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"External review of the national malaria control programme"

The external review team at work, October 2005

"*The achievements of the national malaria control programme (NMCP) are impressive given the extreme constraints on it. The reported malaria morbidity and mortality rates are declining, but the malaria burdens are still very high.The programme has absorptive capacity, and there is room for improvement to ensure universal access to quality diagnosis and appropriate treatment and to scale up the use of insecticide-treated mosquito nets, provided that additional external resources are available."* These are the initial conclusions of the review team of international experts who reviewed the NMCP from 18 - 28 October 2005.

The external review of the NMCP, the first since 1985, was a collaborative activity of the Ministry of Health, JICA, UNICEF and WHO. It was carried out in response to the need identified by the Ministry of Health and the key partners during the consensus meeting on 6 April 2005 on development of the national malaria control programme strategic plan 2006 - 2010.

The sudden and unexpected termination of the Global Fund grants in August 2005 made the external review of NMCP an important exercise to show international community the magnitude of the malaria problem, the successes, strengths and weaknesses of the programme and the way forward to further improve the malaria situation in Myanmar.

The general objectives of the review were to conduct a comprehensive in-depth analysis of the malaria situation and the national malaria control programme in Myanmar, and to make recommendations to scale up interventions on malaria prevention and control programme in Myanmar.

The specific objectives were: a) to review the epidemiology of malaria, including the trend in the last 30 years in Myanmar and to estimate the burden of malaria in the country; b) to review the *national malaria control programme* structure, functions, resources, policies, strategies, implementation issues and outcomes of the programme policies and strategies; c) to examine the practices on prevention and control of malaria by the private sector, NGOs and the communities at risk; d) to identify immediate priority needs, including budget estimate, of the national malaria control program, following the termination of Global Fund grants; and e) to prepare specific recommendations for prevention and control of malaria, including management structure, key policies and strategies, key interventions to be scaled up, and estimate the resources needed to scale up key interventions in the next five years.

The review team consisted of 12 international experts, six national experts and six members of technical secretariat from Vector Borne Disease Control (VBDC under the Dept of Health), JICA, UNICEF and WHO. Dr Sylvia Meek (Technical director, malaria consortium, UK) was the team leader and Dr Vijay Kumar (former Director, communicable disease control, WHO SEARO) was the rapporteur. Dr Meek was supported by DfID, while other team members were supported either by JICA, UNICEF or WHO.

The review process included preparation of background documents by technical staff of JICA, UNICEF, WHO, VBDC and other agencies of the Ministry of Health. The documents, most of which were provided in advance to the review team, were presented and discussed during the first two days of the review. Key informant interviews and focus group discussions were undertaken with national agencies, national and international NGOs, UN agencies as well as local stakeholders in areas visited. The team, dividing into six groups, visited 8 states or divisions for 4 - 5 days. They reviewed local data, interviewed local administrative authorities, health officials, VBDC teams, basic health staff, national and international NGO field staff, and visited health facilities and some malaria endemic villages.

Areas visited by the Review Team

The draft findings and recommendations were discussed on several occasions with the Hon Minister of Health, Director General, Department of Health, and staff; with representatives of JICA, UNICEF and WHO; international NGOs and diplomatic corps, including UN agencies. Comments and suggestions from these briefings are currently being taken into consideration in finalizing the report.

The final report of the review team is expected to available within 2-3 months, and will be widely disseminated once cleared by JICA, UNICEF, WHO and Ministry of Health.

During the debriefing, Ms Caroll Long, UNICEF Representative to Myanmar, noted that the external review mission has shown that malaria strikes primarily the most vulnerable, the poorest, the migrants, the dispossessed. "For UNICEF and for the UN, helping these groups is a major part of our humanitarian mandate, we want to use the findings of this mission to renew our commitment to playing an important role with others in controlling this deadly disease". Mr Takahiro Sasaki, JICA Representative, commended the review team for their comprehensive findings and recommendations. He emphasized that JICA will continue to support the programme in software component, such as technical consultation, human resource development, capacity development and system development. Prof Adik Wibowo, WHO Representative to Myanmar, acknowledged the support of partners - Ministry of Health, UNICEF, JICA and DfID - in carrying out the external review. She expected findings and recommendations to be very useful in three ways. First, to finalize the national strategic plan for malaria prevention and control 2006-2010. Second, to guide partners in updating their respective plans of action for malaria prevention and control in the country. Third, to help mobilize alternative resources following the sudden termination of global fund grants, which included malaria. Prof Adik furthermore emphasized three key action points to improve malaria prevention and control after the external review: 1) follow-up actions on key recommendations, 2) strengthening the township health system, and 3) community empowerment.

The Review Team

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- Dr U Kyaw Nyunt Sein, director, disease control, DoH
- Dr U Nyunt Hlaing, Ex-Director, disease control
- Dr U Chit Soe, Consultant physician, East Yangon General Hospital

Technical secretariat
- Dr Leonard Ortega, WHO
- Dr U Soe Aung, WHO
- Dr Anne Vincent, UNICEF
- Dr Khin Maung Wynn, UNICEF
- Dr Masatoshi Nakamura, JICA
- Dr U Saw Lwin, VBDC, DoH, MoH

"The first TB-HIV prevention and control training at central level"

From 3-7 October 2005, the national Tuberculosis (TB) programme and the national AIDS Programme, supported by WHO Myanmar and the Global Fund to fight AIDS, TB and malaria, organized the first TB-HIV prevention and control training at central level for 25 programme medical officers at the University of Nursing, Yangon. The training enhanced knowledge and skills to deal with TB-HIV co-infections and, importantly, boost collaboration between the two vertical programmes.

TB-HIV co-infection is a serious concern in Myanmar, alike in many high TB and HIV burden countries. Because HIV infection so severely weakens the immune system, people dually infected with HIV and TB have a 100 times greater risk of developing active TB disease and becoming infectious compared to people not infected with HIV.

Moreover, TB is the cause of death for one of out every three people with AIDS worldwide. Due to this fueling effect of the TB and HIV epidemics on each other, TB-HIV co-infection represents a deadly partnership.

For many years, efforts to address TB and HIV have been largely implemented and funded separately. It is now being recognized that - globally - TB and HIV programmes need to collaborate much more effectively to support provision of a coherent health service response to TB-HIV.

Addressing HIV means addressing TB as a leading killer worldwide of people living with HIV and AIDS. The core strategy here is expanding the WHO-recommended TB control strategy, DOTS (**D**irectly **O**bserved **T**reatment, **S**hort-course).

Furthermore, tackling TB means tackling HIV as the most potent force driving the TB epidemic. The core activities for this are infection and disease prevention, health promotion activities and provision of treatment and care.

The commitment by Myanmar's Ministry of Health to address the TB-HIV threat is demonstrated by a number of initiatives: a) establishment and quarterly meetings of a central *TB-HIV coordination committee;* b) inception of two pilot projects on TB-HIV prevention and control in 7 townships (5 townships in Mandalay city; Myitkyina and Taunggyi) with the support CIDA and WHO; c) incorporation of TB care in HIV curricula and vice versa; d) the plan to conduct an HIV prevalence survey among TB patients and participation of Ministry of Health officials at international fora on TB-HIV.

Dr Tin Win Maung, Director General, Department of Health, Ministry of Health, speaking at the opening ceremony on 3 October 2005

A poster depicting preliminary results of the TB-HIV project in Myitkyina and Taunggyi was presented by the national TB and AIDS programme managers at Paris, France, for the *World conference on lung health*, 18-22 Nov 2005. Scaling up TB-HIV efforts was a main theme there *(see insert miniposter)*.

"HIV-AIDS care and support: progress of the 3X5 initiative"

Myanmar is one of the Asian countries with an advanced HIV epidemic. HIV prevalence in the adult population was estimated in 2004 at 1.3% including a total number of 338.911 persons living with HIV-AIDS, with an estimated 46,500 persons in need of anti-retroviral therapy (ART).

A minimum set of essential services need to be in place before anti-retroviral therapy can start. A check list has been developed, and some sites were chosen by the Ministry of Health to implement ART. In this context, necessary training was provided by the Ministry with the support of WHO. Additional assistance, including drugs for ART and opportunistic infections as well as laboratory equipment, test kits and reagants, was provided by partners.

Since June 2005, two hospitals in the public sector have been selected, namely: Waibargi hospital, North Okkalappa, Yangon and Mandalay General Hospital. A TB-HIV project has also been started in Mandalay with the support from the International Union for Tuberculosis and Lung Diseases, private partners and WHO. The project already provides ART for a number of TB-HIV co-infected persons. In addition to these sites, ARV drugs are provided at the Myanmar-Thai border in Shan state.

As at November 2005, about 115 persons are on ART within the public sector and another 285 are expected to be provided with treatment in the near future. With support from the Fund for HIV-AIDS in Myanmar (FHAM), an additional 700 persons are envisaged to be covered. Furthermore, it should be mentioned that a number of international NGOs as well as the private sector provide anti-retroviral therapy to AIDS patients.

The estimated total coverage to date is still far from what would be needed. At the same time, the quality of ART implementation is critical to its success. Sustained funding support is needed as well.

"Advanced training workshop on *adverse events following immunization* (AEFI), Yangon, Nov 2005"

An advanced training workshop *Adverse events following immunization* (AEFI) - *reporting, investigation and causality assessment* was held at Sedona Hotel, Yangon, from 1-4 Nov 2005. The workshop, conducted by WHO in collaboration with UNICEF and the Ministry of Health, aimed to provide participants with the knowledge and skills to:

1. describe the strengths and challenges in Myanmar's AEFI monitoring program sub-nationally and nationally.
2. develop an action plan to improve the effectiveness of AEFI monitoring sub-nationally and nationally by addressing:
   - i. reporting
   - ii. screening and analysis
   - iii. investigation
   - iv. causality assessment
   - v. training, education and communication.
3. describe global vaccine safety initiatives and their link to national programmes.

The training was attended by Central epidemiology unit and expanded programme on immunization (EPI) programme staff, state and divisional health directors, paediatricians, Special disease control unit (SDCU) team leaders and staff of the Food and Drug Administration, Ministry of Health, Myanmar. International experts: Prof Nora Noni MacDonald, IWK children's hospital and Dalhousie university, Canada

- Dr Adwoa Bentsi-Enchill, WHO HQ - immunization, vaccines and biologicals
- Dr Ushma Mehta, Division of Pharmacology, University of Cape Town, South Africa
- Mr Stephane Guichard, WHO SEARO - vaccine safety and quality

WR Myanmar Prof Adik Wibowo addresses trainees during the launch of the AEFI training workshop on AEFI reporting, investigation and causality assessment.

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Global Fund to fight AIDS, tuberculosis and malaria (GFATM) activities in Myanmar

The GFATM approved three five-year grants submitted by the country coordinating mechanism (CCM) Myanmar, for tuberculosis *(round 2)*, malaria and HIV-AIDS *(both round 3)*. The approved maximum for the first two years (phase 1) totalled US$ 35.68 million for the three components combined. For the entire five-year period, the total funding request for the three components combined was US $98.47million.

As is the case in 25 different countries, GFATM chose UNDP to be "principal recipient" (PR) of GFATM grants in Myanmar, i.e. to be accountable for grant investments and the achievements of agreed targets for the three diseases. Detailed grant agreements were negotiated subsequently. UNDP adopted a collaborative UN approach to implement GFATM grants by forming partnerships with agencies with existing technical capacities. Accordingly, agreements to provide technical assistance to the principal recipient and to sub-recipients to strengthen implementation, assess progress against benchmarks and help consolidate reports were signed with WHO for the malaria and tuberculosis components, and with UNAIDS for the AIDS component.

UNDP, as PR of GFATM, signed agreements with sub-recipients for implementation of grants for one year as per approved work plans. For international NGOs, funds were released on a quarterly basis, whereas for national NGOs and national entities, releases following the GFATM's *zero cash policy* were based on activities. Procurement and staffing activities were undertaken directly by UNDP.

As at 31 July 2005, GFATM released a total of US $11.8million for all three components combined. Implementation of GFATM activities in Myanmar did not start as planned due to several reasons which included UNDP building the institutional capacity to handle the work and also Myanmar being classified by GFATM as a 'safe-guard' country. Zero-cash flow to national entities (accounting for over 80% implementation) and all expenditures were very closely scrutinized by GFATM and its Local Fund Agent, further contributing to slow implementation. By 31 July 2005, activities amounting to US $3.8 million were implemented for all three components. Implementation of the TB component was initiated, with funds disbursed to WHO and Population Services International (PSI). A Technical Working Group led by WHO reviewed and endorsed the first two quarterly reports for the TB grant and helped in monitoring and evaluation of activities undertaken vis-a-vis intended targets and benchmarks.

The progress and experience gained from the TB programme, which demonstrated that a proper monitoring and oversight system had been put in place, was a guiding factor to prepare for execution of the malaria and HIV grants, which were signed six months later than the TB grant.

However, the GFATM secretariat, in a letter dated 18 August 2005 notified UNDP, as principal recipient for global fund grants to Myanmar, of their unilateral decision to terminate all grants to the country. One of the reasons mentioned in this letter included restrictions imposed by the government of Myanmar on international NGOs and UN agencies preventing effective programme implementation and monitoring.

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 GFATM's decision. WHO regretted the decision by the GFATM, -- WHO's statement to the country coordinating mechanism was reported in our last newsletter -- especially keeping in view the progress in implementing the tuberculosis component by the national programme and partners, achieving the set targets against the benchmarks for two consecutive quarters.

UNDP, as PR of GFATM in Myanmar, was requested to submit a phase out plan. The purpose of such a plan is to allow at least to liquidate ongoing activities for over six months and allow time for alternative donor mechanisms to be explored and phased in, to cover critical programme activities. The plan to be submitted has to include:

a. life saving activities;

b. ongoing obligations, commitments and contracts already signed by the principal recipient;

c. operational activities important to continue during six months to allow donors to take on the responsibilities.

The revised work plans, endorsed by the technical working group, have been submitted to GFATM for approval.

WHO country office, WHO Regional Office for South East Asia, WHO Headquarters and the Country Coordinating Mechanism, India, as a member for South East Asia to the Global Fund Board, extended all possible help to the country in voicing their concern for the abrupt termination of grants and loss of Global Fund resources constituting a blow to our collective efforts to provide continuing rights to prevention and care services to the peoples of Myanmar.

The CCM Myanmar, in its statement, regretted the GFATM decision, too, and requested reconsideration. The chairperson of the CCM sent a letter to the GFATM for the same purpose, outlining positive steps the country has since taken in relaxing travel restrictions. A representative of the Ministry of Health, and of the WHO country office, attended the 11th GFATM Board meeting in Geneva during September 2005, to convey local views.

Generating alternative sources of funds for humanitarian needs in the country, by approaching donors interested in funding the gaps left behind by the GFATM, is regularly discussed by UN agencies. A consultant supported by DfID visited Myanmar in October, and is scheduled to do so again during December 2005, beginning to discuss modalities of setting up an alternate funding mechanism with adequate monitoring and reporting requirements, to help ensure health benefits reach people in need. The consultant submitted his initial report to donors suggesting to set up a joint fund independent of UN agencies, to fund proposals under their supervision for the three diseases combined, so that the country's pressing needs caused by the sudden withdrawal of GFATM support can still be addressed effectively. ■

Commemoration of 60th anniversary of the United Nations, 24 October 2005

During the closing days of the Second World War, representatives of 50 nations attended the UN Conference on International Organization in San Francisco, USA, leading to the signing of the UN Charter on 25 June 1945. The Charter came into force on 24 October 1945 and UN Day has been celebrated every year on that date. Today's membership totals 191 countries of the world.

A large number of UN staff gathered to commemorate UN day at the UNDP office grounds. After raising the UN flag, Mr Charles Petrie, UN resident coordinator in Myanmar, addressed the audience. Mr Petrie read the UN Secretary General 's remarks on UN day 2005, noting the importance of recognizing that the world today is very different from that of the UN's founding nations and that the United Nations reflect this new age and respond to its challenges. Mr Petrie also emphasized the principles of humanitarian assistance to which UN staff are bound and which characterize UN work in countries. Dr U Ko Ko, Regional Director *emeritus* for the WHO South East Asia Region, highlighted examples of such humanitarian work and noted the importance of UN reform and of the UN millennium development goals. Mr Bhim Udas, World Food Programme (WFP) country director, presented an award to the winner of the international WFP 2005 school design competition, Ma Hin Thuzar New, a nine year old girl from a remote village in Rakhine state. Her winning drawing depicts, on the left side, poor children who cannot attend school herding cattle, and, on the right side, children happy to attend school - receiving food aid from WFP.

Dr U Ko Ko, Regional Director emeritus for the WHO South East Asia Region, speaking on the ocasion of UN day 2005.

UN resident coordinator, Mr Charles Petrie, addressing a large UN audience on UN day 2005.

The official part of the commemoration was followed by a presentation of songs and a traditional folk show, both dedicated to promote HIV-AIDS awareness. Afterwards, the gathering was invited to browse a small bazaar, set up by a range of different UN agencies for UN day. Proceeds from sales will go to people living with HIV-AIDS. ■

3rd intercountry training of trainers on HIV-AIDS voluntary counselling and testing *(part II)*

Yangon, Myanmar, 7-12 November 2005

The third intercountry training of trainers on HIV-AIDS voluntary counselling and testing (VCT), *part I*, was organized successfully in Yangon during 18-30 July 2005, by the Ministry of Health, WHO Regional Office for South-East Asia, UNICEF East Asia and the Pacific Regional Office and WHO and UNICEF country offices. The workshop was targeted to build capacity in Member States who have not yet integrated the WHO VCT training package in their national counselling services. The *part I* workshop contained essential information to train HIV-AIDS counsellors. It is also used as a resource by those who conduct such training. The modules are designed as a reference to help build the skills and expand the scope of those who already provide HIV-AIDS counselling.

The *part II* workshop was organized during 7-12 November 2005. This training is designed as a sequel to *part I* . The overall purpose of this workshop is to train a cohort of experienced VCT counsellors in the development and delivery of training. This will enable them to return to their workplaces and assume the responsibilities of a VCT trainer. This means they would be able to develop, implement and evaluate VCT training programmes appropriate to their working contexts. This will help ensure that VCT services are made available on much larger scale than at present. 26 participants from 10 countries in the South East Asia and Western Pacific regions, including 8 trainees from Myanmar, attended the workshop. In order to conduct high quality training, all course facilitators had recent or current clinical experience in VCT counselling.

HE Prof Kyaw Myint, Minister of Health, Myanmar, addressing the opening ceremony of the 3rd intercountry workshop to train trainers on HIV-AIDS voluntary counselling and testing (part II), Traders hotel, Yangon, 8 November 2005.

High quality voluntary counselling and testing (VCT) not only enables and encourages people with HIV to access appropriate care but has been demonstrated to be effective in HIV prevention, too. Equitable access to VCT services should be considered a priority intervention in the fight against HIV-AIDS. There is clear evidence that VCT has several benefits such as: facilitating planning for the future; orphan care; will making; acceptance; coping with one's HIV status; facilitating behaviour change in sero-negative and sero-positive people. This will help keep HIV negative persons negative, and help reduce transmission from mother to child. VCT is also the platform to facilitate early management of HIV-related and sexually transmitted infections, identifying the need for prophylaxis and effective, safe use of antiretroviral therapies. VCT also enables psychosocial support through referral to social and peer support, and increases the visibility of HIV in communities. This favours de-stigmatization of those with HIV-AIDS, as HIV will be seen as a problem faced by many 'normal' people in the community. This process can promote normal attitudes towards the disease, which is known as "normalization" of HIV-AIDS.

World sight day 2005

To mark *world sight day,* an opening ceremony was held on 13 October 2005 at the International Business Centre, attended by officials from the Ministry of Health, UN agencies, international and national NGOs. During her opening address, Prof Adik Wibowo, WHO Representative to Myanmar, underlined the fact that eye care needs to be viewed comprehensively and as a priority. WHO hopes that world sight day, launched in 1999, will provide opportunities for the public, health professionals, private and non-profit sectors to become more aware and more committed to help ensuring the *right to sight for all* and to invest in global blindness prevention.

Today, it is estimated that 180 million people world wide are visually disabled. Of these, between 40-50 million persons are blind. As populations grow as well as age, these numbers are expected to double by 2020, making a colossal human tragedy even worse, delaying development and denying a basic human right. Prevention and treatment of vision loss are among the most cost effective and successful health interventions. Such interventions include: cataract surgery to cure eye diseases related to ageing; prevention of trachoma; immunization against measles; provision of vitamin A supplements for the prevention of childhood blindness; and provision of eye glasses. The causes of avoidable blindness are frequently associated with lack of access to quality eye care service.

"The Vector Borne Disease Control, Department of Health, Ministry of Health, Myanmar, will conduct the fifth annual mass drug administration towards elimination of lymphatic filariasis during December 2005. This year approximately 24 million people are being targeted to take diethylcarbamazine (DEC) and albendazole tablets. The fact sheet is intended to generate awareness on the problem of lymphatic filariasis and on the progress to eliminate it and to advocate for more support for the programme."

important dates

14-16 November 2005	Asia Pacific workshop on continuum of care for maternal and newborn health, Bangkok, Thailand
14-16 Nov 2005	Regional national control laboratories (NCLs) network meeting, to develop working reference standards for pertussis & JE vaccines CDL, Kasauli, India
17-18 Nov 2005	Meeting of partners on tropical diseases targeted for elimination or eradication, Bangalore, India
21-23 Nov 2005	Regional meeting on health aspects of emergency preparedness and response, Bangkok,Thailand
21-24 Nov 2005	Regional workshop on avian influenza and pandemic preparedness, Bangkok, Thailand
25-26 Nov 2005	AsDB-WHO Mekong malaria project inception and advisory committee meeting, Vientiane, Laos
28 Nov-3 Dec 2005	57th meeting of the Regional Director, WHO SEAR, with WHO Representatives, New Delhi, India
29 Nov-1 Dec 2005	Intercountry workshop to accelerate integration of IMCI in pre-service training of health professionals in WHO South-East Asia Region (SEAR), Mumbai, India
1 December 2005	World AIDS Day 2005
5-9 December 2005	Workshop for building capacity to support countries in developing child survival strategies that include newborn health, WHO SEARO, New Delhi, India
5-7 December 2005	11th meeting of the national TB programme managers meeting, WHO SEAR, Kathmandu, Nepal
5-7 December 2005	18th Meeting of the National AIDS Programme Managersin SEAR, Kathmandu, Nepal
8 December 2005	WHO-UNAIDS Joint Regional Technical Briefing on Scaling up towards Universal Access to HIV Prevention, Treatment, Care and Support, Kathmandu, Nepal
8-9 December 2005	4th meeting of the Technical Working Group on TB, WHO SEAR, Kathmandu, Nepal
9 December 2005	Meeting of the SEAR HIV/AIDS Focal Points, Kathmandu, Nepal