The first WHO 3 by 5 Mission to Myanmar recommends to Get 12,000 AIDS patients on Antiretroviral treatment (ART) by 2005

Upon invitation of the Ministry of Health of Myanmar, a team from the World Health Organization visited the Country from 16th to 20th of February 2004 and consulted the National AIDS Programme, relevant development partners, stakeholders, non government organizations, People living with HIV/AIDS and the private medical sector. The main objective of the mission was to study the operational aspects of antiretroviral treatment (ART) expansion in the context of the "3 by 5" initiative, exploring and identifying potential roles of WHO and key partners as well as identifying the steps for future action. The WHO and UNAIDS 3x5 Initiative, launched on 1st December 2003, aims at providing ART worldwide to 3 million People living with AIDS by the end of 2005.

The main findings and recommendations of the mission can be summarized as follows:

Brief summary of the current situation

HIV services are currently provided by the public and private sectors and non government organizations both national and international. The National AIDS Programme has started to offer voluntary confidential counselling and testing (VCCT), diagnosis and treatment of opportunistic infections, home based care and prevention of mother-to-child transmission (PMTCT).

Antiretroviral treatment is currently provided in different parts of the health system and by many private practitioners but the private sector remains unstructured and unregulated. In Yangon, an innovative pilot programme has been initiated at Waibargi Specialist Hospital in collaboration with MSF-Holland (AZG). Persons are referred from AZG clinics in Hlaing Tharyar to hospital for HIV testing and counselling; an assessment of the need of antiretroviral treatment is made and treatment, if necessary, is initiated free of charge. Expansion of the project is planned in Lashio.

Overview of the main recommendations

A wide range of Stakeholders recognises and supports the need to build on existing small-scale but successful efforts and to rapidly scale up antiretroviral treatment for persons in need in order to improve the effectiveness of HIV/AIDS care, accelerate prevention efforts and mitigate the impact of the epidemic in Myanmar. Currently, only very limited funds are available for treatment activities, though some funds for this purpose have been approved by the Global Fund against AIDS, Tuberculosis and Malaria (GFATM), which should hopefully be disbursed during 2005. A more concrete source of immediate funding can be the Fund for HIV/AIDS in Myanmar (FHAM) which has been established to channel funds to expand the response to HIV/AIDS in Myanmar.

Proposed initial targets are that at least 2,000 persons should be on antiretroviral treatment by the end of 2004, at least 10,000 by the end of 2005 (and at least 26,000 by the end of 2008). Targets for additional persons who could be reached through the private sector remain to be negotiated.

Also a national policy on antiretroviral treatment should be developed to provide free access to antiretroviral treatment for persons in need. The antiretroviral treatment scale-up to achieve the targets should be part of the 5 year national strategic plan.

A detailed costing of the treatment and care services and related activities need to be done for short and long-term planning purposes. A resource mobilization strategy needs to be developed to ensure that the funding gaps are addressed adequately. As the Fund for HIV/AIDS in Myanmar is the key mechanism to ensure funding now, it is highly recommended that future proposals submitted by various partners for the coming round include resources for antiretroviral treatment scale-up. It was also recommended that the Country Coordination Mechanism of the Myanmar GFATM, develops a proposal to be submitted for the 4th round of the Global Fund against AIDS, Tuberculosis and Malaria (GFATM), which would primarily aim to fill the funding gap related to treatment and care after 2005.

In order to increase coverage with antiretroviral care, identification continued on page 2 .......

WHO Regional Director visits Myanmar

The new Regional Director of the WHO South-East Asia Region, Dr Samlee Plianbangchang, made his first visit to Myanmar from 30th March to 1st April 2004, since assuming office. During his visit the Regional Director met with many senior officials, and is pictured here with Deputy Minister of Health Professor Mya Oo.
of HIV positive persons in need of treatment ought to be done by increasing voluntary confidential counselling and testing services and making them more widely available. Two HIV rapid tests for diagnosis should be made available in all counselling services, in line with international best practice and the mechanisms to protect the confidentiality of the HIV test result should be reinforced.

A standardized service delivery model was proposed for initial scale up, in which testing and counselling would be offered in different public and local and international NGOs programmatic points, such as TB treatment clinics, STI treatment centres, drug treatment centres, antenatal care clinics and in and out patient services in general hospitals.

Small numbers of health care workers have been trained to date within the country and abroad. In provision of comprehensive care including ART, a major capacity building effort is therefore required not only in terms of training health care providers on provision of ART but also in terms of producing adequate and up to date guidelines for Voluntary confidential counselling and testing (VCCT) and antiretroviral testing (ART).

Stigma and discrimination towards HIV/AIDS throughout all sectors of society is a major obstacle for access to HIV prevention, counselling and testing, treatment and care. Therefore community participation requires strengthening communication efforts addressing stigma and discrimination.

The establishment of support networks for People living with AIDS (PLWAs) will be critical to sustain the ART effort in the medium and long term and special attention should be given at strengthening Community Home based care (CHBC) services.

In the area of drugs and diagnostics in Myanmar there are currently seven antiretroviral registered drugs and the main source of drugs is generic supplies from India; however these drugs are distributed and sold in private pharmacies at higher costs than those that can be negotiated by governments through bulk purchase schemes. Therefore the procurement and supply management of the Ministry of Health should be strengthened and drugs recommended by WHO should be included in the essential drugs list of Myanmar.

Monitoring of voluntary confidential counselling and testing services should be expanded in order to allow rapid implementation of cohort monitoring for the antiretroviral treatment scale-up. The National AIDS Programme need to develop a monitoring system of the antiretroviral treatment scale-up according to internationally recognized standard indicators and methods.

A review and evaluation of the progress made in antiretroviral treatment scale-up should be performed within 9 months from the time of the first WHO mission.

Scaling up the coverage of Hepatitis B vaccine

Support from the Global Alliance for Vaccines & Immunization (GAVI) to Myanmar is being provided for the provision of Hepatitis B vaccine, safe injection equipment and funds for strengthening immunization services. The first programmatic priority in the utilization of these funds will be the introduction of Hepatitis B vaccine in six more divisions of the country where the target population is 625,085 children under the age of one. Hepatitis B vaccine was introduced in July 2003 in Yangon Division with a population under one of 151,980 and in Mandalay Division with a population under one of 183,653. In 2005, the vaccine will be introduced in the remaining 9 states, where there is an estimated target population of 368,844 children under one.

Commemoration of Leprosy Elimination Day in Myanmar

Every year, the last Sunday of January is marked as World Leprosy Day. In Myanmar, 6th February was marked as Leprosy Elimination Day since the country declared its achievement of the global target of leprosy elimination on February 6th 2003. In practical public health terms, this means that the number of leprosy cases in the country has been less than 1 per 10,000 people, since the end of January 2003. A ceremony in commemoration of this year’s Leprosy Elimination Day was held at the International Business Centre in Yangon and was attended by key partners such as Myanmar Maternity & Welfare Association (MMCWA) and JICA.
The seventh National Sanitation Week was held on 11th to 17th February this year. The aim was to increase sanitation coverage to 95 per cent by the end of 2004. Sanitary efforts, protection of water sources and practicing hygienic behaviour was the main focus. Special attention was paid to sanitation in schools and public places. As the success of the campaign is attributable to high-level political commitment, coordinated state, divisional and township level action and community mobilization of non-governmental organizations, advocacy and training workshops were held in combination with distribution of information, education and communication materials.

Multi-level efforts have raised greater awareness of sanitation and hygiene issues and has led to increased household (self-help) sanitation activities. Easy access to affordable locally produced latrine pans is also a factor in accelerated programme performance and appreciable increases in coverage. The progress made in the water supply and sanitation sector has had considerable effect in reducing the incidence rate of water and sanitation-related diseases.

Support for the new antimalarial treatment policy

The Federal Republic of Germany is providing support towards the implementation of the new antimalarial treatment policy in Myanmar. Covering a period between December 2003 and December 2005, support is being channeled through WHO totalling Euro 660,000 as a part of the Roll Back Malaria initiative. This is expected to boost the capacity of the Vector Borne Disease Control unit of the Department of Health in Myanmar to implement, monitor and evaluate experiences gained using the new policy.

Due to Plasmodium falciparum’s widespread resistance to conventional monotherapy (e.g. chloroquine, sulfadoxine-pyrimethamine) the national health authorities adopted a new anti-malarial treatment policy in September 2002. The consequences of drug resistance have significantly contributed to high malaria morbidity and mortality in Myanmar. Therefore combination Artesunate-mefloquine therapy is now the first-line treatment for uncomplicated malaria due to Plasmodium falciparum. Chloroquine remains the drug of choice against Plasmodium vivax.

The German support will be implemented in highly endemic townships in Magway, Mandalay and Sagaing Divisions. Primary beneficiaries include poor and marginalized populations in rural areas who are at high risk of malaria. Secondary beneficiaries will be health care providers — both public and private — whose quality of care for malaria will be improved. Expected outcomes are: 1) improved coverage and quality of case management care providers — both public and private — whose quality of care for malaria will be improved. Expected outcomes are: 1) improved coverage and quality of case management of malaria, 2) about 100,000 confirmed cases of *Plasmodium falciparum* malaria at public health facilities can be properly treated with efficacious, pre-packaged artesunate-mefloquine combination therapy. Lessons learnt will be documented to strengthen implementation of the new antimalarial treatment policy in the country.

Road Safety is No Accident

The World Health Day 2004 commenced with an opening ceremony held in the International Business Centre in Yangon, on the morning of the 7th April 2004. Deputy Minister of Health Professor Mya Oo read the opening message followed by WHO Representative to Myanmar, Dr Agostino Borra.

After the speeches, 50 children from state orphanages (between the ages of 8-12) performed a song for the guests, highlighting this year’s theme road safety is no accident. The children wore T-shirts with different road signs designed for the occasion co-sponsored by WHO and UNICEF.

Guests were then invited to enjoy a mini road safety is no accident exhibition, in which photos of typical traffic situations in Myanmar were shown with pertinent statistics, information materials and films promoting traffic safety.

An evening reception was held by WHO in the Sedona Hotel, Yangon. The reception hall was decorated according to road safety is no accident with traffic signs, toy cars, junctions and crossings as well as videos featuring safety practices. The children from the mornings function were invited again. They proudly displayed their specially designed T-shirts and entertained guests with their presence and songs.
The newly renamed Multidisciplinary Advisory Group on Nursing and Midwifery met in Yangon from 27-30 April 2004, with participation from all 11 member countries of the South East Asian Region, to discuss implementation of Regional Committee Resolution SEA/R56/R7 on strengthening nursing/midwifery workforce management. The local organizer of the Advisory Group Meeting was the Institute of Nursing, Yangon, who in addition to providing excellent secretarial support, arranged field visits for the participants to study nursing/midwifery activities outside Yangon at hospitals, health/sub-centres and home visits.

The Multidisciplinary Advisory Group is charged with the task of providing technical advice to the WHO/SEA Regional Director, on a range of issues related to implementation of the above resolution. Specifically, the advisory group is requested to identify priority issues to be addressed to increase the contribution of nursing/midwifery personnel in the region, as an important part of the health workforce for improving health and achieving the Millennium Development Goals. The advisory group is also asked to suggest an approach for countries in the region to adapt and implement newly developed guidelines for effective management of the nursing and midwifery workforce, including development and implementation of national and regional action plans that address priority issues related to the following five elements:

- **Policy and Planning**
- **Education, Training and Development**
- **Deployment and Utilization**
- **Regulation**
- **Evidence Base for Decisions.**

Countries in the Region often need better information on Human Resources for Health (HRH), including nursing and midwifery personnel, in order to make appropriate decisions regarding deployment, utilization, education, training and overall management. Therefore emphasis was placed on the importance of countries strengthening their HRH Management Information Systems (MIS), which is seen as a prerequisite for good health service delivery. The advisory group also produced an outline and recommendations for future work in the WHO South East Asia Region.

**World Tuberculosis Day**

24 March 2004, was World TB Day. The event was commemorated in all states and divisions of the country under the motto *every breath counts stop TB now!* to strengthen political commitment towards tuberculosis prevention and control and raise awareness among the general population.

In Yangon, this special day was marked at the International Business Centre with an address by the Minister of Health, His Excellency Professor Kyaw Myint. Representatives of the Ministry of Health and a wide variety of governmental, non governmental and UN partners, and the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria, attended the occasion. Following their speeches, Professor Kyaw Myint and Dr Agostino Borra, WHO Representative to Myanmar, presented prizes to winners of the poster contests carried out in middle and high schools.

Directly Observed Treatment - Short course (DOTS), is the approach of choice for Minister of Health Professor Kyaw Myint and WHO Representative to Myanmar Dr Agostino Borra, to prevent and control TB. Following considerable efforts, anti-TB drugs, provided as part of DOTS, have been made available to patients in every township in the country free of charge.

After the ceremony the guests viewed an exhibition on TB prevention and control activities organized by the National TB programme, WHO and partners.

This year, the World TB day extended into a World TB Week and WHO and international organizations joined efforts to produce and distribute innovative information, education and communication materials, such as TV spots, umbrellas, leaflets, posters and billboards, to mobilize communities in the fight against TB.

**Important Dates**

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<tr>
<td>10 May 2004</td>
<td>Move for Health Day</td>
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<tr>
<td>12 May 2004</td>
<td>International Nursing Day</td>
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<tr>
<td>17-22 May 2004</td>
<td>57th World Health Assembly</td>
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<tr>
<td>31 May 2004</td>
<td>World No-Tobacco Day</td>
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<td>3rd week of June 2004</td>
<td>National Malaria Week</td>
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<td>14 June 2004</td>
<td>Blood Donor Day</td>
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<td>14-16 June 2004</td>
<td>South East Asia Advisory Committee on Health Research</td>
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We are living in a time of unprecedented opportunities for health. In spite of many difficulties, technology has made important advances and international investment in health has at last begun to flow. Most of the increased funding is for the fight against HIV/AIDS. It brings a welcome and long overdue improvement in the prospects for controlling the worst global epidemic in several centuries. The responsibility of WHO and its partners in this effort is to ensure that the increased funding is used in such a way as to enable countries to fight HIV/AIDS and at the same time strengthen their health systems. HIV/AIDS control involves the full spectrum of economic, social and technical activities. A key role of WHO within this spectrum is to work with countries to build up the systems needed to provide treatment. Expanding the use of antiretroviral therapy will allow countries to support effective systems for delivering chronic care, thus extending their capacity to meet the long-term health needs of the population.

The initiative to make antiretroviral therapy available to 3 million people by the end of 2005 (known as “3 by 5”) is aimed at accelerating this process. It provides new ways to pursue the objectives for which WHO has been working since it was founded 56 years ago. However, the stakes are high: rapid expansion of antiretroviral treatment is a large, complex and difficult undertaking. It certainly cannot be done by one agency working on its own. Partnerships are indispensable for a task of this magnitude. Making them work requires great commitment, goodwill and talent on all sides. The initiative draws its strength from many partners with large amounts of all these ingredients, and we expect much more. But I am well aware that we and our partners took a risk in embracing 3 by 5. What I strongly felt we needed was a time-limited, difficult goal that would change the way we work. This is the best way to challenge ourselves to make the contribution that we as WHO should be making to the global effort against HIV/AIDS. Future generations will judge our era in large part by our response to the AIDS pandemic. By tackling it decisively we will also be building health systems that can meet the health needs of today and tomorrow, and continue the advance to Health for All. This is an historic opportunity we cannot afford to miss.

THE GLOBAL PICTURE

- HIV/AIDS is the leading cause of death among adults aged 15–59 years worldwide. It has killed more than 20 million people; an estimated 34–46 million others are living with the disease.
- In 2003, 3 million people died of AIDS and 5 million others became infected with HIV.
- Globally, unprotected sexual intercourse between men and women is the predominant mode of HIV transmission.
- The average time lag between infection with HIV and the onset of full disease is 9–11 years in the absence of treatment.

IMPACT

- In 2003, it was estimated that 840,000 people in China and 3.8–4.6 million in India were infected with HIV/AIDS.
- Countries in eastern Europe and central Asia are experiencing growing epidemics, driven mainly by injecting drug use and to a lesser extent by unsafe sex among young people.
- In western Europe, the estimated number of new infections greatly exceeds the number of deaths, largely as a result of the success of antiretroviral therapy in lowering death rates.

HIV/AIDS: IMPACT OF PREVENTION EFFORTS

Current and Projected impact of HIV prevention efforts
IMPACT ON WOMEN AND CHILDREN

• Four million children have been infected with HIV in the last two decades, including 700,000 in 2003. In almost all such cases, the virus is transmitted from mother to child during pregnancy, at delivery or through breastfeeding.
• Every year an estimated 2.2 million HIV-positive women give birth.
• About 58% of Africans living with HIV/AIDS are women. They are infected at younger ages than men by, on average, 6–8 years.
• There are about 14 million HIV/AIDS orphans in the world, most of them in Africa. The number is expected to reach 25 million by 2010. By then up to 25% of the children in some sub-Saharan countries will be orphans.
• Prophylactic treatment with antiretrovirals in combination with other interventions has almost entirely eliminated HIV infection in infants in industrialized countries.
• The risk of HIV transmission to infants in developing countries where breast-feeding is the norm can be reduced by more than 50% in mothers receiving short courses of antiretroviral therapy.

IMPACT OF ANTIRETROVIRAL THERAPY

• At present, almost 6 million people in developing countries need antiretroviral therapy, but only about 400,000 of them received it in 2003.
• Death rates for HIV/AIDS in Europe and North America have fallen by 80% in the four years since the introduction of antiretroviral therapy.
• The availability of treatment can increase voluntary counselling and testing—for example, it rose by 300% at a clinic in Haiti after antiretroviral therapy was introduced.
• Under Brazil’s programme to provide universal access to antiretroviral therapy, the average survival time of people with AIDS seeking care at government facilities has risen from less than 6 months to at least 5 years.

The photographs in the middle show how the history of HIV/AIDS is changing. They are snapshots of the past and the present, a vivid example of how, today, innovative treatment programmes are not only saving lives but also helping to strengthen health systems on which to build a brighter future.

Joseph Jeune is a 26-year-old peasant farmer in Lascahobas, a small town in central Haiti. When the first picture was taken in March 2003, his parents had already bought his coffin. Suffering from the advanced stages of AIDS, Joseph Jeune probably had only weeks to live. The second picture, taken six months later, shows him 20 kg heavier and transformed after receiving treatment for HIV/AIDS and tuberculosis (TB) coinfection.

There are millions of people like Joseph Jeune around the world. For most of them, HIV/AIDS treatment is still beyond reach, but Joseph shows what can be achieved. In his home town. The clinic’s HIV/ are part of a wider initiative to structure across much of Haiti’s nongovernmental organizations, the major support from the Global Fund Malaria. Using antiretroviral programme is building up primary total population of about 260,000 drug procurement and management, and testing, increased salaries for local health care personnel, and the training of numerous community health care workers. Primary care clinics have been refurbished, restocked with essential medicines, and provided with new staff. They are receiving up to 10 times more patients for general medical care daily than before the project began.

The World Health Report 2004 shows how projects like this can bring the medical treatment that saved Joseph Jeune to millions of other people in poor and middle-income countries and how, crucially, such efforts can drive improvements in health systems.

The World Health Report 2004 shows how projects like this can bring the medical treatment that saved Joseph Jeune to millions of other people in poor and middle-income countries and how, crucially, such efforts can drive improvements in health systems.

Effectively tackling HIV/AIDS is the world’s most urgent public health challenge. Already, the disease has killed more than 20 million people. Today, an estimated 34–46 million others are living with HIV/AIDS. In 2003, 3 million people died and 5 million others became infected. Unknown a quarter of a century ago, HIV/AIDS is now the leading cause of death and lost years of productive life for adults aged 15–59 years worldwide.
Road Safety is NO Accident

Road traffic injuries are a major global public health and development concern, disproportionately affecting certain vulnerable groups of road users; their magnitude is expected to rise considerably in the years ahead.

Magnitude of the problem

Deaths from injuries are projected to rise from 5.1 million in 1990 to 8.4 million in 2020- with increase in road traffic injuries as a major cause for this rise.

- Road traffic crashes kill 1.2 million people a year or an average of 3242 people every day.
- Road traffic crashes injure or disable between 20 million and 50 million people a year.
- Currently deaths from road traffic injuries account for 2.2% of the global mortality affecting all age groups.
- Road crashes, ranking ninth among the leading causes of disease burden worldwide, account for 2.8% of all global deaths and disability.

Key factors responsible for road traffic injuries are preventable

- Driving under influence of alcohol
- Speeding
- Under-utilization of seat belts and child restraints
- Poor road design and roadway environment
- Unsafe vehicle design
- Under-implementation of road safety standards

The majority of road traffic injuries affect people in low-income and middle-income countries, especially young males and vulnerable road users.

- 90% of road traffic deaths occur in low-income and middle-income countries.
- Countries in the WHO Western Pacific Region and the WHO South-East Asia Region account for more than half of all road traffic deaths in the world.
- More than half of all road traffic deaths occur among young adults between 15 and 44 years of age.
- 73% of all road traffic fatalities are male.

Speed

How does Speed affect traffic collisions and injury?

- The higher the speed of a vehicle, the shorter the time a driver has to stop and avoid a crash. A car which travels at 50 km/h will typically require 13 meters in which to stop, while a car which travels at 40 km/h will stop in less than 8.5 meters.

Alcohol

The extent to which alcohol contributes to road traffic crashes varies between countries and direct comparisons are difficult to make. In many high-income countries about 20% of fatally injured drivers have excess alcohol in their blood (i.e. above the legal limit). Studies in low-income countries have shown alcohol to be present in between 33% and 69% of fatally injured drivers.
In low-income and middle-income countries, the most vulnerable road users are pedestrians, cyclists, users of motorised two-wheelers and passengers on public transport.

Without appropriate protection the problem will only worsen

Road traffic injuries are predicted to become the third largest contributor to the global burden of disease by 2020.

Road traffic injuries are predicted to become the second leading cause of ill health and premature death worldwide.

Role of the public sector

While the health sector is only one of many bodies involved in road safety, it has an important role to play, particularly in:

- systematically collecting data through surveillance and surveys;
- researching the causes of road traffic crashes and injuries;
- exploring ways of preventing and reducing the severity of injuries;
- helping to implement road safety interventions;
- working to persuade policy-makers and decision makers to address the major issue of injuries in general;
- translating effective, science-based information into policies and practices;
- promoting capacity-building in all these areas.

Improved road traffic injury prevention is important to the public health sector as it would result in fewer hospital admissions and a reduced severity of injuries. An important public health gain would be achieved if more people could choose to walk or cycle instead of driving, without fearing for their safety.

Road safety is a multisectoral responsibility

Road safety is a shared responsibility. Reducing risk in the world’s road traffic systems requires commitment and informed decision-making by government, industry, nongovernmental organizations and international agencies. It also requires participation by people from many different disciplines, such as motor vehicle designers, law enforcement officers, health professionals and community groups.

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