③ ミャンマーの保健医療分野におけるドナーの動向

人権に対するミャンマー現政権への国際的な批判がくすぶっており、二国間の援助は人道援助に限られている。国際機関では、UNICEF、WHO、UNDP が以下のような継続的な支援を行っている。

(1) UNICEF

ミャンマー政府は、「世界子供サミット行動計画」及び「子供の権利条約」にサインし、1993 年には「1990 年代の子供の生存、保護、成長にかかる国家行動計画」を策定した。UNICEF は、これらの動向を評価しつつも、ミャンマー国内で実施されたそれぞれの UNICEF との協力プログラムが全体の向上につながらず、成果が州／管区のセクターや限られた地域に留まってしまったとしている。それまで UNICEF が活動してきた拡大予防接種プログラム、子供の生存率向上のための助産婦の訓練、子供にやさしい病院イニシアティブ（Baby Friendly Hospital)、ビタミン A とヨウ素の投与等や基本的保健サービスの向上・普及を更に支援強化していくとしている。

新しく出した「Master Plan of Operation 1996-2000」では、次表に示された内容について 2000 年まで援助総額 3,200 万米ドルを支出する予定である。

表 1

プログラム／プロジェクト	内容	1996 年（千米ドル）	2000 年まで（千米ドル）
保護／栄養プログラム	乳児死亡率、5 歳未満の幼児死亡率を下げるために、予防接種、下痢と ARI 対策、母性保健、HIV／エイズ対策、栄養改善、国境地域のプライマリーヘルスケア向上プロジェクトを実施	2,600	13,000
水供給と衛生	より恵まれない地域を対象とした給水及び衛生施設の普及と自立支援 手動給水ポンプやトイレ製造への支援	1,260	6,300
教育／幼児教育開発	育児教育実習、コミュニティにベースを置いたデイケア、両親への幼児教育の啓蒙と普及 初等教育の就学率向上とドロップアウトをなくするための審査システムの導入	430	2,150
政策支援、情報とコミュニケーション	コミュニティ、家族を巻き込んだ保健需要の創出とあらゆるレベルでの情報・コミュニケーション能力の強化	430	2,150
子供の権利と保護	より困難な環境にいる子供を対象として、生存に必要な基本的保健、福祉、安全、食料などのサービスを NGO などの支援を得ながら実施	300	1,500
政策、計画とモニタリング	政策に必要なデータの収集、分析能力の構築と強化	630	3,150

(2) WHO

WHO は、保健医療政策・行政、保健医療サービス、健康増進と予防、疾病対策（感染症対策を含む）の分野で支援を行っている。

次の表は上記分野の中の感染症対策における 1996～1997 年実施予定の個別プログラムをまとめたものである。

表 2

プログラム	内　　容	期　間	予算（米ドル）
レプラの撲滅	レプラの撲滅、患者の社会及び医学的リハビリテーション機能を支援する。	1996～1997 年	100,000
予防接種とワクチンで予防可能な疾病対策	ポリオの疫学サーベイランスの技術研修、実験診断機能の強化、ワクチンで予防可能な疾病対策における保健医療技術者の教育・訓練を実施する。	1996～1997 年	140,000
下痢と ARI 対策	5 歳未満児の死亡率の低下を目標に、保健医療従事者の再訓練、町レベルのモニタリングを強化する。	1996～1997 年	182,500
結核対策	プライマリーケアを通じて結核の有病率と死亡率を減少させる。	1996～1997 年	175,000
疫学サーベイランスと伝染性疾患対策	疫学サーベイシステムの強化と薬剤耐性の媒介昆虫の情報システムの構築とその利用を強化する。	1996～1997 年	99,750
HIV／STD 対策	HIV 感染の広がりを防ぎ、エイズの社会・経済への波及を最小に留める。	1996～1997 年	431,400
マラリア	マラリアによる罹患率、死亡率を減少させる。	1996～1997 年	290,000

(3) UNDP

UNDP の「人間開発イニシアティブ・プログラム 1994～1995」は 1996 年 6 月まで延長され、総額 25.95 百万米ドルが、このプログラムに投入された。このうち保健医療分野に関するプログラムを次表に示す。

表3

プログラム	内容	期間	予算(米ドル)
PHC の遠隔地サービスと質の向上	女性と子供に優先度を置いた地方の PHC サービスの向上を目指したプロジェクトとしてシャン州、サガイン管区等の 7 つの町で、予防接種、地域保健、結核の予防と治療、バーススペーシング、基礎保健医療等のサービスの向上に寄与する。他の国際機関や国際 NGO と協調する。	1994.1 から 2 年間	3,052,738
住民参加と保健サービスの向上によるマラリア罹患率と死亡率の減少	シャン州、サガイン管区、ラキン管区、チン州の 43 の町の草の根の住民を対象に、教育、環境、基礎保健、水と衛生、食糧の面から介入し、マラリアの罹患率と死亡率の減少に寄与する。	1994.1 から 2 年間	1,623,100
コミュニティに根差したレプラ患者のリハビリテーション	マンダレー管区ほか 36 の町を対象に、コミュニティに根差したレプラ患者のリハビリテーション機能を強化する。	1994.3 から 2 年間	755,100
エイズ対策	国家エイズプログラムへの支援	1994.1 から 2 年間	1,754,900

(4) その他

その他、以下の NGO・機関がミャンマーの保健分野への支援を実施している。

① 日本財団（旧笹川平和財団）

地域保健管理及び財源支援プロジェクトとして 41 の町で実施する費用回収プログラムに必須医薬品を供給。

② FINIDA（フィンランド国際開発庁）

WHO と連携しながら必須医薬品プロジェクトとして 22 の町で実施する費用回収プログラムを支援。

④ 我が国による保健医療協力の実績

(1) プロジェクト方式技術協力

案件名	協力期間	案件概要
ウイルス研究所	1967.7～1971.3 1971.4～1973.3	ウイルス研究所の設立、歯科治療施設・トラコーマ治療施設に対する協力 機材供与　計　70,122千円
歯科大学	1972.4～1977.3	医学センターの設立、歯科大学に対する協力 機材供与　計　39,932千円
感染症研究対策	1980.4～1984.4	生物医学研究センターの設立に伴う主要アルボウイルス性疾患及び主要細菌性腸管疾患の研究と、モデル地域へのその応用 機材供与　計　264,310千円
製薬研究開発センター	1981.7～1985.7	錠剤、注射剤の処方化検討と機器の運転技術・保守管理・品質管理、醗酵・製薬についての研究 機材供与　計　188,651千円
消化器病診断向上	1984.11～1988.10	肝臓及び消化管のウイルス性・寄生虫性感染疾患を中心とする基礎医学研究能力向上、新ラングーン総合病院のスタッフ養成 機材供与　計　103,817千円
消化器系感染症研究	1986.3～1990.2	ラングーン総合病院開院後のスタッフ育成、研究能力向上 機材供与　計　194,784千円

(2) 無償資金協力

案件名	年度	供与金額	案件概要
生物医学研究センター設立計画	1975	700,000千円	マラリア、結核、らい病、デング熱、出血熱等の伝染病や風土病の撲滅を図るための生物医学研究センター設立、動物舎の建設、研究機材供与
生物医学研究センター設立計画（II）	1977	1,500,000千円	
生物医学研究センター設立計画（III）	1978	1,300,000千円	
ラングーン・マンダレー総合病院医療施設整備計画	1979	600,000千円	2地域の各総合病院の外科部門並びに関連設備の拡充に必要な医療機器整備
製薬研究センター建設計画	1980	2,000,000千円	唯一の製薬生産機関であるビルマ製薬公社の生産が需要に追い付かず、基礎研究施設もないため、製薬公社内の工場の併設機関として製薬研究センター設立
マイクロ・ラボ機材	1980	30,000千円	
総合病院建設計画（I）	1981	1,880,000千円	医療サービスの向上、医療技術の向上を目的とした総合病院（ラングーン）の建設
総合病院建設計画（II）	1982	1,620,000千円	
看護学校建設（I）	1983	1,890,000千円	看護婦、保健婦、助産婦の養成のための看護学校建設と教育実験用機材供与
看護学校建設（II）	1984	980,000千円	
医療機材整備計画（I）	1984	686,000千円	中央レベル病院及び地方主要病院の医療機材の整備
医療機材整備計画（II）	1985	627,000千円	
母子保健促進計画	1993	4,000千円	草の根無償
ラカイン州マラリア対策プロジェクト	1993	6,000千円	草の根無償
救急サービス増強計画	1993	8,000千円	草の根無償
性感染ハイリスクグループに対する巡回医療支援及びHIV／エイズ防止対策	1994	9,000千円	草の根無償
母子保健促進計画	1994	8,000千円	草の根無償
麻薬中毒者に対するエイズ対策	1994	4,000千円	草の根無償

(3) 単独機材供与

案　件　名	年度	案　件　概　要
70mm レントゲンカメラ診療車	1964	機材供与　計　8,234 千円
胸部外科用機材	1972	機材供与　計　4,999 千円
医療機材	1976	機材供与　計　16,624 千円
病院機材	1976	機材供与　計　20,041 千円
微生物研究機材	1984	機材供与　計　9,519 千円
感染症特別機材	1994	麻疹ワクチン約 19 万バイアル／10dose 冷蔵庫　10 台
感染症特別機材	1995	麻疹ワクチン約 19 万バイアル／10dose 冷蔵庫　20 台 冷凍庫　12 台
感染症特別機材	1995	ワクチン・キャリアー　18,600

附 属 資 料

① ミニッツ
② ディスカッション・ペーパー、OHP シート
③ 代表的な収集資料

附　属　資　料

① ミニッツ
② ディスカッション・ペーパー、OHP シート
③ 代表的な収集資料

① ミニッツ

MINUTES OF DISCUSSIONS BETWEEN THE JAPANESE BASIC STUDY MISSION ON INFECTIOUS DISEASES AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE UNION OF MYANMAR FOR THE NATIONAL POLIO ERADICATION PROGRAMME

The Japanese Basic Study Mission on Infectious Diseases (hereinafter referred to as "the Mission") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Hiroshi Yoshikura visited the Union of Myanmar from 14 March to 22 March, 1996, for the purpose of working out the items of Japanese cooperation concerning the National Polio Eradication Programme in Myanmar (hereinafter referred to as "the Programme") in collaboration with WHO / UNICEF from the viewpoint of "Global Issues Initiative".

During its stay in Yangon, the Mission exchanged views and had a series of discussions with the Myanmar authorities concerned in respect of the necessary cooperation for implementation of the Programme.

As a result of the discussions, both sides agreed to recommend to their respective governments the following.

1. The assistance for the National Immunization Days in 1997 will be provided by the Government of Japan according to the agreed priority. It will be necessary for the authorities concerned of the Government of the Union of Myanmar to consult with the collaborating agencies including WHO, UNICEF and JICA, before drawing up a detailed table of assistance required. The areas of assistance will be as follows:

    i. Provision of oral poliomyelitis vaccines;

    ii. Provision of cold chain equipment;

    iii. Provision of equipment for laboratory diagnosis of poliomyelitis;

H.Y.

iv. Technical cooperation for polio eradication activities such as surveillance, laboratory diagnosis etc. with the regional coordination of WHO/SEARO.

2. The request for the assistance should be made to the Government of Japan through the formal request procedures under the bilateral cooperation programme.

3. The Government of the Union of Myanmar shall take appropriate measures to ensure:

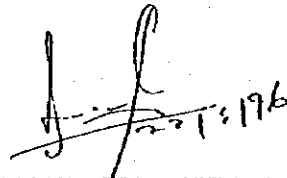
   i. The effective utilization of the vaccines and equipment provided for the implementation of the Programme;

   ii. Securing the necessary staff for the Programme;

   iii. Securing the necessary facilities and equipment for the Programme other than the equipment provided through JICA;

   iv. Efficient management and maintenance of the equipment.

Yangon, 22 March, 1996



Dr. Hiroshi Yoshikura
Leader
Basic Study Mission
on Infectious Diseases in the Union of Myanmar

Dr. Aye Kyu
Director, Disease Control
Department of Health
The Union of Myanmar

② ディスカッション・ペーパー、OHP シート

DISCUSSION PAPER
FOR
THE JAPANESE BASIC STUDY MISSION
ON
INFECTIOUS DISEASES
IN THE UNION OF MYANMAR

MARCH 1996

Japan International Cooperation Agency

The Japanese Basic Study Mission
on
Support to Infectious Diseases
in the Union of Myanmar

1. Background

In Myanmar, Oral Polio Vaccine (OPV) was introduced into routine childhood immunization schedule, called UCI(Universal Child Immunization) in 1986. Since then, the coverage of OPV has drastically risen from approximately 10% in 1986 to over 77% by 1994.

In order to further promote this positive tendencyand eliminate the burden of poliomyelitis, the Government of Myanmar planned National Immunization Days (NID) for Eradication of Poliomyelitis which starts from 1996 for three years in adopting WHO's " Global Eradication of Poliomyelitis by the Year 2000 ".

The Government of Japan supported the cold chain (Provision of 18,600 vaccine carriers) for the first NID (Feb 96 & Mar. 96) in Myanmar with the framework of Global Issues Initiative (GII).

Myanmar is geographically important in terms of eradication tactics because she is located in the center of the region and shares border with China, Thailand, Laos,Bangladesh and India. As any of those countries in the endemic region is expected to conduct simultaneous and continuous NIDs for eradication of Poliomyelitis, Japan will discuss the possibility of continuous support for NIDs with the Government of Myanmar. (Reported Polio in Myanmar: See Annex 1)

In addition, Japan has a great deal of interest in helping development of self-sustainable programmes which control infectious diseases.

2. Objectives of the Mission

The objectives of the mission are:

2.1 to assess the NID which has been recently implemented and to analyze surrounding situation, problems and needs of the next NIDs programme in Myanmar through discussion with the Ministry of Health, UNICEF, WHO and other relevant organizations (Field visit is also included). Furthermore, the mission hopes identifying the possible cooperation areas for supporting the NIDs in 1997 and 1998;

2.2 to studty present policy and control programmes on infectious diseases including epidemiological data through discussion with the Ministry of Health and relevant organizations. (Field visit is also included)

The mission will welcome an opportunity to exchange views on the Japanese support for the issues as well.

3. The Japanese Government's Cooperation Policies

3.1 Global Issues Initiative

In February 1994, Japan announced its " Global Issues Initiative (GII) on Population and AIDS " as a common issue to all the human kind, and decided to provide assistance to developing countries with a targeted in the sum of US$3 billion within Official Development Assistance (ODA) programmes from FY 1994 to FY 2000, after the agreement of the Japan - U.S.A. Common Agenda in July 1993.

In addition , " Children's Health " is one of the key issues which are included in the Common Agenda of Japan - U.S.A. Framework, since the infant mortality rate and the maternal mortality rate remain high in developing countries, and vaccine-preventable diseases still cause high morbidity and mortality.

3.2 Eradication of Poliomyelitis

A remarkable progress has been made on eradication of Poliomyelitis in recent years in the West Pacific Region and East Asian Region, duly reflecting the cooperative efforts of Japan with UNICEF and WHO.

In 1994 and 1995, Japan has cooperated in providing all vaccines for NIDs which had been in shortfall in China, Vietnam, Laos, Cambodia and Philippines in the West Pacific Region (WPRO).

In the South East Asian Region (SEARO), which consists of 11 member countries including Myanmar, Japan has also supported NIDs in the area of vaccine provision, cold chain and technical assistance in Bhutan, Sri Lanka, Indonesia and Myanmar.

(Japanese Contribution for Eradication of Poliomyelitis : See Annex 2)

Myanmar is geographically important in terms of eradication tactics because she is located in the center of the region and shares border with China, Thailand, Laos,Bangladesh and India.

As any of those countries in the endemic area is expected to conduct simultaneous and continuous NIDs for eradication of Poliomyelitis, Japan will discuss the possibility of continuous support for NID with the Government of Myanmar.

3.3 Possible cooperation area

1) Support for NIDs
- Provision of OPV in shorfall
  to complete necessary vaccination
- Provision of cold chain equipment
  to promote implementation capacity and capability
- Dispatch of experts and provision of laboratory equipment
  to support surveillance system

(Tentative Ideas of Cooperation: See Annex 3)

4. Contents of the Study

4.1 Collection and analysis of the following information;
- Eradication of Poliomyelitis programme and EPI (basic policy, surveillance system, implementation system, budget, personnel etc.)
- Performance and problems in the First NID
- Present epidemiological and demographic statistics
- Health facilities and administration system
- Health financing and programme budget
- Present measures to contorl major infectious diseases
  (policy, surveillance system and programmes including health education, IEC etc.)
- Long-term policy for infectious disease control
- Present support from WHO and UNICEF and possibilities of joint efforts with Japan in terms of multi-bi cooperation.
- Identification of actual needs toward Japanese cooperation

4.2 Site visits
- Site visits and discussions with relevant experts regarding Eradication of Poliomyelitis.
- Site visits and discussions with relevant experts regarding infectious disease control

5. Member of the Mission

1) Dr. HiroshiYOSHIKURA (Team Leader)
Professor, Faculty of Medicine, University of Tokyo
2) Dr. Yasuo CHIBA (Infectious Disease)
Senior Officer, Department of International Cooperation, International Medical Center of Japan
3) Mr. Hideyuki ONISHI (Technical Cooperation)
Official, Technical Cooperation Division, Economic Cooperation Bureau, Ministry of Foreign Affairs
4) Mr. Shigeki KOBAYASHI (Grant Aid)
Official, Grant Aid Division, Economic Cooperation Bureau, Ministry of Foreign Affairs
5) Mr. Yoshinori YAKABE (Cooperation Policy)
Official, First Southeast Asia Division, Asian Affairs Bureau, Ministry of Foreign Affairs
6) Dr. Masakazu FURUHATA (Medical Cooperation)
Deputy Director, International Affairs Division, Ministry of Health and Welfare
7) Ms. Saeda MAKIMOTO (Cooperation Planning)
Staff, First Medical Cooperation Division, Medical Cooperation, JICA
8) Mr. Eimitsu USUDA (Health Service and Public Health)
Researcher, IC Net Ltd. (Consultant)

The following persons will accompany to the Mission from 19th of March to 23rd of March.

Mr. Jun Kukita
Programme Officer, UNICEF Office in Japan

Mr. Akinori Kama,
SEARO Office, World Health Organization

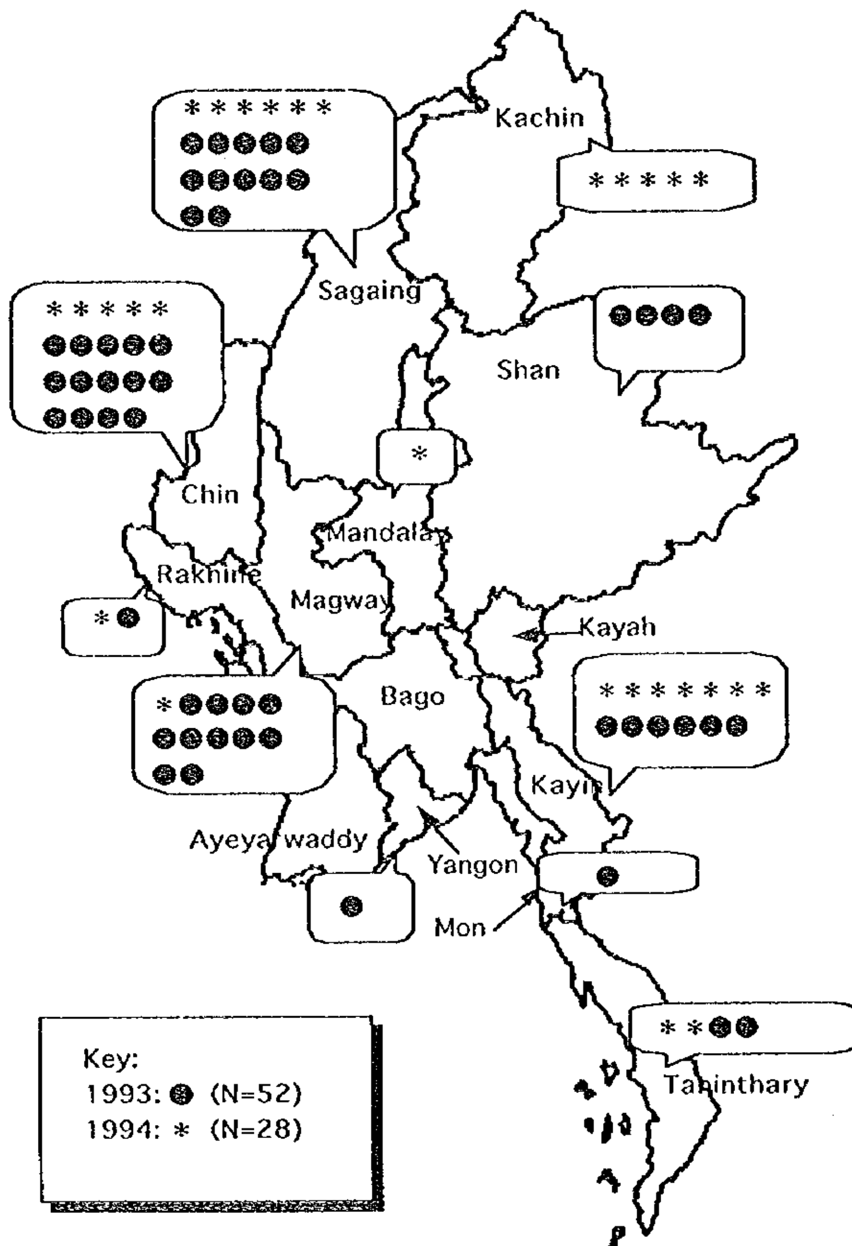
Annex list

Annex 1 Reported Polio in Myanmar
Annex 2 Japanese Contribution for Eradicaion of Polimyelitis
Annex 3 Tentative Ideas of Cooperation
Annex 4 Schedule

Reported Polio in Myanmar

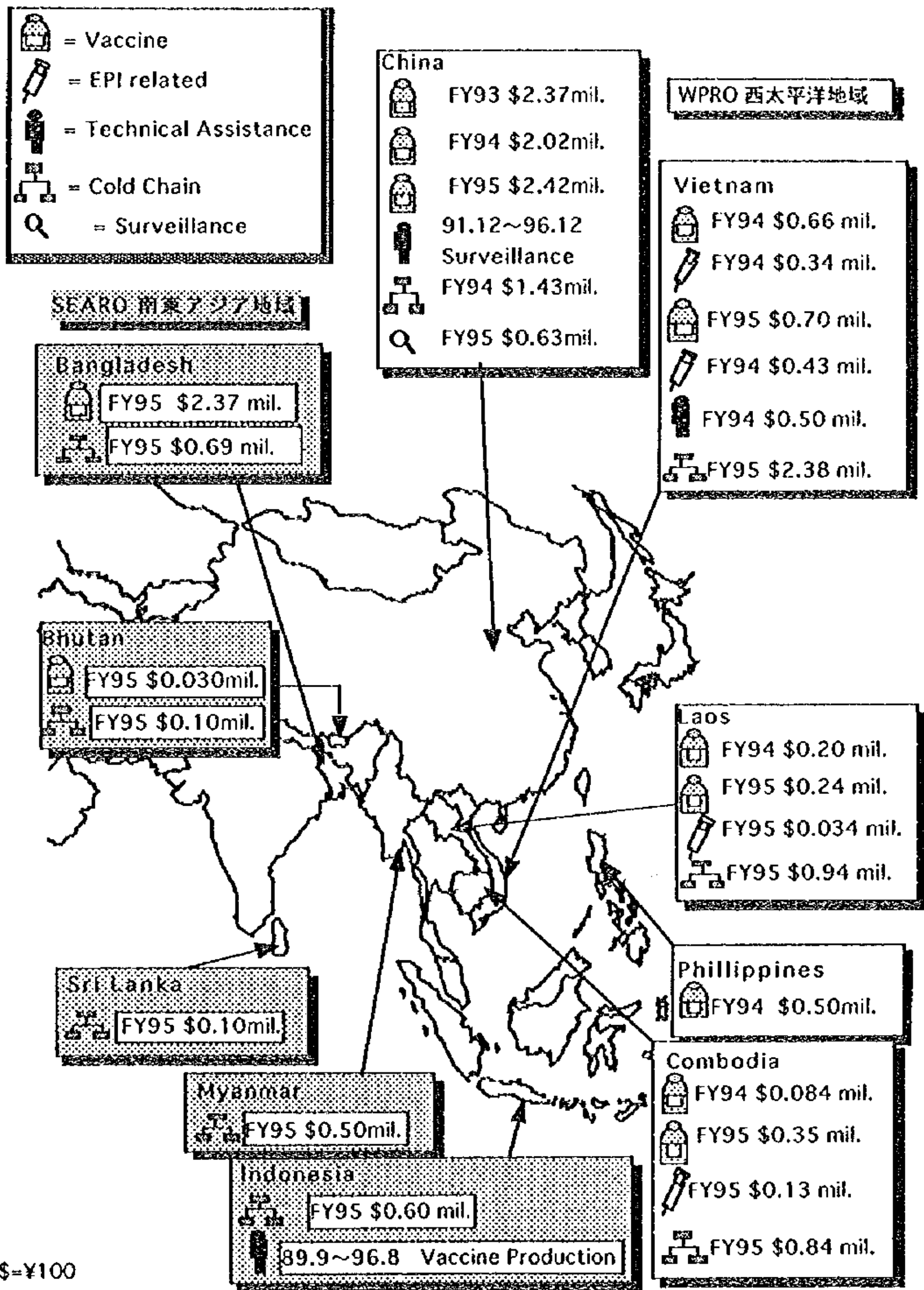
Annex 1

Map of Myanmar



MYANMAR - Reported Polio, 1993-1994

Japanese Contribution for Eradication of Poliomyelitis Annex 2

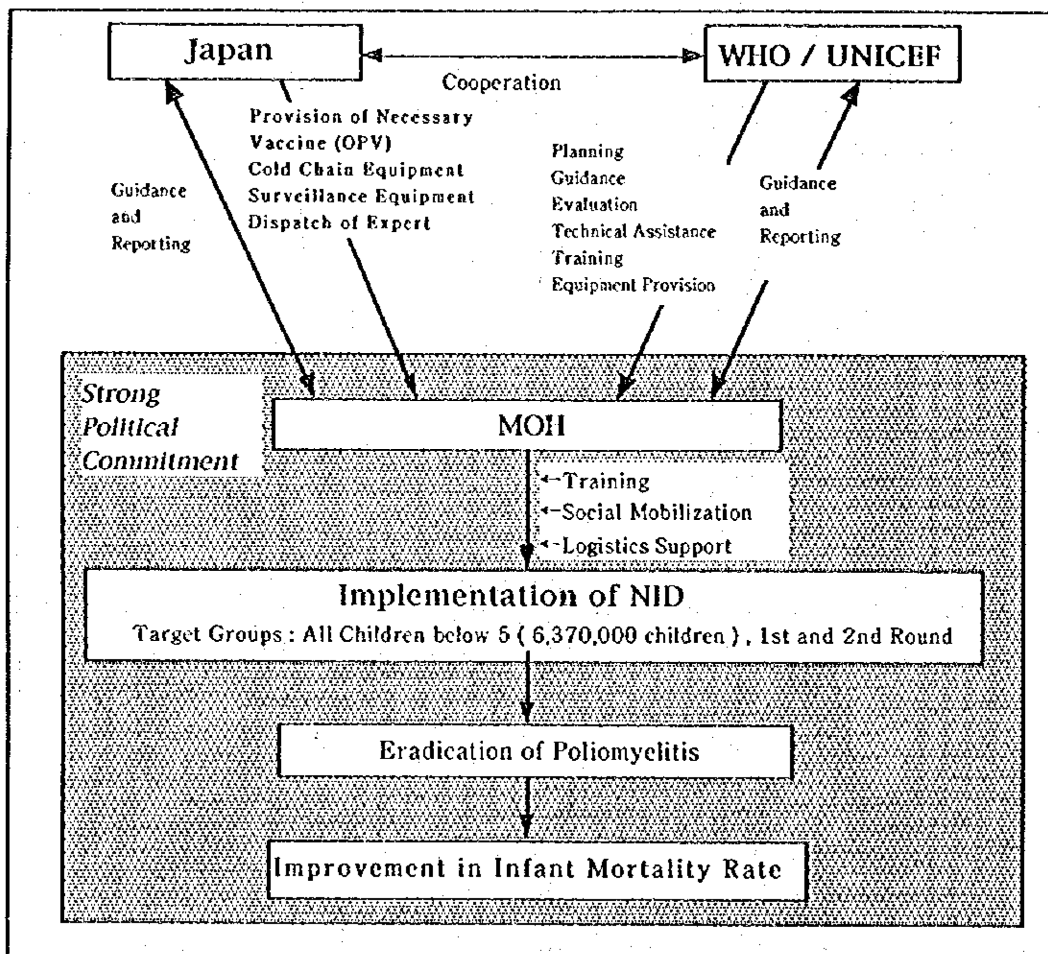


外務省経済協力局資料, 95/12

Tentative Ideas of Cooperation | Annex 3

Support for NID (National Immunization Days) Programme

Objectives : Eradication of Poliomyelitis
: Improvement in Infant Mortality Rate
Implementation : Ministry of Health (MOH)
Collaborating : WHO, UNICEF
Possible Area of cooperation : Provision of Neccesary Vaccine (OPV) and Cold Chain Equipment



This paper shows just a preliminary idea for the possible project. It means neither any commitment nor any proposal of the Japanese Government.

Historical Background on Japanese Assistance for EPI&NIDs in Myanmar

1994/Nov. Dr. Chiba gave a presentation on Vaccine Preventable Diseases and Polio Eradication at a National Workshop on EPI

1994 Provision of Measles Vaccines and Cold Chain equipment, equivalent to US$389,000

1995 Provision of Measles Vaccines and Cold Chain equipment, equivalent to US$457,000

1995 Provision of 18,600 Vaccine Carriers, equivalent to US$500,000

1996/Mar. Dispatch of Basic Study Mission on Eradication of Poliomyelitis

Idea of Japanese Assistance for Polio Eradication in Myanmar

A. Grant Aid

1. Provision of OPV for NIDs
2. Provision of Cold Chain Equipment

B. Technical Cooperation

1. Strengthening Laboratory Diagnosis of Poliomyelitis

   i. Provision of laboratory equipment
   ii. Dispatch of Experts
   iii. Acceptance of Trainees

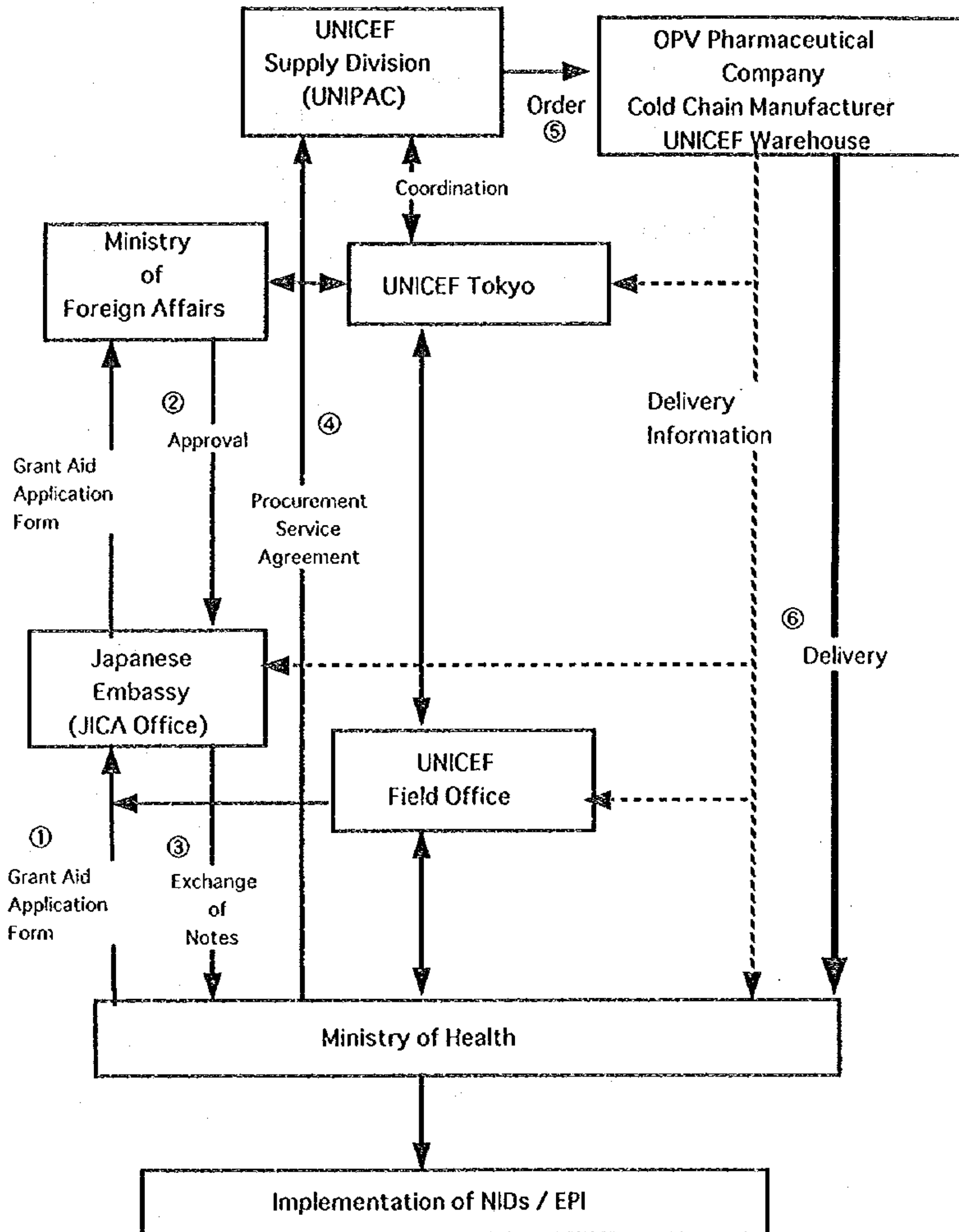
2. Strengthening AFP Surveillance System

   Content of assistance will be discussed when the plan for AFP surveillance is prepared.

The Government of the Union of Myanmar shall consult with the collaborating agencies including WHO, UNICEF and JICA, before drawing up a detailed table of necessary assistance.

GRANT AID

Procurement of OPV and Cold Chain Equipment



Age Group	Number of Children
0 - 11 M	15
1 yrs.	17
2 yrs.	20
3 yrs.	13
4 yrs.	13
5 yrs.	7
Total	85

Historical Background on Japanese Assistance for EPI&NIDs in Myanmar

1994/Nov. Dr. Chiba gave a presentation on Vaccine Preventable Diseases and Polio Eradication at a National Workshop on EPI

1994 Provision of Measles Vaccines and Cold Chain equipment, equivalent to US$389,000

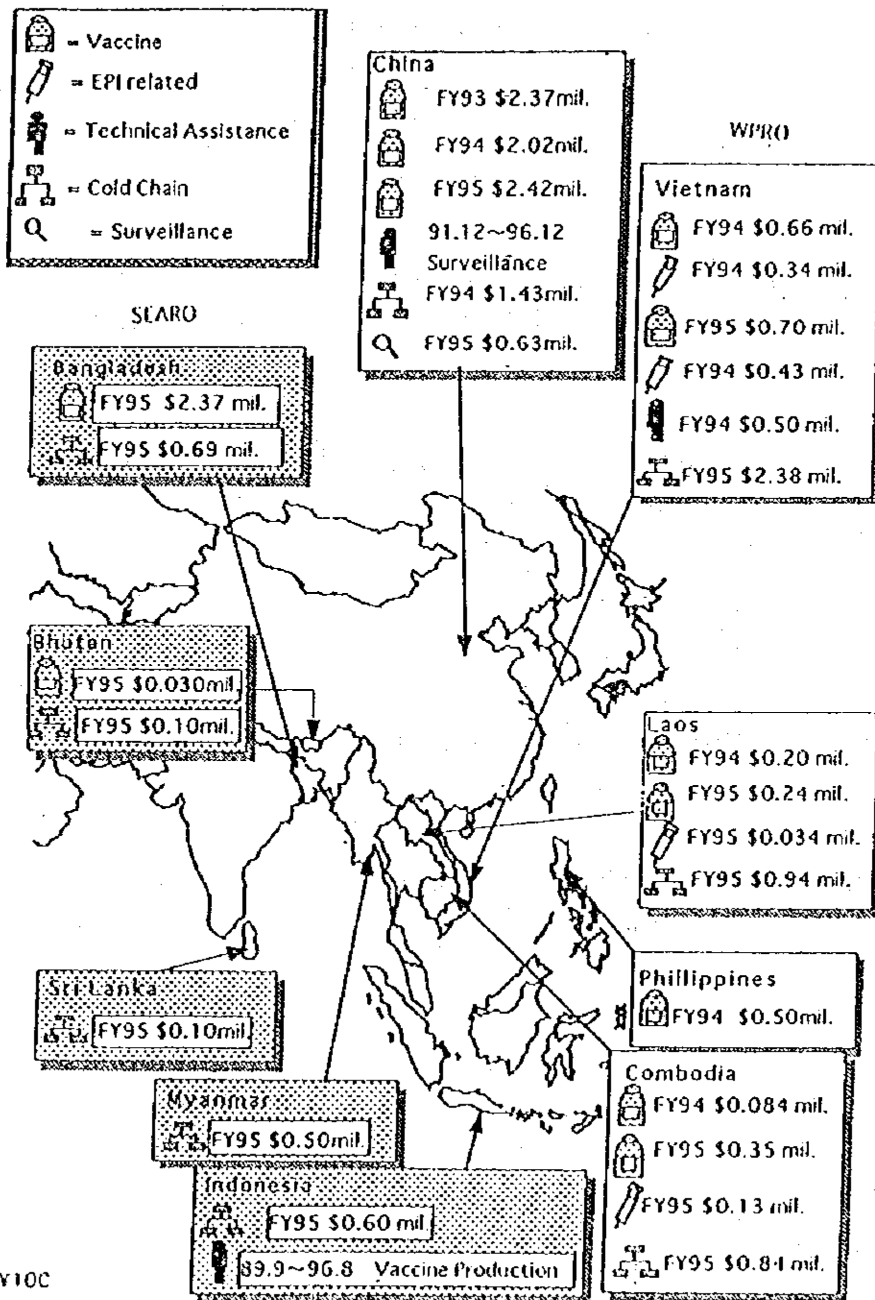
1995 Provision of Measles Vaccines and Cold Chain equipment, equivalent to US$457,000

1995 Provision of 18,600 Vaccine Carriers, equivalent to US$500,000

1996/Mar. Dispatch of Basic Study Mission on Eradication of Poliomyelitis

POLIOMYELITIS ERADICATION

Figure 1

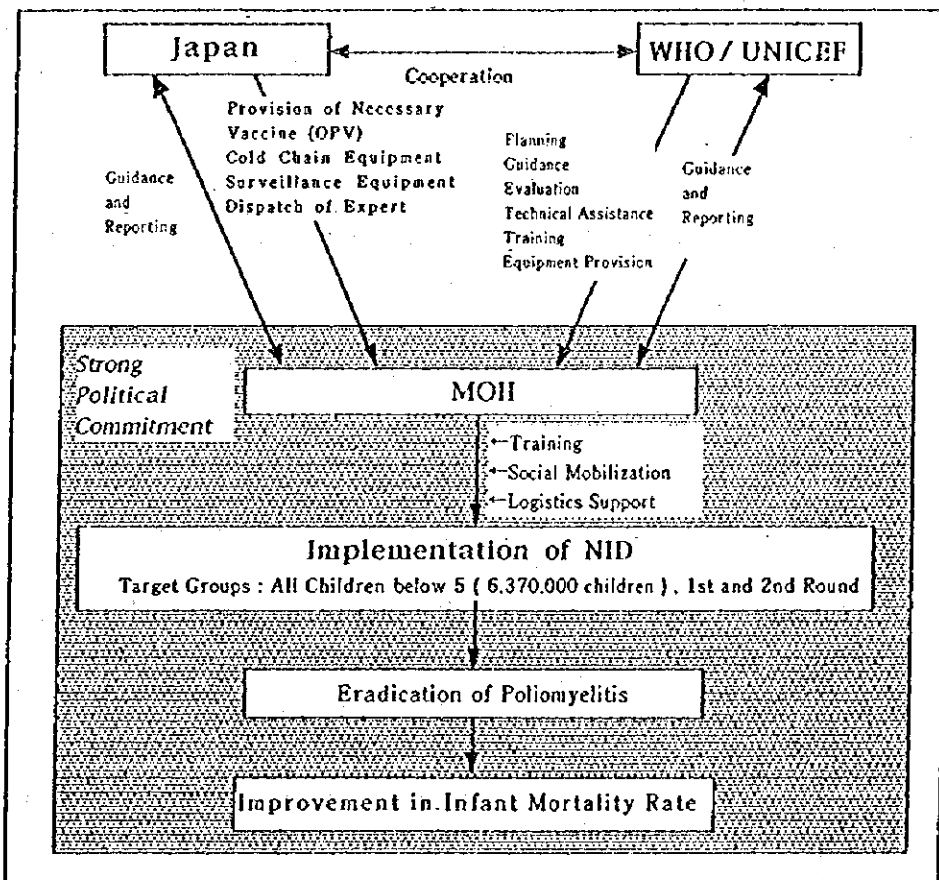


Tentative Ideas of Cooperation

Support for NID (National Immunization Days) Programme

Objectives	: Eradication of Poliomyelitis
	: Improvement in Infant Mortality Rate
Implementation	: Ministry of Health (MOH)
Collaborating	: WHO, UNICEF

Possible Area of cooperation : Provision of Neccesary Vaccine (OPV) and Cold Chain Equipment



This paper shows just a preliminary idea for the possible project. It means neither any commitment nor any proposal of the Japanese Government.

Idea of Japanese Assistance for Polio Eradication in Myanmar

A. Grant Aid

1. Provision of OPV for NIDs
2. Provision of Cold Chain Equipment

B. Technical Cooperation

1. Strengthening Laboratory Diagnosis of Poliomyelitis

   i. Provision of laboratory equipment
   ii. Dispatch of Experts
   iii. Acceptance of Trainees

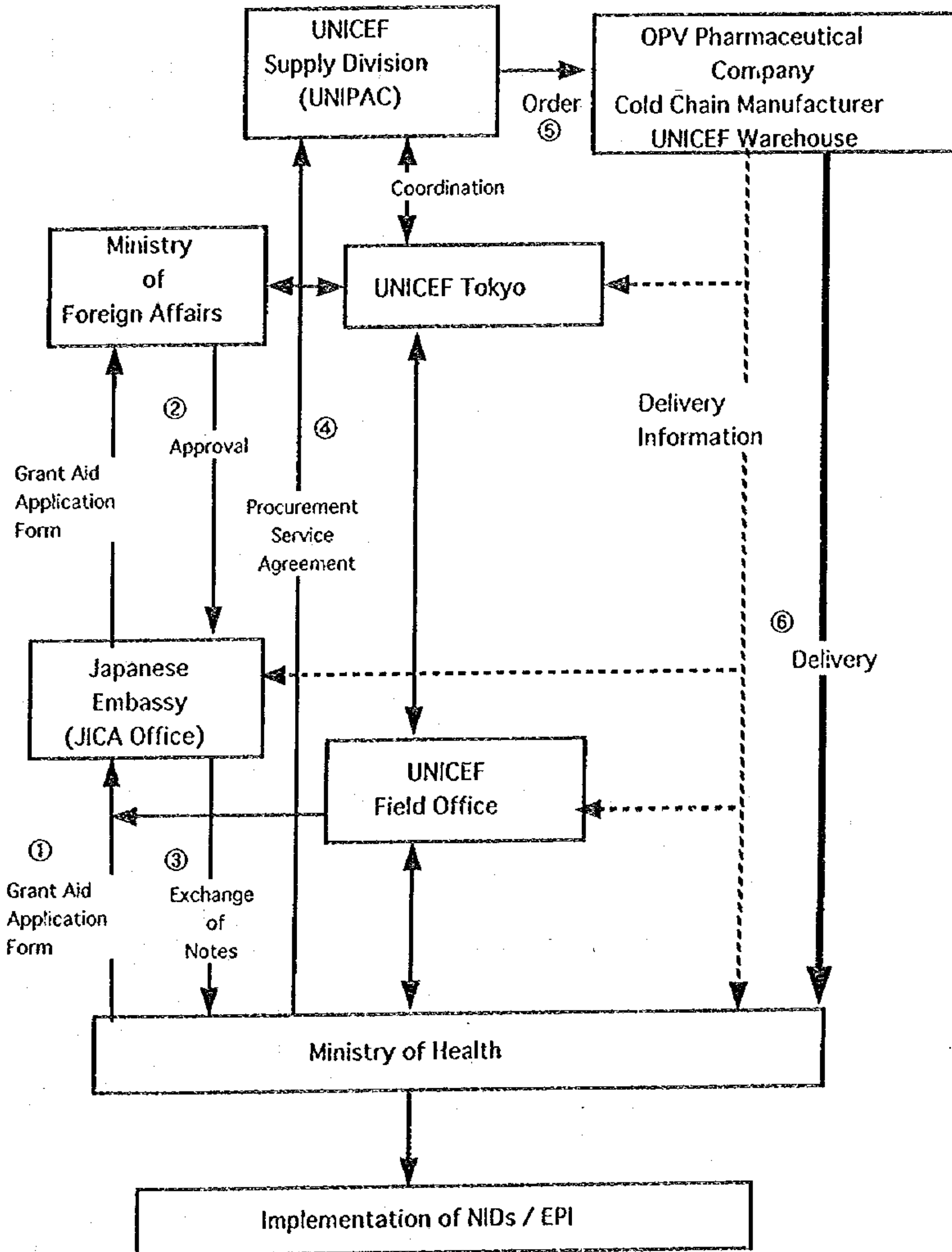
2. Strengthening AFP Surveillance System

   Content of assistance will be discussed when the plan for AFP surveillance is prepared.

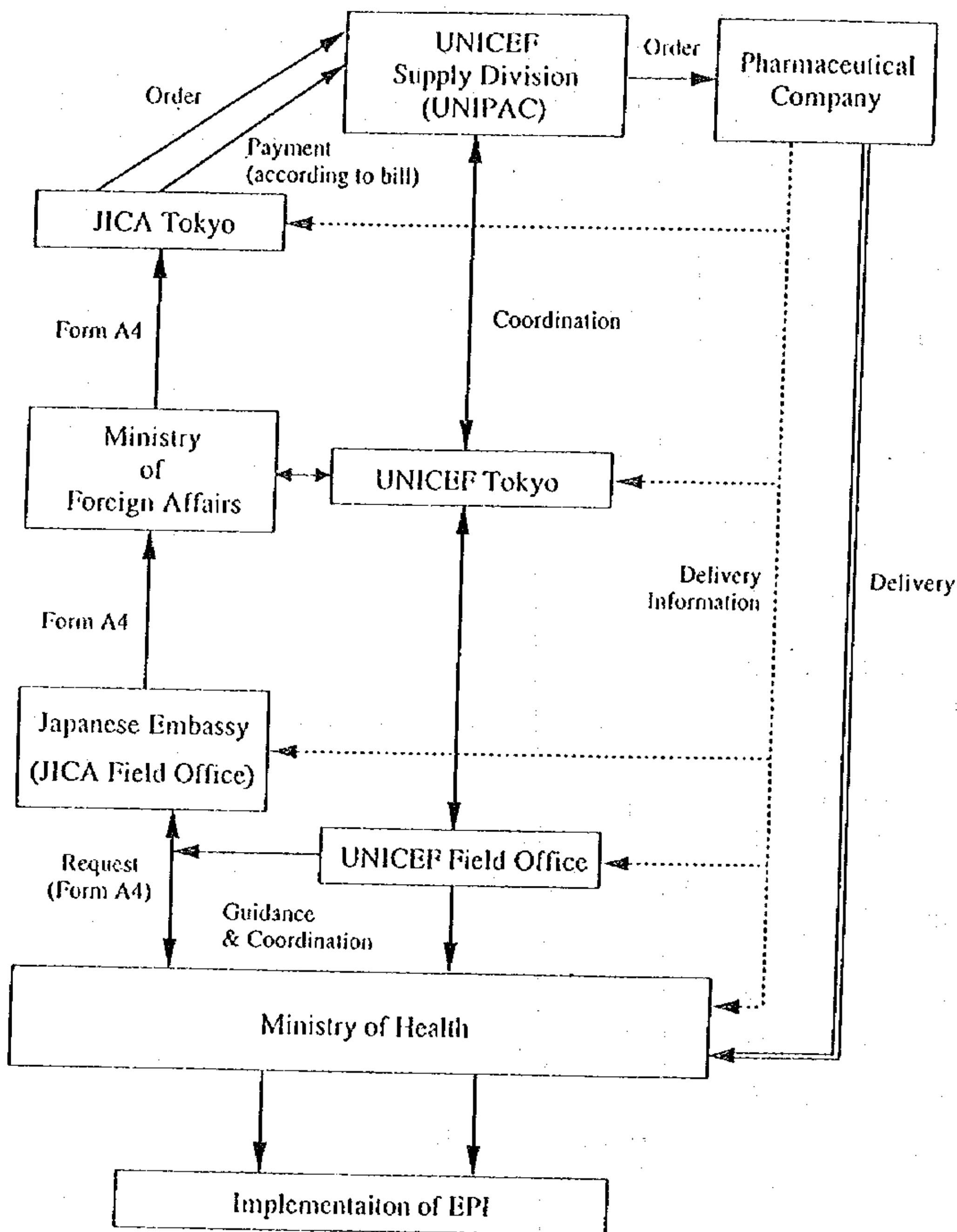
The Government of the Union of Myanmar shall consult with the collaborating agencies including WHO, UNICEF and JICA, before drawing up a detailed table of necessary assistance.

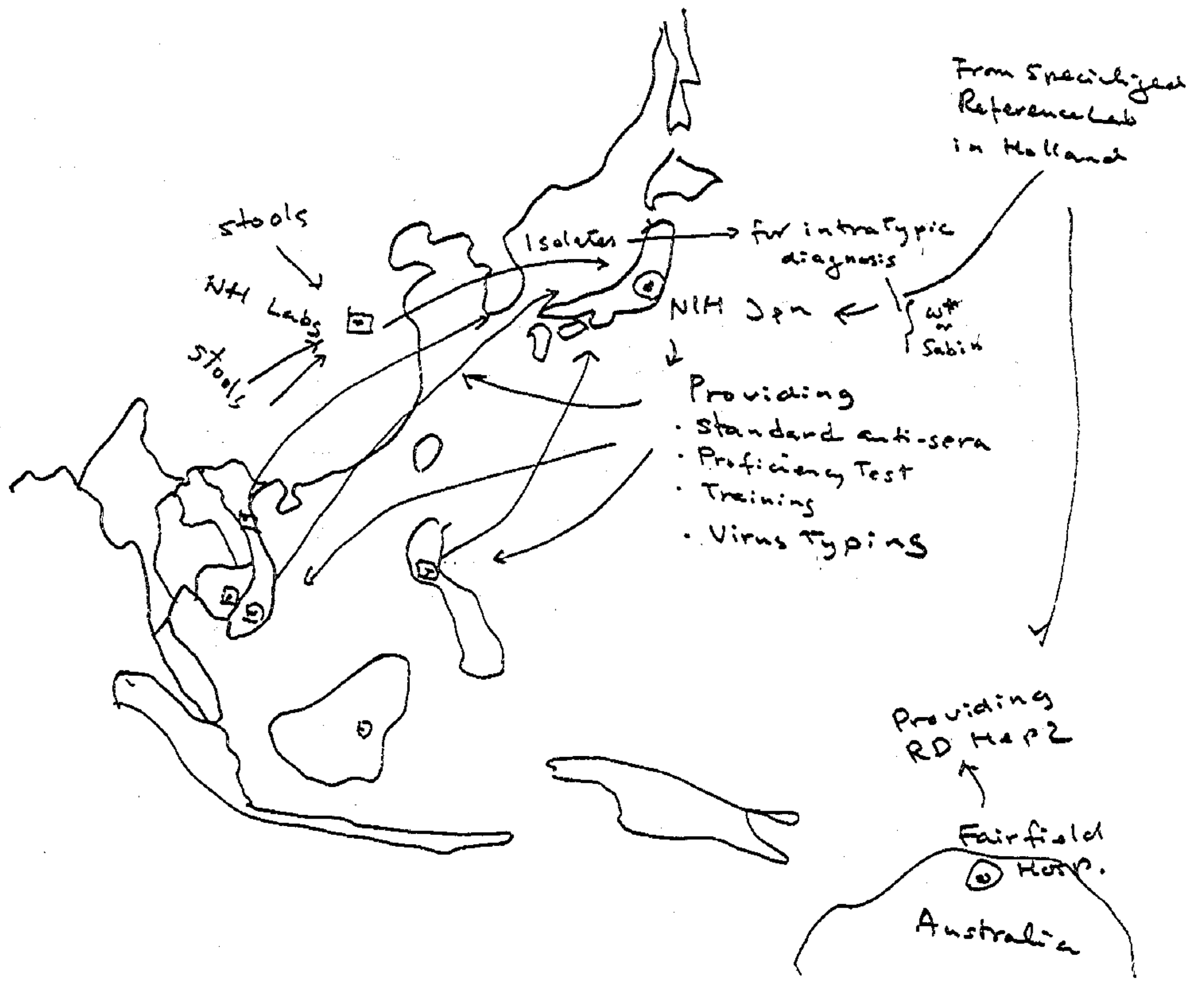
GRANT AID

Procurement of OPV and Cold Chain Equipment



Procurement of EPI Equipment




From Specialized Reference Lab in Holland
stools
NH Labs
stools
Isolates
for intratypic diagnosis
wt or Sabin
NIH Jpn
Providing
· Standard anti-sera
· Proficiency Test
· Training
· Virus Typing
Providing RD Hep2
Fairfield Hosp.
Australia

Full of Problems
(laboratory side alone)

- Running costs

- Transport { within countries / outside countries

- Personnel recruitment and training

- Communication between Epidemiologists and Laboratory.

- Routine vs. Research.

- Appreciation of lab. work.

#1 Why laboratory is necessary?

AFP is caused by
- GBS
- Myelitis
- Trauma
- Cerebral Attack etc
- Other Enterovirus Infections including vaccine strain.

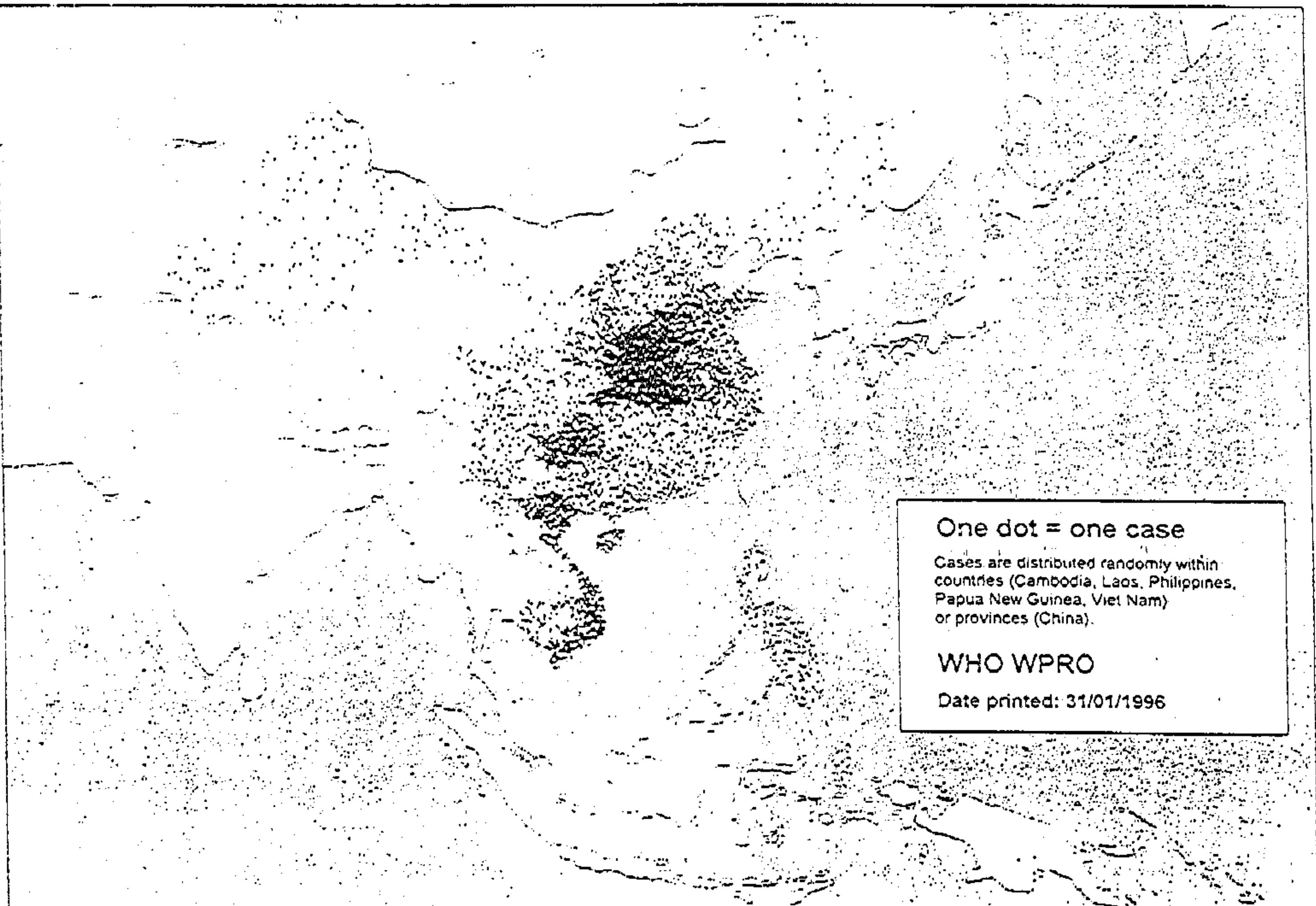
#2 Strategy

- AFP surveillance
  Incidence should be one in 100,000 people (<15yr)*
- Collect stool samples
  1. at appropriate timing, twice
  2. Transport in containers (stools should not leak out) on ice, as quickly as possible ← Who pays?
  3. Virus isolation in Ntl Lab. (Yangon)
     - should isolated Enterovirus in 10-20% of stools*
  4. Typing of Virus
     Polio type 1, 2, 3, Entero

Map 1

Polio cases in the Western Pacific Region, 1990

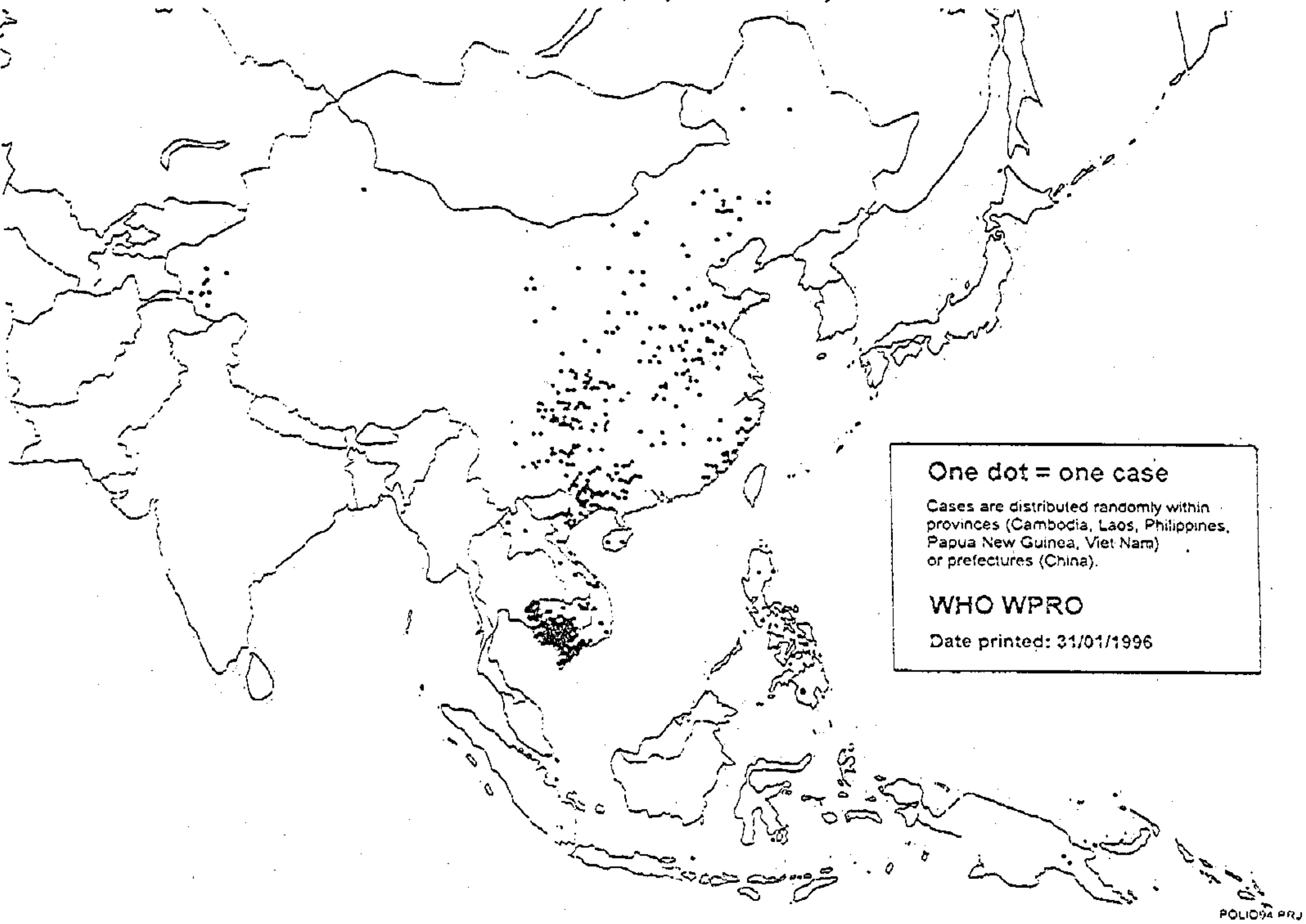
Data from WHO computerized EPI information system



Map 2

Polio cases in the Western Pacific Region, 1994

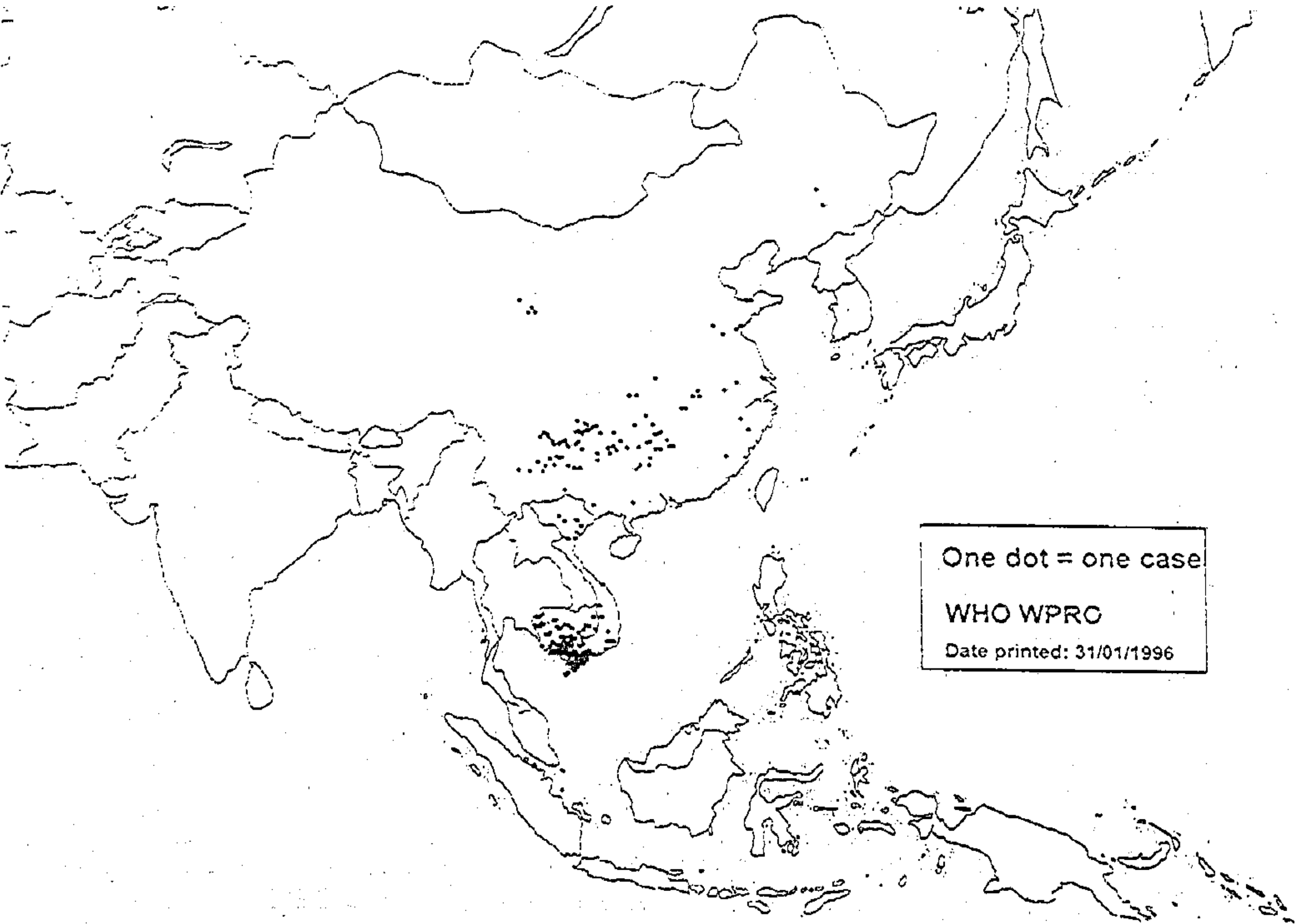
Data from acute flaccid paralysis surveillance system



Map 3

Polio cases in the Western Pacific Region, 1995

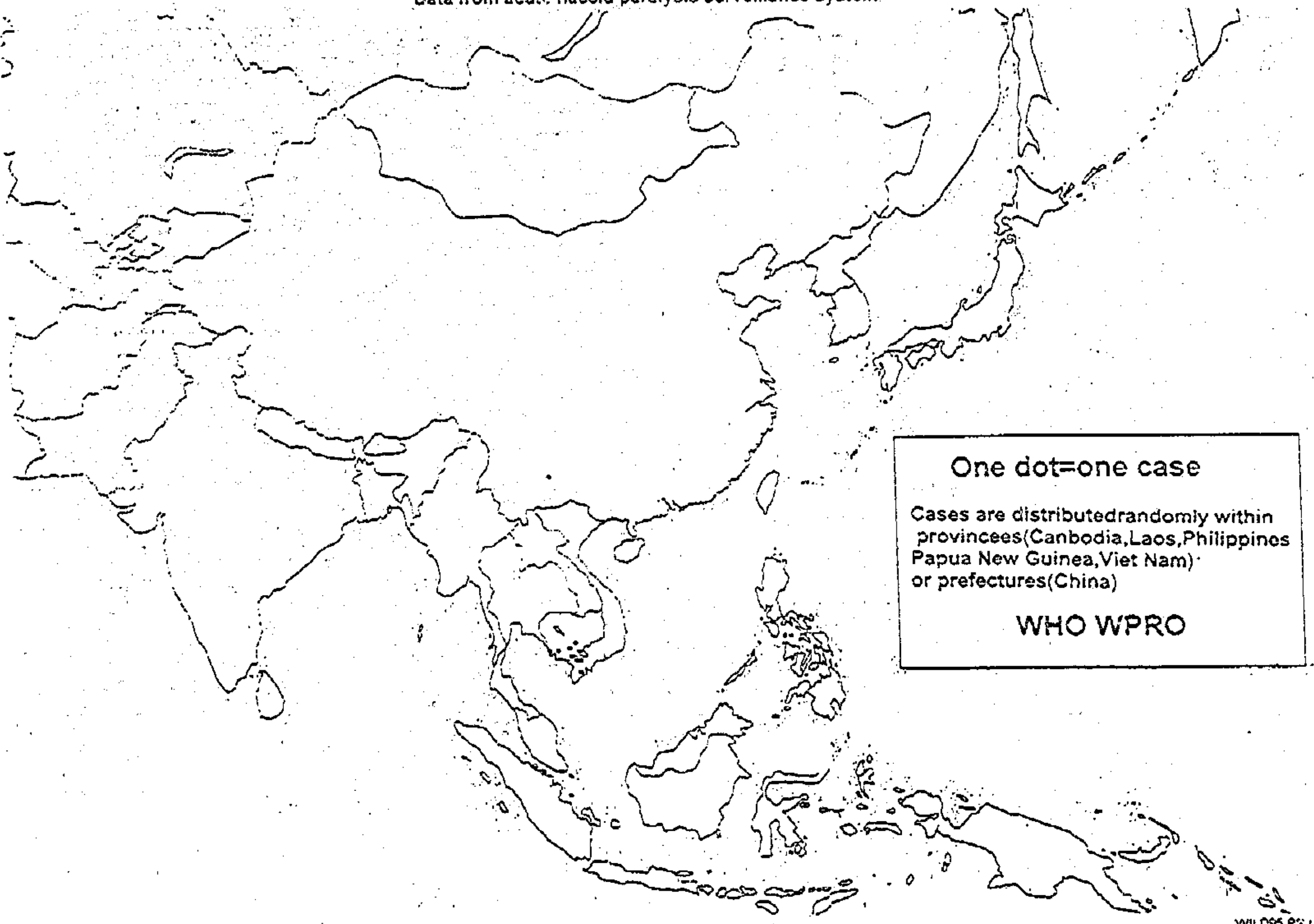
Data from acute flaccid paralysis surveillance system



Map 4

Polio cases confirmed by wild virus isolation, WPR 1995

Data from acute flaccid paralysis surveillance system



③ 代表的な収集資料

THE NEW LIGHT OF MYANMAR Saturday, 23 March, 1996

OPV given to 3,920 children in Mawlaik

Yangon, 22 March — Oral polio vaccine was given to children under five in Mawlaik in Mawlaik District, Sagaing Division, on 10 March, the second of the National Immunization Days.

The first of the NIDs was on [illegible] February.

Local authorities and members of Union Solidarity and Development Association, Red Cross, [illegible] Maternal and Child Welfare Associations were on hand to [illegible].

The immunization team travelled to Indaw Oilfield, 20 miles away, on horseback and [illegible] eight miles [illegible] Branch Office [illegible] to give the vaccine [illegible].

The team also gave it to children on boats in the Chindwin River.

OPV was given to 3,920 children, against the scheduled number of 3,853, in Mawlaik because of the newborn during the polio eradication campaign.— MNA

Minister for Finance and Revenues Brig-Gen Win Tin delivered an address.

Distinguished Guests,

Ladies and Gentlemen,

3. Welcome to the Seminar on [illegible] Banking Business, which is being jointly organized by Krung Thai Bank Public Company Limited and the Central Bank of Myanmar.

First of all, I would like to express my deep appreciation for organizing such a seminar and it gives me pleasure to speak a few words at the opening ceremony of today's Seminar.

[illegible]

③　代表的な収集資料

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The first of the NIDs was on 10 February.

Local authorities and members of Union Solidarity and Development Association, Red Cross and Auxiliary Fire Brigades and Maternal and Child Welfare Associations were on hand to render assistance.

The immunization team travelled to Lindaw Oilfield, 30 miles away, on horseback and to far-flung jungle camps, eight miles from [illegible] Branch Office, on elephants to give the vaccine [illegible].

The team also gave it to children on boats in the Chindwin River.

OPV was given to 5,920 children, against the scheduled number of 5,853, in Mawlaik because of the newborn during the polio eradication campaign. — *MNA*

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Distinguished Guests,
Ladies and Gentlemen,

Welcome to the Seminar on International Banking Business which is being jointly organized by Krung Thai Bank Public Company Limited and the Central Bank of Myanmar.

First of all, I would like to express my deep appreciation for organizing such a seminar and it gives me pleasure to speak a few words at the opening ceremony of today's Seminar.

[illegible] personnel before [illegible] on elephants for far-flung hill regions in Mawlaik Township, [illegible] Sagaing Division, to give oral polio vaccine to children under five. [illegible]

収集資料

●UNICEF / WHOより3/15
1. Universal Child Immunization Project, copy 11pages
2. Children and Women in Myanmar, A suitiuation Analysis, 1995, UNICEF, book 79pages
3. Master Plan of Operations, 1996-2000, UNICEF, book 176pages
4. Summary of Polio Eradication Budget for 1997, copy 1page
5. Proposed Agenda, EPI and Polio Eradication Inter-Agency Coordinating Committee Hosted by UNICEF and WHO Myanmar, 10 May 1996, copy 6pages

●北部シャン州保健事務所より3/16
6. Total Target Achievment　(北部シャン州22のタウンシップのNID結果)
7. NIDs の写真（第一回目）40枚

●Lasho General Hospitalより3/17
8. Substance Abuse Treatment and Mental Health Services Centre Lashio, Northern Shan States, print 9 pages
9. Profile of Lashio Genaral Hospital, Northern Shan State, 1994, phanphlet

●そのほか
- Pyigyotagon Township Health Departmet Profile, pritnt
- Chan Mya Tharzi Township Health Profike, print
- Hsipaw Twonship Health Departmetn, Health Profile, print
- Naung Hko Township Heatth Pfofile, print
- Maha Aung Mye Township Health Department, 1995, Facts and Activities, print
- Chan Aye Thazan Township Department, 1995, Facts and print Acivities
- Registered Card for NIDs

●Institute of Medicine, peadeatric
- 教育パンフレット

●National Health Laboratoryより3/20
- Oraganization of Laboratory Service, print 1page

●保健省より3/21
- presentation一式

参考資料

●JICA Officeより3/15
- Road Map of the Union of Myanmar
- Yangon Guide Map

●外務省より
- The Application Form for Japan's Grant Aid
- Resouces Needed for Poliomyeltis Eradication ($US) South East Asia Region of WHO
- Support to Polio Fradication

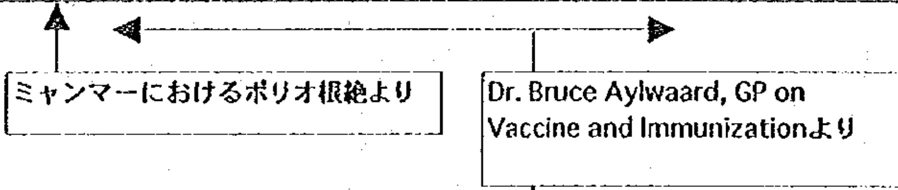
-Inception Report for the fact findign teeam on health sector in the Kingdom of Bhutan
-Inceptiorn Report for the Japanese Survey Mission on Supporet to Bhutan Polio Eradication Programme in the Kingdom of Bhutan
-Summary of 1997 estimated NID requirnments-Myanmar（つくったもの）
-EPI Feedbackl, Wolumet-3, Number-4, 1995, EPI, WHO-SEARO, New Dhlhi, copy, 7pages

-対ミャンマー感染症対処基礎方針（案）2/28
-Coutry data and presentations, Myanamar, Presented to EPI, WHO-SEARO
-対ミャンマー勉強会資料、1回および2回
-Urgent Fax to Dr. Furuhata from Dr. Bruce Aylward, Epidemiology of Poliomyelitis in Myanmar
-ポリオ根絶への協力（外務省経済協力局）
-ミャンマー役務案件
-ミャンマーへのポリオ対策支援調査団の派遣（対処方針）外務省技術協力課（医療班）
-ミャンマー連邦看護拡充計画　基本設計調査報告書

96年(第1回目)　　予算(2)

Summary of 1996 estimated NID requirments - Myanmar
Total cost by what Gov't & partner agencies can provide
Dates ; 10 February and 10 March, 1996
(Cost estimated in milliions US$)

item	Cost	1.Gov't	2.UNICEF	3.WHO	4.CDC	5.Rotary	6.Japan	7.other	Filled(1-7)	Shortfall
OPV	1.682		0.498	0.050	0.100	1.210			1.858	-0.176
Vit A	0.090		0.075						0.075	0.015
Cold Chain	1.608	0.005					0.401	0.250	0.656	0.952
Training	0.232		0.057	0.072		0.035			0.164	0.068
Transport	0.131	0.131							0.131	0.000
Social Mobilization	0.100		0.045	0.050		0.020			0.115	-0.015
Other Operatioin Co	0.413	0.166	-						0.166	0.247
Total	4.256	0.302	0.675	0.172	0.100	1.265	0.401	0.250	3.165	1.091
%	100.0%	7.1%	15.9%	4.0%	2.3%	29.7%	9.4%	5.9%	74.4%	25.6%



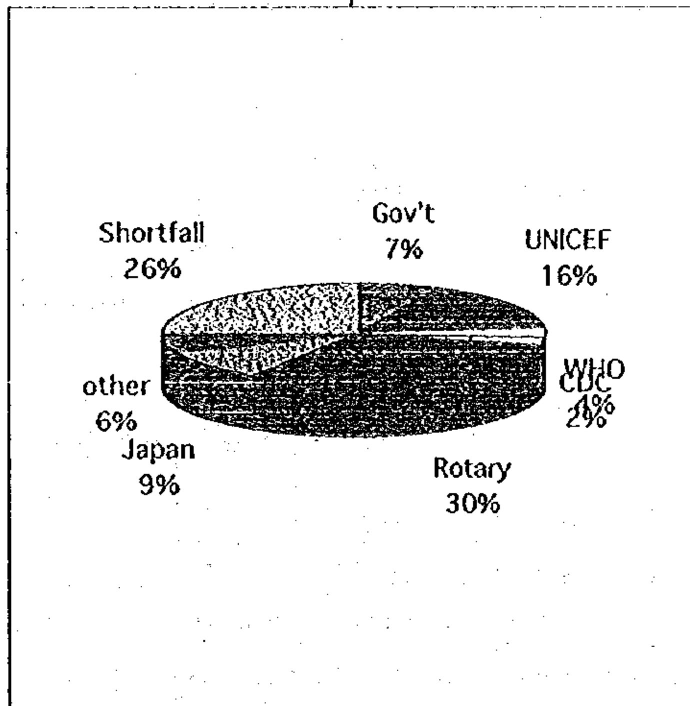


Table 1: Summary of Polio Eradication Budget for 1997
Myanmar

Budget Item	Budget Item Requirement	Committed or Requested: National/Local Government	Committed or Requested: Partner Agency	Name of Partner Agency	Current Shortfall
1. National Immunization Days					
a) Oral Polio Vaccine	$1,746,797.08	$0.00	$600,000.00 $446,797.08	RotaryInternational CDC/USA	$700,000.00
b) Vitamin A capsules	$122,406.00	$0.00	$122,406.00	UNICEF/Myanmar	$0.00
c) Logistics					
Ice	$5,000.00	$5,000.00	$0.00	NA	$0.00
Transport	$130,790.00	$130,790.00	$0.00	NA	$0.00
Supervision	$25,000.00	$0.00	$25,000.00	UNICEF/Myanmar	$0.00
Local costs	$50,000.00	$50,000.00	$0.00	NA	$0.00
d) Training Costs					
Personnel	$169,000.00	$0.00	$72,000.00 $15,000.00	UNICEF/Japan WHO/Myanmar	$82,000.00
Materials	$20,000.00	$0.00	$10,000.00	UNICEF/Japan	$10,000.00
e) Social Mobilization					
Posters	$50,000.00	$0.00	$15,000.00	WHO/Myanmar	$35,000.00
Banners	$15,000.00	$0.00	$0.00		$15,000.00
Billboards	$16,100.00	$16,100.00	$0.00		$0.00
TV/Radio Spots	$5,000.00	$2,000.00	$3,000.00	WHO/Myanmar	$0.00
Stickers	$15,000.00	$0.00	$0.00		$15,000.00
Other	$232,550.00	$232,550.00	$0.00	NA	$0.00
f) Personnel costs	$116,275.00	$116,275.00	$0.00	NA	$0.00
g) Operational costs	$43,864.00	$0.00	$0.00	NA	$43,864.00
NID Subtotals	$2,762,782.08	$552,715.00	$1,309,203.08	-	$900,864.00
2. AFP Surveillance					
a) Personnel	$14,469.57	$14,469.57	$0.00	NA	$0.00
b) Equipment					
Specimen kits	$1,500.00	$0.00	$0.00		$1,500.00
Transport containers	$1,400.00	$0.00	$0.00		$1,400.00
Motor scooters	$9,219.00	$0.00	$0.00		$9,219.00
Computers/printers	$7,400.00	$0.00	$0.00		$7,400.00
Lab consumables	$5,000.00	$0.00	$5,000.00	WHO/Geneva	$0.00
Lab equipment	$25,000.00	$0.00	$25,000.00	Rotary Thailand	$0.00
c) Training					
Manuals/forms	$10,000.00	$0.00	$0.00		$10,000.00
Personnel	$25,000.00	$5,000.00	$0.00		$20,000.00
Lab personnel	$18,000.00	$0.00	$18,000.00	WHO/Thai Rotary	$0.00
d) Transport					
Specimens (National)	$1,500.00	$0.00	$0.00		$1,500.00
Isolates (Regional)	$600.00	$0.00	$0.00		$600.00
Personnel	$3,000.00	$0.00	$0.00		$3,000.00
Surveillance Subtotal	$122,088.57	$19,469.57	$48,000.00	-	$54,619.00
Grand Totals:	$2,884,870.65	$572,184.57	$1,357,203.08	-	$955,483.00

as of 20/3/96

Cold Chain Logistics Requirements for 1996-1999

		Unit Pric	Q'ty (96/97)	Sub T/L	Q'ty (98/99)	Sub T/L	Total (96-99)
1	Cold Room (Fridge)	20000.00	1	20,000	0	0	20,000
2	Cold Room (Freezer)	20000.00	1	20,000	0	0	20,000
3	Ice-lined Refrigerator	1526.00	80	122,080	80	122,080	244,160
4	Ice-pack Freezer E3/26	1370.50	32	43,856	32	43,856	87,712
5	Spare parts for Refrigerators		N/A	30,000	N/A	30,000	60,000
6	Voltage Stabilizer	347.51	0	0	32	11,120	11,120
7	Generator	1620.00	32	51,840	32	51,840	103,680
8	Solar Refrigerator PIS	5500.00	26	143,000	26	143,000	286,000
9	Solar Batteries	432.83	20	8,657	0	0	8,657
10	Cold Box RCW25 E4/05	296.86	0	0	170	50,466	50,466
11	Cold Box-RCW12 E4/62	333.33	0	0	170	56,666	56,666
12	Vehicle	25000.00	2	50,000	0	0	50,000
13	Bicycle	80.00	321	25,680	0	0	25,680
14	Sterilizer A E9/08	80.45	0	0	800	64,360	64,360
15	Sterilizer B E9/09	99.09	0	0	32	3,171	3,171
16	Syringe A E8/07	19.46	10,000	194,600	10,000	194,600	389,200
17	Syringe B E8/08	34.37	160	5,499	320	10,998	16,498
							0
	Total			715,212		782,158	1,497,370
	Handling Charge (8%)			57,217		62,573	119,790
	Freight Estimate (20%)			143,042		156,432	299,474
	Grand Total (USD)			915,471		1,001,162	1,916,633
	Grand Total (JPY @120)			109,856,532		120,139,453	229,995,986

NB: 1) All prices subject to variation except for items 6, 14, 15, 16 & 17.
2) Some item specifications to be revised.
3) Sufficient number of vaccine carriers and thermometers provided by 1996.

Resource Requirements for Polio Eradication: AFP and Laboratory Poliovirus Surveillance ($US)
UNION OF MYANMAR 1996

Category		Total Cost ($US)	Committed/Projected ($US)							Shortfall ($US)
			Nat'l Gov't	(Partner)	(Partner)	(Partner)	(Partner)	(Partner)	Total Non-Gov't	
Training	National Workshops (Surveillance)	810	-	-	-	-	-	-	-	810
	State/Div. Workshops "	3,550	-	-	-	-	-	-	-	3,550
	Township Workshops "	15,689	-	-	-	-	-	-	-	15,689
	Clinician Meetings "	1,200	-	-	-	-	-	-	-	1,200
Documents	AFP Case Invest. Manual	2,000	-	-	-	-	-	-	-	2,000
	AFP Ed./Reporting Pamphlets	2,250	-	-	-	-	-	-	-	2,250
	Case Invest.,Line List, Lab Forms	578	-	-	-	-	-	-	-	578
Personnel	Consultants - Training	39,400	-	-	-	-	-	-	-	39,400
Equipment	4W vehicles (landcruisers)	50,000	-	-	-	-	-	-	-	50,000
	Motor-scooters	28,000	-	-	-	-	-	-	-	28,000
	486 Computer + Printer x 3	13,725	-	-	-	-	-	-	-	13,725
	Voltage Regulator/UPS (3)	1,650	-	-	-	-	-	-	-	1,650
	Photocopier	750	-	-	-	-	-	-	-	750
	Fax machines (2)	1,200	-	-	-	-	-	-	-	1,200
	Poliovirus Shipping Containers	300	-	-	-	-	-	-	-	300
	Specimen Collection Kits	1,500	-	-	-	-	-	-	-	1,500
	Specimen Transport Containers	2,000	-	-	-	-	-	-	-	2,000
Operations	Case investigation/follow-up	3,750	-	-	-	-	-	-	-	3,750
	Specimen Transport	1,875	-	-	-	-	-	-	-	1,875
	Poliovirus Isolates Transport	600	-	-	-	-	-	-	-	600
	Fuel for Vehicles	3,552	-	-	-	-	-	-	-	3,552
	Office Supplies	2,500	-	-	-	-	-	-	-	2,500
Grand Total		$ 176,879	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 176,879

Resource Requirements for Polio Eradication: AFP and Laboratory Poliovirus Surveillance ($US)
UNION OF MYANMAR 1997

Category		Total Cost ($US)	Committed/Projected ($US)							Shortfall ($US)
			Nat'l Gov't	(Partner)	(Partner)	(Partner)	(Partner)	(Partner)	Total Non-Gov't	
Training	National Workshops (Surveillance)	891	-	-	-	-	-	-	-	891
	State/Div. Workshops "	3,905	-	-	-	-	-	-	-	3,905
	Township Workshops "	17,257	-	-	-	-	-	-	-	17,257
	Clinician Meetings "	1,320	-	-	-	-	-	-	-	1,320
Documents	AFP Case Investigation Manual	-	-	-	-	-	-	-	-	-
	AFP Ed./Reporting Pamphlets	-	-	-	-	-	-	-	-	-
	Case Invest.,Line List, Lab Forms	636	-	-	-	-	-	-	-	636
Personnel	Consultants - Training	43,340	-	-	-	-	-	-	-	43,340
Equipment	4W vehicles (maintenance)	2,000	-	-	-	-	-	-	-	2,000
	Motor-scooters	-	-	-	-	-	-	-	-	-
	486 Computer + Printer x 3	-	-	-	-	-	-	-	-	-
	Voltage Regulator/UPS (3)	-	-	-	-	-	-	-	-	-
	Photocopier (Maintenance)	100	-	-	-	-	-	-	-	100
	Fax machines (2)	-	-	-	-	-	-	-	-	-
	Poliovirus Shipping Containers	-	-	-	-	-	-	-	-	-
	Specimen Collection Kits	1,650	-	-	-	-	-	-	-	1,650
	Specimen Transport Containers	800	-	-	-	-	-	-	-	800
Operations	Case investigation/follow-up	4,125	-	-	-	-	-	-	-	4,125
	Specimen Transport	2,063	-	-	-	-	-	-	-	2,063
	Poliovirus Isolates Transport	660	-	-	-	-	-	-	-	660
	Fuel for Vehicles	3,907	-	-	-	-	-	-	-	3,907
	Office Supplies	2,750	-	-	-	-	-	-	-	2,750
Grand Total		$ 85,404	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 85,404

Equipment for Laboratory

(for two rooms in National Health Laboratory)

ITEMS	NO. AT PRESENT	REPLACEMENT POSSIBILITY / REQUEST NO.(NHL)	FURTHER REQUIRED NO. (MISSION)
Refrigerated Centrifuge	0	-/1	1
Safety Cabinet (Class II[6])	0 (clean bench)	1?(WHO)/1	2
Autoclave	1 (old & small)	-/-	1 (large)
Sterilizer (dry Oven)	1 (old & small)	-/-	1
Inverted Microscope	1	1?(WHO)/1	1
Incubator For Cell Culture (Precise Temp. Control)	0	-/1	2
Freezer for Storage of stool specimens (-20℃, 250-300 ℓ)	(1) (used for HIV)	-/1	1
Deep Freezer (-80℃, 250-300 ℓ)	1 (-60℃ & old)	-/1	1
Air Conditioner	1	-/1	1
Liquid Nitrogen Countainer For Cell Storage & N_2 Transport)	1 (10 ℓ)	-/1	1 (40 ℓ)
Glass Distillation Unit + Water Pretreatment System	1 (Distillation Unit old)	-/1	1
Tissue Culture Pipettees	several (not enough)	-/-	2mℓ×300 10mℓ×150 25mℓ× 50 curved×150
Pipetter	?	-/-	3
Tubes (For Virus Stock) (For Virus Dilution, 10mℓ) (For Virus Prep., 50mℓ& Plastic)	enough 0 0	-/-	0 500 (2cartons) 500 (2cartons)
Culture Medium Filtration Unit	1	-/1	0
Tissue Culture Bottles	enough(?)	-/-	0
Vortex Mixer	1	-/-	1
Plastic Plate (24 well) (96 well)	several 0	-/-	3 cartons 3 cartons

ITEMS	NO. AT PRESENT	REPLACEMENT POSSIBILITY / REQUEST NO.(NIHL)	FURTHER REQUIRED NO. (MISSION)
Stirrer For Prep. Of Media, Buffer	?	-/-	1
Mess Cylinder (500-1,000 mℓ)	?	-/-	3
Balance (mg-100g)	1 (old)	-/-	1
Pipettee Washer	0	-/-	1
Sonicater For Washing Versels	0	-/-	1
pH Meter	0	-/-	1

Results of National Immunization Days
1st round (10 February 1996)
Union of Myanmar

Sr. No.	State/ Division	Townships	Total Population	Children under 5	Number Immunized	Coverage percent.
1	Kachin	18	1,159,959	145,472	127,938	88%
2	Kayah	7	236,579	33,367	31,016	93%
3	Kayin	7	1,347,742	143,474	121,626	85%
4	Chin	9	442,970	65,501	62,183	95%
5	Mon	10	2,234,051	275,852	263,140	95%
6	Rakhine	17	2,522,300	396,248	377,503	95%
7	Shan (South)	21	1,737,182	246,914	220,578	89%
8	Shan (North)	22	2,030,091	206,065	171,276	83%
9	Shan (East)	9	697,030	74,601	53,385	72%
10	Yangon	43	5,159,013	543,032	517,279	95%
11	Bago	28	4,679,551	562,532	535,700	95%
12	Mandalay	30	5,950,084	771,135	758,240	98%
13	Magway	25	4,156,870	524,226	510,561	97%
14	Sagaing	38	5,00[illegible],693	642,861	624,992	97%
15	Ayeyarwady	26	6,192,599	753,418	729,354	97%
16	Tanintharyi	10	1,195,971	144,645	132,191	91%
	Total	320	44,73[illegible],685	5,529,343	5,236,962	95%

第2回目(3/10) NID実施 Review 2-(2)10.
(by UNICEF)

Brief Report on NIDs Immunization Posts
UNICEF's supervisory visits to

~~NIDs Immunization Post Checklist for Supervisory Personnel~~ ~~Name:~~
Myanmar - 2nd Round, 10 March 1996 Township:
Total Posts - 55 (9 rural, 46 urban) visited by UNICEF Staff Members

2. Post Preparation (circle correct answer):
   - is the post in a central location: 96 % Yes
   - is post well-marked with NID posters/etc: 89 % Yes
   - is there at least 1 routine EPI poster: 80 % Yes
   - are all teams members (5) present: 95 % Yes

3. Vaccine Storage and Administration (circle correct answer):
   - is unopened OPV kept in vaccine carrier: 100 % Yes
   - is there ice in the carrier((temp<20C) 100 % Yes
   - does each child receive 2 drops of OPV: 100 % Yes
   - are all OPV doses registered: 85 % Yes
   - is the number of opened OPV vls recorded: 91 % Yes
   - sufficient OPV? 100 % Yes
   - plan in case of shortage?: 100 % Yes

4. Immunization Post/Team Activities (circle correct answer):
   - is there an orderly procession of children: 96 % Yes
   - are the children screened for age (<5yrs): 100 % Yes
   - is team actively looking for other children: 96 % Yes Yes/No
     - names of NGO's assisting:

MMCWA	58 %
Red Cross	62 %
USDA	60 %
Fire Brigade	33 %
MMA	2 %
Teachers	18 %
Religious	2 %

   - is one person reminding mothers about routine EPI: 62 % Yes

6. Instructions to Mothers (circle correct answer):
   - are mothers told to inform others: 47 % Yes
   - are mothers reminded about routine EPI: 49 % Yes

8. Township Information:

   - target population for polio:
   - target population for vitamin A:
   - do markets have polio posts: 96 % Yes
   - is it a single day activity: 96 % Yes (9 rural, 46 urban posts)
   - if not, dates of NIDs:
   - target population on those dates:

7. Social Mobilisation (ask at least five mothers; preferably from different posts):
   - how did the mother knew of NIDs: 50 mothers*

1. a friend 2 %
2. another mother 2 %
3. midwife or health staff 20 %
4. TV 24 %
5. Radio 4 %
6. Street banners 10 %
7. NID posters 24 %
8. Loudspeakers 16 %
9. others LORC 36 %

   MMCWA 2 %

   Newspaper 2 %

* some mothers got the information in more than one way.

Tentative Programme for Meeting With the Japanese Basic Study Mission on Infectious Diseases and Ministry of Health

Date	Time	Subject	Responsible Person
21-3-96	0900-0930	Courtesy call to H.E. Col. Than Zin, Deputy Minister for Health	
	0930-0945	- **National Health Plan and prior programs** 1. General draft (target, etc) 2. Long-tern plan 3. Medium-term plans 4. Short-term plans - **Health Information system** 1. Collection and analysis system for health and sanitary data 2. What extent are state and peripheral level involved in collection data - **Health System and Institution** 1. Health care system of Myanmar regarding administrative function, decision making, planning, budgeting, and monitoring at the central level, state, district level, and town level. (An organization chart is helpful)	U Kyi Soe Director General Department of Planning and Statistics
	0945-1015	**Health Facilities and Administrative System** **Health Financing and Program Budget** 1. Type and Number of Medical Facilities 2. Referral system - **Family Planning** 1. Type of service available 2. Contraceptives prevalence 3. Type and Number of Medical Facilities 4. Referral system - **Health Care Financing/Health Insurance** 1. Health Insurance If Health Insurance Scheme is available, please describe it briefly 2. Consultation Expenses a. Present condition and problems of medical insurance system b. Ratio of share of medical expenses for each person 3. Health Care financing resource other than Health Insurance? a. Is there any other sources of health care financing? b. What type and quantity of resources are being utilized to finance the health sector? c. What do alternative financing methods achieve both in terms of yield and of incidence? - **Yearly budget of the Ministry of Health** a. Total amount b. Distribution (expenditure, items, and amount	Dr. Thein Swe Deputy Director(Basic Health) Department of Health

		of each facility) Subsidy to medical organs, Personnel expenses, Medicine expenses, Reagent	
		- **Privatization In Health** 1. What does the Ministry of Health expect from private sector? 2. How does private sector cooperate with the Ministry of Health in Myanmar? 3. Number of private clinics (at present and in the future) 4. Ratio of private and public hospital beds 5. Privatization of insurance, laboratory, and other diagnostic service 6. General health and sanitary indices - **Health Care of Expectant and Nursing Mothers, newborn babies, and Infants** 1. Availability of expectant mother examination (charged or free, examination periods, examination items. examination places) 2. Availability of newborn baby examination (charge or free, examination periods, examination items, examination places) 3. Availability of infant examination (charged or free, examination periods, examination items examination places) 4. Vaccinations (charged or free, types, number of vaccinations periods) 5. Percentage of population receiving vaccination	
	1015-1035	- Health Resource 1. Medical Workers a. Type and description of each health professionals b. Change of professional number over the year c. Medical specialist association and promotion system 2. Educational organization health and medical fields a. Years of education of health professionals b. Number of educational organizations for each professionals c. Yearly number of graduates from organizations for each professionals d. Present problems and future plans e. Available teachers f. Available funds for training	Dr. U Than Win Director Department of Health Manpower
	1035-1055	Present Epidemiological and Demographic Statistics	Dr. U Saw Myint Deputy Director (Disease Control) Department of Health

	1055-1110	Children's Health	Professor Dr. U Thein Aung
	1110-1130	Eradication of Poliomyelitis, Present measure to control major infectious disease (Polio, surveillance system and programmes including health education IEC etc. Long term policy for infectious disease control, Please describe the current infectious disease control programs in terms of goal, budget, objective, criteria for monitoring, duration, and resource inputs. What progress has each program so far been achieved? a. Project Evaluation b. Which health programmes or services should receive highest priority when allocating new funds? c. What problem does each program confront d. Any urgent issue to be solved	Dr. U Aye Kyu Director (Disease Control) Department of Health
	1130-1140	- Present support from WHO and UNICEF and possibilities of joint efforts with Japan in terms of multi-bi cooperation - Identification of actual needs towards Japanese Cooperation	Dr. Ohn Kyaw Deputy Director International Health Division Ministry of Health
	1140-1200	1. Number of patients by infectious disease according to age group 2. Number of AIDS patients 3. Number of persons who have died from AIDS (total up to now) 4. countermeasures against AIDS 5. Number of tuberculosis patients (TB) 6. Number of persons who have died from tuberculosis	Dr. Bo Kywe Deputy Director(AIDS/STD) Department of Health
	1200-1220	**Blood Bank System** 1. Blood supply system 2. Safety measure for supplied blood	Dr. Soe Myat Tun Director (Laboratory) Department of Health
	1220-1230	**Discussion**	
	1230	**Lunch**	

(Presentation to the JICA Basic Design Team by U Kyi Soe, Director General, Department of Planning and Statistics, Ministry of Health, Myanmar)

National Health Policy

A National Health Committee (NHC) has been set up as part of the policy reforms introduced by the State Law and Order Restoration Council.

It is a high-level inter-ministerial, policy making body entrusted with health endeavours. Under the guidance of the NHC, a National Health Policy was developed in 1993.

In the National Health Policy, it was highlighted to raise the level of health of the country and promote the physical and mental well being of the people with the objective of achieving "Health For All by the Year 2000" goals, using primary health care approach.

It was highlighted to foresee any emerging health problem that poses a threat to the health and well being of the people of Myanmar so that preventive and curative measures can be initiated.

It also elaborates to strengthen collaboration with other countries for national health development.

NATIONAL HEALTH POLICY (1993)

✓1. To raise the level of health of the country and promote the physical and mental well being of the people with the objective of achieving " Health for all by the year 2000 " goals, using primary health care approach.

2. To follow the guidelines of the population policy formulated in the country.

3. To produce sufficient as well as efficient human resources for health locally in the context of board frame work of long term health development plan.

4. To strictly abide by the rules and regulations mentioned in the drug laws and by-laws which are promulgated in the country.

5. To augment the role of co-operative, joint ventures, private sectors and non-governmental organizations in delivery of health care in view of the changing economic system.

6. To explore and develop alternative health care financing system.

7. To implement health activities in close collaboration and also in an integrated manner with related ministries.

8. To promulgate new rules and regulations in accord with the prevailing health and health related conditions as and when necessary.

9. To intensify and expand environmental health activities including prevention and control of air and water pollution.

10. To promote national physical fitness through the expansion of sports and physical education activities by encouraging community participation, supporting outstanding athletes and reviving traditional sports.

11. To encourage conduct of medical research activities not only on prevailing health problems but also giving due attention in conducting health systems research.

12. To expand the health service activities not only to rural but also to border areas so as to meet the overall health needs of the country.

✓ 13. To foresee any emerging health problem that poses a threat to the health and well being of the people of Myanmar, so that preventive and curative measures can be initiated.

14. To reinforce the services and research activities of indigenous medicine to international level and to involve in community health care activities.

✓ 15. To strengthen collaboration with other countries for national health development.

National Health Plan and Prior Programs

1. General Objectives

- To implement the National Health Policy so as to raise the health status of the people through promotive, preventative, rehabilitative and curative measures.
- To emphasize the Health For All goals using primary health care approach.
- To take into account the existing and feasible manpower, budget and material resources to obtain the most effective and beneficial results.

2. Long-term Plan

- Since the Alma-Ata Declaration in 1978, Myanmar has pledged to undertake the Health For All goals by the year 2000.
- The Peoples' Health Plan (PHP) was initiated in 1978 as a long term plan which was also in the framework of the twenty year long term National Economic Development Plan.
- The PHP was phased out by 4 years period each of
- PHP I (1978-82)
- PHP II (1982-86) and
- PHP III (1986-90).

3. Short-term Plans

- Under the guidance of the National Health Committee, a (2) year National Health Plan (1990-92) was formulated and implemented.
- The National Health Plan II (1993-96) was formulated in 1993 and identified the following (6) broad programmes:
- Community Health Care
- Disease Control
- Hospital Care
- Environmental Health
- Health Systems Development and
- Organization and Management.

The broad programmes had (47) detail projects in the course of its implementation.

The following "Priority ranking of diseases" was determined by subjective as well as objective criteria depending on political concern of diseases which are considered to be of public health importance, Community concern, availability of preventive and curative technology and socio-economic impact.

1. Malaria
2. Tuberculosis
3. AIDS
4. Diarrhoea & Dysentery
5. Protein Energy Malnutrition
6. Sexually Transmitted Diseases
7. Drug Abuse

8. Leprosy
9. Abortion
10. Anaemia
11. Snake Bite
12. Eye Diseases
13. Viral Hepatitis
14. Neonatal Tetanus
15. Measles
16. Cholera
17. Dengue Haemorrhagic Fever
18. Rabies
19. Cardiovascular Diseases
20. Worms Infestation
21. Plague
22. Complications of pregnancy, child birth & Puerperium
23. Iron Deficiency Anaemia
24. ARI
25. Diptheria
26. Occupational Diseases
27. Oral Diseases
28. Tetanus
29. Cancer
30. Whooping Cough
31. Poliomyelitis
32. Meningitis
33. Accidents
34. Enteric Fever

It is a multi-sectoral effort which entailed the active participation of community as well as International Agencies and Non-Governmental Organizations.

The NHP III (1996-2001) formulation is under process and is within the framework of the (5) year-term National Economic Development Plan (1996-2001); taking into consideration of emerging health issues which comes out of the national as well as global importance.

Health Information System

- The development of health information system in support of health care management has been a priority need in Myanmar.
- The Department of Planning and Statistics in collaboration with all concerned had exerted its effort to provide information support to decision makers at all levels of health infrastructure for management especially monitoring and evaluation of health care delivery, infrastructure strengthening and various components of health system.
- Accordingly the Health Management Information System (HMIS) was developed and launched since July 1995 through out the country and it has been achieving an incremental progress.
- In such system a regular flow of information has been established including "Sanitary Data" and the following " Diseases Under National Surveillance" .

- Diarrhoea
- Dysentry
- Food Poisoning
- Enteric Fever
- Measles
- Poliomyelitis
- Diphtheria
- Whooping Cough
- Tetanus (Neonatum)
- Tetanus (Others)
- Meningitis
- ARI/ Pneumonia
- Viral Hepatitis
- Rabies
- Snake Bite (Poisonous)
- Tuberculosis

- The system is a user-based: Data collector is the user of its information and Minimum Essential Data of (17) health projects have been integrated.
- It uses the decentralized management mechanism; as such in the sub-national level, in every State/Division, there exists a "Statistical Unit" which will be equipped with a PC computer and software programme for data entry, validation, processing and analysis.
- However, it is aimed at providing such facilities to the peripheral level: townships and border areas as and when circumstances prevails.

- The outcomes of the system include a reduction of 50 percent in paper workload in basic health services, an improvement in the quality of data and more timely monitoring and evaluation of health care delivery system.
- Strengthening the information system (HMIS) is a necessity so as to identify the health situation and trend assessment of the country and its administrative localities, determine its prioritized health problems and formulate micro planning in township level to national planning in the central level.

Health System and Institution

- Health care system of Myanmar regarding administrative function, decision making, planning, budgeting and monitoring at various hierarchy of health infrastructure is shown in the organogram (Annex 1).
- In the organogram, the middle column exhibits the infrastructure.
- Under the guidance of the State Law and Order Restoration Council, a Cabinet is formed so as to execute the well functioning of the administrative procedures.
- Under the Cabinet there exists the Ministry of Health which execute the political commitments of the Government. In successful implementation of its function there are (5) Departments such as:

1. Department of Health
2. Department of Health Manpower
3. Department Medical Research

4. Department of Traditional Medicine and
5. Department of Planning and Statistics.

- In the sub-national level, State/Division Health Departments are organized and in the peripheral level, Township Health Departments/ Hospitals, Rural Health centres and sub-centres are formed so as to implement the national health system.
- The left hand column shows the set up of local administrative authorities at various levels whose function is to support the implementing bodies.
- The second column shows the multi-sectoral involvement by means of the National Health Plan Supervisory and Implementation Committees at various levels.
- The right most column shows the interaction between the higher policy making body :the National Health Committee and the Ministry of Health.
- The NHP monitoring and evaluation Committee is to interact between the health programmes, projects and the health institutions for the successful implementation of the national health system.
- The large box shows the coordinating mechanism among the Ministry of Health and other health related departments, and Non-Governmental Organizations in support of our national health system implementation.

THE EXISTING IMPLEMENTATION PHASES OF THE NATIONAL HEALTH PLAN

SLORC

CABINET

National Health Committee

Ministry of Health

NHP Coordinating Committee

NHP Supervisory and Implementation Committee

Department of Health

NHP Monitoring and Evaluation Committee

State/Div. LORC

State/Div. NHPSIC

State/Division H.D.

District LORC

District NHPSIC

District H.D.

Township LORC

Township NHPSIC

Township H.D.

Village Tract LORC

Station Hospital

Ward/Village Tract NHPSIC

RHC

1. Other Governmental Departments/Corporations
2. Red Cross Associations
3. Medical Associations
4. Nurses and Midwives Associations
5. Traditional Medicine Practitioners
6. Maternal and Child Welfare Associations
7. Religious Organization
8. Parent-Teacher Association

ORGANIZATIONAL SETUP OF DEPARTMENT OF HEALTH MANPOWER

MINISTRY OF HEALTH

DIRECTOR GENERAL

HEAD OFFICE

INSTITUTES

- INSTITUTE OF MEDICINE 1 YANGON
- INSTITUTE OF MEDICINE MANDALAY
- INSTITUTE OF MEDICINE 2 YANGON
- INSTITUTE OF DENTAL MEDICINE
- INSTITUTE OF NURSING
- INSTITUTE OF PARAMEDICAL SCIENCES
- INSTITUTE OF PHARMACY

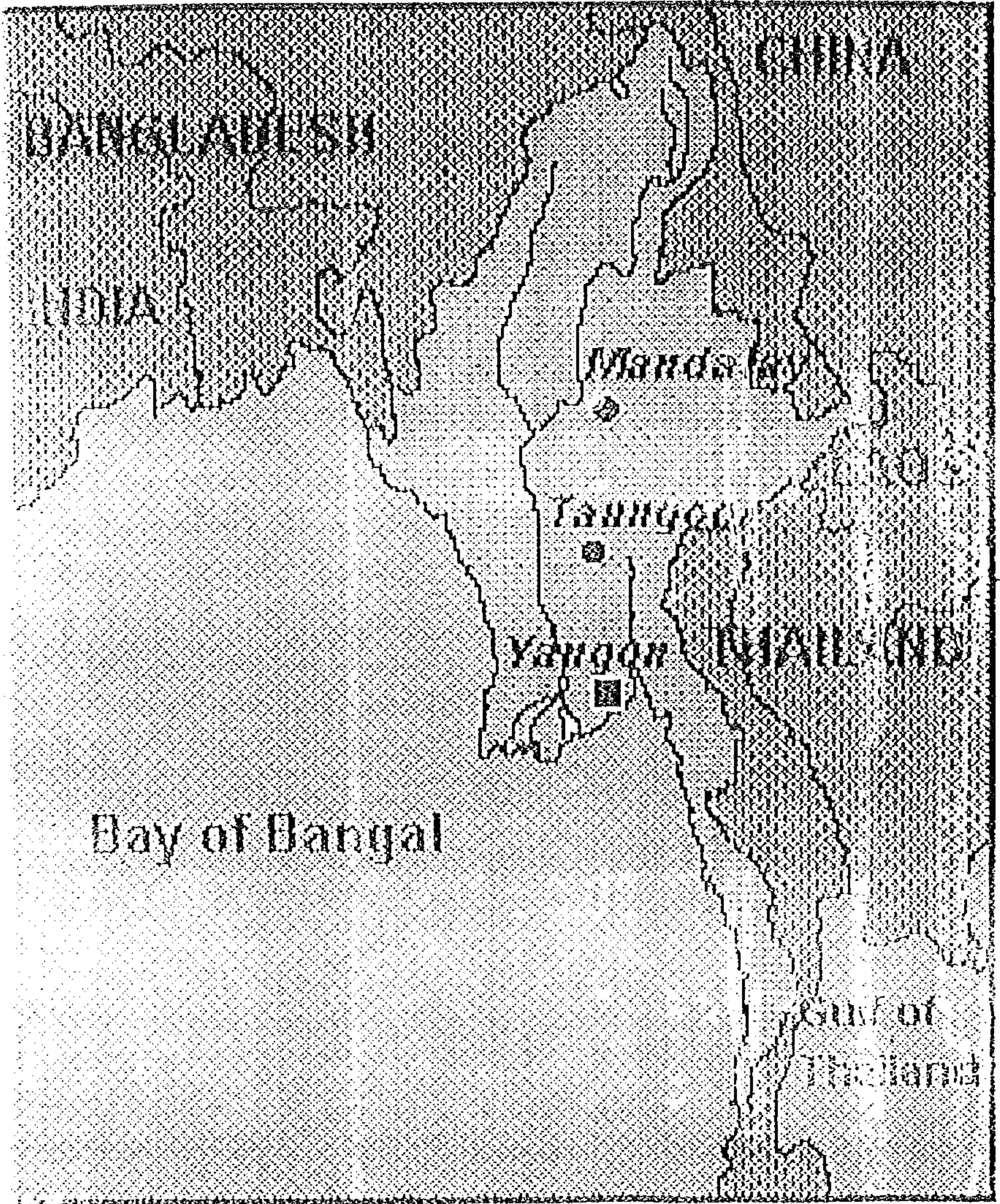
TRAINING SCHOOLS

- SHS / BHW
- NURSES' TRAINING SCHOOLS
- MIDWIFERY SCHOOLS
- DOMICILARY MW SCHOOL
- FIELD PRACTICE AREA FOR NURSES
- LHV TRAINING SCHOOL
- POSTBASIC TRAINING SCHOOL FOR NURSES
- SCHOOL OF DENTAL TECHNOLOGY
- SCHOOL FOR DENTAL NURSES

PRODUCTION OF VARIOUS CATEGORIES OF HEALTH PERSONNEL IN MYANMAR

SN	INSTITUTIONS	TYPE OF PERSONNEL	#PER YEAR	DURA TION
1.	3 MEDICAL INSTITUTES	DOCTORS	550	6 1/2
		19 PG COURES	200	2-5
2.	DENTAL INSTITUTE	DENTAL SURGEONS	60	6
		DENTAL PG	16	2-5
3.	INSTITUTE OF PHARMACY	PHARMACISTS	50	4
4.	INSTITUTE OF PARAMEDICAL SCIENCES	PHYSIOTHRAPISTS RADIOGRAPHERS MED TECH	75	4

SN	INSTITUTIONS	TYPE OF PERSONNEL	# PER YEAR	DURATION
5.	INSTITUTE OF NURSING & 18 NURSES' TRAINING SCHOOLS	BNSc	120	4
		DIPLOMA	950	3
6.	SCHOOL OF LADY HEALTH VISITORS	LHV	100	1
7.	CWH & 16 MIDWIFERY SCHOOLS	MW	500	1 1/2
8.	SCHOOL OF HEALTH SCIENCES FOR BASIC HEALTH WORKERS	PHS II	100	3/4
		PHS I	70	3/4
		HA	120	2 1/4


CHINA
BANGLADESH
INDIA
Mandalay
Yangon
Bay of Bangal

DESCRIPTION OF VARIOUS TYPES OF HEALTH WORKERS

BASIC HEALTH WORKERS
ESPECIALLY FOR RURAL AREAS
HEALTH ASSISTANT

CURATIVE (OUT PATIENT)
DISEASE CONTROL
PREVENTION OF COMMUNICAL DISEASE
HEALTH EDUCATION
ENVIRONMENTAL SANITATION
DISEASE SURVEILLANCE
TRAINING OF VHWS
REPORTS AND RETURNS
MONITORING AND SUPERVISION OF BHWS AND VHWS

PHS 1

MAINLY ON PROMOTIIVE AND PREVENTIVE ASPECT
DISEASE CONTROL ACTIVITIES
ACTIVE AND PASSIVE CASE FINDINGS
ENVIRONMENTAL SANITATION
REPORTS AND RETURNS
HEALTH EDUCATION

PHS 2 SAME AS PHS 1
MOSTLY ASSIGN IN THE RURAL HEALTH SUB-CENTER.

LADY HEALTH VISITOR

MATERNAL AND CHILD HEALTH CARE
ANTENATAL CARE, INTRANATAL CARE, POSTNATAL CARE
DETECTION OF HIGH RISK MOTHERS
REFERRAL
GROWTH MONITORING
INFANT AND UNDER FIVE CARE
HEALTH EDUCATION
IMMUNOZATION
HEALTH EDUCATION
VITAL REGISTRATION
REPORTS AND RETURNS
TRAINING OF AMWS
SUPERVISION OF MIDWIVES AND AMWS

MID WIFE

ANTENATAL CARE, INTRANATAL CARE, POST NATAL CARE
DOMICILIARY DELIVERY
IMMUNIZATION
GROWTH MONITORING OF UNDER FIVE CHILDREN
REPORTS AND RETURNS
HEALTH EDUCATION
ASSIST IN DISEASE CONTROL ACTIVITIES

LOCAL POSTGRADUATE COURSES

MMedSc (Anatomy)
MMedSc (Physiology)
MMedSc (Biochemistry)
MMedSc (Microbiology)
MMedSc (Pharmacology)
MMedSc (Pathology)
MMedSc (MP&TM)
MMedSc (Int Med)
MMedSc (Surgery)
MMedSc (Ob/Gy)
MMedSc (Paediatrics)
MMedSc (Anaesthesia)
MMedSc (Radiology)
MMedSc (Eye)
MMedSc (ENT)
MMedSc (Ortho)
Dip in Psych Medicine
Dip in Forensic Medicine

PhD in Micro.
Pharm.
Patho.

PG WITH FOREIGN DEGREES

PhD (Anatomy)
PhD (Physiology)
PhD (Biochemistry)
PhD (Pharmacology)
PhD (Microbiology)
PhD (Pathology)
DrPH (International Health)
MSc (Clinical Path)
MSc (Medical Juris)
MSc (Epidemiology)
MSc (Hlth Economics)
MSc (Hlth Edu)
MSc (Admin)
MSc (OH)
MRC(Path)
MACP
FRCS & FRCS (Specialty)
MRCOG
MRCP (Paediat)
FFARCS
FRCR
MRC (Psych)
DMRT
DTCT

DVD
DD (Skin)
D Phys Med
D Rehab Med
MSc (Nu Med)

MSc (Sports Med
PhD (Prostetic)
PhD (Oral Sur)
PhD (Periodon)
MSc (Oral Hlth)
MSc (Oral Sur)
MSc (Nursing)
Off-shore

AVAILABLE TEACHERS

- PROFESSORS	51
- LECTURERS	116
- ASST LECTURERS	235
- DEMONSTRATORS	346
- TUTORS	162
- INSTRUCTORS	147
TOTAL	1057

(PART-TIME VIVITING LECTURERS ARE AVAILABLE FROM DEPARTMENTS OF HEALTH, MEDICAL RESEARCH AND PALNNING & STATISTICS)

MEDICAL SPECIALIST ASSOCIATIONS AND PROMOTION SYSTEM

MYANMAR MEDICAL ASSOCIATION

- MEDICINE
- SURGERY
- OBSTETRIC & GYNAECOLOGY
- PAEDIATRICS
- ORTHOPAEDICS
- OCCUPATIONAL HEALTH
- PREVENTIVE AND SOCIAL MEDICINE
- E. E. N. T.

AVAILABLE FUNDS FOR TRAINING

- WORLD HEALTH ORGANIZATION
- NONGOVT ORGANIZATION
  - CHINA MEDICAL BOARD
- GOVERNMENT TO GOVERNMENT ASSISTANCE
  - JAPANESE GOVERNMENT THROUGH :
    - JICA
    - MONBUSHU FELLOWSHIPS
    - BANK OF TOKYO SCHOLARSHPS

MINISTRY OF HEALTH
DEPARTMENT OF HEALTH

HEALTH FACILITIES AND ADMINISTRATIVE SYSTEM

HEALTH FINANCING AND PROGRAM BUDGET

Paper presented at the Meeting with the Japanese Basic Study Mission on Infectious Diseases and Ministry of Health.

by

Dr. Thein Swe
Deputy Director
(Basic Health Services)

Date: 20th March 1996.

Medical Facilities in Myanmar

The main aim of the health services in Myanmar is to provide comprehensive health care to the people. The National Health Plan was drawn up in accordnace with the guidelines of the National Health Policy with the objective of achieving the Health for all 2000 goals using the Primary Health care approach.

The main areas of service delivery can be categorized broadly as (1) Medical Care Services (2) Basic Health Services (3) Control of communicable diseases and (4) Laboratory services.

1. Medical care services are provided by various categories of health institutions ranging from Teaching hospital, Specialist hospitals, State/Division hospitals, District Hospitals and Township Hospitals situated in urban areas down to Station Hospital, Rural Health Centres and sub-centres in the rural areas. There are also traditional hospitals and traditional medicine clinics which provides indigenous medical care.

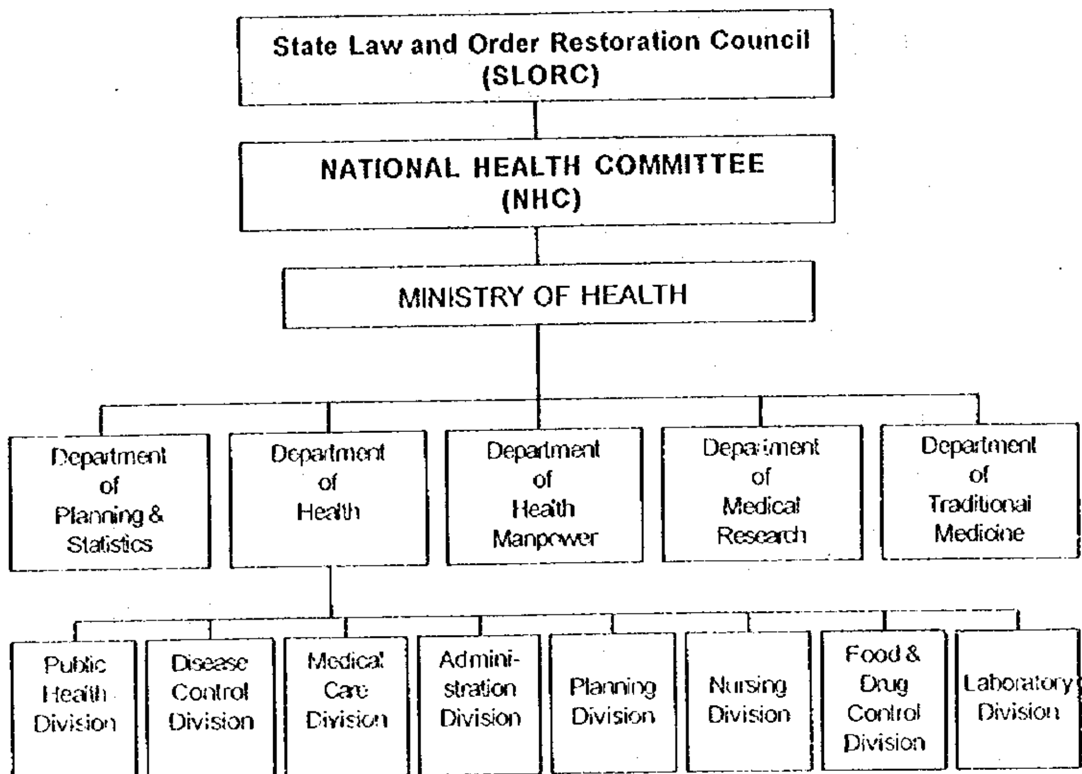
2. Public Health Services emcompasses a wide range of activities which covers all the eight elements of primary health care.

Central Level	–	Public health division
Responsibilities	–	Planning, coordinating, providing technical and material supports, training, supervision, monitoring and evaluation of basic health services, environmental health, child health and birth spacing, school health services and health educational services.
State/Divisional Level	–	State/Divisional Health Department
Responsibilities	–	Planning, coordinating, providing technical and material supports, training, supervision, monitoring and evaluation of township health department.
Township Level	–	Township Medical officer is responsible for all matters pertaining to help in the respective township and oversees both the curative as well as the public health activities.
In each township	–	Township Hospital 16/25 or 50 bedded depending upon the population of the township.
Station hospital	–	one or two in each township.
Rural Health Centre	–	4-7 in each township
Sub-Rural Health Centre	–	4 under each RHC manned by Midwives and PHS II.

3. Control of communicable diseases – activities were carried out in Myanmar since 1976 by the vertical disease campaign staff, later integrated into the basic health staff. Since then the basic health staff have been involved in providing services for malaria control, implementation of multi-drug therapy programme in leprosy, case finding and treament of TB cases, immunization of children against six major childhood diseases, control of diarrhoeal diseases and surveillance activities etc.

4. Laboratory Services – have also been expanded whereby every township hospital will be provided with at least a type (C) laboratory.

Ministry of Health Profile
Organizational Structure



Types and number of medical facilities are depicted as follows:-

HEALTH FACILITIES

Sr. No.	Health Facilities	1994-95 Provisional
1.	Government Hospitals	720
2.	Total No. of Hospital Beds	28202
3.	No. of Hospital Beds (per 10000)	6.12
4.	No. of Dispensaries	295
5.	No. of Primary & Secondary Health Centres	88
6.	No. of Maternal & Child Health Centres	358
7.	No. of Rural Health Centres	1456
8.	No. of School Health Teams	85
9.	No. of Traditional Hospitals	3
10.	No. of Traditional Medicine Clinics	178

HEALTH MANPOWER

Sr. No.	Health Facilities	1994-95 Provisional
1.	Total No. of Doctors	12464
	(a) Public	4901
	(b) Co-operative & Private	7563
2.	Dental Surgeons	810
	(a) Public	403
	(b) Co-operative & Private	407
3.	Nurses	9704
4.	Dental Nurses	113
5.	Health Assistants	1327
6.	Lady Health Visitors	1682
7.	Midwives	8724
8.	Health Supervisor 1	510
9.	Health Supervisor 2	1250
10.	Traditional Medicine Practitioners	508

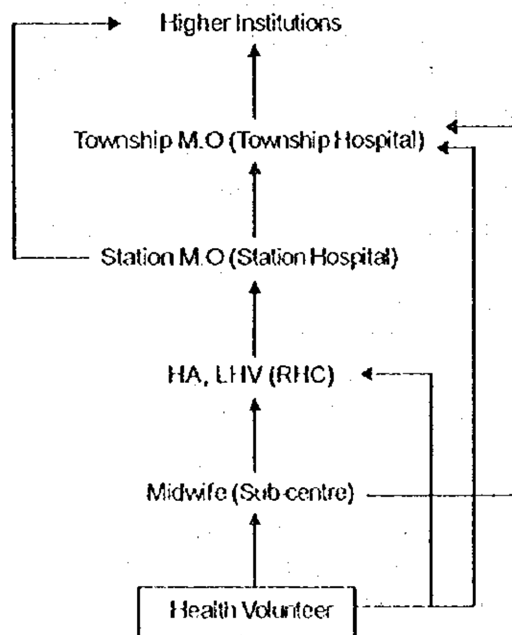
Referral System in Myanmar

PrimaryHealth Care includes all essential health care from the community level, village or urban up to the health centres or the first line hospital. Though primary health care implies much more concern on the preventive and promotive roles, the clinical treatment of the ill by adequate treatment, referral and followu p on the return of patients to their homes and places of work cannot be ignored. Health services in Myanmar is provided in an integrated manner where the basic health staff is mainly responsible for the provision of comprehensive health care to the community. Thus, stepwise referral system from the volunteer health workers to basic health staff and then to station medical officer and to township medical officer and finally to a higher institutions where they could get sophisticated measures had been p.-racticed in Myanmar for such a long time. But sometimes direct referral from midwife to township hospital might be done due to the severity of illness of the patients or due to accessibility of the health centre or availability of transport or due to patient's choice. (Flow Diagram)

According to the National Health Plan (1993-96) which has been drawn up with National Health Policy as guideline, there composed six broad programmes where "Primary Medical Care and Referral of Patients" project is under the Community Health Care Programme. One of the targets in this project stated that effective patient's referral mechanism is to be establish in 5 townships per year covering 15 townships at the end of three year's plan, thus be saving many lives especially of mothers and children. Effective referral mechanism means timely as well as efficient management of health workers during the journey.

In order to be effective in referral system, all basic health workers should be trained on "when" and "how" to refer the patients and the primary and secondary referral institutions have also to be upgraded and equipped.

Channels / Routes of Referral



Depending upon
- severity of illness
- accessibility
- choice of patient
- transport availability

Family Planning

Myanmar has made significant progress towards expanding access to maternal and reproductive care including birth spacing. But there is still much more needs to be done to improve women's reproductive health so as to be able to reduce the MMR of 123 per 100,000 livebirths. There is no doubt that reduction of maternal morbidity and mortality can be achieved through early and equitable access to birth spacing services, prenatal and postnatal care.

The official birth spacing programme was started as the initiative in 1991 in one pilot township and then expanded in phase manner to other townships. Now, birth spacing programme has been implemented in 33 townships with the assistance of various funding agencies such as Family Planning International Assistance, UNFPA and UNDP.

Type of service available

Service provision for birth spacing methods are community-based distribution system. Contraceptive methods available in programme townships are of four types namely:

(a) Oral combined- contraceptive pills.

(b) Injectables.

(c) Intrauterine Contraceptive Device. IUD-(Cu T. 380-A) and

(d) Condom.

Based on KAP study prior to service delivery in UNFPA (20) townships, 92% of MWRA (Married Women of Reproductive Age) knew about contraception, 12% were fear of contraceptives and 20% (rural) were practicing without organized services.

Training for basic health staff as well as volunteers and NGO branch members especially MCWA were conducted and service provision have been done through counselling and informed choice. Management Information System for family planning was established and implemented. IEC materials were also developed and distributed. Acceptor recording/ reporting system, eligible couple registration and acceptor tracking system, continuation rate, method switching monitoring, evaluation and feed-back mechanism are established.

Contraceptive Prevalence.

In Myanmar, some MWRA, especially the educated and well-to-do are practicing birth spacing on their own initiatives. Twenty percent of the married couples in a peri-urban area of Yangon and 34.89% of eligible couples in the rural population of one study area had practiced birth spacing at least once during their married life.

Estimated contraceptive prevalence rate (CPR) for birth spacing project townships are about 21.56%. Although there is still lack of concrete data on CPR for the whole country, it is generally agreed that there is large needs and demand for contraception. It is widely recognized that complications of unsafe abortion is the major causes of high level of maternal morbidity and mortality. A wider choice of contraceptives and their quality still leaves room for improvement.

Estimated rate for unmet needs in family planning is about 85%.

CPR-distribution by methods.

Pills..43.14%

Injectables...............................41.41%

IUD.. 6.78%

others including condoms........8.67%

(condom usage alone is <2%).

Type and Number of Medical Facilities, providing family planning services

	TYPE		NO.
1.	Township Hospitals	...	33
2.	Station Hospitals	...	42
3.	MCH Centres	...	38
4.	Rural Health Centres	...	197
5.	Rural Sub-Health Centre	...	788

Continuing education programme including birth spacing for BHS have been held at township health departments all over the country.

Referral System

Regular reporting and proper record keeping system is important for monitoring of programme achievement. There is no community social institutions for birth spacing project. But in some large villages there are MCWA branch associations, involved in improving the health of mother and child and birth spacing. Besides there is community involvement in the health sector at the village level in terms of community health workers and auxiliary midwives. AMWs are the main personnel who are involved in the birth spacing services at the village level. They act as field workers for birth spacing services.

The midwife is incharge of rural sub-health centre usually with 5-10 village-tracts with the population of about 5000 peoples under her jurisdiction. Therefore she caters to about 500 MWRAs and supervise Birth Spacing (Family Planning) project which includes ELCO registration, counselling screening, supplying clients with pills, injectables, condoms and referring the clients who are in need of IUD to health centre. The birth spacing (FP) project is part of the MCH project which is under the community health care programme, one of the component of NHP. Township Medical Officers coordinated with other sectors concerned with Birth Spacing through chairman of Township Law and Order Restoration Council.

Health Care Financing

Health Insurance Scheme

Social Security Scheme is the only insurance scheme which is practiced in the country under the Department of Labour, Ministry of Labour. Implementation of this scheme is organized by the Social Security Board (SSB) under the Social Security Act (1954). SSB has come into existence under Social Security Scheme (SSS) since 1956.

- Employers, employing 5 and more workers and operating in the prescribed areas, have the obligation to insure his workers under the Social Security Insurance Scheme.
- The scheme shall take responsibility for the insured workers in place of the employers in such cases as illness, sustaining injury from work accidents, maternity and death.
- Contribution: employers and workers are liable to pay monthly contribution of 3% and 1% respectively based on monthly wage bill.

Benefits provided for insured workers

Free medical care

- In cases of sickness
- In cases of child birth
- In cases of work injury

Cash benefits

- Sickness benefit
- Maternity benefit
- Funeral benefit
- Temporary disablement benefit
- Permanent disability pension
- Survivors pension

Coverage of Social Security Scheme has extended gradually. There are altogether 68 local social security offices operating in 95 townships.

Hospital and Dispensaries

- Up till now, 200 bedded Workers' Hospital in Yangon and 100 bedded Workers' Hospital in Mandalay have been established for the health care of insured workers.
- A total of (86) Workers' Dispensaries have now been in service in several locations with the addition of (5) Mobile Dispensaries.

I. **Employer Registration**

(a) Public Sector	1,442
(b) Cooperative	1,444
(c) Private	10,810
Total	13,696

II. **Workers Registration**

(a) Public Sector	270,926
(b) Cooperative	18,634
(c) Private	61,854
Total	351,414

III. **Contribution collecting**

(a) Public Sector	6,671,306
(b) Cooperative	371,300
(c) Private	1,176,157
Total	8,218,763

Future prospects

- Extension of Social Security Service by reducing the minimum number of workers to be covered under the scheme.
- Extension of free medical care service to the dependents of the insured workers
- Construction of one new Workers' Hospital
- Construction of a new Workers' Hospital for treatment of tuberculosis.

Ratio of share of medical expenses for each person

A household expenditure survey conducted in Yangon from March 1978 to January 1979 revealed that 2.48% of household expenditure was used for medical care.

Per capita government expenditure on health is 47.0 Kyats in 1994-95.

The health expenditure is 3.33% of GDP and 4.7% of total government expenditure.

Health Care Financing resource other than health insurance

Sources of health care financing

In Myanmar the sources of financing for health services can be classified under the following headings:–

1. Public Sources
   - (a) Ministry of Health
   - (b) Other government department and corporations
2. Social Security System
3. Co-operatives
4. Private Sources
   - (a) Private Household
   - (b) Community contributions
5. External Sources
   - (a) Bilateral
   - (b) Multilateral

There are different kinds of health care financing in Myanmar encompassing the following methods:–

1. Revolving Drug Fund (RDF)
2. Fee for services
3. User charge
4. Community Health Revolving fund
5. Income generation
6. Community donation (Labour, building, cash)
7. Personal Prepayment

Resources being utilized to finance the health sector

Current and capital Government Health Budget for the last 5 years is shown below.

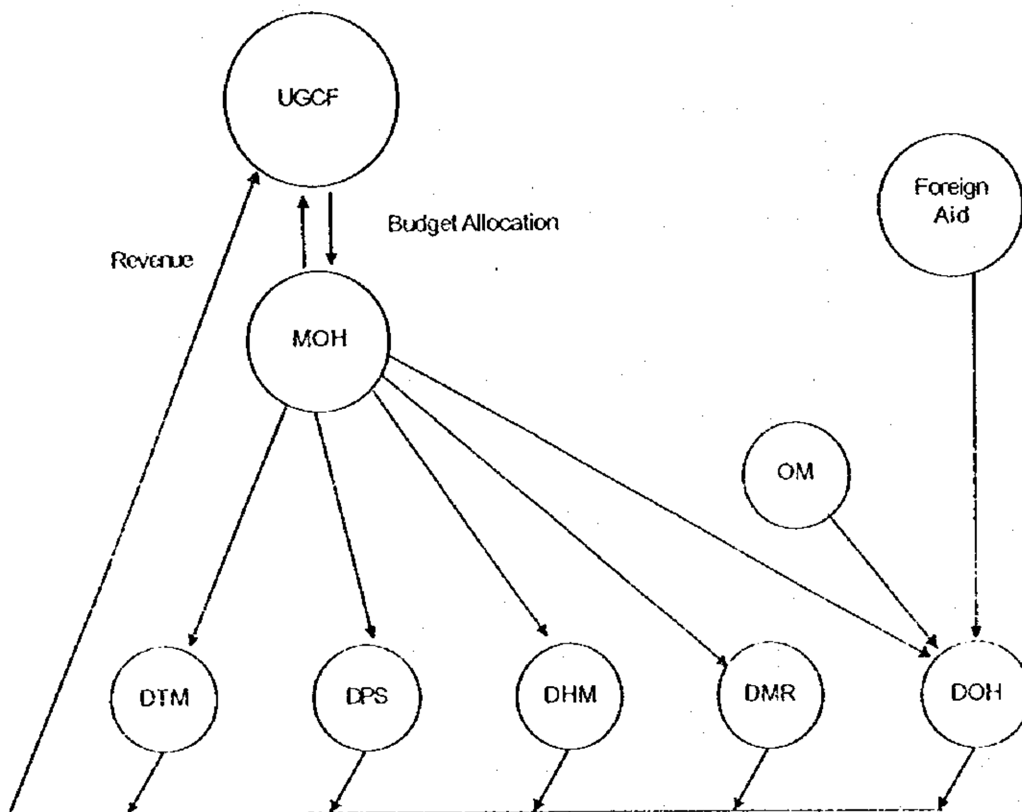
Health Expenditure by Year

(Kyats in Million)

Sr. No.	Budget Years	Current Amount	Capital Amount	Total	Percentage of GDP
1	2	3	4	5	5
1	1990-91	664.5	917.5	1,582.0	1.04
2	1991-92	697.5	1,188.8	1,886.3	1.01
3	1992-93	796.1	1,280.6	2,076.7	0.83
4	1993-94	948.6	872.9	1,821.5	0.52
5	1994-95	1,000.8	1,063.8	2,064.6	0.47

In 1994-95 fiscal year, 48.5% of the total budget is for current expenditure and 51.5% is for capital investment.

Flow of Health Financing in Myanmar



UGCF	--	Union Government Consolidative Funds
MOH	-	Ministry of Health
OM	-	Other Ministries
DTM	-	Department of Traditional Medicine
DPS	-	Department of Planning & Statistics
DHM	-	Department of Health Manpower
DMR	--	Department of Medical Research
DOH	--	Department of Health

Achievement of alternative financing in terms of yield and of incidence

In line with the economic changes and reform, the government has elaborated a National Health Policy which encourages alternative health care financing. Under the policy several schemes were introduced to recover part of the health service cost.

Community Health Management and Financing project introduced in November 1994 utilizing the essential drugs funded through Nippon Foundation and charging only for the cost of drugs has yielded 10,532,620.0 Kyats from 316,183 patients up till December 1995 in 41 townships of Myanmar.

Myanmar Essential Drugs Project supported by WHO and Finnish International Development Agency (FINNIDA) started cost recovery of essential drugs since 1994 January in 22 townships and has yielded 4,335,551 Kyats up till November 1995.

A community cost sharing pilot project initiated in Taikkyi township of Yangon division since 1993 August has yielded 466,944.53 Kyats up till September 1995 from 55177 patients.

In September 1994, the Central Medical Stores Depot started to charge for 23 items of drugs supplied from their depot to township hospitals. This scheme yielded a total of 17,874,703 Kyats from 302,584 patients up till 1995 December.

A total of 90 hospitals has introduced paying wards and revenue yielded from 1993 to 1995 September is 30,807 706 Kyats.

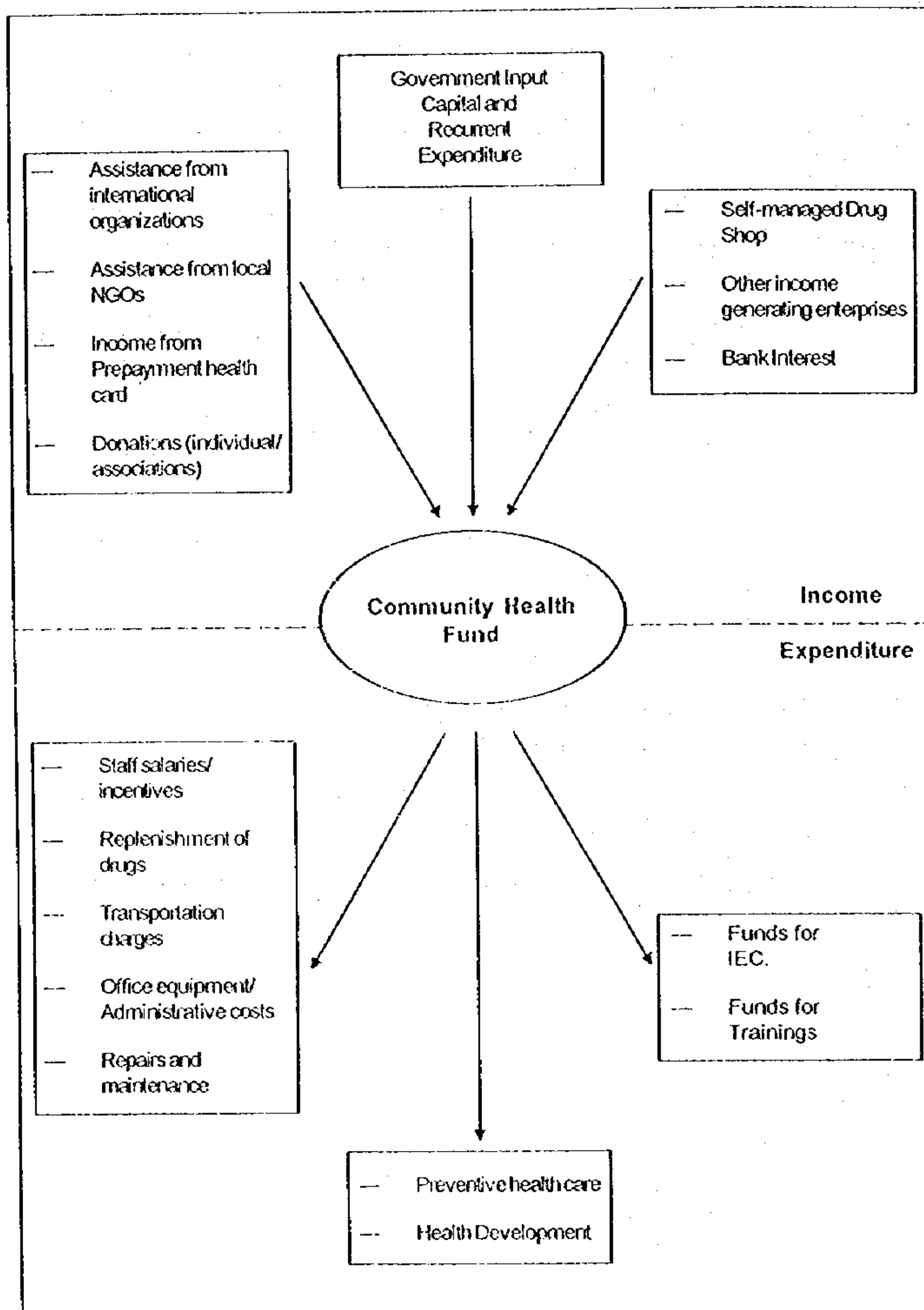
Community Cost Sharing Laboratory Services initiated since 1993 has yielded 3,495,749 Kyats up till 1995 September from 73 hospitals.

Community Cost Sharing X'Ray service also initiated since 1993 has yielded 1,140,899 Kyats up till 1995 September from 23 hospitals.

Community Cost Sharing Dental Clinic initiated in 1994 in the Yangon General Hospital has yielded 467,716 Kyats up till 1995 September from 1696 paitents.

Special investigative procedures in ten specialist hospitals has yielded 7,919,336 Kyats.

Various Means of Investment for Health Care



Department of Health

Current Expenditure including Foreign Aid

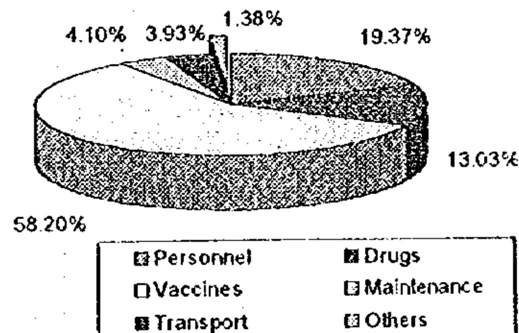
	Salary	Travel allowance	Purchase of commodity and goods	Mainte-nance	Training	Others	Total
1990-91 (Actual)	359795292	16647303	134716192	53607137	4133200	93360	568992484
1991-92 (Actual)	373205936	18680008	143234617	37084958	4059062	133663	576398244
1992-93 (Actual)	372598155	19777241	176669481	1.01E+08	1221311	70474	670867007
1993-94 (Actual)	478954180	21775780	185492240	77792140	10825160	76500	774916000
1994-95 (Actual)	478740179	23462329	237583335	79770495	43663600	116265	863336203
1995-1996 (revised Estimate)	489882170	27958960	234574190	74470730	11479250	132620	838497920
% Distribution 1994-1995	55.45	2.72	27.52	9.24	5.06	0.01	

Distribuiton

Distribution of recurrent cost in a sub-centre.

A field assessment was done in a sub-centre in Twantay township and revealed the following distribution of recurrent cost.

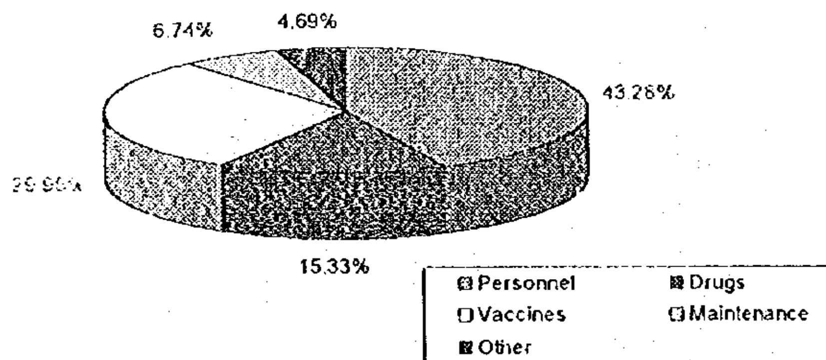
	Cost Categories	1994-1995 Ks	Percentage
1	Personnel	11820	19.37
2	Drugs	7952	13.03
3	Vaccines	35520	58.20
4	Maintenance	2500	4.10
5	Transport	2400	3.93
6	Others	840	1.38
	TOtal	61032	100



Distribution of recurrent cost in a Rural Health Centre

A field assessment was again done in a representative rural health centre in Twantay township which revealed the following:–

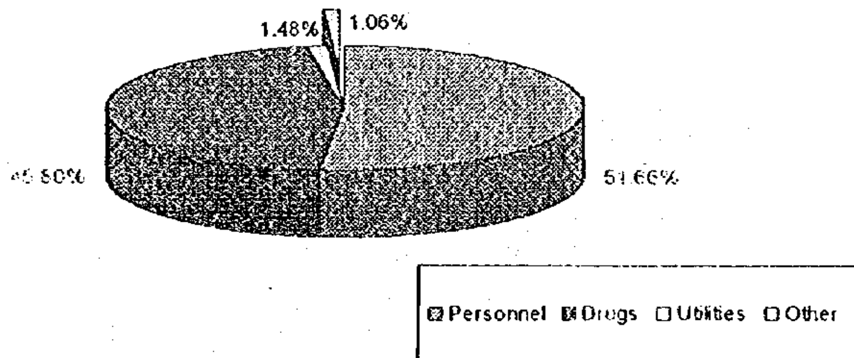
	Cost Categories	1994-1995 Ks	Percentage
1	Personnel	59040	43.28
2	Drugs	20911	15.33
3	Vaccines	40860	29.95
4	Maintenance	9200	6.74
5	Other	6400	4.69
	Total	136411	100



Distribution of recurrent cost in a Station Hospital

A similar field assessment done in a representative Station Hospital revealed the following:-

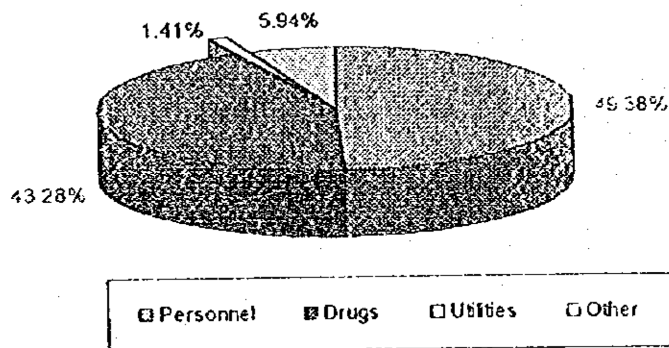
	Cost Categories	1994-1995 Ks	Percentage
1	Personnel	139968	51.66
2	Drugs	124067	45.80
3	Utilities	4000	1.48
4	Other	2880	1.06
	Total	270915	100



Distribution of recurrent cost in a Township Hospital

A similar field assessment was done in Twantay Township Hospital and revealed the following distribution.

	Cost Categories	1994-1995 Ks	Percentage
1	Personnel	351000	49.38
2	Drugs	307600	43.28
3	Utilities	10000	1.41
3	Other	42202	5.94
	Total	710802	100



Privatization in Health

The ministry of health presently is implementing the National Health Plan (1993-96) which has been drawn up under the guidance of the National Health Committee formed by the State Law and Order Restoration Council. The National Health Plan clearly stated "to augment the role of co-operative, joint ventures, private sector and non-govenmental organization in delivery of health care in view of the changing economic system.

With the present market oriented economic policy in the business area privatization has gained momentum. In the health sector although privatization has not taken place, private sector involvement in the health sector can already be seen with the evolution of private hospitals, clinics and laboratories.

The government has clearly laid down rules and regulations for registration of private clinics since 1972 and supervisory committees at the State/Divisional level and township level has been formed, constantly monitoring the private clinics. With the changing economic system these rules and regulations need to be revised. For this purpose a task force has been formed and now is in the process of revision. Private clinics are involved in UCI activities and are reporting the occurrence of principal epidemic diseases to the respective township health department.

There are 720 government hospitals with a total number of 28202 hospital beds at the rate of 642 beds per 10000 population. There is a mushroom growth of private hospitals which presently numbers around 17 at present in the two capital cities of Myanmar. With the affordable communities diverting to the private health institutions, some way or the other government health budget can be diverted. emphasizing on the preventive aspects of health care delivery in the country. With the development of advanced technologies in the medical field pertaining to health economics the growth of private sector in health is of great importance to the health care delivery system in Myanmar.

General Health and Sanitary indices

Sr. No	Health Index		1985	1994 (Provisional)
1	Crude birth rate	Urban	28.50	28.20
		Rural	29.00	30.20
2	Crude Death Rate	Urban	8.90	8.70
		Rural	9.30	9.80
3	Infant Mortality Rate	Urban	47.20	47.50
		Rural	47.00	49.60
4	Maternal Mortality Rate	Urban	1.20	1.00
		Rural	2.10	1.80
5	Population Growth Rate		1.96	1.87
6	Sex Ratio		98.47	98.82
7	Average life expectancy		--	60.90
		Male	-	58.90
		Female	--	63.00

Sanitary Indicators

Sr. No	Indicators	Achieved	Target	
		1993	1996	HFA2000
	Safe water supply (% of population having access to safe water)			
1	– Rural	36	50	100
	– Urban	38	40	100
	Sanitation (% of population served)			
2	– Rural	39	50	100
	– Urban	44	56	100

Health Care of Expectant and Nursing, Mothers, Newborn Babies and Infants.

(1) Availability of expectant mother examination.

- free of charge in all health centres.
- At least once in each trimester.
- History taking; General and Abdominal Examination, Pelvic assessment.
- Examination places... Domiciliary as well as health centres.

(2) Availability of newborn baby examination.

- free of charge.
- As soon as after birth and up to 7 days in postnatal period by MW and mother 10 days by LHV; whenever necessary.
- General and systemic examination, breastfeeding, reflexes, apgar scores, birth injuries and infection.

Examination places - Domiciliary as well as health centres

(3) Availability of infant examination

- Free of charge.
- Whenever indicated and necessary
- Growth monitoring, immunization status, infections.

Examination places - At health centres (or) during home visits.

(4) Vaccinations

- Free of charge.
- Types ---OPV, Measles, DPT, BCG . Tetanus toxoid.
- Number of vaccination periods

BCG ———At birth to 1½ months ——— one time

DPT1 and OPV1 ———one and half month

DPT2 and OPV2-- ——two and half month (or) one month interval from first dose.

DPT3 and OPV3------three and half month (or) one month interval from second dose.

Measle————————nine month (one dose).

TT1————————as early as possible.

TT2--------------------one month interval after TT1 (not later than six weeks prior to delivery.

(5) Percentage of population receiving vaccination.

National coverage (1994)

BCG—————83%

DPT3————77%

OPV3---------77%

Measle————77%

TT2-————68%

CONTROL OF COMMUNICABLE DISEASES

1. NOTIFICATION
2. EARLY DIAGNOSIS AND PROMPT TREATMENT
3. REPORTING
4. ISOLATION
5. QUARANTINE
6. DISINFECTION
7. DISINFESTATION
8. INOCULATION
9. CHEMOPROPHYLAXIS
10. HEALTH EDUCATION
11. ENVIROMENTAL SANITATION

PRINCIPAL EPIDEMIC DISEASES

1. CHOLERA
2. PLAGUE
3. DHF (DENGUE HAEMORRHAGIC FEVER)
4. AIDS (ACUTE IMMUNODEFICIENCY SYNDROME)

DISEASE UNDER NATIONAL SURVEILLANCE

1. DIARRHOEA
2. DYSENTERY
3. FOOD POISONING
4. TYPHOID & PARATYPHOID
5. MEASLES
6. POLIOMYELITIS
7. DIPHTHERIA
8. WHODPING COUGH
9. NEONATAL TETANUS
10. OTHER TETANUS
11. MENINGITIS/ENCEPHALITIS
12. A.R.I
13. VIRAL HEPATITIS
14. RABIES
15. MALARIA
16. SNAKE BITE
17. T.B

NATIONAL HEALTH PLAN

1993 - 1996

DISEASE CONTROL PROGRAMME

COMMUNICABLE DISEASES PROJECT

1. Control of Diarrhoeal Disease P oject - C D D
2. Viral Hepatitis Control Project
3. Vector Borne Disease Control Project - VBDC
4. Expanded Programme of Immunization - EPI
5. Tuberculosis Control Project
6. Leprosy Control Project
7. Acute Respiratory Infections Control Project (ARI)
8. Sexually transmitted Diseases and Skin Diseases Control Project
9. Zoonosis Control Project
10. Trachoma Control and Prevent on of Blindness Project
11. AIDS Control Project

NON CONMMUNICABLE DISEASES PROJECT

1. Cardiovascular Diseases Project - CVD
2. Diabeties Control Project
3. Cancer Control Project
4. Accident Prevention ~~and Rehabilitation Project~~
5. Community Based Rehabilitation Project
6. Prevention of Deafness Project

OBJECTIVES

General Objectives

- To identify the cause of origin of the target diseases and to reduce the morbidity, mortality rates and socio-economic effects of the diseases.

Specific Objectives

- To reduce the morbidity and mortality rates (by percentage of the diseases which has definito preventive and curative measures.

- To Contro the prevalence rate of those diseases without definite preventive and curative measures.

Strategies

Broad strategies

Disease control programme encompasses: -

(1) Epidemiological surveillance

(2) Case finding and effective treatment

(3) Immunization

(4) Vector and pest control

(5) Rehabilitation

(6) Health education

2. Specific Strategies

The main specific strategies are:

(a) Intensifying epidemiological surveillance activities pertaining to early diagnisis, reporting and notification, active case finding and contact tracing, serological and entomological surveys, detection of carriers and treatment of positive carriers.

(b) Development of public health laboratory through national health laboratory.

(c) Active case finding in general and specific population and provision of treatment and case holding in pulmonary tuberculosis, leprosy, STD, Trachoma and malaria.

(d) Immunization against six vaccine preventable diseases and chemoprophylaxis.

(e) Improvement of referral system

(f) Improvement of rehabilitative measures.

ACTIVITIES Implementation Approach

1. Surveillance

    (1) Epidemiological Surveillance
    (2) Serological Surveillance
    (3) Clinical Surveillance

2. Prevention

    (1) Chemoprophylaxis
    (2) Immunization
    (3) Personal Hygiene
    (4) Environmental Sanitation
    (5) Health life style

3. Case Finding

    (1) Clinic Attendance
    (2) Field visit : - contacts
    - school children
    - risk groups

4. Prompt and Effective Treatment

    (1) Hospitals and Clinics
    (2) Field Visit
    (3) Multiple Drug Therapy
    Leprosy - MDT
    TB - SCC

5. Vector and ~~Animal~~ Pest Control
   - Community Participation
   - Chemical Control
   - Biological Control

6. Rehabilitation
   - Physical
   - Mental
   - ~~Behavioural~~ SOCIAL
   - Occupational

7. Health Education
   - IEC Materials
   - Local Language
   - School Curriculum
   - Counselling

8. Training
   - Basic / Routine
   - Reorientation
   - Special
   - Fellowship

9. Research
   - Built in Research
   - Research with DMR
   - Research with DPS ,etc.

10. Monitoring

11. Evaluation

12. Benefits

MONITORING AND EVALUATION

Basic facts to be considered

(1) Monthly, quarterly and yearly returns
(2) Ad-hoc survey finding
(3) Standardized Norms and Indicators
(4) Limitations and Restrictions
(5) Qualitative information

Evaluation Frequency

(1) Township level - Monthly
(2) States / Divisions level - bi-annually / annually
(3) Central level - annually / bi-annually

Impact Evaluation Frequency

(1) Independent Evaluation - once in two years time
(2) Joint Evaluation - once in four years time

BENEFITS

Due to the decrease in morbidity, mortality, inset trends the diseases under the Disease Control Programme, the follow benefits are expected.

(1) Decrease child mortality

(2) Increase national productivity and development of technology

(3) Use of the medical expenditure incurred on treatment diseases in other development area (Re-allocation resources)

(4) Increase of national average life expectancy

(5) Attainment of Health for All by the year 2000.

PROBLEMS ENCOUNTERED IN NIDS

1. Late arrival of cold chain equipment
2. Production and distribution of IEC materials
3. Hard to reach areas
4. Eligible target population

ERADICATION OF POLIOMYELITIS

1978 - 82	1st. PHP	... E P I (BCG, DPT)
1982 - 86	2nd. PHP	... O P V introduced in 198[illegible]
1986 - 90	3rd. PHP	... Measles introduced in [illegible]
1990	...	U C I (210) townships achieved over 90%
1991 - 92	1st. NHP	
1993 - 96	2nd. NHP (320) townships completed	

3 STRATEGIES FOR ACHIEVING POLIO ERADICATION

1. Delivery of polio [illegible] in the most effective [illegible]
   - Routine Immunization
   - National Immunization Days (NIDs)
   - Mopping up
2. Effective Surveillance
   - Strengthen routine surveillance
   - AFP surveillance
3. Political Commitment at all levels

A F P SURVEILLANCE

1. Detection, reporting and investigation of suspected case
2. Collection of data for reporting sites.
3. Analysis of data
4. Report of Findings
5. Feed back of information to all levels.