



## “Professor Adik Wibowo says hello”

**D**ear Esteemed Readers,

At last, the merry go round has come to a halt. By the end of June, 2005, I, as Acting WR from Nepal, moved to Myanmar; Dr Agostino Borra from Myanmar moved to Sri Lanka and Dr U Kan Tun from Sri Lanka moved to Nepal. All of us took up offices in our new designated countries on July 1, 2005.

The three of us, in fact, have different personalities, educational and cultural backgrounds, working experiences and leadership styles. Nevertheless, we have one mission in common which is to work for the World Health Organization and to serve the country for the attainment of highest possible level of health of its people.

I have been here for almost three months when this Newsletter reaches you. During the first two months, I have put myself as a good reader, listener and observer, as well as introduced myself to our counterparts, various partners and diplomatic missions. My highest appreciation goes to the Regional Director Dr Samlee Plianbangchang for the trust extended to me to take on this assignment. I also wish to thank HE Minister of Health and HE Minister of Foreign Affairs, HE Ambassadors whom I have visited, HE Deputy Minister and the Directors General of various Departments under the MOH and Heads of the UNDP and the UN sisters for their warm welcome and receptions tendered to me.

Living in Myanmar is like living at home to me as well. I have fondly noticed the great similarities between the people, the culture, the food, the longyi/sarong and even the Monsoons in Myanmar and in my native country, Indonesia.

Medical doctor is my professional background. Working at the WHO is not exactly new to me. In Nepal, my assignment was to replace the retiring WR Dr Klaus Wagner, who once was the WR to Myanmar. Before that, I worked at the Regional Office of the WHO for South East Asia Region in New Delhi where I was assigned at various posts of primary health care, then non communicable diseases, and the research, policy and cooperation including ethics in research afterwards.

I do appreciate the work and achievements of my predecessors, colleagues and partners. A lot has been done and accomplished indeed. I am also impressed with the collaborative work with the stakeholders and hence would like to thank the support we have received so far. At the moment, having dedicated and hard working technical staff, administrative staff including drivers and field staff makes me feel proud and confident as well.

With the afore-said mission of WHO, it is our aim to continue providing technical assistance and improving our harmonious relationships with our national counterparts, partners, stakeholders and the UN sisters in the country in order to attain better health of its people. At the same time, it is also important to improve ourselves, in house, in terms of effectiveness and efficiency with our work.

The first thing I did when took office was to keep my entrance door open - a gesture welcoming/inviting everybody to come in. We have now practised the "Monday Afternoon (one hour) Meeting" for all technical staff to share information, follow up actions and



Professor Adik Wibowo, WHO representative to Myanmar

discuss issues. Furthermore, if and when problems occur beyond our control which cannot be handled by ourselves, the Regional Director, the seniors and concerned staff at the WHO regional office are the ones to turn to for further advice.

I am a strong believer in team work. Together, we are stronger and this is the way that we shall move forward.

Thank you again for reading the WHO Newsletter consisting of news and information about the activities of WHO Country Office in Myanmar.

I look forward to working harmoniously with all of you.

With warmest of personal regards,

*Adik Wibowo*  
Adik Wibowo

## “WHO Informal Consultation on Avian Influenza 1-2 August 2005”



**A**n informal consultation on Avian Influenza (AI) was convened by the South East Asia Regional Office of the World health Organization (SEARO) on 1-2 August, in Bangkok. The aim was to review the evolving situation of the pandemic avian influenza threat, and address issues of availability and use of antiviral drugs and vaccines. Eleven participants from Cambodia, Indonesia, Myanmar, Thailand and Vietnam attended as well as World Health Organization staff from head quarters, SEARO and West Pacific Regional Office and country offices of Myanmar and Thailand.

Welcoming the participants, Dr Samlee Plianbangchang, Regional Director, WHO SEARO, stated that the emerging infectious

diseases posed a health, social and economic challenge remaining a cause for worldwide concern. "Avian influenza is yet another example of this threat. The outbreaks of AI have already caused huge economic loss in several countries in Asia. There is a growing concern on the possibility of a future influenza pandemic which may start in Asia. Human casualties due to this pandemic could be in the order of millions", said Dr Samlee. He emphasized that the antiviral drug against the pandemic strain is an important intervention tool and its limited availability requires strategic utilization. Development of an efficient vaccine and ensuring its timely delivery is equally critical to the effective prevention of an influenza pandemic, he added.

The consultation concluded that a window of opportunity exists to pre-empt the pandemic at the source through early detection of cases followed by aggressive containment measures including the timely and early use of the antiviral drug. This will require global stockpiling of antiviral drugs by WHO, which could strategically be used to prevent the

amplification of focal outbreaks into a pandemic. The consultation also recognized the added value of a sub-regional stockpile of antiviral drug, created and managed by regional associations such as ASEAN and SAARC. The political consensus amongst countries shall facilitate establishment of stockpile and its efficient management.

WHO has been requested to assess the existing production capacity for seasonal influenza vaccine in Asia and the pacific region and explore the potential for expanding production through public-private partnership as well as international collaboration including technology transfers. It was suggested that the countries should identify approaches to close the gap between demand of pandemic influenza vaccine and the current availability. The deliberations in the consultation also stressed proactive formulation of comprehensive National Pandemic Preparedness Action Plans and their implementation, with technical support from WHO. In conclusion WHO should develop concept papers articulating the urgency of responding to the potential threat of avian influenza pandemic and use these as advocacy tools. ■

## “ Malaria control in Myanmar: challenges and opportunities ”

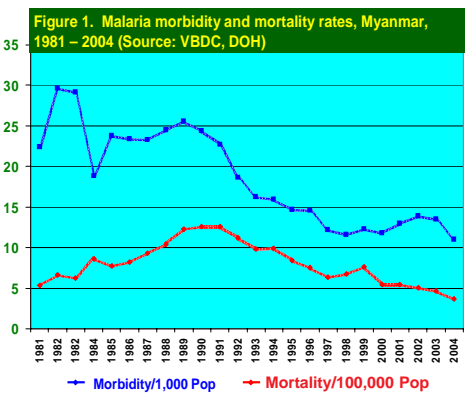
**M**alaria is one of the major killer diseases in Myanmar. The mosquito borne disease is reported to affect around 600 000 and kill 3000 people every year. The actual figures could be much higher as many cases that are treated by the private sector are not reported. Concerted efforts by the Ministry of Health and various national and international partner agencies have resulted in a declining trend of malaria morbidity and mortality in Myanmar from 1990 to 2004 (Figure 1) but much more needs to be done to roll back malaria. Malaria seriously affects the health and development of the people, and in particular subsistence farmers, forest workers, migrant labourers and ethnic minority groups.

Malaria is caused by blood parasites transmitted by certain types of night biting mosquitoes called *Anopheles*. There are four types of malaria, namely: *Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium malariae*, and *Plasmodium ovale*. *Plasmodium falciparum* predominates in Myanmar and is the most deadly type of malaria. If it is not treated correctly it may lead to complications (e.g. cerebral malaria) and death. It is resistant to treatment with chloroquine and sulfadoxine-pyrimethamine. These epidemiological facts serve as the basic foundation for malaria control interventions which are: **early diagnosis, appropriate treatment and prevention.**

Multi-drug resistance and financial constraints have limited the success of malaria control in Myanmar. The Ministry of Health, with support from WHO and other partners, has put in place sound technical strategies for malaria control. For early diagnosis the standard norm is either by microscopy or by rapid diagnostic test. Artemisinin-based combination treatment (ACT) is the first line treatment for

*Plasmodium falciparum*. Although it is expensive, it is highly effective. Chloroquine remains the drug of choice for treating non-falciparum malaria.

Prevention of malaria is done by using insecticide-treated mosquito nets and indoor residual spraying of insecticide. Wherever appropriate, biological control (e.g. introducing fish which eat the mosquito larva) and environmental manipulation (e.g. clearing the



streams of overhanging vegetation) should be done.

Myanmar, which has an existing national malaria control program since the 1950's, offers the following three great opportunities for controlling malaria:

1. *Technically sound strategies for malaria control are in place*
2. *Around 50% of the estimated 6.4 million households in the malaria risk areas in Myanmar already have 2 mosquito nets per household. To be effective the nets need to be treated with insecticide 1 - 2 times per year and appropriate use need to be promoted intensively.*

3. *The government is strongly committed and extensive human health resources, including 2,500 Vector Borne Disease Control staff, around 22,000 Basic Health staff, 30,000 Community Health workers and 21,600 auxiliary midwives.*

The national malaria control program could massively and rapidly scale up the evidence-based interventions in Myanmar, if additional external financial resources were available. It could attain its goal of reducing malaria morbidity and mortality by 50% by 2010 (baseline 2000 data), and contribute to achieving the Millennium Development Goals and the Roll Back Malaria goal.

The Global Fund grants to Myanmar (US\$27 million over 5 years for malaria component only) would have been a very significant contribution to malaria control and socio-economic development but unfortunately, the grant was terminated.

In Myanmar malaria is a major killer and a serious health and development issue which significantly impacts mainly those who are already socio-economically compromised. WHO appeals to the international community to exercise its moral obligation to help these people to roll back malaria. ■



Anopheles mosquito

## “ Advocacy Meeting on DOTS for Professionals of Medical Universities ”

**T**uberculosis is a major public health and social concern in the Union of Myanmar. The World Health Organization has been a major supporter of the National TB Programme (NTP) of the Ministry of Health in the expansion and sustaining of the Directly Observed Treatment Short-course (DOTS) which is the WHO recommended Tuberculosis control strategy.

An advocacy meeting for medical university professionals was held on 29 June 2005 at the Medical Education Centre in Yangon. Supported by WHO and the NTP the aim of the meeting is to strengthen the

collaboration between the NTP and the medical universities and institutes with regards to TB control and methodologies in modern TB control/ DOTS. The meeting also provided the opportunity to discuss the TB component in the under graduate and postgraduate curricula of (Para) medical students, medical doctors and nurses.

The meeting was attended by high-ranking officials from the Ministry of Health, rectors, professors and associate professors from various medical universities/institutes under the Department of Medical Science as well as state and divisional TB officers and

consultants/physicians from teaching hospitals. Professor Maung Maung Wint, Director General, Department of Medical Sciences, Ministry of Health formally opened the advocacy meeting. Dr Ko Ko, President of Myanmar Academy of Medical Science, Professor Myo Myint, Rector of University of Medical Science (1) and Professor Tin Maung Cho, Head of Department, Department of Chest Medicine, Yangon General Hospital was among the meeting participants.

A similar advocacy meeting on DOTS is planned for the professionals of the medical universities/ institutes in end September, in Mandalay, Upper Myanmar. ■

## “ Review of the 100% Targeted Condom Promotion ”

**A** review of the 100% Targeted Condom Promotion (TCP) programme in Myanmar was conducted between 14-26 July 2005, under the initiative of the National AIDS Programme (NAP) and support from the WHO. The review was intended to provide recommendations for improving programme implementation and specifically to propose adjustments in the coverage, quality and approaches of the 100% TCP programme in Myanmar.

Dr Isabel De Zoysa from WHO Geneva, Dr Wiwat Rojanapithayakorn from WHO China and Dr Jana Smarajit from CARE India teamed up with the NAP, WHO, UNFPA, PSI and Marie Stopes International (MSI) conducted the review in which field visits were included.

The 100% TCP programme forms one of the major elements of the *National Strategic Plan for expansion and upgrading of HIV/AIDS activities in Myanmar 2001-2005* and was piloted in 4 townships in 2001. By the end of 2004 the 100% TCP programme was implemented in 110 townships

The review board found considerable variability in the performance of the 100% TCP programme in different townships and performance vary with the maturity of the programme. Recommendations made by the review team include:

- Building stronger partnerships for the 100% TCP programme with other key stake holders in the government sector; especially police and general administrative departments, and in the NGO sector by creating a Task Force to guide policy and programme development at the national level
- Intensify advocacy efforts at all levels emphasising the critical importance of reducing HIV transmission in sex work settings for effective control of the HIV/AIDS epidemic in Myanmar
- Intensify efforts to reach out and support sex workers through peer outreach programmes empowering their negotiation skills with clients and brokers.

The findings and recommendations were presented in a dissemination meeting to partners organised on 26<sup>th</sup> July. ■



## “WHO responding to termination of global fund grants to Myanmar”

**T**he global fund to fight aids, tuberculosis and malaria, in a communication dated 18 August 2005 notified UNDP, as principal recipient for global fund grants to Myanmar, of their decision to terminate all grants to the country. The Hon Minister of Health, as chairperson, convened a meeting of Myanmar's country coordinating mechanism on 19 August 2005 to inform members of the global fund's decision. WHO made the above statement to this meeting, read out by WR Myanmar Prof Adik Wibowo.

Country coordinating mechanism meeting on 19 August 2005.

WHO responding to termination of global fund grants to Myanmar

1. WHO deeply regrets the decision of the global fund to terminate all its approved grants to Myanmar.
2. Considerable resources had been approved by the global fund to fight tuberculosis, malaria and HIV-AIDS, which will now no longer be available to the country. This will have severe consequences for public health, both in the country and beyond.
3. With the decision to terminate, the global fund's engagement with this country, is contributing to a net outflow of resources from this country, rather than adding resources to fight three key public health problems.
4. Abrupt termination amounts to a 'crash landing', with immediate adverse impact for needy beneficiaries in the country. The global fund, assuming that its decision is irrevocable, should be requested to phase out their engagement less abruptly. A soft landing approach, rather than a crash landing, is very much warranted. This is needed because on-going and committed activities need to be completed - for technical, managerial and humanitarian reasons.
5. While all three global fund components - tuberculosis, malaria, HIV-AIDS - are being terminated, they were in different states of implementation.

6. For tuberculosis, Myanmar is one of 22 high burden countries in the world. Implementation of the first year was fully under way, despite the imposition of ever more stringent safeguards by the global fund.
7. For malaria, Myanmar is a high burden country too. Resources are desperately needed to prevent malaria, and to implement the country's new anti-malarial treatment policy based on combination therapy. Drug resistance is also on the rise - unless combination therapy can be implemented nation-wide.
8. For HIV-AIDS, it is a disease of national and international concern. Resources are needed to implement effective preventive interventions to reduce HIV transmission, and to provide access to care, treatment and support, including provision of antiretroviral drugs on a sustained basis.
9. With multi-drug resistant tuberculosis and HIV transmission both on the rise, the hard won gains so far by the national tuberculosis and AIDS programmes would be reversed - unless resources are forthcoming and implemented urgently.
10. These three diseases affect the poor in society especially and disproportionately.
11. An urgent strategy for resource mobilization should be worked out together with like-minded partners and stakeholders. WHO, together with UN colleagues and other partners, will explore possible avenues to do so.
12. WHO stands committed to provide continued technical support in the efforts to prevent and control tuberculosis, malaria and HIV-AIDS. We would like to give credit to our national counterparts, at every level, for their tremendous efforts and commitments. The Ministry of Health has been steadfast in this process - a quality which will continue to be much in demand as we face together the challenges ahead. ■

## “Third intercountry training of trainers on HIV-AIDS voluntary counselling and testing (part 1)”



Minister of Health, HE Prof Kyaw Myint

**O**ne of the major barriers to antiretroviral treatment scale-up and prevention is the identification of those who are infected with HIV, which is compounded by the lack of access to quality counselling and HIV testing services.

The UNAIDS/WHO statement on HIV testing recommends that HIV testing must be based on the provision of counselling and on informed consent of the person being tested. HIV counselling and testing must be truly voluntary, confidential and of high quality.

Comprehensive prevention that addresses all modes of HIV transmission remains the mainstay of the response to this epidemic and a key element in comprehensive prevention is voluntary counselling and testing. This is the only chance to provide one-to-one counselling for those who have tested HIV negative to learn how to remain negative. It

Yangon, Myanmar, 18-30 July 2005

is therefore important to scale up access to HIV counselling and testing services as an entry point to prevention, care and treatment, in both high and low burden countries of the Region. The training is of critical importance in preventing the spread of the epidemic in the respective countries.

The Regional Office for South-East Asia has addressed this urgent need through the development and implementation of a standardized package for Training of Trainers in Voluntary Counselling and Testing (VCT) on HIV, in collaboration with UNICEF. The package consists of a Part I and a Part II.

The Third Intercountry Training of Trainers on HIV/AIDS Voluntary Counselling and Testing (Part I) was organized in Yangon during 18-30 July 2005, by the WHO Regional Office for South-East Asia and the UNICEF East Asia and the Pacific Regional Office in association with the WHO and UNICEF country offices and the Ministry of Health. The workshop is targeted to build capacities of member states who have not yet integrated the WHO VCT training package. 30 participants from 10 countries in the region including 9 from Myanmar attended the workshop. The Part II workshop will be organized in Yangon during 7-12 November 2005. ■

## “Methadone maintenance therapy to start in Myanmar”

**D**uring the last quarter of 2005, 4 selected Drug Treatment Centres (DTC) of the Department of Health (DOH) will start piloting Methadone maintenance therapy (MMT) for injecting drug users (IDU) in Myanmar. Opioid dependence is associated with a high risk of HIV and other blood borne virus infections such as hepatitis when opioids (usually heroin) are injected using contaminated injection equipment.

Together with sexual transmission, injecting drug use is one of the major ways of HIV transmission in Myanmar with 34% prevalence of HIV infection among IDUs according to the latest data from the National AIDS Programme (NAP) for 2004. Methadone is one of the most effective types of pharmacological therapies for reducing opioid dependence. By reducing the use of heroin the dangers associated with opioid dependence for the individual as well as family and society like death, HIV risk behaviours, criminal activities, is reduced. Therefore MMT is considered an important component of the community based approaches in the management of opioid dependence and the prevention of HIV infection among IDUs.

In 2004, with the technical support of WHO, the Substance Abuse Control project of the Department of Health developed the technical Guidelines on MMT in Myanmar. These Guidelines were approved in December 2004 and since then, a series of advocacy and technical meetings as well as trainings of health care workers and NGO staff about MMT implementation have been organised.

At the same time, procurement of methadone for the pilot programme was processed. Collaboration with relevant organisations and departments such as UNODC the Central Medical Store Depot of the DOH and NGO sector has also been organised to support MMT. In some parts of the country, this model involves close collaboration between the DTCs and NGOs already providing support services for IDUs such as Medecins du Monde in Kachin State or the Lashio Outreach Project (UNODC) in Shan State. In this model, after the clients complete induction methadone treatment at the DTC's, they can be referred for follow up by the NGO programmes where IDUs will also receive psychosocial support and have access to a range of other services. Thus, this model ensures comprehensive support to IDUs enrolled in MMT. WHO looks forward to ongoing support to the DOH for further expansion of this project in the near future. ■



Dr David Jacka, WHO Consultant, facilitating the training of trainers for methadone maintenance therapy for prescribers and dispensers

# “ The 7th ICAAP International Conference on HIV/AIDS in Asia and the Pacific (ICAAP) ”

The 7-th International Conference on HIV/AIDS in Asia and the Pacific (ICAAP) was held in Kobe, Japan 1-6 July this year. The aim of the conference was to create a bridge between science and community and 3,000 participants from over 60 countries were present including people living with HIV/AIDS (PLWHA), scientific researchers, community activists, health workers and government and international agency representatives. The main themes covered were; Basic and clinical sciences, treatment, care and support, prevention and epidemiology, culture, gender and sexual issues and political and social contexts.

In the Asia-Pacific region 1,500 deaths and 3,000 new infections occur daily and although it is clear that a lot has been done, much more is needed, especially regarding reducing stigma and discrimination, where

increased efforts are urgently needed. The increased political commitment is acknowledged but the conference stressed the importance of commitment being reflected at all levels.

It was also recommended that prevention efforts could be more targeted in this region as well as the urgent need to better integrate prevention and care. Limited coverage for all sectors is a key concern. Harm reduction is a key intervention for this region, which has received lots of political commitment which needs to translate into action. One highlight of the conference was the Joint WHO-UNAIDS Statement on Harm Reduction which announced the inclusion of Methadone and Buprenorphine on the "WHO Essential Medicines List".

Special attention was given to Antiretroviral Therapy (ART), the "3x5 Initiative" and its progress as the third 3X5 progress report was launched. Globally, in June 2005, 1 million people are accessing antiretroviral (ARV) reflecting 15% of the global need. In the Asia-Pacific region 155,000 people have been put on the treatment which is approximately 14% of those in need. Although it is unlikely to achieve ARV access for 3 million people by the end of 2005, the 3X5 initiative has had successfully a catalytic effect in partnership development but many challenges remain. Major concerns are reliable supply management and procurement systems as well as the generic production of ARVs at large scale. We all aim now for the new goal of universal access for prevention and care by 2010 [G8 goal]. ■

## “ 6<sup>th</sup> Global Conference on Health Promotion (6 GCHP) ”

### Policy and Partnerships for Action: Addressing the Determinants of Health



Myanmar participants from the Ministry of Health

The 6th Global Conference on Health Promotion was held 7-11 August 2005 in Bangkok. The theme was Policy and Partnerships for Action: Addressing the Determinants of Health, jointly organized by WHO and the Ministry of Public Health of Thailand. Simultaneously the Ministerial Consultative Meeting on Health Promotion: Political Leadership for Action was held 10-11 August 2005, attended by Ministers of Health, senior officers and WHO regional representatives. Key issues discussed were:

global health promotion, the Bangkok Charter and the way forward and health promotion initiatives in different countries

After the draft Bangkok Charter for Health Promotion was presented the programme was divided into 4 tracks in which track 1 dealt with issues related to challenges in population health promotion, environmental health, health in new urban settings and the marginalized groups, gender and health promotion, mental health and health promotion capacity mapping. Track 2 dealt with trade agreements and public health, regulation of products harmful to health, health as foreign policy, globalization, workplace and health, public health emergencies of global concern, trade liberalization and diet and nutritional transition and global health promotion. Track 3 covered issues about partnerships and NGO coalition for global health promotion, the role of private sector and independent health practitioners in health promotion, contribution of health promotion to the achievement of millennium development goals, integrated health promotion strategies, IEC for health promotion and setting-based health promotion. Track 4

talked about sustainability and government approach to health promotion, knowledge management as a health promotion model, capacity building of the Ministry of Health and community to promote health, sustainable financing, integrating health promotion into health systems and health impact assessment and the globalization challenges.

The Bangkok Charter was finalized on the last day and shared with all participants. Representatives from 6 regions presented a brief account on the way forward to implement the Bangkok Charter on Health Promotion. The Bangkok Charter for Health Promotion addressed: the determinants of health, strategies for health promotion in a globalized world, commitments for health for all and global pledge to make it happen.

On the 13th of August, there was a separate meeting of all WHO staff members from HQ, Regional and Country Offices to discuss the way forward. The 6th Global Conference on Health Promotion has provided a unique opportunity to address the many global health challenges and to harness political commitment in providing leadership and direction in health promotion at all levels around the world. ■

## “ Disaster Management Workshop ”

A national training workshop on Disaster Management, organized by the Ministry of Health with the support of WHO, was held on July 26-28 at Trader's Hotel.

Attended by a wide ranging participation from the different states and divisions of the country, the workshop aimed at analyzing the conceptual framework related to disaster management and at moving towards a national disaster plan, taking into account local needs and circumstances and focusing on the health sector.

Specific participants' learning objectives were:

- identify the key elements of the most commonly used definitions for the

terms disaster, hazard, risk, capacity and vulnerability

- explain the difference between disaster reduction, disaster preparedness, disaster prevention and disaster mitigation
- understand the roles of different actors in a disaster
- understand multifaceted aspects of disasters
- contribute to the development and updating of the national disaster management plan in their areas, and in the light of the training experience gained in this workshop.

To reflect these learning objectives, the workshop has benefited from good speakers and trainers with an impressive

overall expertise in the field of disaster management.

Table-top exercises have tested the participants' capability and skills at problem identification and solving in disasters. Each day featured a different exercise, evolving from conducting a vulnerability analysis and risk assessment in a given community, performing rapid health assessment in disaster time and, finally, to delivering proper response on the basis of the assessed needs and vulnerabilities.

This first workshop will be followed by others at State and Division level, where township medical personnel will be able to attend. It is the beginning of the development of a network of disaster managers in Myanmar. ■

important dates

1-7 August 2005	National Breastfeeding Week
15-20 August 2005	School Health Week
1-7 September 2005	National Nutrition Week
4-5 September 2005	23 <sup>rd</sup> Meeting of the Health Ministers of the Countries of WHO South East Asia Region, Colombo, Sri Lanka
6-10 September 2005	58 <sup>th</sup> Session of the WHO Regional Committee for South East Asia, Colombo, Sri Lanka
25 September 2005	World Heart Day 2005 "Healthy Weight, Healthy Shape" "တစ်လှေကားပေါ်တွင် နေထိုင်ရန်"
15-18 October 2005	Joint meeting of the DOTS expansion, TB/HIV and DOTS-Plus for multidrug resistant tuberculosis(MDR-TB) working group of the stop TB partnership, Versailles (15-17 Oct) and Paris, France (18 Oct)
18-22 October 2005	36 <sup>th</sup> Union World Conference on Lung Health: "Scaling up and sustaining effective tuberculosis, HIV and asthma prevention and control", Paris, France.
18-28 October 2005	External review of the National Malaria Control programme.