

## Strategic Agenda for 2008-2011: Priorities jointly agreed for WHO cooperation in and with Myanmar

The CCS for the period of 2002-2005 had set out a strategy to increase the contribution of WHO towards health development in Myanmar. To develop this strategy, it was necessary to make choices as to in which aspects of the country's work on health and health development is WHO best placed to support, and where the bulk of its limited resources (including staff time) will be focused. This approach has been continued while developing WHO's strategic agenda for 2008-2011.

Before 2002, WHO's support was primarily for small-scale projects covering a large number of sectors. The capacity of the Myanmar Country Office was extremely limited, with it not being able to provide continuous technical support even to key programme areas. Currently, WHO is providing extensive support for several key programme areas, especially in the health system, HIV/AIDS, malaria, TB and reproductive health. In addition to supporting policy development and providing technical assistance in specific programme areas, the office has been involved in efforts to attain more funding for these programmes, either through the 3D Fund or other bilateral and multilateral donors.

Between 2008 and 2011 WHO will build on the work accomplished by the 2002-2005 CCS, expanding support for health development and moving progressively from project to programme support. Given the health situation in Myanmar, the priorities of the Ministry of Health and its health development partners, the CCS for 2008-2011 outlines the following areas of priority for WHO:

- (1) Improve health system performance.
- (2) Reduce excess burden of disease.
- (3) Improve the health conditions of mothers, children and adolescents.

In these priority areas, WHO will support all stakeholders in accordance with its core functions as outlined in Section 5 of this document: WHO will provide leadership and collaboration with partners, shape research agenda including the dissemination of valuable knowledge, establish and disseminate norms and standards, articulate policy options, provide technical support while building sustainable institutional capacity,

and monitor the health situation and trends. For all programmes and services, emphasis will be placed on equity, fairness and progress towards universal access.

## 6.1 Improve the performance of the health system

WHO will go beyond a general endorsement of “strengthening the health system” to advocacy and support and to specific actions to significantly improve access and the use of acceptable, affordable and technically correct care for the people of Myanmar, especially for vulnerable groups such as women, children and those living in remote areas. Emphasis will be placed on services provided at the township and community level. The improvement in performance of the health system will be measured by increased access to and utilization of quality health services, especially for priority health concerns shown under priority areas 2-3 above. WHO will also assist the government and partners to develop proposals to support the strengthening of the health system.

Actions to be taken to improve the health system performance must include:

- (1) Deployment of an adequate number of trained, equipped and supportively supervised basic health workers;
- (2) Ensuring the availability of essential drugs and supplies delivered through a correctly managed logistics system;
- (3) Collecting, reporting and analysing a minimum set of health data with prompt action on the findings; and,
- (4) Optimum use of scarce resources through improved management.

Concrete actions to improve the performance of the health system will also be needed on the health information system, financing of health care including new options such as health insurance, improved management right down to the township level, and improvement in infrastructure at all levels, including primary and secondary health care. This will require concerted action by all partners and not just WHO alone.

WHO will support operational research as needed to tackle emerging issues and improve services delivery. WHO will continue its support to the Ministry of Health’s Management Effectiveness Programme and, if requested, assist in an evaluation, including external evaluation, of this initiative. As additional programmes are implemented at the township level (for example, the 3Diseases Fund), WHO will support operational research to show what is working and what is not, and to assess synchronization with the national health programme.

WHO will advocate for an integrated health system which builds on existing disease-specific programmes. For example, in cases where efficient drug delivery logistics

are in place for the control programme of a specific disease, these can be expanded over time to include other drug and vaccine supply components.

Considering the critical under-financing of the health sector in Myanmar, the work on national health accounts that is currently underway must be completed and followed by a data-informed policy analysis and reallocation of resources depending on the findings. Similarly, human resources allocation and training must be rationalized according to the needs of the entire health sector and not only the objectives of specific programmes. This can be done only through a coherent health system approach.

WHO will continue to support the development of national policy and action plans and, if requested, assist in the development of specific plans and proposals for improvement of the health system. As programmes and partners are funded through novel financing arrangements such as the 3DF, special efforts must be made to avoid creating a de facto parallel health system outside of the national health management infrastructure.

To improve the performance of the health system in Myanmar an adequate number of public health experts, some of them equipped with advanced skills, has to be ensured. This will require incountry capacity for public health training at the postgraduate level in addition to continuing support to undergraduate public health training programmes. WHO will provide technical and, to the extent possible, material support to the development of the newly established University of Public Health in Yangon, and will advocate for similar assistance from other development partners as well. This is in line with the Public Health Initiative now being implemented in the WHO South-East Asia Region.

One of the Organization's core functions is to provide leadership and encourage viable partnerships. The Organization will continue and strengthen its successful collaboration with the Ministry of Health's International Health Division, which is responsible for coordination of health-related activities among partners; and will promote information sharing, collaboration and coordination among all partners, especially national and international NGOs. WHO will need to be more active in this area in order to ensure the coordination of health programmes under the 3Diseases Fund.

## **6.2 Reduce excess burden of disease**

Priority attention will be accorded to leading causes of morbidity and mortality such as malaria, tuberculosis and HIV/AIDS. For these problems, WHO will continue to support improved surveillance, expanded access to preventive and curative services, monitoring of drug resistance and policy review. These disease-specific initiatives will be implemented in a system-strengthening manner. A properly functioning health

system which provides ready access to first-level care, a functioning referral system, and correct referral care will improve outcomes for a much wider range of health problems, including vaccine-preventable diseases, leprosy, and locally endemic and neglected diseases.

For malaria, WHO will support increased coverage of malaria control services which assure equity and high quality. Technical support will be provided for quality assurance of diagnostics (microscopy, rapid tests, etc) and for operational research on malaria control among high-risk groups such as forest workers, migrant workers and ethnic minorities, since they generally live in forested areas of the country. The problems of drug resistance and of fake drugs will be addressed. All these activities will be carried out in line with the National Strategic Plan for Malaria Control (2006–2010).

WHO's support to tuberculosis control will include assistance for development of TB control policies and its translation into programme implementation, including on TB/HIV co-infection, MDR-TB, PPM DOTS and Childhood TB; capacity building to implement and sustain the new Stop TB Strategy based on DOTS with the focus on underserved populations; scaling up of intersectoral partnerships; improving community awareness and utilization of DOTS; monitoring and evaluation (including TB software); operational research on programme implementation; and fielding of prevalence surveys to measure progress towards the MDGs. All WHO activities will be in support of the National Operational Plan for TB (2006–2009). There is a substantial funding gap for planned TB programmes, and WHO will advocate for increased funding support, first and foremost for life-saving anti-TB drugs.

In the case of HIV/AIDS, WHO will continue to work on strategic planning and programme development; prevention (including promotion of 100% condom use, STI control, VCCT, blood safety and opioid substitution therapy); care and support (including ART, management of opportunistic infections and home-based care); and surveillance. This will be in compliance with the HIV/AIDS National Strategic Plan (2006-2010) and the United Nations' "Division of Labour" (an agreement among UN agencies on which agency is responsible for which task).

Attention will also be paid to surveillance and control of new and re-emerging communicable diseases in line with the WHO Bi-Regional Strategy on Emerging and Re-Emerging Diseases. WHO will continue its coordinating role for preparedness and response for avian influenza, and will use AI as an entry point for strengthening national capacity for implementing the International Health Regulations (IHR) (2005). Complete implementation of IHR (2005) will also require intensified cooperation and exchange of information with the five countries with which Myanmar shares land borders (India, Bangladesh, China, Thailand and Laos), recognizing the fact that some of the border regions are poorly accessible due to the terrain. As such the population in the border areas are particularly vulnerable to disease due to their inaccessibility and WHO will encourage and participate in initiatives to improve health services in these areas.

WHO will advocate for and support a public health or population-based approach to the prevention of NCDs including cardiovascular disease and diabetes. Prevention through population-wide risk factor modification has been demonstrated to be highly cost-effective, and is the only realistic option for NCD control in countries with limited financial resources. A pertinent example is tobacco control, which can have a huge impact on the burden of cardiovascular and pulmonary disease. WHO will support the implementation of tobacco control in collaboration with the National Tobacco Control Committee according to the National Plan of Action of 2000. As in the other priority areas selected by WHO, operational research will be needed to assess the effectiveness of behaviour change communication and other interventions for NCD control among the population.

Other health problems that will continue to receive WHO's attention are violence and injuries (including gender-based violence), environmental health risks (including water-borne diseases), alcohol abuse, snakebites, and nutrition issues (including infant feeding and micronutrient deficiencies). Most of these issues involve complex societal and cultural factors. WHO will encourage participation of all partners, including UN agencies, NGOs and communities, according to their comparative advantages.

### **6.3 Improving health conditions for mothers, children and adolescents**

For Myanmar to achieve the Millennium Development Goals related to reduction of maternal and child mortality, it will need to focus on ensuring continuum of care for mothers and newborns, and also ensuring the availability of skilled care attendance during pregnancy, childbirth and postpartum. Women should deliver in a first-level health facility where prompt referral of obstetric emergencies and management of asphyxia and sepsis in newborns is available.

The availability of one SBA per village is ideal. However, currently there are only 17 703 SBAs for the 64 976 villages in the country. In view of this, WHO will support, as a transitional strategy, a partnership of midwives, auxiliary midwives (AMWs) and traditional birth attendants (TBAs). Under the guidance of midwives, AMWs and TBAs will support maternal and newborn health services with a limited package of activities.

Strengthening community participation through the empowerment of individuals, families and communities in utilizing maternal and newborn health (MNH) services will contribute significantly to the achievement of MDGs 4 and 5. WHO will continue to support the WHO Collaborating Centre for Midwifery and Nursing, building on previous efforts in this direction which include the training of trainers for community health nursing development through the leadership and management accreditation programme.

All these activities will be carried out in line with the National Reproductive Health Strategic Plan (2004–2008) and the five-year Strategic Plan for Child Health Development 2005-2009.

There is the felt need of clarifying the division of labour between various partners supporting the national health system on maternal and child health, including UN agencies and UNICEF and UNFPA in particular. In accordance with its core functions, WHO will concentrate on the provision of norms, standards, guidelines (including case management protocols) and policy guidance, adapted to the country situation and made available to health workers. WHO recognizes the comparative advantage of the involvement of the government, UN agencies and nongovernmental partners for actual services delivery.

Financial support, including external assistance, is disproportionately low for maternal, neonatal and child health when viewed in the context of the disease burden of illnesses and deaths during and after childbirth, during the neonatal period, and in infancy and childhood. WHO will advocate with all partners, especially donors, for increased support in this area.

WHO would continue to support Myanmar's Expanded Programme on Immunization (EPI), which has logged remarkable successes since its inception in 1978. The EPI programme now reaches all townships. Hepatitis B was in a phased manner made part of a routine immunization programme in 2003 and covered the entire country by 2005. To reduce measles mortality the Government of Myanmar completed a nationwide Mass Measles Campaign between January and May 2007, targeting about 7.2 million children in the age group of nine months to five years. Following the polio outbreak of 2007 the Ministry of Health had responded promptly to stop the transmission of the polio virus to all parts of the country. WHO will continue to provide technical and financial support to states and divisions and conduct supplementary immunization activities in the coming years to ensure that Myanmar maintain a polio-free status,.

The WHO Country Office is supporting Regional Surveillance Officers (RSO) and the Measles and Polio Laboratory Network in Myanmar with support from DFID. The quality of acute flaccid paralysis (AFP) surveillance has matched international standards in adequate specimen collection and non-polio AFP reporting rate. Surveillance for neonatal tetanus and measles has been successfully integrated with AFP surveillance. Other vaccine-preventable and emerging diseases are being studied for possible inclusion in the integrated surveillance system.