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"Launch of the five-year strategic plan for reproductive health in Myanmar (2004 - 2008)"

On 31st August 2004, the Minister of Health launched the country's first five-year strategic plan for reproductive health, with a two day workshop following the inauguration, at Yangon's Hotel Nikko. The Representatives of WHO, UNFPA and UNICEF also addressed the occasion.

The national stategic plan, a comprehensive and forward looking document, covers the period from 2004-2008 and aims at bringing about a logical and coordinated response to reproductive health needs in Myanmar. It was developed by the Ministry of Health in collaboration with the World Health Organization (WHO), United Nations Population Fund (UNFPA) and other partners. Dr Paul van Look, director of reproductive health and research (RHR) at WHO headquarters, participated in the workshop, as did Dr Monir Islam, director of family and community health at WHO SEARO in New Delhi, and members of UNFPA's country support team.

The Minister of Health, HE Professor Kyaw Myint launching the national strategic plan for reproductive health 2004-2008 at the opening ceremony in Yangon.

The national strategic plan for reproductive health addresses **five strategic directions**:

① introducing an essential package of reproductive health interventions,

② making pregnancy safer and reducing maternal mortality,

③ strengthening partnerships and networking,

④ improving monitoring and evaluation, and

⑤ increasing resource allocation.

During the next five years, these strategic directions will be implemented through **five programme approaches, with the aim to improve**:

❶ health worker skills

❷ the health system

❸ family and community practices

❹ the enabling environment

❺ the evidence base for decision making.

Several United Nations agencies and international and national non-governmental organizations are currently addressing components of the strategic plan through their own programmes. It is envisaged that the new reproductive health strategic plan will expand and strengthen collaboration among agencies so that reproductive health can be addressed in an effective and comprehensive manner. It is hoped that the plan will help to generate much-needed resources for reproductive health in Myanmar.

Minister of Health, HE Prof Kyaw Myint, Mr Najib Assifi (UNFPA representative), Dr Agostino Borra (WHO representative), and Dr Kyi Soe, Director General, Department of Health Planning, visit the mini exhibition at the opening ceremony.

WHO South East Asia Advisory Committee on health research met at Yangon, Myanmar

Myanmar hosted this year's meeting of the WHO South-East Asia Advisory Committee on Health Research (SEA-ACHR) from 14-16 June 2004 at Yangon's Sedona Hotel. This high level committee advises the WHO Regional Director on health research policies and priorities for the WHO South-East Asia Region. As such, it is part of the global ACHR system of WHO.

Meeting for its 29th annual session, SEA-ACHR members and invited experts focussed their work on regional research priorities in the fields of emerging infectious diseases. Appropriate work plans were drafted. Experience with SARS, avian flu and human influenza featured in the discussions, as did developments in health research in South East Asia generally. Participants valued the presence not only of the new WHO Regional Director, Dr Samlee Plianbangchang, but also of his two predecessors, Dr Uton Muchtar Rafei and Dr U Ko Ko, in addition to national and international experts from inside and outside WHO.

A unique occasion: three WHO Regional Directors for South East Asia meet Minister of Health, Professor Kyaw Myint, during the SEA-ACHR held at Yangon. From left to right: Regional Director emeritus Dr Uton Muchtar Rafei; Regional Director Dr Samlee Plianbangchang; Minister of Health Professor Dr Kyaw Myint; Regional Director emeritus Dr U Ko Ko.

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"Signing ceremony for the programme grant agreement for tuberculosis of the Global Fund for AIDS, tuberculosis and malaria"

A signing ceremony for the programme grant agreement for tuberculosis (TB) of the Global Fund for AIDS, TB & Malaria (GFATM), was held at the Ministry of Health on 4 August 2004. Resident Representative of UNDP, Mr Charles Petrie, signed the agreement, which was mailed to the Geneva-based Executive Director of the GFATM, Prof Richard Feachem, who co-signed on 13 August 2004. Co-signatories to the agreement were the chair of the Country Coordinating Mechanism (CCM), HE Minister of Health Prof Kyaw Myint, and by Mr Roger Walker of World Vision International (WVI).

The grant proposal, prepared by the Ministry of Health in close collaboration with the World Health Organization, will ultimately allow the flow of 17.2 million US dollars into Myanmar. The funds are to be disbursed over a five year period during which 5 different sub-recipients will implement the programme: the national TB programme, Myanmar Maternal and Child Welfare Association, Myanmar Medical Association, Myanmar Red Cross Society and Populations Services International. The present TB grant agreement covers 7 million US dollars during an initial period of two years, of which 4.2 million dollars are for the first year. These funds will help strengthen the human resource capacity of the national Tuberculosis programme. They should also help increase access to, and quality of, diagnostic and treatment services under DOTS (the internationally recommended TB control strategy). Furthermore, fostering public-private partnerships, improving infrastructure and upgrading existing laboratory services at all levels are important additional objectives.

UNDP will act as principal recipient of GFATM funds under this agreement. At the request of UNDP, WHO will provide technical support to help plan, implement, monitor and evaluate this grant.

Similar programme grant agreements are now under preparation for the malaria and HIV-AIDS prevention and control programmes. One ofthe key principles supported by GFATM funds is to build upon existing national programmes and work with multilateral and bilateral organizations

At the signing ceremony: UNDP Resident Representative, Mr Charles Petrie, HE Minister of Health, Prof Kyaw Myint (centre), and Mr Roger Walker of World Vision International (WVI).

involved in malaria, TB and HIV-AIDS. The aim is to help ensure that newly funded initiatives are coordinated with existing ones. The country coordinating mechanism, which comprises a range of stakeholders involved in HIV-AIDS, TB and malaria in Myanmar, oversees overall formulation and implementation of GFATM-supported proposals. In addition, the Global Fund appoints a Local Fund Agent, which essentially performs auditing functions on behalf of the GFATM at country level.

"International AIDS Conference at Bangkok, Thailand"

The International AIDS Conference takes place every two years, bringing together representatives of government, scientific community, policy makers, private sector, community groups and people living with HIV-AIDS from all over the world. This year 19,000 participants convened in Bangkok from 11-16 July 2004 to discuss progress made and challenges ahead in tackling the global HIV pandemic.

Locating this conference for the first time in South East Asia was very timely, considering the rapidly growing HIV epidemic in the region. The chosen conference theme of *access for all* was particularly relevant in the light of the WHO-led *3 by 5 initiative*, given the vital need for access to antiretroviral treatment to all those who need it.

For WHO, the Bangkok conference was an opportunity to review progress made, and assess the myriad of challenges which remain. This applies particularly to achieving the goals of the *3 by 5 initiative* - a joint initiative with UNAIDS which has a global target to get 3 million people living with HIV-AIDS in developing and middle-income countries on antiretroviral treatment by the end of 2005. It is a crucial step towards providing universal access to treatment.

In Myanmar, WHO is supporting the Ministry of Health to scale-up provision of antiretroviral therapy under the *3 by 5 initiative*. WHO is providing assistance to expand HIV prevention activities, including the 100% condom use programme, a key prevention intervention. Various harm reduction activities for injecting drug users are also supported. The Bangkok conference further highlighted that implementing 'prevention and treatment' must truly go hand in hand.

The *3 by 5 initiative* is not just about providing access to antiretroviral therapy. It represents a comprehensive prevention and care approach. In South East Asia, prevention primarily means widespread application of two types of interventions. First, 100% condom use programmes, acknowledging that condoms, when used correctly, are proven and effective barriers to HIV transmission. Second, harm reduction programmes, including access to sterile needles and syringes and drug substitution treatment such as methadone, for injecting drug users.

Dr Jack C Chow, WHO Assistant Director-General of HIV-AIDS, tuberculosis and malaria, combined his attendance at the International AIDS Conference with a visit to Myanmar, where he met HE Minister of Health Prof Kyaw Myint. His visit underlined WHO's continuing commitment to work in partnership with the Ministry of Health to further enhance Myanmar's efforts in tackling HIV-AIDS, tuberculosis and malaria.

The take home message of the conference was that HIV-AIDS continues to be a major global emergency. HIV-AIDS must remain at the forefront of priorities for both policy-makers and implementors. WHO encourages everyone to get involved in efforts to tackle the global HIV-AIDS pandemic. More information on the outcome of the Bangkok conference, and on the challenges ahead as we move towards Toronto in 2006, can be found at WHO's website http://www.who.int/3by5/en.

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Joint UNICEF-WHO mission on procurement and supply management of antiretrovirals, HIV test kits and drugs to treat opportunistic infections *(19-30 July 2004)*

Antiretroviral therapy (ART) has remarkable effects on the lives of people living with HIV-AIDS. Once started, ART is for life. Uninterrupted medicine supply must be ensured once ART commences. The viability of ART programmes and the lives of people living with HIV-AIDS depend on reliable, efficiently managed supply of quality medicines and diagnostics procured at sustainable costs. WHO recognizes the importance of drug procurement and supply management for scaling up ART.

In order to address this issue, a joint WHO-UNICEF mission took place in Myanmar during 19-30 July 2004, to assess procurement and supply management of HIV test kits, antiretrovirals (ARV) and drugs to treat opportunistic infections. During the mission, existing public sector supply systems were reviewed for readiness to supply ARV treatments and for their ability to support efforts to scale up access to HIV test kits and pharmaceuticals. Field visits to health facilities in Yangon and Mandalay divisions were made.

Preliminary findings indicated two functioning main systems for supplying pharmaceuticals in Myanmar ; i) the Central Medical Stores Depot (CMSD), that handles government-procured pharmaceuticals and supplies, as well as most health related products supported by donor agencies, and ii) the supply system of the Tuberculosis programme. HIV test kits are collected by the townships from the National Health Laboratory in Yangon.

While the mission concluded that these systems seemed to be functioning, a number of weaknesses will need to be addressed in order to introduce antiretrovirals properly.

The key recommendations by the mission were:

1) Management and coordination

- A high-level coordination mechanism for HIV supplies is a pre-requisite. It should be constituted at central level, with representation from the national AIDS programme, National health laboratory, CMSD and UN agencies.
- The *supplies system management officers* mechanism needs to be strengthened to support ARV stock management and should be linked to the central coordination mechanism. A close link and short communication lines between all levels are critical to prevent stock-outs.
- Internal and external transparent and flexible monitoring systems need to be developed.

2) Selection of products

- Draft clinical management and treatment guidelines for adults have been finalized. Public sector protocols which clearly indicate the most cost-effective options need to be developed. Paediatric treatment guidelines are in an advanced stage of development. Formulations needed for paediatric treatment should be included in the procurement lists.

3) Ordering procedures and stock holding

- A drug supply strategy needs to be developed. This should include active inventory control, procedures for emergency orders and guidelines for monthly reporting.

4) Storage and distribution

- Delivery of unopened kits, through the CMSD system, should be the procedure of choice for distribution of antiretrovirals, with active monitoring of target delivery dates at national level.
- Transportation bottlenecks, particularly at the end of the supply chain, need to be addressed.
- Cold storage distribution for HIV test kits should be used. Monthly joint deliveries with stocks related to the expanded programme on immunization (EPI) can be an option. The feasibility of a regional store for HIV test kits in Mandalay is under investigation and the concept is supported by the mission.

5) Rational use of commodities

- The supply of ARVs needs to be coupled with the presence of a trained Medical Officer on site. Persons performing testing will need orientation on Voluntary Confidential Counselling & Testing (VCCT), especially when the new policy comes into effect.

National Antiretroviral Task Force (ARVTF)

A National Antiretroviral Task Force (ARVTF) has been formed. The members include senior government officials from the Ministry of Health, UN agencies and one NGO. One of its main tasks is to follow-up recommendations made by the mission. The ARVTF will meet during September 2004.

WHO Assistant Director General visits Yangon

Dr Jack C Chow, WHO Assistant Director General on HIV-AIDS, tuberculosis and malaria visited Myanmar from 19-21 August 2004 after attending the International AIDS Conference in Bangkok.

Dr Chow (centre) is pictured here with HE Minister of Health, Prof Kyaw Myint (right), at a dinner hosted by WHO Representative to Myanmar, Dr Agostino Borra (left) at Traders Hotel, Yangon. The main subject discussed during his visit was the *3 by 5 initiative.*

Supplementary immunization against measles for children between the ages of 9 months and 5 years

Measles is an acute illness caused by a virus which can be transmitted by air, respiratory droplets and direct contact with the nasal and throat secretions of infected persons. Complications from measles include ear infections, pneumonia, diarrhea, blindness, and death. Measles is preventable by vaccination. In Myanmar, over two million children would be at serious risk without measles immunization.

The country's plan to reduce measles mortality was designed with the intention to halve the annual number of measles cases and deaths by 2005, compared to the 1999 estimates of measles mortality. In addition to increasing routine immunization, a series of three supplementary immunization campaigns were scheduled to be carried out from 2002-2004 for all children from 9 months to 5 years. The first campaign was held in 2002 in Magway, Bago and Tanintharyi Divisions, and in Kayin and Mon States, covering 1.6 million children. In 2003, it took place in Yangon, Ayeyarwady and Sagaing Divisions and in Chin and Rakine States, covering 2.2 million children. This year (14-21 November), Mandalay Division and Kachin, Shan and Kayah States will be covered, targeting 1.5 million children.

The supplementary measles campaign will provide a *second opportunity* to vaccinate those children against measles who may have missed routine immunization at 9 months (routine coverage in 2003 was 75%). Also, as the measles vaccine is 85% effective when given at the age of 9 months, this means that 15% of vaccinated children did not actually develop immunity and are consequently not protected against the disease. Therefore, this is a *second opportunity* for them to develop immunity.

Attention will be paid to injection safety during the supplementary measles campaign. Auto-disable (AD) syringes and safety boxes for the disposal of used syringes will be used. These syringes have a special mechanism which allows them to be used only once in order to prevent transmission of blood borne diseases such as viral hepatitis B & C and HIV.

The above activities will be carried out collaboratively between the Ministry of Health, WHO, UNICEF and JICA.

Devloping an HIV-AIDS communications strategy in Myanmar

WHO initiated to support the national AIDS programme in the development of an HIV-AIDS health sector communications strategy. Dr Everold Hosein, communications advisor from the WHO Mediterranean Centre for vulnerability reduction, Tunis, will be the main technical resource person for this effort. The plan is likely to be developed following a *Combi (communication for behavioural impact)* approach. Dr Hosein began his first two-week mission on August 16 and is anticipated to return for a second two-week mission during October 2004.

"The *Combi* approach", said Dr Hosein "is best described as social mobilisation with a behavioural bite. It is a way of mobilising individual, family and social influences to prompt very specific healthy behaviours which can transform the health status of individuals and families. This is not about producing information, education and communication materials but about promoting appropriate behavioural responses. And you need a lot more than a poster or pamphlet to do that."

The *Combi* approach is based on a 150 year old tradition of marketing and consumer communication in the private sector. The fundamental thinking which goes into selling soft drinks and other commercial products is modified for application to recommended healthy behaviours.

For decades, health education has focused on informing and educating the public but there is a great need to go beyond this and to focus on getting behavioural results. For that reason the *Combi* approach was developed. The aim is not only to make people aware and knowledgeable about the problem but actually encourage appropriate healthy behaviours. It is being applied in a range of countries, to a broad range of communicable diseases, including HIV-AIDS, malaria, tuberculosis, dengue, lymphatic filariasis and leprosy.

"An effective *Combi* plan," he describes, "blends administrative mobilization, public relations and advocacy, community mobilization, advertising, personal and interpersonal communication and point-of service promotion, focused sharply on specific behavioural goals and informed by good market analysis."

Dr Everold Hosein

Dr Hosein pointed out that this approach is beginning to be applied to health challenges other than communicable diseases. In Moldova, for instance, communication plans have been developed in partnership with UNICEF to promote iodized salt, better parenting, immunization, and prenatal-perinatal care. "We have also used the approach with anti-smoking campaigns and are about to look at its future application to hypertension, obesity and nutrition", he commented.

important dates

11 July 2004	World population day
3rd week of July 2004	National malaria week
5-6 September 2004	Health ministers of the WHO South East Asia Region meet in the Maldives
7-9 September 2004	WHO Regional Committee for South East Asia meets in the Maldives
14-17 September 2004	Inter-country workshop on development of standard operating procedures for blood centres, Yangon