



## “Time to say good bye”

Leaving the country for a new posting, after almost six years in Myanmar as WHO Representative, does provide an opportunity to look back and take stock.

No doubt the most important and measurable public health achievements between 1999 and 2005 have been the elimination of leprosy as a public health problem and eradication of poliomyelitis. These dreams came true because adequate technical and financial support were provided through strong international and national initiatives and partnerships.

Certainly not alone but together with partners, WHO has been able to contribute to these achievements by playing its role at its best; a role which, in my view, is well summarized by our **core functions** as they read in WHO's global corporate strategy:

- catalyzing change through **technical and policy support**
- stimulating the development of **new technologies, tools and guidelines**
- setting, validating, monitoring and pursuing the implementation of **norms and standards**
- articulating consistent, ethical, **evidence-based policy and advocacy positions**
- negotiating and sustaining national, regional and global **partnerships**
- setting the agenda for, and stimulating **research and development in, health**.

At the beginning of this decade when eradication and elimination efforts were intensifying, WHO country office, in collaboration with the regional and global levels of the Organization and many health partners in Myanmar, developed a **WHO country cooperation strategy**. The strategy adopted a set of **priority areas of work** which would provide strategic direction to the work of the Organization for the coming 5 years. These were:

- **health systems**
- **excess burden of disease (particularly infectious diseases)**
- **women's health and reproductive health**
- **child and adolescent health**
- **environmental health**
- **major risk factors hazardous to health**

As a result of this prioritization, we have been able to work in a focused manner and make significant progress in most of the areas identified.

**Firstly**, upgrading significantly the WHO country presence, and increasing the number of competent WHO technical staff working in-country, has allowed us to support new health systems initiatives, in addition to the traditional vertical programmes. Examples include: (1) *preparing the groundwork for the possible establishment of a school of public health in the country*, (2) *stimulating the development of national health accounts*, (3) *including the country in the world health survey*, and (4) *supporting the Ministry of Health's management effectiveness programme*.



WHO Myanmar country office team

**Secondly**, stimulating processes and partnerships, has enabled us to increase the availability of financial resources for health in the country. This has allowed not only WHO, but most partners involved, to access significant additional resources.

**Thirdly**, I like to think that WHO played an important role in reshaping areas of work which used to be relatively small projects, into programmes that were able to expand progressively and relatively quickly into a dimension of national coverage. A key step in this was stimulating and supporting the development of national strategic plans. This has happened with the national TB control programme, and the trend is set for this to happen in HIV-AIDS and malaria control. A national strategic plan has been endorsed for reproductive health, and similar plans are being finalised for child health and adolescent health.

Furthermore, the **Global Alliance on Vaccines and Immunization (GAVI)** is well established as a backbone of the national immunization programme, allowing the introduction of an important new vaccine, viral hepatitis B, in the national immunization schedule for infants.

Similarly, the Joint Programme for HIV-AIDS, the Fund for HIV-AIDS in Myanmar (FHAM), and - hopefully - the Global Fund on AIDS, tuberculosis and Malaria (GFATM) should ensure increased support crucial to responding to these deadly diseases.

It is also unavoidable to mention elements of an **'unfinished agenda'**, where work is under way but much more needs to be done. In my mind they are easily identified as **CARH**, the programmes for **child, adolescent and reproductive health**. It is a mystery to me why the creation of partnerships in these programme areas has proven to be such a slow and difficult process, particularly in regards to stimulating donors' interest. Much of what should be done to reduce maternal and child mortality is well known and once again resources available are truly scarce...

Adolescent health may differ from child and reproductive health in that little is known about implementing appropriate interventions on large scale. We need to learn more about this.

Can the unfinished agenda be completed? I am confident it can, because WHO's commitment will remain unchanged for the following reasons:

- the above are priorities for the whole UN system and its member states, as they all appear in the set of **millennium development goals (MDGs)** the international community is committed to achieving by 2015;
- my successor, **Dr Adik Wibowo**, will continue working on these priorities with the same level of commitment;
- in so doing, she will be fully supported by the WHO country office team in the same way that they have been able to support me during these years.

The **WHO country office team** has never been as strong as it is now. It can offer most of the technical expertise needed to address public health priorities in Myanmar. This expertise will continue to be available to partners when needed.

In closing and thanking all partners in health for the stimulating and effective collaboration we have had, I would like to express my gratitude first and foremost to the Minister of Health, **His Excellency Professor Kyaw Myint**, and his team. We would have not been able to achieve this much without his guidance, leadership, and support.

At the time that my family and I are leaving, we realise that this is a time of turnover among international partners and colleagues. To those who are new to Myanmar, I would like to dedicate the words of Rudyard Kipling, who advised more than a century ago,

**"this is Burma and it is unlike any place you have seen before..."**

Agostino Borra

Dr Agostino Borra  
WHO Representative to Myanmar



“DOTS expansion: 3<sup>rd</sup> meeting of the subgroup on public-private mix”

WHO WPRO, Manila, the Philippines, 4-6 April 2005



Members of the subgroup on public private mix meet to deliberate the DOTS expansion,

More than 50 members of the public-private mix (PPM) subgroup for DOTS (Directly observed treatment short course), consisting of country representatives, technical partners and agencies, gathered in Manila from 4-6 April 2005. WHO Western Pacific Regional Office (WPRO) hosted the meeting. The subgroup on PPM for DOTS expansion assists in developing and promoting strategies to link diverse public and private health care providers to national TB programmes. The meeting reviewed and exchanged experience with different models of public-private partnerships in DOTS implementation. Factors enabling scale up and sustainability of DOTS were identified. As part of this effort, PSI Myanmar shared local experience in public-private partnerships to support DOTS implementation in collaboration with the national TB programme. ■

“Development of the next national strategic plan for malaria prevention and control 2006-2010”

The Vector-Borne Disease Control, Department of Health (DoH), Ministry of Health (MoH), is developing a *National malaria control programme strategic plan 2006 - 2010*. Apart from the fact that the current strategic plan ends this year, there are several key developments in malaria control which need to be taken into consideration. Developments include the new malaria treatment policy, scaling up insecticide-treated mosquito nets, empowering communities at risk and multi-sectoral participation. The national strategic plan is being developed through a participatory approach, which means getting input and

consensus from stakeholders, ensuring technical soundness as well as broad ownership.

UNICEF, WHO and other partners are supporting the Ministry of Health in developing the strategic plan, which will serve as a reference document for implementing partners and donors as well as for the national programme. A situation analysis by reviewing documents was done recently. A consensus meeting among partners (MoH, WHO, UNICEF, international and national NGOs) on malaria control strategy in Myanmar was held at Yangon's Traders Hotel on 6 April 2005. The meeting identified the following priority groups for malaria prevention and control:

children under 5, pregnant women, migrant population in rural areas, and national races residing along border areas. Moreover, it was proposed that the strategic plan shall have the following components; (1) *enabling the population at risk to have access to early diagnosis and effective treatment*; (2) *strengthening capacity for prevention and control of malaria, including vector control*; (3) *community empowerment*; (4) *strengthening outreach services for malaria prevention and control*; (5) *strengthening technical, management and support services*. An external programme review should be carried out during July 2005. Its findings would be helpful in finalizing the national strategic plan. ■

“World Health Day 2005 - Make every mother and child count”

The global theme of this year's World Health Day was *"Make every mother and child count"*. World health day is held annually on 7 April to commemorate the day WHO's constitution took effect. In Myanmar, celebrations commenced with a ceremony at Yangon's International Business Centre on the morning of April 7. An exhibition of photos of activities and materials related to maternal, newborn and childcare in Myanmar was held following the opening speeches delivered by Deputy Minister of Health, HE Prof Mya Oo, and by WR Dr Agostino Borra.

A world health day TV spot on the theme of safe delivery was co produced by WHO Myanmar, Unicef, Unfpa, MRTV and the Ministry of health. It was shown for the first time on the evening of 7 April 2005 on MRTV, featuring Ye Wai Yan and Pwint Nadi Maung, both well known actors who generously contributed their talents to this effort.

An evening reception was hosted by WHO Representative to Myanmar Dr Agostino Borra



WHO Representative Dr Agostino Borra is reading the message from the WHO Regional Director for South East Asia, Dr Samlee Plianbangchang, at the opening ceremony of World Health Day 2005.

and Mrs Lene Borra at Yangon's Inya Lake Hotel, where a photographic media show, produced by well known Myanmar photographer Zaw Min Yu, was a main attraction. A VCD of

this media show has been developed in Myanmar and English languages. A copy is attached to this news letter. ■

“Italian funding for essential newborn care in Myanmar”

The Italian government will provide 400,000 Euro to WHO towards improving newborn care services in selected Myanmar townships. These much-needed funds will allow implementation of crucial training, supplies and equipment for essential newborn care services.

A newborn's chance of survival and well-being begins before birth and continues through the postpartum period. Health of the mother - and the continuum of care that mother and baby receive during pregnancy, delivery, and postpartum - are vital to ensure optimal

neonatal health. High neonatal mortality and its enormous contribution to infant and under-5 deaths is an obvious reason to focus on improvements in newborn care. A Department of Health survey in 2003 indicated that newborn deaths account for 1/3 of infant deaths and 1/4 of under-5 child deaths, respectively. Major causes of newborn deaths are prematurity-low birth weight (30.9%), sepsis (25.5%) and birth asphyxia (24.5%). Source: *Overall and cause specific under five mortality survey 2002-2003, Department of Health, Ministry of Health, Myanmar, supported by UNICEF, 2003.*

Within the framework of the five-year strategic plans for reproductive health and child health development in Myanmar, this newborn care initiative aims to:

- strengthen health facility and community-based interventions for improving newborn health in selected townships;
- develop local training, advocacy, and information, education, communication materials to improve newborn health;
- document and use lessons learnt to develop an action plan to scale up successful interventions nationally. ■



## “ 100% targeted condom promotion - programme review ”

**W**HO will support the national AIDS programme in conducting a review of their 100% targeted condom promotion (TCP) programme. This key prevention intervention aims to reduce transmission of HIV and of other sexually transmitted infections (STIs) by promoting condom use among sex workers and their clients.

The programme started in 2001 and an evaluation of the four early implementation townships was conducted in 2002. This review recommended nation wide expansion of the programme, in phases. 110 townships reported implementation of 100% targeted condom promotion by the end of 2004.

A fresh review is therefore very timely and planned to take place during July 2005. The review is intended to recommend adjustments regarding coverage, quality and approaches of the programme, in the light of the local and national HIV-AIDS contexts. The team of reviewers will include, apart from relevant counterparts from the national AIDS programme, specialists in the field who have been involved in implementation and evaluation of similar interventions in other countries of the region. WHO staff from headquarters are also expected to join. ■

## “ Progress of the 3x5 initiative: securing access to antiretroviral treatment ”

**S**ince the 3x5 initiative was launched in February 2004 by WHO and UNAIDS, important advances were made by various stakeholders involved in HIV-AIDS care and support. Progress to date is fundamental to preparing for possible expansion of antiretroviral treatment services in Myanmar. Key 3x5 activities implemented during the first year of the initiative is summarised component by component below:



### Policy and advocacy

- The 3 by 5 assessment mission organized by WHO in February 2004 helped stimulate agreed national targets for provision of antiretroviral therapy (ART) in Myanmar: 2,000 patients by the end of 2004 and 10,000 patients by the end of 2005.

### Norms, standards and guidelines

- National Guidelines for Clinical Management of HIV-AIDS in Adults and Adolescents were developed during 2004 by the national AIDS programme (NAP) with WHO technical support. They were published in December 2004.
- National Guidelines for Clinical Management of HIV-AIDS in Children were developed during the last quarter of 2004, by the NAP in consultation with partners, with WHO support. They were published in early 2005.
- The NAP developed technical guidelines on Post Exposure Prophylaxis (PEP) together with UNICEF and WHO. With UNICEF support, drugs for PEP have been procured for 80 hospitals.

### Drugs and diagnostics procurement and distribution

- In July 2004, a joint mission on procurement and supply management of HIV test kits, antiretrovirals and pharmaceuticals for the treatment of opportunistic infections was conducted jointly by UNICEF and WHO. As part of the recommendations, a national task force on antiretrovirals was established.
- With resources from the Fund for HIV-AIDS in Myanmar (FHAM), the NAP commenced procurement of antiretrovirals for the first 400 patients whose treatment is expected to start soon in Yangon and Mandalay.

### Provision of services

- By the end of 2004, around 500 patients were receiving ART mainly by AZG (MSF Holland), providing its services in Yangon, Kachin and

Shan States. This is an increase from 121 patients at the end of 2003.

- About 2,000 patients are estimated to be on antiretroviral therapy in the private sector.
- Partners such as Myanmar Nurses Association (MNA), FXB, World Vision International, Myanmar Maternal and Child Welfare Association (MMCWA), and CARE are providing community and home based care services for about 3,000 people living with HIV-AIDS in 40 different townships.

- During 2004 and early 2005, the IUATLD-TOTAL partnership to support an integrated TB-HIV care project in Mandalay took shape. It aims to provide access to ART to 1,000 patients within the next five years. WHO provides technical support. The partnership agreement between IUATLD (International Union against tuberculosis and lung diseases) and TOTAL was signed on 31 January 2005.
- In the area of prevention of mother to child transmission (PMCT), UNICEF and UNFPA supported the NAP in implementing community based PMCT in 36 townships. Last year about 350 mother-baby pairs received preventive nevirapine. During 2004, MoH organized an assessment of 6 tertiary referral hospitals in view of expanding PMCT services. WHO is providing technical support as needed.
- Services for voluntary confidential counselling and testing (VCCT) have expanded during 2004. There is greater NGO involvement, too. It is reported that 28,239 clients received HIV test results and post-test counselling in 2004, an increase of almost 40% compared to 2003.
- Various governmental and nongovernmental partners are likely subrecipients of the Global Fund to fight AIDS, tuberculosis and malaria (GFATM), successfully negotiating modalities of implementation of the grant from GFATM's 3rd round. The grant is to support provision of care services for people living with AIDS including expansion of ART coverage (1,500 patients by the end of 2006), community and home based care and VCCT services.

### Capacity building

- The national AIDS programme developed, with WHO support, an ART training curriculum for physicians. Partners contributed to developing this curriculum. Since the beginning of 2005, training sessions for doctors on rational use of antiretrovirals have been organised in Yangon and Mandalay.

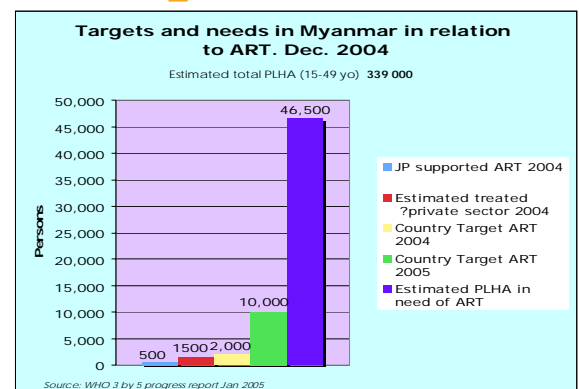
Despite these milestones, major challenges remain, such as scaling up ART coverage and VCCT expansion based on changes in the policy. The gap between the current level of services and actual needs is wide. The minimum number of people currently in need of ART treatment is estimated at about 46,500 in Myanmar. Now that a major development effort to commence such services in the public sector is close to completion, crucial additional resources are needed to reach more people in need of ART -- and to sustain their treatment. Below is a graphic description of targets and needs re ART services. ■

## “ Introducing antiretroviral therapy in Myanmar: challenges and opportunities for the 3 by 5 initiative ”



Dr (Mme) Odile Picard, specialist in medical care of HIV-AIDS patients presenting at the briefing on 'Introducing antiretroviral therapy in Myanmar: challenges and opportunities for the 3 by 5 initiative'

**O**n 26 April 2005, WHOMyanmar organized a briefing of partners on 'Introducing antiretroviral therapy in Myanmar: challenges and opportunities for the 3 by 5 initiative'. Over 70 representatives from the diplomatic community, UN agencies, national and international NGOs participated. The briefing presented progress made in the implementation of 3 by 5 initiative. Globally, this initiative aims to provide antiretroviral treatment to 3 million people with HIV-AIDS by the end of 2005. Activities have been undertaken in Myanmar since February 2004 in this regard. Dr Odile Picard, an international expert on medical care of HIV-AIDS patients and consultant with WHO, presented challenges and opportunities facing antiretroviral treatment (ART) in Myanmar. Dr Picard has been a frequent visitor to the country. Her most recent assignment was to provide technical support to the national AIDS programme to initiate antiretroviral treatment in the public sector. She also provided training to local physicians on ART and supported technically the inception of a TB-HIV project in Mandalay.





“Mid term review of the joint programme for HIV-AIDS”

A review of the joint programme for HIV-AIDS Myanmar 2003-2005 was carried out from 16 May to 2 June 2005. The team of consultants conducting the review consists of team leader Ms Anne Scott, Dr Dilip Mathai, Ms Carol Jenkins, and Dr Samiran Panda. Dr Michael O'Dwire of DfID and Asa Andersson of SIDA are participating in parts of the review. The team met with

technical working group partners, UN agencies, international and national NGOs and the Ministry of Health. They visited on-going programmes in Yangon and Mandalay. The terms of reference of the review were: 1) preparing for the review by getting familiarized with the joint programme and its structure as well as the HIV-AIDS situation in Myanmar, 2) participating in

review meetings and discussions, and 3) identification of recommendations and drafting a report. Preliminary recommendations and findings are scheduled for presentation to the Expanded Theme Group on 2 June 2005 so that comments from partners can be taken into account for the final report. ■

“WHO Conference on the Health Aspects of the Tsunami Disaster in Asia, Phuket 3-6 May 2005”

At the conclusion of the three day conference on the health impact of the Tsunami, country representatives and international experts affirmed their willingness to be better prepared for major disasters and to invest in stronger response capacity.

To improve the response to future disasters, the world needs a network of experts and clear procedures to deal with psychological trauma and mass fatalities. At times of disaster, uncoordinated needs assessments are counterproductive. Insufficient support is given to women's health. As the health arm of the United Nations, WHO was asked to play a stronger role in disasters - directing volunteer doctors and nurses, distributing donated equipment and medicines and monitoring the health of affected communities.

Experts recognized the important contributions of non government organizations (NGO) and suggested that well functioning NGOs and the Red Cross and Red Crescent movement should be at the centre of preparedness and response efforts, ensuring deployment of available resources on the basis of need. WHO should work with the NGOs to find more efficient and effective means of coordination.

Dr David Nabarro, Special Representative of the WHO Director General

said "The Tsunami has shown that countries can prevent disease outbreaks but that the world must be prepared to deal more effectively with psychological trauma, the health needs of women, and mass fatalities. By applying what we have learned, we can be better prepared. When disaster strikes, more lives will be saved and affected communities will recover more rapidly." Dr Nabarro also stated that to enable local communities to invest far more in reducing vulnerability and preparing for disasters, they must be provided with adequate financial and technical backing.

While WHO has given itself a six month time frame to move its strategic planning and action to the next milestone, it is likely that many representatives of governments will commit themselves to improving preparedness for disasters, at the World Health Assembly during May 2005.

Disaster Preparedness in Myanmar

Following a request from the Ministry of Health, an international health disaster management consultant Dr Stefania Pace Shanklin has recently joined WHO country office to work with the Ministry of Health



Tsunami health conference in Phuket, Thailand

to update a public health emergency preparedness and response plan by the Ministry. A joint vulnerability analysis in a disaster-prone area will be conducted. The consultant will support the development of protocols for risk assessment, post-disaster impact and needs assessment, as well as identify the priority activities for disaster reduction and disaster management and response. Information, education, communication materials will be developed to help improve knowledge, practices and response options. ■

“World No Tobacco Day 2005”

Every year, member countries of WHO celebrate World No Tobacco Day on the 31st of May. To encompass various aspects of tobacco control, different themes are selected each year. Last year's theme was tobacco control and poverty, and Minister of Health Prof Kyaw Myint was distinguished recipient of the WHO Director

General's world no tobacco day award. The theme of this year's world no tobacco day is Health professionals against tobacco. Health professionals are doctors, nurses, midwives, dentists, psychologists, psychiatrists, pharmacists and other members of health-related professions. Role and image of health professionals are essential in promoting tobacco-free lifestyles and cultures. Through their professional activities they can help people by giving advice, guidance and answers to questions related to tobacco use and its health effects. They can also have an impact at national and international levels through their associations by influencing policy change for better tobacco control.

The aim of this year's theme is to highlight the crucial role of health professionals in the area of tobacco control: as role models, health educators, counsellors for tobacco users who want to quit, as researchers or advocates for anti-tobacco programmes and legislation.



Like previous years, World No-Tobacco Day 2005 will be celebrated not only centrally but also throughout the country. Health professionals will lead activities in collaboration with non government organizations such as Myanmar Women's Federation, Myanmar Maternal and Child Welfare Association, Myanmar Academy of Medical Science, Myanmar Medical Association, Myanmar Red Cross Society, Myanmar Nurses Association, Myanmar Health Assistants' Association. Community-based programmes will also be conducted throughout the year supervised by basic health personnel at grassroots level. ■

important dates

20-23 June 2005	Inter-country workshop on implementation of the Framework Convention on Tobacco Control, Yangon, Myanmar
1-5 July 2005	7 <sup>th</sup> International congress on AIDS in Asia and the Pacific Kobe convention centre, Kobe, Japan
3-4 July 2005	10 <sup>th</sup> Meeting of the Health Secretaries of the countries of WHO South East Asia Region, Dhaka, Bangladesh
11 July 2005	World Population Day
18-30 July 2005	Third inter-country training of trainers on HIV-AIDS voluntary counselling and testing, part I, Yangon, Myanmar

Congratulations!



Dr Agostino Borra presents Ms Angela Boey with a certificate in recognition of 20 years of service with the World Health Organization.