



“World Health Day 2005, 7 April 2005”

Message from the Regional Director

Women and children are the most vulnerable assets on earth. It is therefore vital to improve their health and well-being in order to achieve complete development of overall human resources. It is for this reason that the Millennium Development Goals call for a two third reduction in child mortality and three fourth in maternal mortality by 2015. World Health Day this year, with its slogan, 'Make Every Mother and Child count', provides a timely opportunity to redouble our efforts to promote health, survival and development of women and children.

According to the current estimates, Member States of WHO South-East Asia Region account for 170, 000 maternal and 3 million child deaths annually. This is absolutely unacceptable and seriously tragic because we have the knowledge and technology to prevent a large majority of these deaths. Apart from the high mortality, women and children also bear a heavy burden of disease.

The common communicable diseases children are exposed to include pneumonia, diarrhoea and measles. In some countries, malaria and dengue are added problems. Over 50 per cent of the cases are preceded

and complicated by malnutrition. As for women, they are not only subject to inequities in access to health care, but also exposed to several maternity-related adverse conditions. In most countries in the Region, pregnancy occurs at a young age is also too frequent. Because of the poor nutritional status and high burden of disease in women as well as lack of skilled care during pregnancy and childbirth, the decline in maternal and neonatal mortality over the past decade has been insignificant.

There is, however, enough evidence today to suggest that over 60 per cent of all child deaths and a large proportion of maternal morbidity and mortality may be prevented. This can be achieved by ensuring equitable access to effective public health interventions to all segments of the population, with emphasis on mothers and children.

Apart from some conditions specific to maternity and childhood, mothers and children are also exposed to several communicable and noncommunicable diseases. These include malnutrition, malaria, tuberculosis, HIV/AIDS, mental disorders and so on. I, therefore, urge that health ministries place maternal and child health high on their development agenda.

Past experience shows that a focused attention by all partners pays rich dividends. Initiatives covering immunization, oral rehydration, control of acute respiratory infections, and the more recent Integrated Management of childhood Illness strategy have contributed to the impressive decline in under-five and

infant mortality rates across the Region. The incidence of vaccine preventable diseases like diphtheria, neonatal tetanus and measles has also shown a sharp reduction. We are on the verge of eradicating poliomyelitis. There has been a steady, though slow, improvement in the nutritional status of children. Blindness due to vitamin "A" deficiency has declined significantly. Progress in maternal and neonatal mortality reduction, however, has been more modest. This further highlights the need for improving skilled care at birth.

World Health Day provides a unique opportunity to accelerate concerted efforts to improve the health of mothers and children. We also need to strengthen efforts in countries to fill information gaps, document best practices and monitoring and evaluation of ongoing initiatives. At the same time, we can use the occasion to work with partners and ministries of health to mobilize additional resources for ensuring equitable access to effective maternal and child health interventions.

On this World Health Day let us resolve to re-double our efforts to "Make Every Mother and Child Count"



Samlee Plianbangchang

Samlee Plianbangchang MD, Dr PH WHO Regional Director


**World Health Day 2005**  
7 April 2005  
"Make every mother and child count"



“မိခင်ရင်သွေး ကျန်းမာမှု လူ့ဘောင်ဘဝ ခင်လှပ လူတိုင်းပါဝင် စောင့်ရှောက်ကြ”

“Training on antiretroviral treatment (ART)”

Five national staff (and one international consultant) involved in HIV-AIDS prevention and care attended the 6th WHO intercountry training of trainers on HIV-AIDS care including antiretroviral treatment (ART). It was organized by WHO in collaboration with Bamrasnaradura hospital in Bangkok during October 2004.



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Following that attendance, training modules for ART were adapted to country context, with technical and financial support from WHO. The 5 modules are designed to train physicians in the management of HIV-AIDS patients in

Myanmar, which is necessary in the implementation of ART within the framework of the 3 by 5 initiative of WHO and UNAIDS. A series of local training initiatives followed, facilitated by WHO's clinical consultant Dr Odile Picard (Hospital St Antoine, Paris, France).

Furthermore, HIV-AIDS and tuberculosis are closely related diseases. The national Aids and TB programmes have been brought together as a result. For the first time in Myanmar, medical doctors from TB centres and hospitals are being included in training for ART and follow up.

The first ART training course was organized in Yangon from 28 Feb - 3 March 2005, where 16 medical doctors from main hospitals in Yangon participated. A second training course was held in Mandalay from 8-11 March with 18 participants, five of

whom were medical officers from different townships in Mandalay division. This is the first time medical officers at township level have been involved in ART training; this is important as treatment is lifelong and needs to be accessible to patients also in places where hospitals are far. A third ART training course, for medical doctors from different states and divisions of the country, has just been concluded. ■



Dr (Mme) Odile Picard, specialist in medical care of HIV-AIDS patients

## “ Launch of the national 5 year strategic plan on child health ”



HE Prof Mya Oo, Deputy Minister of Health, speaking at the launch of the national five year strategic plan for child health development, Grand Plaza Park Royal hotel, Yangon

The Ministry of Health launched the Five Year Strategic Plan on Child Health Development at Yangon on 7 February 2005. Prof Mya Oo, Deputy Health Minister, chaired the launching ceremony attended by high ranking staff of the Ministry

of Health, representatives of UN agencies, as well as national and international NGOs. The Deputy Minister of Health mentioned the declining trend of under-5 mortality in the country, but emphasized that much more needs to be done. Prof Mya Oo reiterated that the Ministry of Health is committed to implement this national plan, in partnership with various stakeholders.

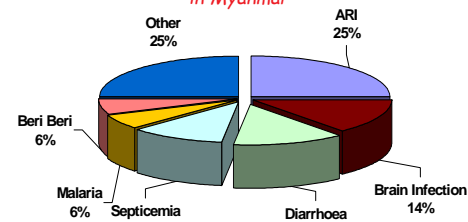
In his address, WR Dr Agostino Borra, was pleased to point out that "the five-year national strategic plan on child health development gives due emphasis to essential newborn care, to interventions that address the major causes of morbidity and mortality among under-5 children, which are pneumonia, diarrhea, malaria, malnutrition, and neonatal conditions, and the promotion of key family and community practices on child care."

The strategic plan was developed by the Department of Health in response to the felt need to have a comprehensive document which embodies national aspirations on child

health development and approaches towards achieve those aspirations. Five broad approaches for implementation are outlined in the document:

- 1) improving skills of health care providers;
- 2) strengthening the health system to deliver child health services;
- 3) improving family and community practices;
- 4) improving the enabling environment and
- 5) improving the evidence base for decision making. ■

Causes of death of children under the age of 5 in Myanmar



Source: Department of Health, Ministry of Health, Myanmar

## “ Professor Robert C Gallo's visit to Myanmar: 31 January - 4 February 2005 ”



Professor Robert C Gallo at Traders hotel, Yangon, 1 February 2005

Professor Robert C Gallo, Director, Institute of Human Virology, University of Maryland, USA, visited Myanmar from 31 January to 4 February 2005. The eminent scientist became famous when he co-discovered with Prof Luc Montagnier that

the HIV virus was the cause of AIDS.

The main purpose of his visit to Myanmar was to contribute to increasing awareness of HIV-AIDS to help fight stigma and discrimination. A further objective was to advocate for increased collaboration between the public and private sectors in fighting HIV-AIDS and TB-HIV as well as help mobilize resources from the private sector for HIV-AIDS prevention and care. Finding new partnerships for implementation of antiretroviral treatment was a hoped for outcome, too.

During his visit, Prof Gallo met with HE Prof Kyaw Myint, Minister of Health, senior health officials, UN agencies and NGOs as well as members of the diplomatic and business communities. He participated as guest speaker and resource person in a *Technical Forum on HIV-AIDS prevention*

and care in the 21<sup>st</sup> century, held on 1 February 2005 at the International Business Centre. The forum was attended by 200 national and international experts involved in HIV-AIDS prevention and care in Myanmar. Prof Gallo also spoke at an evening reception organized by WHO as well as at a business community function organized by Total EP.

On 31 January 2005, Prof Gallo witnessed the signing of a partnership agreement between the International Union against Tuberculosis and Lung Diseases (IUATLD) and Moattama Gas Transportation Company Limited (MGTC), to support the TB-HIV project in Mandalay. Prof Gallo also found time to travel to Mandalay where he visited Mandalay General Hospital, and clinics for tuberculosis and for sexually transmitted infections. ■

## “ 8<sup>th</sup> national sanitation week in Myanmar ”

The national sanitation week was launched on 26<sup>th</sup> February at the Institute of Nursing, jointly sponsored by the Ministry of Health and UNICEF. National sanitation week first started in 1998 in Myanmar to increase awareness and improve sanitation. The launch was accompanied by a mini exhibition, commencing a week of promotion activities. An advocacy campaign, including health talks and discussions, was arranged by Ministry of Health and Myanmar Maternal and Child Welfare Association. Surveys were undertaken, new toilet facilities built, with old ones upgraded. At a donations ceremony toilet and water supply accessories were donated. Since the 4<sup>th</sup> national sanitation week, activities to protect sources of drinking water have been carried out.

Globally, more than 5 million children are estimated to die annually from environmentally related conditions such as diarrhoea, respiratory illnesses, malaria and unintentional injuries. Millions more children are debilitated by these diseases or live with chronic conditions linked to their environment. In Myanmar, a life cycle approach has been promoted to help children, from conception, safe delivery, infancy, preschool health, school health to adolescence and youth. While provision of safe drinking water is not entirely within the purview of the health sector, its promotion and quality control has been given priority by the Ministry of Health. National sanitation weeks have been conducted to promote construction and utilization of



sanitary latrines, especially in rural areas, to encourage care for the environment as well as self care. Frequent washing of hands with soap and water is a good example... ■

## “ Second international review of the national tuberculosis programme, Myanmar ”

**W**HO organized the second external mission, consisting of different TB experts and *stop TB* partners, to review progress in tuberculosis prevention and control in Myanmar. The mission took place from 6-17 December 2004.

Terms of reference of this international mission were to review the recommendations of the previous external review (carried out in 2002) and the progress made by the national TB programme since implementation and expansion of the DOTS (Directly observed treatment short course) strategy.

Representatives of the International Union Against TB and Lung Diseases, the Global Drug Facility, the Swiss Federal Office of Public Health, Japan International Cooperation Agency, and of different parts of WHO, made up the review team.

Mission members split into 3 sub-teams and reviewed activities in Shan State, Mandalay Division, Ayeyarwaddy Division, Mon State and Yangon Division at all levels, including home patient interviews. Members also met with development partners including UN agencies and international non-governmental organizations. They reported the following core achievements:

- Excellent overall progress, considering available resources
- Several recommendations of the review mission in 2002 fulfilled through continuing (albeit limited) domestic and external resources
- successful TB application to round 2 of the Global Fund grant by Global Drug Facility provides 80% of the required anti-TB drugs until 2005
- Initial outcomes from partnership initiatives indicate tremendous potential
- Successive community awareness efforts have helped to increase the number of patients using services

The following key challenges were identified:

- multi-drug resistant TB and HIV-associated TB need to be addressed urgently
- technical capacity and infrastructure are severely overstretched
- access to services is variable
- insufficient involvement of other public and private providers
- sub-optimal awareness to fully utilize available services.

The review team had an extensive debriefing with the Ministry of Health and their detailed final report is expected to be available soon to the Ministry of Health and international partners.

The main recommendations to the Ministry of Health and to the national TB programme were: 1) sustain current Ministry of Health resources, increase commitment from other ministries and mobilize additional external resources, 2) build effective collaboration to implement TB-HIV interventions, 3) build capacity to address emerging multi-drug resistance, 4) focus on human resource development to improve quality, 5) widen partnership with all stakeholders, particularly the private sector, and 6) improve access and user-friendliness of services to detect and cure greater numbers of TB patients.

The main recommendations to the international partners were: Recognizing that diseases know no boundaries,

- mobilize external resources for countries with the highest burden of disease and less ability to pay
- assist with building technical capacity
- advocate for greater commitment to control of TB and other priority diseases to achieve the UN millennium development goals, including poverty reduction.

A partners' debriefing session on findings and recommendations of the mission was organized by WHO at Yangon. It was well attended and reported in local media. ■



Members of the international review team, and WR Dr Borra, briefing members of diplomatic, UN and NGO communities at Yangon's Sedona hotel, 16 December 2004.

## “ Update on the Global Fund to fight AIDS, tuberculosis and malaria in Myanmar ”

### 1) Tuberculosis component

**T**he programme grant agreement for the tuberculosis component was signed between the Global Fund to fight AIDS, tuberculosis and malaria (GFATM) and the United Nations Development Programme (UNDP), the GFATM principal recipient for Myanmar, on 13 August 2004. The agreement is for about US \$6.9 million over two years. Subsequent grant agreements with two sub-recipients, the national TB programme (NTP) and Population Services International (PSI), were signed on 23 Dec 2004.

Actual implementation started with training of trainers on management of TB at district level. Two international TB control trainers facilitated this workshop for 25 NTP staff. Myanmar was the first country globally where the new WHO training modules were used, incorporating a new training methodology on how best to perform as trainer. For follow up, key trainers were identified who will assist colleagues at state- divisional, district and township levels.

Further activities covered laboratory training, logistical support to strengthen drug management and recruitment of additional support staff to strengthen planning, implementation and evaluation capacity at central and state-divisional levels. A large procurement order of 22 cars, 200 motorbikes and 1,400 bicycles to support a nationwide scheme for supportive supervision has also been initiated.

The tuberculosis technical working group, with WHO support, continues to provide technical assistance to principal recipient and sub-recipients, towards sound and coordinated implementation.



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### 2) Malaria component

The programme grant agreement for the malaria component was signed in Geneva on 14 January 2005, to support prevention and control of malaria in Myanmar. The malaria component amounts to US\$ 9.4 million during the first two years. It aims to significantly reduce malaria morbidity and mortality by the year 2009 to contribute to socio-economic development of the country. Five sub-recipients - Vector Borne Disease Control (Department of Health), Myanmar Council of Churches, Myanmar Medical Association, Population Services International and CESVI - will implement the grant.

Meanwhile, the malaria technical working group, which was organized under the leadership of WHO, held its first meeting on 17 February 2005 and agreed on some key action points to support implementation.

### 3) HIV-AIDS component

The programme grant agreement for the HIV-AIDS component was signed between the Global Fund and the principal recipient (UNDP) on 14<sup>th</sup> January 2005. The agreement covers US \$19.22 million over two years. There are 14 sub-recipients implementing the project.

During the development of proposals and work plans, WHO provided technical support to principal recipient and sub-recipients, the national AIDS programme in particular. This included support for capacity assessments of sub-recipients. Once arrangements are in place, technical support is expected to be provided during implementation as well. ■



## “ The tsunami and Myanmar ”

On the morning of 26 December 2004, a tsunami, created by a forceful seaquake at 9.0 on the Richter scale and originating in the Indian Ocean, reached the coast of Myanmar. Though the intensity of the waves was reduced compared to the other affected countries, 12 townships were affected and at least 61 lives were taken and several thousand people were affected.

The *tsunami assistance coordination group* chaired by the International Federation of Red Cross and Red Crescent Societies (IFRC) met to consolidate findings of different assessments undertaken in the affected areas of Myanmar. The conclusion was that Myanmar had been spared to a large extent from the destructive forces of the seaquake and subsequent tsunami. Initial emergency needs had been met by the government and by the aid community.

WHO's response was closely coordinated with the UN disaster preparedness and management group and with international NGOs through the *tsunami assistance coordination group*. WHO provided technical support to the Ministry of Health and to coordination

efforts. WHO also organized regular updates to diplomatic and international communities through situation reports and press releases. WR Dr Borra joined the Minister of Health and UN colleagues on a mission to Kawthaung, one of the affected areas, from 14-15 Jan 2005. WHO took part in a secondary assessment from 18-21 Jan 2005 to affected areas in Ayeyawaddy division confirming limited damage. WHO focused its support on reducing the risk of disease outbreaks and morbidity by supporting disease surveillance and providing emergency medical supplies as requested. As part of this effort, five new emergency health kits (NEHK98) were mobilized and handed over to Ministry of Health and 22,680 treatment courses of antimalarial drugs donated by Novartis.

WHO Regional Director for South East Asia, Dr Samlee Plianbangchang, visited Myanmar from 7-9 Jan 2005, meeting HE Deputy Minister of Health Prof Mya Oo, and the UN country team, to discuss the tsunami's impact on Myanmar and to offer WHO's assistance to the government.



WHO Representative Dr Agostino Borra is symbolically handing over WHO's donation to HE Prof Dr Kyaw Myint, Minister of Health.

On 25 Jan 2005, a donation ceremony was held at the Ministry of Health, where relief supplies were symbolically handed over in the presence of the Minister of Social Welfare, Relief & Resettlement and the Minister of Health. At this function, the Minister of Health thanked UN agencies and INGOs for their help.

An intercountry workshop for tsunami affected countries was held in WHO SEARO from 28 Feb - 2 Mar 2005, in which Myanmar participated. WHO SEARO is planning a further intercountry conference for 4-6 May 2005. ■

## “ World Stop TB Day 2005 ”



HE Prof Kyaw Myint, Minister of Health, presenting an award of recognition to an outstanding township medical officer at World Stop TB day ceremony.

World TB Day, 24 March 2005, was commemorated in Myanmar under the motto "Frontline TB care providers: heroes in the fight against tuberculosis".

Unique for this year, in Myanmar, was the fact that World TB Day was not only celebrated at central and state-divisional levels as in previous years, but also in more than 300 townships with support of the global fund to fight AIDS, TB and malaria. Nationwide observance aimed not only at strengthening political commitment to TB

prevention and control, but also reaching the community and increase awareness among the general population.

The central commemorative ceremony was inaugurated by Minister of Health Prof Kyaw Myint at the University of Nursing on 24 March 2005. Dr Agostino Borra, WHO Representative to Myanmar, subsequently read the World TB Day message by Dr Samlee Plianbangchang, WHO Regional Director for South East Asia. An exhibition displayed tuberculosis prevention and control activities, providing information and education from and for partners.

World Stop TB day was followed by World Stop TB week in which the national programme and partners conducted health talks in communities to increase awareness. For instance, World Vision displayed educational video tapes and organized a quiz at community level. Japan International Cooperation Agency assisted the national programme in producing a new TB poster and *TB knowledge booklet*. Additional pamphlets were developed and published. TV spots on prevention and care of TB were shown on national TV channels.

Yearly, about 77,000 new TB patients are notified in Myanmar, of which one third have an infectious form of tuberculosis. The overall treatment success rate among new infectious patients is 82%. Based on a study during 1995-1997, national estimates were that 4.5% of tuberculosis patients are co-infected with HIV. As a result of national commitment, the WHO-recommended TB control strategy DOTS (Directly observed treatment short-course) has now been expanded to be available for provision through the public sector in all townships of the country. With support of the Global Drug Facility, the GFATM and various national and international partners, national strategy will aim at increasing quality of services, broadening partnerships and gradually expanding services to remote, hard-to-reach areas of the country. ■

### Congratulations!



Dr Agostino Borra gives a certificate to Mr P P Singh for completing 20 years of service with the World Health Organization.

important dates

7 April 2005	World Health Day "Make every mother and child count"
12 May 2005	International Nursing Day
16-25 May 2005	58 <sup>th</sup> World Health Assembly
31 May 2005	World No-Tobacco Day
14 June 2005	Blood Donor Day