Review of the National AIDS programme

The National AIDS Programme (NAP) with support from WHO and the participation of UNAIDS and UNICEF conducted an external review of the national health response to HIV/AIDS from 27 March to 7 April 2006 as part of the process of development of the National Strategic Plan 2006-2010.

The general objectives of the review were to assess the progress of the national HIV/AIDS programme, especially in areas related to health sector responses, and recommend revision of interventions and strategies. The specific objectives were to review relevance and adequacy of the National Strategic Plan and existing policies related to health sector responses to HIV/AIDS; assess progress and efficiency of AIDS prevention, care and treatment activities; identify constraints in programme implementation; and provide recommendations for future plans and the way forward for programme planning, implementation and collaboration among partners.

Members of the review team were deployed to seven zones and visited eight states and divisions and 23 townships. In these locations, the members had meetings with 20 AIDS committees and 19 AIDS/STD teams. They also visited 24 hospitals, 13 blood transfusion facilities, 13 programmes for the prevention of mother-to-child HIV transmission (PMTCT), six projects on harm reduction for injecting drug-users and six youth HIV prevention projects, 17 project sites for the 100% Targeted Condom Promotion Programme, seven sex workers’ sites, 12 groups of people living with HIV, nine non-governmental organization (NGO) sites and urban as well as rural communities.

Several opportunities were created for NGOs (both national and international) and non-health sectors to provide inputs. At a consultative meeting held at the outset, the team presented the review’s objectives and methodology to about 80 representatives of national and international NGOs and staff of the Ministry of Health and other ministries. During field visits, the review team held scheduled as well as ad hoc meetings with NGOs.

A general finding of the review was that significant progress had been achieved in the health sector in Myanmar by the national response to HIV/AIDS. The magnitude of the epidemic had been recognized and the efforts needed to respond to it were reflected in formal policy and planning documents. Importantly, there is a stated commitment in existing strategic documents to focus prevention, care and support efforts to the most vulnerable populations. The NAP has played a critical role in the implementation of HIV/AIDS activities through the formal health system, and coordinated the inputs of national and international organisations engaged in this field. The level of awareness among implementing personnel in peripheral facilities and outreach programmes regarding HIV/AIDS prevention, care and support, and best practices, generally meets the requirements for the performance of their technical role. Management training will add precious skills to this knowledge base. Tools and technical guidelines have also been produced for a broad range of programme components which now require incorporation into structured training materials and curricula.

These accomplishments deserve recognition. But much work is still needed for the NAP to achieve the greatest possible impact. This can be done through improved management, more efficient use of available resources and mobilization of additional human and financial resources as well as strengthened partnerships.

Areas of visited by Review Team

Integrated HIV Care (IHC) Project for co-infected TB/HIV patients in Mandalay

March 6-17, 2006 the WHO Country Office, Myanmar together with the International Union against TB and Lung Diseases (IUATLD) conducted a monitoring visit to the Integrated HIV Care (IHC) Project for co-infected TB/HIV patients in Mandalay.

The IHC project provides a comprehensive care and treatment package for co-infected TB/HIV patients, screened through voluntary confidential counseling and testing (VCCT) services at the TB clinics of Mandalay General Hospital and 5 townships in Mandalay city. The project provides integrated care through collaboration between the specialist Mandalay General and Children’s Hospital, the National and Mandalay TB and AIDS Programmes, the Public Health Laboratory in Mandalay, the 5 township health facilities and community based networks. The project is funded by the TOTAL project through the International Union against TB and Lung Diseases. The project, which started in May 2005, aims to enroll a total of 1,000 co-infected TB/HIV patients and their families over a period of 5 years.

During the monitoring mission, following general observations were made: a high level of commitment demonstrated by all partners involved, a steady increase in HIV testing among TB patients and enrolment in the IHC project, an increasing collaboration between different health service providers and ongoing training on HIV VCCT and management issues.

An estimated 60-70% of AIDS patients in Myanmar have active TB as the most important opportunistic infection while the WHO estimates that 7.1% of TB patients in Myanmar are infected with HIV. HIV infected people, because of a decreased immune system, are much more vulnerable to develop active TB than non-infected TB patients. And TB patients who are infected with HIV, are much more prone to higher mortality and developing other opportunistic infections than TB.

Thus, the IHC project will provide timely lessons on how the vertical TB and HIV/AIDS services can be integrated at the field level to provide quality and accessible services to the population, especially those infected by TB and HIV people at high risk of contracting both diseases.
The theme of World No Tobacco Day this year is "Tobacco: deadly in any form or disguise". It highlights the various tactics adopted by tobacco manufacturers to make their products look more attractive and safer.

There are enormous challenges posed to global health due to the diversity of existing tobacco products, the efforts of the tobacco industry to conceal and disguise their addictive and toxic effects, and the speed with which the tobacco industry is able to modify its products. The products nowadays are couched under healthier names, like mild or light, or come with fruity flavours, or more attractive packaging.

The South-East Asia Region suffers from the double burden of the tobacco epidemic as it is both a large producer and consumer of tobacco. Regulation of tobacco products has become increasingly difficult given the low level of awareness about the health risks of tobacco, weak infrastructure for tobacco control and the wide variety of tobacco products. Therefore the WHO Regional Director of South-East Asia Region, Dr Samlee Plianbangchang has called on countries to adopt comprehensive law. "The Control of Smoking and Consumption of Tobacco Product Law" adopted on 4 May 2006 is the most prestigious achievement of the Government of Myanmar. It is an important and timely success of the tobacco control programme under the ministry of health, to be able to proudly celebrate World No-Tobacco Day, this year.

This law describes, among others, provisions to create tobacco smoke-free environment for protecting the public from the dangers of tobacco smoke, to give guidance to lay down and carry out tobacco cessation programmes, to carry out educative work to let the public be aware extensively that smoking and consumption of tobacco product are dangerous to health; to hold exhortative exhibitions, seminars, workshops and health talks for reduction of smoking and consumption of tobacco product; to carry out research works in respect of smoking and consumption of tobacco product; to guide co-operation and co-ordination with the relevant Government departments and organizations for enabling the control of smoking and consumption of tobacco products and to guide communication with international organizations, regional organizations, local and foreign non-governmental organizations for carrying out effectively the control of smoking and consumption of tobacco product.

It is believed that Ministry of Health can now make stronger steps in this area, building on the current achievements and in collaboration with related ministries and other agencies active in this area.
The World TB Day 2006 central level commemorative ceremony was held at International Business Centre (IBC) in Yangon on 24 March 2006. The ceremony was attended by H.E. Professor Mya Oo, Deputy Minister, Ministry of Health, and high-ranking officials from the Ministry, Professor Adik Wibowo, WHO Country Representative to Myanmar, heads of other UN agencies and embassies in Myanmar and invited partners. In his opening remarks, Professor Mya Oo pointed out that one of the global TB control targets (case detection above 70%) had been reached already but that joint efforts are required to maintain the success achieved.

Professor Wibowo delivered the World TB Day 2006 Message from Dr Samlee Plianbangchang, the Regional Director of the WHO South-East Asia Regional Office. In that speech, it was stressed TB remains an important public health problem in the WHO South-East Asia Region although the global treatment success target of 85% set by the World Health Assembly in 1991 has been reached in the Region. The ultimate goal is to eliminate TB by 2050 and it is expected that, by 2015, all Member Countries in SEARO should have halved the prevalence of and mortality due to TB and begun to reduce the incidence. To reach these goals, WHO had launched on the occasion of World TB Day 2006 the new STOP TB Strategy and the Global Plan to Stop TB 2006-2015. "Actions for life - towards a world free of tuberculosis" was this year’s global theme with the Regional sub-theme - "DOTS for All and All for DOTS" highlighting 4 strategic approaches: sustaining and improving the quality of DOTS to reach all TB patients; forging partnerships to deliver an essential standard of care for TB; establishing interventions to address TB/HIV and drug-resistant TB; and contributing to health systems strengthening.

NTP further coordinated World TB Day activities in other states/divisions, 50 districts and 34 townships in Sagoing Division, PSI, JICA, Malteser, World Vision, PACT, MRCG, and AZG all joined with a variety of activities aimed at increasing TB awareness of communities through TB songs, educational materials (banners, posters, leaflets, stickers, DVDs), role plays at community level with price awards, cartoons for children and "TB Hero Workshops" in villages. PSI operated a mobile DOTS bus equipped with microscopes, doctors and lab-technicians to increase case detection. WHO supported the World TB Day activities with designing an evaluation framework to monitor impact of the activities of the partners and supported the World TB Day commemorative ceremonies in all 17 states & divisions.

World TB Week activities followed the successful launching of World TB Day 2006 targeting low performing townships and villages.

World Health Day 2006 in Myanmar “Working together for health”

The World Health Day 2006 commenced with an official ceremony organized by the Ministry of Health, Union of Myanmar, which was held at the International Business Centre in Yangon on the morning of the 7th April 2006. The ceremony was attended by the Director General of the Department of Health, Representatives from UN agencies, NGOs, International NGOs and staff from health related departments and media persons. Director General of the Department of Health, Dr Tin Win Maung read out the message of the Minister for Health, and WHO Representative to Myanmar, Professor Adik Wibowo read out the message of the Regional Director of WHO South East Asia region.

The guests were then invited to enjoy a mini “Working together for health” exhibition in which photos of activities of the health workers, and also information, education and communication materials such as World Health Day magazines, posters and statistics were shown. A World Health Day Magazine with articles in English and Myanmar as well as stickers and key chains featuring the World Health Day theme both in Myanmar and English languages were developed by Ministry of Health and distributed to the guests at the opening ceremony. The magazine highlights articles on human resources of health along with other stories contributed by various authors.

WHO country office, Myanmar produced T-shirts and advocacy bags with World Health Day logo and distributed at the ceremony in the morning of World Health Day at the international Business Centre. A WHO fact sheet on “Working together for health” in English was especially produced highlighting the Human Resources for Health and featuring the World Health Day message from Dr Samlee Plianbangchang, Regional Director of WHO South East Asia Region. The invitation cards for WHO Country Office’s evening reception feature WHO Director General’s World Health Day message.

In addition, WHO Myanmar produced various sizes of banners, post mats and posters, featuring World Health Day themes. In two venues where WHD ceremony was held in Yangon, 8ft x 14 ft backdrops with World Health Day theme and A1 size posters were set up. In coordination with Ministry of Health 20ft x 3.5 ft banners were displayed for the first time in key areas of 16 townships in Yangon Division. They were displayed from 1-12 April 2006. Post mats were placed from 6-8 April in front of the venues where the WHD celebration and reception were held. A power-point media presentation highlighted World Health Day Theme key messages during the evening reception. TV and radio discussions and talk shows on the World Health Day theme were produced and telecasted. TV, radio and cinema announcements were also developed and inserted in the programmes. Radio Myanmar and TV Myanmar (MRTV and Myawaddy TV) aired the World Health Day theme in 8 different ethnic languages. Public announcements and articles were published in newspapers, journals and magazines.
Improving management of basic health services: learning by doing

The management effectiveness programme was launched by the Ministry of Health, Myanmar, with technical and financial support from WHO, as an approach to improve delivery of basic health services in rural areas of the country. In May 2004, Ministry designated six townships, together with their corresponding state or division, where this approach would be initiated. A series of capacity building modules have been facilitated during the following two years, covering ‘orientation and planning’, ‘train the trainer’, ‘continuous personal and professional development’, ‘team building and leadership’, ‘managing service delivery’. As part of this facilitation, township, state-diisional and central levels worked together throughout, developing local action plans for — and supporting implementation of — service improvements.

Key features of the approach and challenges addressed by health teams

With a focus on service improvements, learning is the process of developing knowledge, skills and behaviour appropriate to the situation. Learning happens when an individual or team is engaged in solving a problem or improving the way an objective is achieved. Learning is about understanding the context, identifying opportunities and taking appropriate actions. To be sustainable, learning needs to be supported and led by senior and middle managers in the health system. Unique features of the management effectiveness approach include:

- initiation, involvement and commitment of leadership at central, state and divisional levels
- building on available resources to improve health services
- developing local leadership to initiate changes in service improvement
- making available appropriate tools and processes to facilitate service and organizational improvements
- institutionalizing facilitation and support of the learning process in the workplace and feedback on successes and constraints encountered.

Township health teams were looking for ways to increase efficiency and quality of delivering basic health services. For example, to increase coverage of outreach services to distant communities; increasing the number of safe deliveries by trained health workers; improving case detection for sputum positive TB cases; improvement of routine immunization services; further strengthening of school health services by encouraging deworming and the use of latrines through greater involvement of teachers and the community.

Some results, benefits, constraints

Actions flowing from initiatives of township health teams resulted in greater public awareness, better staff motivation, cooperation with local NGOs and greater level of trust in basic health services by the community in certain areas, for example TB case finding. Midwives were better trained in immunization practices; improvements in cold chain management, immunization coverage and leadership of teams were observed. In school health, more active participation of teachers and community facilitators (individuals who volunteered time to promote use of school latrines by students) resulted in higher levels of latrine use by school children and more active community participation in services.

Efforts to improve coverage of outreach services resulted in better understanding of the areas to be served by midwives and other basic health staff. They also heightened awareness of community health needs. Midwives developed greater ability to plan and schedule their outreach services, and do so together, to improve internal coordination of service delivery. In addition, more timely referral of high-risk pregnant women was noteworthy. The most significant lesson learnt was that active participation of the community was critical to success of public health services. Efforts continue to be made to secure this participation and establish trust in working relationships with basic health services.

Important changes in attitudes and skills of managers and teams: in May 2006, improvements were rated by participants on a score of 1 (lowest) to 10 (highest) as follows:

- staff better motivated 6.3
- staff initiate improvements 6.5
- staff seek personal betterment 7.6
- more teamwork 6.8
- communication & managerial skills improved 6.8

Managers and teams stressed importance of teamwork. A growing team spirit led to active cooperation with communities and to improvements in service delivery. Other observations within Yatsawk township included greater job commitment and efficiency resulting from better-motivated basic health staff who participated in decisions and ‘dared’ to talk to superiors.

Staff turnover was observed a major constraint in implementation. It was difficult for newcomers to engage in the approach without good briefing and training. The materials would need to be adapted to different levels of the service, so that they can be applied in different service and organizational contexts. Management effectiveness requires time as it entails new ways of working.

Future direction

Building on experience gained, Ministry of Health decided to expand this approach to six new townships and their corresponding state or division. An orientation was facilitated to the new teams in April 2006, while existing teams continued to refine and implement action plans in May and June 2006. Preparations for a national workshop in Nov 2006 are under way, to integrate this approach with the managerial process of basic health services at township and state-diisional levels. Four workshop objectives have therefore been developed to elaborate strategies and action plans in order to:

1) strengthen capacity of training teams at both township and state-diisional levels;
2) develop community health plans with linkages to basic health services;
3) sustain and reinforce the management effectiveness approach in the early implementation townships and their corresponding state or division; and,
4) expand the approach to selected new areas.