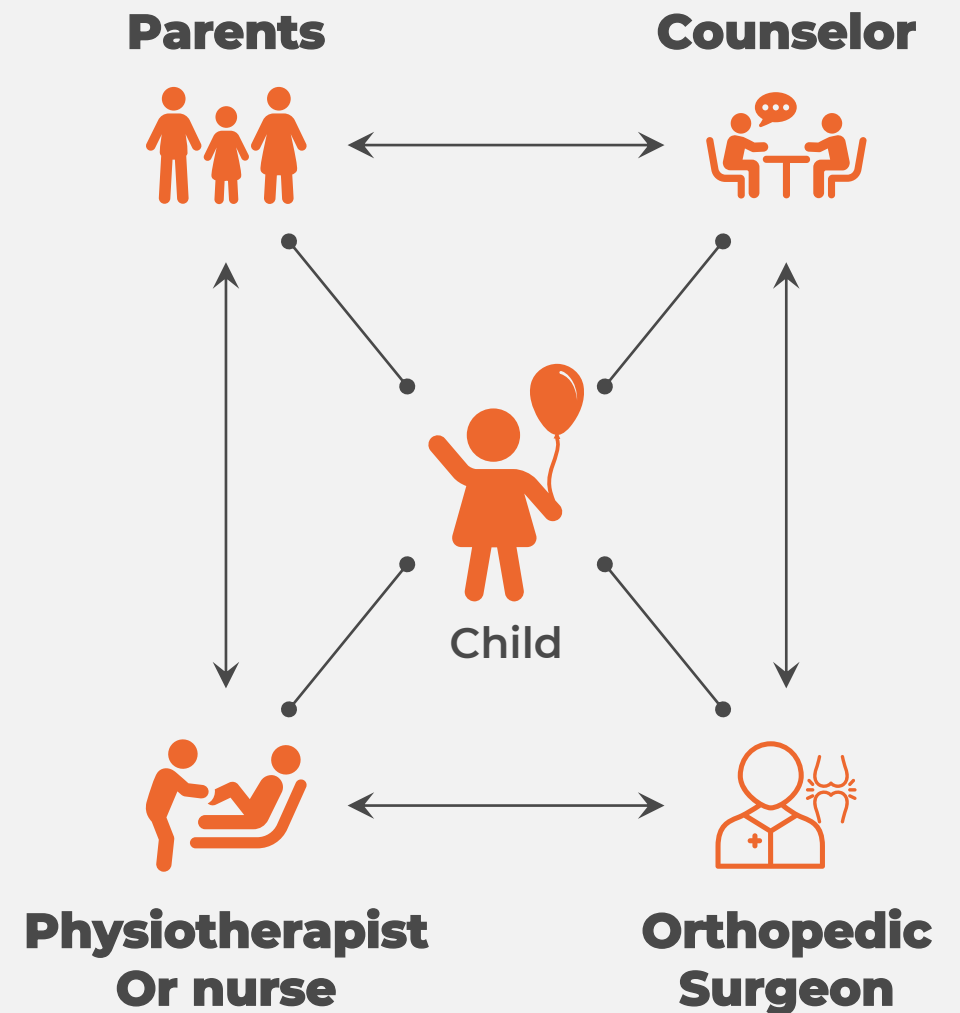
Training in Mandalay and Yangon



Ours is a multi-disciplinary team approach

Successful management of clubfoot requires a multi-disciplinary approach, ideally in a dedicated clubfoot clinic.

- The orthopedic surgeon is available for review and consultation and performs the tenotomy.
- The physiotherapist or nurse manipulates and casts.
- The counselor builds trust with the parents and arranges follow up visits.
- The parents play a very large and essential role. It is the parents who fit the braces every night for 3-4 years.



In Myanmar both physiotherapists and nurses take a prominent role in casting, and as counselors

300 student nurses introduced to Ponseti.



Professor Dr Nwe NwenOo , the rector of the University Nursing School, Yangon welcomed Walk for Life.

Dr Nwet, Myanmar's first female orthopedic surgeon, presented the Ponseti technique.



Nurses and physiotherapists

are an integral part of the team in Myanmar.

When permitted they can manage and increase the success and output of clubfoot clinics.

They are an underutilized resource in the health system. Mostly female they relate well to parents and children by giving them time and respect.

Many found the Ponseti clinic challenging but very rewarding with the interactions and outcomes. Everyone loves a success.



Please

Your daughter must wear her brace every night !



The nurses are excellent counselors and have the trust and respect of the Parents.



Strong lasting friendships between Myanmar Health Professionals and Bangladesh Physiotherapists.





Clinic day Mandalay

Parents remove the old plaster casts. Many have travelled long distances: by contrast in Bangladesh nearly all children live within 40kms of a clinic.





Clinic day Mandalay





Dedicated

Dr Kyi Pe is a retired orthopedic surgeon from Pathein.

Pathein suffered huge damage in Cyclone Nargis in 2008.

Dr Kyi Pe is now over 85 and still he is correcting feet.

Awareness of Ponseti at
Pathein Medical
Association with Dr Kyi Pe.





Celebrated in our clinics June 3rd



Ah well - yawn another boring photo shoot.



မြန်မာနိုင်ငံတော်ဆိုင်ရာ မွေးရာပါအရိုးချွတ်ယွင်းမှု ခွဲစိတ်ကုသသောစီမံချက်

This is Thandar Oo and her daughter. These photos were taken over six weeks in 2013. Her daughter actually started smiling as her feet improved !



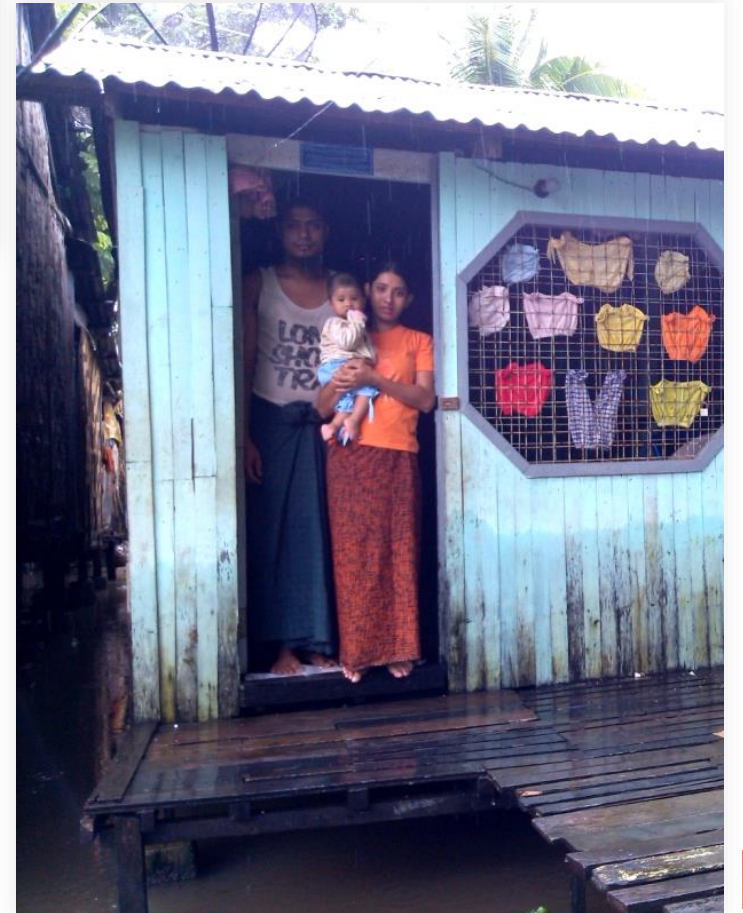
Walk for life



The series of photos of Thandar Oo and her daughter from Yangon went “viral” and is now included in many clubfoot presentations around the world.

GLOBAL CLUBFOOT INITIATIVE

use it in their training modules.



GLOBAL CLUBFOOT INITIATIVE



Ending Clubfoot Disability: A Global Strategy



2030
RUNFREE

The Global Clubfoot Initiative was founded in London 2009. This initiative brings together and strengthens the work of organizations around the world involved in the prevention of disability caused by untreated clubfoot.

Walk for Life is a founding member. Mamun Chowdhury has been a Trustee since 2018.

Walk for Life and GCI continue to work closely together to strengthen this alliance of of organisations to overcome clubfoot disability.



The brace is critical for success

- The foot abduction brace is used after the clubfoot has been completely corrected by manipulation, serial casting, and possibly a heel cord tenotomy.
- The foot abduction brace is the only method of preventing a relapse.
- In the first three months it should be worn 23 hours in a day and then for the next 4 years at night and nap time.

The system

Walk for life was welcomed by leading orthopedic surgeons and hospital administrators.

They were supportive: we had many workshops, and awareness building presentations.

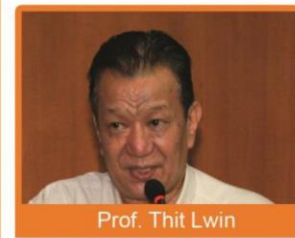
However “hands on” at clinic level we sometimes struggled.

Whether correct or not, our perception of the Myanmar system was rigidly top down, and very bureaucratic. We struggled to locate strong multidisciplinary teams to provide dedicated clubfoot clinics.

Doctors were frequently transferred. New doctors would arrive with little practical knowledge of Ponseti.

Nurses and physiotherapists were under utilized.

The clinic staff were able, bright, and diligent: the problem was the system.



Prof. Thit Lwin



Prof. Myint Thaug



Prof. Maung Mg Htwe



Associate Prof. Dr. San Hlaing



Associate Prof. Dr. Win Ko



Associate Prof. Dr. Nwet



Dr. Aung Thin
Senior Medical Superintendent
Mandalay Orthopedic Hospital



Dr. Aung Myint Lwin
Senior Medical Superintendent
Yankin General Hospital



Dr. Saw Lwin
Medical Superintendent
Labutta General Hospital



Dr. Than Htike
Senior Medical Superintendent
(Paediatrician)
Yangon Children Hospital



Dr. Khin Oo Kyi
Medical Superintendent
Magway General Hospital



Dr. Kyaw Thura
Post graduate student
Mandalay Orthopedic Hospital



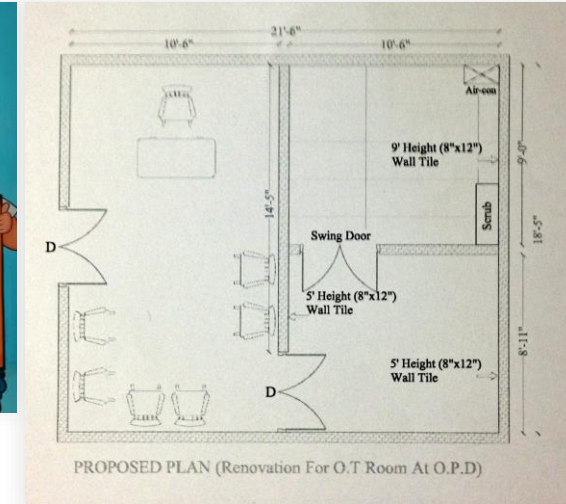
Dr. Soe San
Orthopedic Surgeon

Sometimes we
became frustrated

One step forward two steps back

At a cost of \$8000 we renovated a dirty storeroom into an airconditioned, tiled clubfoot clinic. Two months later it was closed, and went back to a store room.

It was a bureaucratic decision without consultation.



Clinic problems:

Prof Dietz letter to Prof Khin 2013

- Poor learning experience because of no overlap mentoring between rotating surgeons.
- None was able to follow the treatment process to completion.
- Lack of dedicated teams .
But Professor Dietz noted:
- “All these problems are solvable”



Positive press

Positive FB shares

Treating clubfoot in Myanmar

SHWE YEE SAW MYINT

Ibn, who is the head of the hospital's orthopedic department. Patients are treated using the Ponseti method, which involves a series of corrective casts followed by surgery. This is followed by wearing corrective shoe braces, usually until the age of five, though it depends on the severity of the condition.

The Ponseti method negates the need for invasive surgery that often results in arthritis in adulthood. Although surgery is available in Myanmar, it costs around US\$1000. If clubfoot is left untreated, the condition worsens and becomes increasingly painful.

However due to a lack of awareness, both about the condition and treatment, many doctors and parents are unaware that the Ponseti method - which is regarded as the world standard for the treatment of clubfoot and has a 95 per cent success rate - is now available in Myanmar.

During The Myanmar Times visit to the hospital, Dr Soe San said that for many families in rural areas, travelling to Yangon for treatment is too costly. "There are a lot of untreated cases in the countryside," he said.

The clinic is open for two hours a week and to date it has treated about 130 children.

Professor Thib Levin told The Myanmar Times that the number of children undergoing treatment for clubfoot has increased significantly as a result of an agreement signed between Myanmar's Ministry of Health and an Australian non-government organization called Walk for Life, which was founded by Colin Macfarlane under the Glencoe Foundation.

Colin met Professor Thib during an orthopedic conference in Bangladesh in February this year. The two began discussing the idea of forging links between Bangladesh and Myanmar to treat clubfoot by exchanging materials and expertise.

Training programs for physiotherapists will begin shortly in Myanmar and clinics will open in government hospitals in areas with relatively high populations.

Walk for Life began in Bangladesh in January 2010 and it has expanded its operations to some of the remotest areas of Bangladesh. The thousand Bangladeshi children have been treated using the Ponseti method and the locally made braces cost just \$4 to make.

"In Bangladesh, the kids that have been treated are now kicking footballs around," said Colin.

However he added, "Wearing the braces isn't an issue while children are very young, but it gets harder as they get older. This is why parents need to be involved in the process."

Unassembled braces from Bangladesh are sent to Myanmar for assembly and local production will begin from January next year.

Earlier in the year, Colin met with Myanmar's Minister for Health, Dr Pe Thein Khin, who was formerly a paediatrician.

"The minister is highly interested in the program and has been very supportive. It's very positive," said Colin.

Workshops on clubfoot were held at Yangon Children's Hospital in January which involved training sessions conducted by two Bangladeshi physiotherapists and UK-based orthopedic surgeon Steve Macfarlane.

It is hoped that in the future, a stream of physiotherapists from Bangladesh will come - it will be a cross-cultural exchange," said Colin.

Both Professor Thib and Colin underscored the need for treatment to begin under the age of 12-months and said that a public awareness campaign is vital.

Walk for Life plans on establishing a treatment network into rural areas and would be glad to be approached by other NGOs who may be able to help.

According to the clinic's data, the majority of patients are referred to the clinic by word of mouth.

During The Myanmar Times visit to the clinic, the physiotherapist said, "We pierced the air."

However with a smile, a physiotherapist said, "We would like to hear from. We would treat this condition."



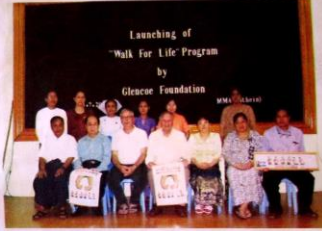
"Walk For Life" Club Foot Project လုပ်ငန်းစီမံချက် ဆွေးနွေး

မြန်မာနိုင်ငံဆရာဝန်အသင်း (သပိတ်)နှင့် ဩစတြေးလျနိုင်ငံမှ ဂလင်ကို့စတင်အသင်း (Glencoe Foundation) တို့ပူးပေါင်း၍ ဆရာဝန်ပြုစီမံခန့်ခွဲရေးအဖွဲ့အစည်း ဖွဲ့စည်းတည်ထောင်ခဲ့ပြီး နေရာပြန်လှည့်ဆောင်ရွက်နေသည့် ဆရာဝန်များအား အသင်းမှ နည်းပညာပေးပို့ပေးခဲ့ကြောင်း မြန်မာနိုင်ငံဆရာဝန်အသင်း (သပိတ်) အဖွဲ့အစည်းအဖွဲ့ဝင်များက ကျင်းပသည့်ပွဲတွင် ပြောကြားခဲ့ကြောင်း သိရသည်။

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Like Comment Share

You, Myo San Thein, Ma Gyi Ngein and 197 others

12,378 shares

7 Comments



The Treatment Cost \$US 250 to \$350 ?

- Since the coup and collapse of the public health system the cost is uncertain.
- The cost of all imported materials has sharply increased.
- The fear now, is not so much the cost, but whether treatment is available at all for the majority of children born with clubfoot.

The Army

Military control of the government is nothing new for the Burmese people. In one way or another the military has controlled the country since 1962.

In 2011, following decades of isolation, Myanmar embarked on an unprecedented reform process, raising hopes for a new democracy.

These reforms include the release of pro-democracy leader Aung Suu Kii ,and relaxing press and internet censorship.

However the military launched a coup in February 2021 , leading to the present humanitarian crisis .

This picture was taken in 2015 at a workshop attended by a high ranking officer. You can sense the tension.



Military coup 1st February 2021

The public health system has all but collapsed

The impact of the collapse on children is particularly acute.

Doctors and nurses led the initial wave of resistance against the military. Many continue to provide care – often beyond their trained roles – in underground clinics as part of an increasingly organised ‘parallel health system’.



671

Reported incidents



750

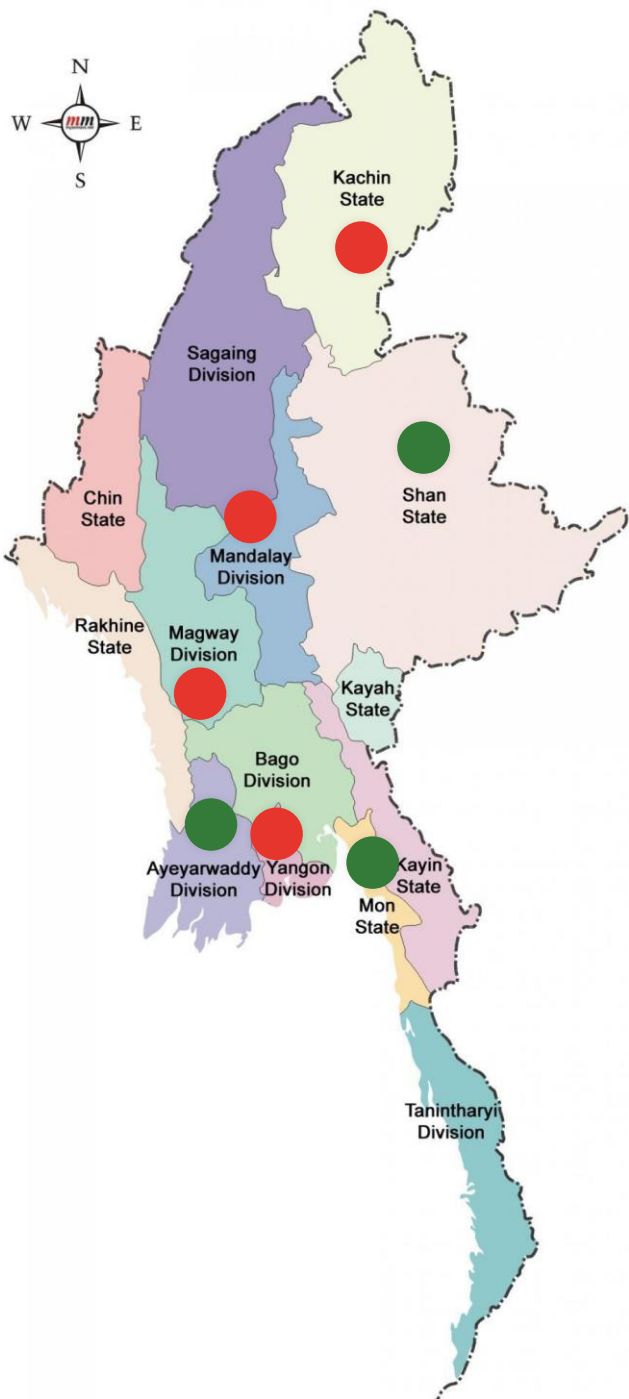
Health workers arrested



56

Health workers killed





From 2013 we estimate 2000 children enrolled

Ponseti clinics were opened in these Government Hospitals:

- Yangon Children's Hospital
- Mandalay Orthopedic Hospital
- Magway Regional Hospital
- Myitkyina General Hospital

Clubfoot treatment was offered in these private clinics:

- Pathein private ortho clinic, Dr Kyi Pe. Although retired Dr Kyi Pe is still correcting clubfeet.
- Taunggyi, Mettashin Clinic, community volunteer group with small hospital. Dr Sai Kham Hiaing managed the clinic until it was closed for covid restrictions.
- Mawlamyine Christian Leprosy Hospital which is operating.

Since the coup only two private Ponseti clinics are functioning.

Many doctors are practicing privately but there is no formal support network.

Where to now ?

Su Pon Chit has been the co ordinator of WFL since 2017. We thank Su for her perseverance and contribution under very difficult circumstances.

In 2022 we closed our office and cancelled our registration due to safety and financial issues. We are apprehensive for Su's safety.

The military government is making life very hard for NGO's, and money can no longer be transferred easily from overseas.

There were however many positive outcomes.

- ✓ Numerous training and awareness meetings
- ✓ Support of medical, nursing and physiotherapy
- ✓ Frequent mentoring visits
- ✓ Local brace production
- ✓ Clubfoot written into the National Rehabilitation Strategic Plan 2019-2023





“Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.”



Mark Twain

The Glencoe Foundation ended on 30th June 2022: 20 years after incorporation

Walk for Life thrives as a Bangladesh organization.

Rotary and Glencoe Foundation corrected clefts until 2018 and continues as Cleft Bangladesh.
Learn for Life is now privately funded. It actively supports young people with education grants.



We have enjoyed the journey!

Vivienne Isaac, Tim Beriman, Geoff Lipshut, Colin Macfarlane.

Directors The Glencoe Foundation.

The Glencoe Foundation's flagship project has been Walk for Life in Bangladesh. We have also had the opportunity to contribute to additional programs. The following pages show a little of this work.

Follow this link to Walk for Life in Bangladesh.

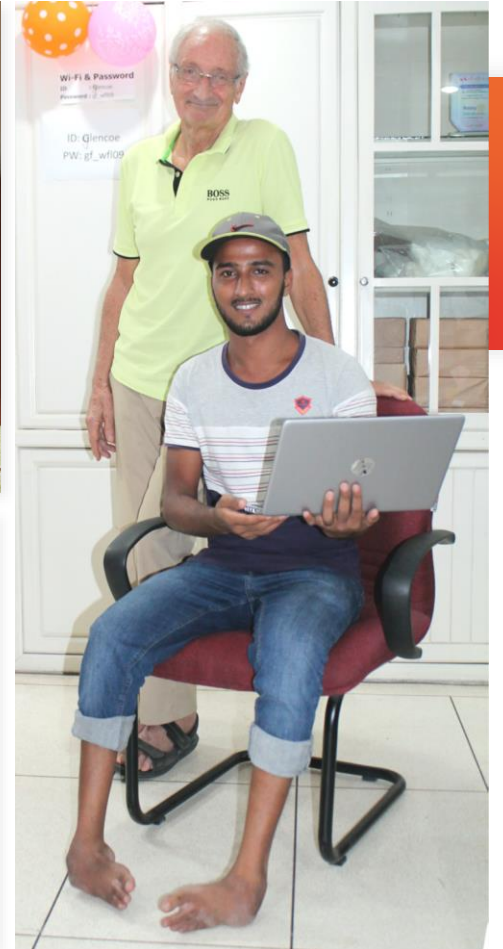
<https://heyzine.com/flip-book/29c708cee2.html>





Helping motivated young people realize their potential

Australia, East Timor, Zambia, Vietnam and Bangladesh.



In 2014 and 2015, with Deep Eye Foundation, in Rangpur, Bangladesh 2185 cataract operations were completed and 3134 spectacles were distributed.



In 2014 and 2015 15 Bangladesh gynaecologists provided 2500 operations for pelvic organ prolapse in poor rural communities.



The Bangladesh connection

- In 2004 I had an opportunity to sponsor an Australian Interplast team of plastic surgeons to Dhaka Medical College Hospital. The first visit to Bangladesh.
- Was told of the need of funding for Cleft surgery: this led to Operation Cleft. 9000 clefts repaired by skilled Bangladesh surgeons. A joint project with Rotary in Australia.
- Learnt of thousands of children with untreated clubfeet. Heard about the success of treatment by the non surgical Ponseti technique. Visited surgeons and physiotherapists in UK Canada and USA.
- After discussions with Minister for Health Prof Ruhul Haque "Walk for Life" was launched in 2009.



Cleft Repair transformation





Operation Cleft™

"Gift a smile for life"



Seeing this young man with an untreated cleft in Dhaka Medical College Hospital in 2004 led to Glencoe Foundation and the Rotary Club of Box Hill Central starting Operation Cleft.

Thousands of children had this life saving surgery without cost from skilled Bangladesh plastic surgeons.

