



## WORLD HEALTH ORGANIZATION AND UNAIDS PLAN TO GET 3 MILLION AIDS PATIENTS ON TREATMENT BY 2005



**A**round the world, it is estimated that 40 million people are living with HIV/AIDS and that 6 million are in immediate need of antiretroviral therapy (ART). On World Aids Day, 1<sup>st</sup> December 2003, WHO and UNAIDS launched the 3 by 5 initiative which aims at providing ART to 3 million people living with AIDS by the end of 2005. This is a vital step towards the ultimate goal of providing universal access to AIDS treatment to all those who need it.

It is estimated that in the south-east Asia Region (Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste), 6 million people are

living with HIV/AIDS. Of them, 800,000 are in urgent need of ART while 40,000 have an access to the treatment for now (half of them in Thailand).

ART is a life-saving treatment which benefits have been largely demonstrated. AIDS-related deaths were dramatically reduced in western countries. People become healthy and can go back to work and resume family life. National programs (like in Thailand and Brazil) and small-scale projects have shown that ART is feasible even in resource-poor settings.

Beside the impact on the socio-economic consequences of the epidemic, there is also good evidence that treatment can have an accelerating effect on prevention efforts. "We know from experience that the availability of treatment encourages people to learn their HIV status and receive counselling," said Dr Paulo Teixeira, Director of the HIV/AIDS Department at WHO, Geneva. "We also know that the availability of treatment reduces stigma for people living with AIDS. People living with AIDS have a right to treatment and we must find a way to deliver."

Reaching the 3 by 5 target will require substantial new funding for the AIDS response. "We know what to do but what we urgently need now are the resources to do it," said Dr Lee. We must waste no time in building a strong partnership immediately to implement this strategy. Three million people are counting on it."

The Government of Myanmar has requested the support of WHO to launch the 3 by 5 initiative in the country. From 16 to 20



*World Health Organization South-East Asia Regional Director Dr Uton Muchtar Rafei visited Myanmar Country Office in November 2003. Here seen together with WR Dr Agostino Borra in the WHO booth at the National Aids Programme Aids & HIV Exhibition in Tatmadaw Hall.*

February 2004, a team of WHO experts will consult the Ministry of Health and partners and visit health facilities to identify the key issues and operational aspects of the scaling up of ART in Myanmar. ■

## Global Alliance for Vaccines & Immunization (GAVI) Memorandum of Understanding Signing Ceremony



*Dr Soe Lwin Nyein, Dr Agostino Borra,  
Dr Wann Maung and Dr Tin Tin Aye at GAVI  
MOU signing ceremony.*

A Memorandum of Understanding between the Government of the Union of Myanmar and the World Health Organization was signed on the 20<sup>th</sup> January 2004 at the Department of Health allowing the flow of funds from the Vaccine Fund/Global Alliance for Vaccines and Immunizations (GAVI) to the Government of the Union of Myanmar through the World Health Organization. In September 2001 the Myanmar Immunization Programme submitted a proposal to the Global Alliance for Vaccines and Immunizations and the Vaccine Fund for the introduction of Hepatitis B vaccine, injection safety equipment and for funding to revitalize/improve the immunization programme. This submission was approved in 2002 and Hepatitis B vaccine was introduced in 2003 in two of the 17 States and Divisions in

Myanmar. The signing of the Memorandum of Understanding will enable the funds for Strengthening Immunization Systems (\$974 800) and the one time support for introducing Hepatitis B (\$100 000) to flow into the country through the World Health Organization.

The Vaccine Fund is an important element in the Global Alliance for Vaccines and Immunizations' mission to "save children's lives and protect people's health through the widespread use of vaccines". Current resources have been budgeted to reach the objective of providing all eligible countries with five years of funding for immunization services and three years of funding for injection safety (auto disable syringes which can be used only one time, and safety boxes in which these syringes can be safely disposed). Countries where currently less than 80% of children under one year of age are immunized with the 3rd dose of the combined Diphtheria, Tetanus and Pertussis (Whooping Cough) vaccine are also eligible for support for immunization services. Countries that succeed in vaccinating more than 80% of children under one with the 3rd dose of this vaccine during the funding period, will continue to be supported for the whole period of five years. Myanmar has been

considered for all three components of the support, i.e., funds for strengthening immunization services, for the provision of Hepatitis B and associated safe injection equipment.

Immunization is one of the most cost-effective health intervention known to mankind. When countries can successfully provide vaccines to their children, they are already making an immense difference to the health of their citizens. But immunization alone is not sufficient—all areas of health care deserve attention and resources. A successful immunization programme can contribute to stronger overall health by providing a structural foundation for national health systems. By taking advantage of the support currently offered in routine immunization and the introduction of new vaccines, governments can use immunization models to improve management, planning, forecasting, evaluation, inventory control, cold-chain systems, community outreach, provider training, and patient outreach. These management- and skill-building tools can positively impact overall health services and make resources available for other areas of health care. ■



## 100% TARGETED CONDOM PROMOTION PROGRAMME



A training course was held in December for the expansion of the 100% Targeted Condom Promotion programme. The course was organised by the National AIDS Programme and held at the Department of Health. The entire group then travelled to Pyay on a two day trip to see a successful "100% Targeted Condom Promotion Programme" in action. ■

## "GRAND FAMILIES" PHOTO EXHIBITION

The United Nations Expanded Theme Group on HIV/AIDS in Myanmar hosted a reception at the Orchid Café Restaurant in the Inya Lake Hotel on Friday the 12<sup>th</sup> December, 2003. The reception provided opportunity for Ministers, Government Officials, United Nations Representatives, Ambassadors, Heads of International & National Non Government Organizations to meet in an informal setting and discuss progress of the response to HIV/AIDS in Myanmar whilst viewing a photo exhibition on the theme "Fight Stigma and Discrimination - Help the Grand Families" arranged by the World Health Organization. The photos were shown for the first time in the WHO booth at the National AIDS Programme HIV/AIDS Exhibition in Tatmadaw Hall on the 3-12 November 2003.



*The photo exhibition at Inya Lake Hotel.*

"Grand families" are families in which children are left in the care of their grandparents when their parents have died of AIDS. At present, the number of grand families in Myanmar is estimated to be small. Effective prevention and treatment interventions-promoted by UNAIDS, WHO and partners-aim at keeping the number of grand families to a minimum. At the request of WHO Myanmar, photographer U Htein Win has captured

some of these Myanmar "Grand families" in their everyday lives, showing their ability to cope despite their loss. We must fight the stigma and discrimination that may be directed towards these families and instead give them the help and support they deserve. ■



*Photos from the photo exhibition (Photographer: U Htein Win)*

## GENDER AND RIGHTS IN REPRODUCTIVE HEALTH TRAINING

WHO in partnership with UNFPA has provided support to the Department of Health to undertake training on gender and rights in reproductive health from 2<sup>nd</sup> to 12<sup>th</sup> December 2003 at the Summit Parkview Hotel. The training used a WHO manual designed for the training of health managers entitled "Transforming Health Systems: Gender and Rights in Reproductive Health."

Twenty participants from various departments in the Ministry of Health, collaborating Ministries and national non-governmental organizations participated in the two week training programme, which was facilitated by a team of international and national experts on gender and rights in reproductive health.

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The course was designed to provide training to health managers so that they can use and generate information, advocate and put in place policies, and design, implement and manage programmes for reproductive health which are gender sensitive. The specific objectives of the training were to:

(a) increase awareness of gender imbalances between women and men;

(b) strengthen understanding of the International Conference on Population and Development Programme of Action and the Beijing Fourth World Conference on Women Platform of Action;

(c) provide participants with the skills to apply the understanding of gender to reproductive health programmes; and

(d) give participants the knowledge and skills to further disseminate gender and reproductive health training activities in Myanmar. The course used highly participatory and interactive teaching methods in six modules: gender; social determinants; reproductive rights; evidence; policy; and health systems. ■

## WORLD AIDS DAY WALKATHON

The National Aids Programme organized a World Aids Day Walkathon on Saturday the 6<sup>th</sup> December, 2003 at 6 am. About 1000 participants from the Ministry of Health, United Nations and International/National Non Government Organization walked

the Bahan Circle together with pupils from selected schools in Yangon from Aung San Stadium around the Zoo on the Kandaw Gyi Lake stopping at the National AIDS Programme office where they were served breakfast. ■



Participants from WHO.

## SUB NATIONAL IMMUNIZATION DAYS FOR POLIO ERADICATION



Launching ceremony of SNIDs in Sagaing (14/12/2003)

The Sub-national Immunization Days for polio eradication was held on the 14<sup>th</sup> December, 2003 and the 18<sup>th</sup> January 2004. The first day of immunization at the

immunization posts was followed by a day of house to house activities to immunize those children who did not come to the post. A total of 43 townships (all 17 townships in Rakhine, all 9 townships in Chin, 16 townships close to the Indian border in Sagaing, and 1 township close to the Indian border in Kachin) took part in this activity targeting more than 700,000 children.

Myanmar, due to its successful 8 National Immunization Days from 1996 to 2003 and 6 rounds of Mopping Up campaigns from 1999

- 2001, has not had a case of wild poliovirus since February 2000. At the same time, the country has established a surveillance system for suspect cases of polio, based on children under 15 years of age who have acute flaccid paralysis which has reached international certification standards in 2002. After these campaigns high routine coverage for polio vaccine will remain a priority for the national immunization programme, especially in hard to reach areas. ■

### Important Dates

6 February 2004	World Leprosy Day	
10-16 February 2004	Sanitation Week	
22 March 2004	World Water Day	
24 March 2004	World TB Day	" Every Breath Counts - Stop TB now "
7 April 2004	World Health Day	" Road Safety is No Accident "

# Wanted



This is a picture of a chicken infected with the current Bird Flu virus. Note the discoloration of the comb, the swelling of the wattles and congestion and blood spots on the skin of hocks and shanks.

The bird flu is a contagious disease that commonly occurs in birds and sometimes in humans and pigs and can be rapidly fatal. Almost all the affected birds can die on the same day when they first develop the symptoms. Occasionally the infection jumps from infected birds or their infected material (bird droppings) to human beings. The most important measure is rapid destruction of infected and exposed birds. This should be accompanied by proper disposal of the carcasses of birds. The affected farms should be carefully disinfected.

## Frequently Asked Questions on Bird Flu (H5N1) Epidemic

### 1. What is avian influenza (bird flu)?

- ➞ Avian refers to birds and influenza is commonly known as flu, hence the name bird flu. It is a contagious disease that commonly occurs in birds and sometimes in humans and pigs. The disease can occur in any bird though domestic poultry flocks are more susceptible to be affected by epidemics. The disease may occur in a mild form or a severe form. In the mild form, it occurs in the form of ruffled feathers or reduced production of eggs. In the severe form (Highly Pathogenic Avian Influenza or HPAI) the disease is rapidly fatal and almost all the affected birds die on the same day when they first develop the symptoms. This form is presently affecting the domesticated poultry (chicken, turkey, and eggs from infected birds) and human beings in some countries.

**\* Bird Flu \***



## 2. What causes the bird flu and how does it spread ?

- Bird flu is caused by influenza virus type A. Occasionally the infection jumps from infected birds or infected bird droppings to human beings. Even though there are large epidemics of the disease in birds, there are very few human beings who have suffered from the infection. Within a country, the disease spreads easily from farm to farm as even small quantities of bird droppings carry a large load of the virus. These are spread through contaminated equipment, bird feeds, cages, clothing and shoes of workers in the farm. The infection can occur through the inhalation of the material infected with virus. The risk of transfer of infection from wild birds to domestic poultry is maximal when domestic birds roam freely or use a common source of water supply. Unsanitary, overcrowded markets can be another source of spread. From infected poultry the infection can affect the human beings when they come in contact with the infected material like the droppings or the virus sticking to the hair or other parts of the body of the infected animal and inhale it.

## 3. Can the spread of bird flu occur from one human being to another?

- At present there is no spread from one human being to the other. However, it is possible that influenza virus type A merges with another influenza virus common in humans. Since the population has no immunity to the new virus type, it could lead to human to human transmission of a severe disease. This has happened in past pandemics of flu (1918, 1957 and 1968). The only effective way to prevent this is by destroying the infected birds rapidly.

## 4. How is bird flu suspected in human beings?

- Bird flu in human beings resembles an acute respiratory infection similar to any flu. The patient has fever of 38 C or more, cough, sore throat, sore eyes, muscle aches, pneumonia, acute respiratory distress (breathing difficulty), or renal problems. All the above signs may not be present in the same patient. In addition, there should be history of the affected person visiting an infected poultry farm or a market where poultry is reported to be infected or a laboratory worker who had processed samples of patients or birds with the disease.

## 5. How can the diagnosis of bird flu in human beings be confirmed?

- The diagnosis of bird flu can be confirmed in only a few reference laboratories in the world.

## 6. Who is at risk of getting bird flu?

- In the affected countries, people who work in the poultry farms and those who are selling birds and eggs are at risk. Also, people who investigate the epidemic can come in contact with the droppings of birds and are at greater risk of getting the disease. Veterinarians and people working in laboratories with the type A influenza virus are more likely to get the infection.

## 7. Can one eat chicken meat/eggs imported from countries where bird flu is occurring?

- There is minimal risk from consuming the infected eggs or infected meat provided it is well cooked. The consumption of raw poultry, eggs and pork is however not advised. Bans on imports are made by the government in order to minimize the risk of release of the virus particles in the country to infect the wild and domestic poultry.

Please visit [www.who.int](http://www.who.int) for continuous updates on the Bird flu  
or contact **World Health Organization - Myanmar**