



Happy New Year 2006 from WHO Country Office Myanmar



The World Health Organization (WHO) Country Office Myanmar celebrated the ushering in of New Year 2006 with an informal get together buffet dinner at the Sedona Hotel's Executive Club, here in Yangon, Myanmar, on 31 January. The dinner hosted by Professor Adik Wibowo, WHO Representative to the Union of Myanmar, was attended by ambassadors and diplomats stationed in Yangon, led by the Dean of the Diplomatic Corps the Philippines Ambassador to the Union of Myanmar, Madame Phoebe A. Gomez, Regional Director Emeritus of WHO South-East Asia Region Dr U Ko Ko, WHO Country Office Myanmar staff, among others.

Following is an abridged version of Professor Adik Wibowo's welcoming address at the dinner:

"WHO - a specialized agency for health under the United Nations - first came to Myanmar on 1 July 1948, approximately six months after Myanmar proclaimed its independence. Ever since, WHO, according to its mandate, continues to work in collaboration with its national counterpart - the Ministry of Health (MOH) - in the notable areas of policy development, capacity building, development of standards and guidelines and advocacy. The mission of WHO Country Office Myanmar is the attainment of the highest possible level of health by the people of Myanmar.

The Global Fund for AIDS, TB and Malaria (GFATM) grants for Myanmar has been terminated in August 2005, when at that time we were in the middle of implementing the Year 1 activities of the GFATM. It is good to learn today, that the proposal for further carrying out the six months activities of GFATM in a phase out manner has been approved and will be rendered soon in Myanmar. Considering that malaria, TB and HIV/AIDS are the key public health problems and need immediate attention, WHO Myanmar office along with other UN agencies and INGOs are making efforts for generating alternate funding to fill the gap created by GFATM withdrawal. Some bright pictures are there.

Malaria is one of the major killers in this country. WHO helps to prevent and control

this disease. You might recall the presentation of the external review team of experts in October 2005 which proved significant progress and need for continuous support for this leading cause of morbidity and mortality.

On tuberculosis, WHO Myanmar supports the National Tuberculosis Programme in achieving the sharp increase of case detection. Continuous supply of anti-TB drugs has been assured through Global Drug Facility up to 2008. TB/HIV and multi drug resistant TB are the other areas supported for TB control.

In preventing and controlling HIV/AIDS, WHO Myanmar office provides technical assistance to continuously strengthen the National AIDS Programme. The 100% Targeted Condom Promotion, drugs for people living with HIV/AIDS, lab facilities and equipment for early diagnosis and management of sexually transmitted infections, voluntary confidential counselling and testing, methadone project, securing blood from HIV/AIDS contamination, anti-retroviral therapy and 3 by 5 initiative are some of the good examples on WHO Myanmar initiative for this global problem.

Myanmar has been free from polio since the year 2000. Surveillance, campaigns, mop-up are the key words in the immunization programme. Regular trainings on case reporting and investigation, laboratory, supervision and monitoring are organized for health staff.

The health of mothers and children is improving in this country. The political will to support reproductive health was assured by the Myanmar Reproductive Health

National Policy, which was developed by the MOH in collaboration with WHO and UNFPA. Since then, it becomes the main reference for activities in improving the health status of mother and child in Myanmar.

The pandemic of Avian Influenza (AI) in human is now a matter of 'when' and no longer a matter of 'if.' It has become a global threat now. The recent Beijing Meeting (International Pledging Conference on Avian and Human Pandemic Influenza, 17-18 January) pledged for global funding for preparing countries in responding to AI. WHO Country Office Myanmar continuously supports the development of the National Pandemic Preparedness Plan on AI, by which the document will be the strategic framework for seeking financial assistance. We also work with the UN taskforce in preparing the UN contingency plan for Avian Influenza and Pandemic Preparedness.

The Millennium Development Goals recognize the critical role of health in reducing poverty and contributing to overall development. WHO Myanmar is committed to support the peoples of Myanmar in their health development endeavors.

We, in turn, depend largely on support from our partners, which have been received in large measures so far. I am looking forward to continue our relationship in the years to come."

After her speech, Professor Adik introduced Dr U Ko Ko and staff from WHO Country Office Myanmar to the gathering. She said, "you will now be aware that the WHO Country Office Myanmar is really international, and we all are ready to work hand in hand in unity to work for the health of mankind." ■

Workshop on Implementation of WHO Collaborative Activities

A Workshop on Implementation of WHO Collaborative Activities was held at Traders Hotel, Yangon on 20 and 21 February 2006. More than fifty senior officials from the Ministry of Health, all professional and concerned administrative staff from WHO Country Office Myanmar took active part in the workshop. Dr Mark Brooks, Planning Officer from WHO South-East Asia Regional Office facilitated conduct of the workshop.

Ministry of Health officials as well as new WHO staff appreciated conduct of this workshop. This helped them enhance their understanding about planning processes, like results-based management, new financial rules, multicountry activities, direct financial cooperation, and adminis-



trative procedures in the implementation of WHO collaborative activities.

It was strongly recommended to hold this type of workshop on regular basis and include junior staff who are assisting the programme managers in the planning, implementation, monitoring and evaluation of WHO collaborative activities.

Contributed by Mr. P.P. Singh, Programme & Admin Officer

World Cancer Day 2006: My Child Matters



HE Professor Kyaw Myint, Minister for Health, viewing exhibits at the inauguration ceremony of World Cancer Day with Professor Thida San, Project Manager, Cancer - Non Communicable Diseases.

The World Cancer Day was inaugurated at a ceremony held by the Ministry of Health at the University of Nursing, Yangon on 4 February 2006 morning.

An inauguration speech was delivered by HE Professor Kyaw Myint, Minister for Health. The inauguration ceremony was also attended by Professor Adik Wibowo, WHO Representative to Myanmar, Dr. Stephan P. Jost, Public Health Administrator, WHO Office, Yangon, Director Generals and officials from various departments under the Ministry of Health, and representatives from National NGOs.

The World Cancer Day that falls on 4 February 2006 marks the sixth anniversary of the First World Summit against Cancer held in Paris on 4 February 2000 where the Millennium Charter of Paris 2000 was

launched. The Charter of Paris against Cancer is a global call to action against cancer. Its purpose is to foster improved cancer treatment and research worldwide.

Globally more than ten million people are diagnosed with cancer every year and it is estimated that there will be fifteen million new cases every year by 2020. Cancer causes six million deaths every year -- i.e. 12% of total deaths worldwide. Cancer claims twice as many lives worldwide as AIDS. It is more than AIDS, tuberculosis and malaria put together.

Prevention and early detection are the most powerful weapons in the fight against cancer. During World Cancer Day 2005, the focus was on education and health promotion to prevent unnecessary suffering and death from cancer. Many people have little or no knowledge of cancer and often seek medical intervention when the disease is in an advanced stage.

The International Union against Cancer (UICC) and its member organizations in over eighty countries are dedicating World Cancer Day 2006 to childhood cancer. Under the slogan, "My Child Matters," World Cancer Day that took place on 4 February 2006 (Saturday), focused on early detection and equal access to treatment, as well as celebrating the lives of all children around the world in the fight against childhood cancer.

Members around the world have joined together and have organized events, including a wide range of educational

activities and fund raising events to educate parents about early detection in the fight against childhood cancer.

Cancer is the second highest cause of death in children between the ages of one to fourteen. Over 16,000 children worldwide are newly diagnosed with cancer each year, although the exact number of new cases each year is not known as cancer registers do not exist in many countries.

Significant advances have been made in diagnosis and therapy during the past four decades and the good news is that childhood cancer can largely be cured if detected sufficiently early. Yet children with cancer who live in developing countries have less than a 50% survival rate, as opposed to 80% for children living in developed countries.

For the 2006-2007 biennium work-plan for WHO collaborative programme in Myanmar, under the area of work for surveillance, prevention and management of chronic non communicable diseases, activities for cancer are directed towards strengthening the capacity of Yangon General Hospital's Radiotherapy Department, regarding surveillance, prevention, early detection and effective treatment and palliation of cancer patients. The work-plan also focuses on development of new information, education and communication (IEC) materials, assessment and updating of current IEC materials that are available, field testing and production of these IEC materials to create community awareness on early detection of cancer. ■

Contributed by Dr. Maung Maung Lin, National Professional Officer

Leprosy in Myanmar: a changing context

On 6 February 2006, the Union of Myanmar celebrated the Third Leprosy Elimination Day. It was to commemorate the third anniversary of achieving the target of leprosy elimination in the country at the end of January 2003, the achievement of which was declared on 6 February 2003 during the Third Meeting of Global Alliance for Elimination of Leprosy held in Yangon.

What does it mean when we say that we have achieved the target of leprosy elimination in the country? It means that leprosy is no longer a public health problem in Myanmar as the prevalence of leprosy at the national level has become less than 1 per 10,000 of the population. Although it sounds like a simple statistical statement, it holds a long and arduous story. Many partners were involved in this commendable endeavour, which encompasses a track of more than fifty years.

Leprosy is one of the oldest and most dreadful diseases known to humankind. For many centuries, Myanmar was regarded as a country where leprosy prevalence was very high and it has been a public health problem in the country. Leprosy was mentioned on ancient inscriptions found in the eleventh

century pagodas that were built during the Bagan dynasty period. The earliest scientific record on prevalence of leprosy in Myanmar was published in an 1897 report, when the country was under the British rule. The reported prevalence then was 8.6 per 10,000 of the population in the whole country and 14.4 per 10,000 in central Myanmar.

With WHO technical assistance, leprosy control programme was launched in 1952. As per various reports and estimates the prevalence of leprosy in 1954, 1964 and 1973 were as high as 100, 250 and 242 per 10,000 respectively. In 1986, when WHO multi-drug therapy (MDT) was introduced in Myanmar, prevalence decreased to 59.3 per 10,000.

With utmost efforts to control leprosy for over fifty years, and in collaboration with gracious partners, Myanmar has made an impressive progress, especially during the last ten years. The estimated number at the end of 2005 for the whole country was 2,468 patients or 0.44 per 10,000.

In addition to WHO assistance, other key partners, such as Sasakawa Memorial Health Fund (the Nippon Foundation) of Japan, American Leprosy Mission, Netherlands Leprosy Relief, Novartis



Leprosy case detection efforts by health staff, with the help of community volunteers and NGOs, in remote areas of Myanmar.

Foundation and a large number of national NGOs have generously contributed in terms of technical, moral and financial inputs. Collaboration of various government

continued on page 3

Sub-National Immunization Days in Taninthayi Division



HE Professor Mya Oo, Deputy Minister for Health, giving polio vaccine to children.

Myanmar has committed to eradicate poliomyelitis as a co-signatory of a 1988 World Health Assembly Resolution for global polio eradication. Following the implementation of WHO recommended strategies -- (i) maintain high routine immunization coverage, (ii) certification standard AFP surveillance, (iii) national/sub-national immunization days, (iv) mopping-up -- Myanmar has made remarkable progress in both surveillance and supplementary immunization.

Myanmar was one of the first countries in the region to conduct national immunization days (NIDs) in 1996, targeting approximately 6.8 million children less than five years of age. Since 1996, Myanmar has conducted eight NIDs and two sub-national immunization days (SNIDs) (each with two rounds). Mopping-up immunization campaigns were implemented in 1999 and included house-to-house approach for children less than five years of age in high risk areas.

The last case of wild poliovirus was detected in February 2000. Since then, no wild poliovirus has been detected under high quality acute flaccid paralysis (AFP) surveillance. Although there has been no laboratory confirmed wild poliovirus case in Myanmar since February 2000, the Ministry of Health continues to implement the strategies essential for maintaining polio-free status.

Myanmar decided to conduct sub-national days in six townships (Kawthaung, Bokepyin, Myeik, Kyunsu, Palaw and Taninthayi) of Taninthayi Division targeting all children less than five years of age. These six townships were selected due to proximity to Indonesia and were considered high-risk areas for possible importation of wild poliovirus into Myanmar. The total target population of these six townships was 106,995 children under five years of age.

The first round of SNID took place on 22 January 2006. The opening ceremony of the first round in Kawthaung was attended

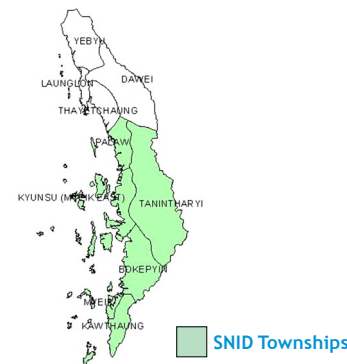
Taninthayi Division

Sr. No.	Township	Total Population	<5 Target Population
1	Kawthaung	73,053	14,386
2	Bokepyin	63,883	7,326
3	Myeik	291,339	37,351
4	Kyunsu	147,880	18,101
5	Palaw	159,199	16,162
6	Taninthayi	101,225	13,669
Total		836,579	106,995

by HE Professor Mya Oo, Deputy Minister for Health, Chairman of Taninthayi Division Peace and Development Council Commander Maj-Gen Maung Maung Swe, authorities from divisional Peace and Development Council, divisional level health officials and Representatives from WHO, UNICEF, UNDP and JICA. This shows the highest political commitment from the Government of Myanmar for polio eradication.

The first round of SNID went well. Polio drops were given to 104,144 children from the above-mentioned six townships. The total coverage was around 97%. The second round of SNID is planned for 26-27 February 2006.

In conclusion, one can certainly say that Myanmar is committed to polio eradication. With high-level political commitment and dedication of all health staff, volunteers and community, Myanmar is certain to achieve the goal of polio eradication. ■



Contributed by Dr. Rajendra Bohara, Medical Officer (Polio)

..... continued from page 2

departments, media personnel and private sector also played a significant role.

Contrary to popular belief, leprosy is extremely difficult to contract. With prompt diagnosis and treatment, it can be medically cured within six to twelve months. However, without an effective remedy, it often results in terrible deformity. Currently, an estimated 80,000 persons are being affected by leprosy having disability in Myanmar.

Therefore, despite the commendable successes mentioned above, a lot remains to be done. Fear of leprosy, stigma and discrimination attached to it still continue to some extent in our custom and tradition. While the elimination status is being sustained, adequate attention should be given to other key elements of rehabilitation, such as, empowering the persons affected with leprosy and social integration. Every one needs to change their perceptions and foster an environment in which leprosy patients, cured persons and their families can lead normal lives. WHO will stay committed to join the national efforts and provide required technical assistance to all partners involved in this noble task. ■

Contributed by Dr. Myo Paing, National Professional Officer

Tsunami devastation: A Day of Remembrance

The first anniversary of the earthquakes and tsunamis that hit six Member Countries of WHO South-East Asia Region on 26 December 2004 was observed as "A Day of Remembrance," at a ceremony held in the Ministry of Health in Yangon on 10 January 2006.

On behalf of the Regional Director of WHO South-East Asia Region, WHO Representative to Myanmar Prof Adik Wibowo presented a plaque "as a token of appreciation, and in recognition of the highly commendable efforts made by the Ministry of Health during and after the tsunami disaster." The plaque was presented to HE Prof Kyaw Myint, Minister for Health, in the presence of the Deputy Minister for Health, HE Prof Mya Oo, Director-Generals and other officials from various departments of the Ministry of Health.

In her remarks, Prof Adik Wibowo mentioned that Myanmar was one of the least affected countries during the tsunami. Although the fateful day of December 2004 will be marked as a day of unprecedented devastation, spontaneous and overwhelming response to the disaster by member countries including Union of Myanmar helped to successfully overcome the formidable challenges.

The WR highlighted WHO's "unprecedented effort to help concerned governments in coordinating health inputs from within the Organization as well as outside." She commended efforts made by the international community in Myanmar. Tsunami assistance coordination group was set up at the onset of the disaster, chaired by the International Federation of Red Cross and Red Crescent Societies. She also commended the efforts and achievements of the Ministry of Health and the Ministry of Social Welfare, Relief and Resettlement in their collaboration towards meeting the challenge.

She said the tsunami had given all of us a great opportunity to learn how to respond better to disasters. She noted that it was very important to fully engage people and communities themselves in disaster preparedness and response by putting early warning systems in place. Multi-sectoral cooperation in the country should be optimized through efficient coordination by concerned ministries, and that development of national capacity is an investment which is essential to prevent and mitigate the impact of such disasters in the future.

Prof Adik concluded her remarks by saying that "this is also a reminder to the testament of WHO's collaboration with the Ministry of Health not only in emergencies but in all health development programmes and initiatives."



Considering that HIV/AIDS, tuberculosis and malaria are the three diseases leading to key public health problems and needing immediate attention, WHO Myanmar office, along with other UN agencies and INGOs, has started making efforts for generating alternate funding to fill the gap created by the Global Fund for AIDS, TB and Malaria (GFATM) withdrawal.

Discussions with a consortium of donors -- currently AusAid, Department for International Development (DFID) UK, European Commission, Netherlands, Norway and Sweden -- helped in exploring the possibility of setting up a Health Fund to support the humanitarian public health programmes in Myanmar.

Following consultations with the Ministry of Health, UN agencies and other stakeholders in Myanmar, planning for an institutional arrangement for the new 3 Disease Health Fund (3DHF) has begun and the donor consortium is about to embark on the final model and proposal preparation stage prior to discussion with the Government of Myanmar and with their respective Governments. The Fund is likely to provide financial support through direct and competitive grants to the implementing partners under a programme based on the National Strategic Plan for each of the three diseases.

For overall facilitation and assistance the donor consortium have deputed a formulation mission to Myanmar. The mission consisting of three international experts -- one financial and institutional expert (team leader) and two communicable disease experts (one for HIV/AIDS and another for TB and malaria) -- is currently in Myanmar from 7 to 28 February to provide additional consultancy to the donor consortium to ensure effective and timely completion of all required documentation for formal project submission. The specific objectives of the mission are as follows:

- prepare the project proposal, log frame, indicative budget and all associated documents;
- review the risk assessment, fund manager's Terms of Reference;

- prepare operational guidelines for the fund board;
- prepare a monitoring and evaluation strategy and other working papers for the fund board.

As a technical leader, WHO is helping the donor consortium's formulation mission in assessing the current status of the three diseases, finalizing the strategic framework, and developing a draft monitoring and implementation strategy. For HIV/AIDS, tuberculosis and malaria, WHO Myanmar's role in strengthening the in-built monitoring and evaluation mechanism of national programmes and other sub-recipients is imminent.

Through a technical strategic group, on the lines of existing technical working groups (TWGs), WHO is likely to play a technical leadership role and provide administrative and secretariat support by performing the following functions for the three diseases:

- facilitating coordination and information sharing between implementing partners;
- advising on technical matters related to programme implementation in Myanmar;
- providing updates on tuberculosis, malaria and HIV/AIDS control situation in Myanmar;
- providing update on WHO's regional/global policies and strategies on the three diseases control;
- providing technical advice on the development/revision of national control programme strategy and relating operational plans;
- reviewing the proposals and work plans of implementing partners in terms of feasibility and technical soundness;
- reviewing the plan for monitoring and evaluation that link budget



The Formulation Mission team during their field visit observing programme implementation at township and community level.

allocation to the achievement of performance milestones;

- reviewing the annual resource allocation plan for activities funded by 3DHF;
- recommending to the fund manager/ advisory board on changes or adjustments in the work plans of implementing partners for efficient and effective implementation of the programme;
- overseeing and participating at regular monitoring and evaluation of the programme implementation by the implementing partners;
- providing technical advice to the implementing partners on programme implementation in order to reach performance milestones;
- proposing actions to strengthen capacity for planning, implementation, monitoring and evaluation.

The 3 Disease Health Fund is expected to support the massive scale up of interventions against HIV/AIDS, tuberculosis and malaria. WHO, working with the Ministry of Health and other implementing partners, will help ensure well coordinated, technically sound, operationally feasible and effective national response against the three diseases. ■

Contributed by Mr. P.K. Grover, Technical Officer (GFATM) / Dr. Hans H. Kluge, Team Leader (GFATM)

17-18 January 2006	International Pledging Conference on Avian and Human Pandemic Influenza, Beijing, China
23-28 January 2006	117 th WHO Executive Board session, Geneva, Switzerland
6-17 February 2006	First session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC), Geneva, Switzerland
27 February - 2 March 2006	WHO Global Malaria Staff Meeting, Tunis, Tunisia
8 - 10 March 2006	ADB - WHO Mekong Malaria Project Advisory Committee Meeting, Chiang Mai, Thailand
22-24 March 2006	Western Pacific Regional Office (WPRO) Consultation on Social Determinants of Health, Beijing, China
24 March 2006	World TB Day 2006: "Actions for life: towards a world free of tuberculosis," events worldwide
2-5 April 2006	8 th World Conference on Injury Prevention and Safety Promotion, Durban, South Africa
7 April 2006	World Health Day 2006: "Working together for health," events worldwide
22-27 May 2006	Fifty-ninth World Health Assembly, Geneva, Switzerland