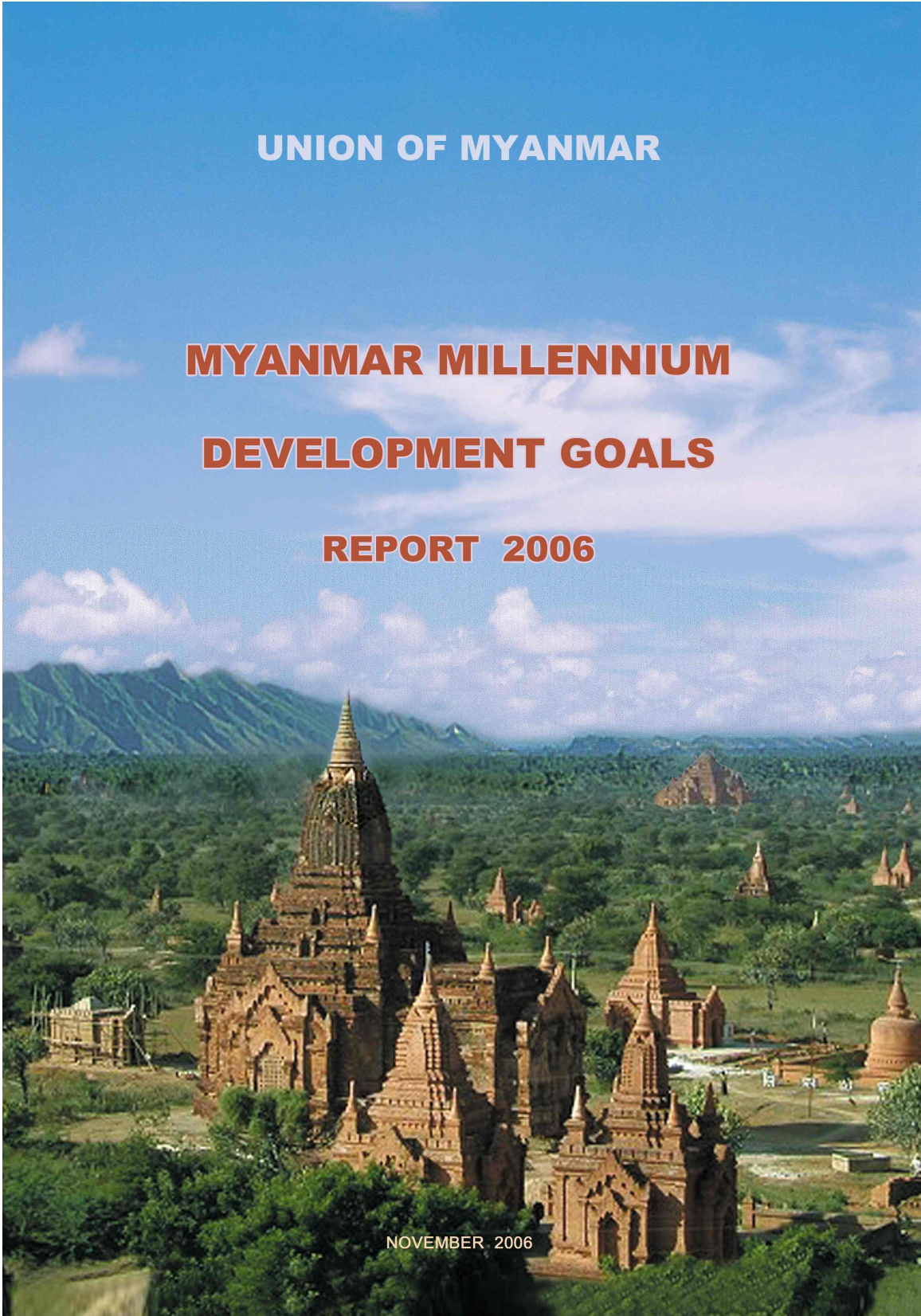


**UNION OF MYANMAR**

**MYANMAR MILLENNIUM  
DEVELOPMENT GOALS**

**REPORT 2006**

NOVEMBER 2006



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## **Abbreviations**

ACT	= Artemisinin base Combination Therapy
AFP	= Acute Flaccid Paralysis
AMW	= Auxiliary Midwife
AN care	= Antenatal care
APH	= Antepartum Hemorrhage
ARI	= Acute Respiratory Infection
ART	= Anti-Retroviral Therapy
ARTI	= Annual Risk of TB Infection
ARV	= Anti Rabies Vaccine
AY	= Academic Year
BCG	= Bacille-Calmette Guerin (Vaccine)
CBHA	= Community Based Health Activities
CBOs	= Community Based Organization
CDD	= Control of Diarrhea Disease Project
CE	= Continuing Education
CEU/DOH	= Central Epidemiological Unit/ Department of Health
CSO	= Central Statistical Organization
CSW	= Commercial Sex Workers
DHP	= Department Of Health Planning
DOH	= Department Of Health
DOTS	= Directly Observed Treatment Short Course
DPT	= Diphtheria, Pertussis, Tetanus
EFA	= Education For All
EFA-NAP	= Education For All - National Action Plan
EMIS	= Education Management and Information System
EPI	= Expanded Programme of Immunization
EQAS	= External Quality Assurance System
FDC	= Fixed Dose Combination
FRHS	= Fertility and Reproductive Health Survey
FSTD	= Female Sexually Transmission Disease
GDF	= Global Drug Facility
GFATM	= Global Fund to Fight AIDS, TB & Malaria
GMP	= Growth Monitoring and Promotion
HMIS	= Health Management Information System
ICPD	= International Conference on Population and Development
ICT	= Information and Communication Technology
IDD	= Iodine Deficiency Disorder
IDU	= Injecting Drug User
IEC	= Information, Education, Communication
IMCI	= Integrated Management of Childhood Illness

IMMCI	= Integrated Management of Maternal and Childhood Illness
IMR	= Infant Mortality Rate
INGO	= International Non Governmental Organization
ITN	= Insecticide Treated-Mosquito Net
IUD	= Intrauterine Device
KTOE	= Kilo Ton of Oil Equivalent
LQAS	= Lot Quality Assurance Sampling
MCH	= Maternal and Child Health
MDR	= Multi-Drug Resistant
MERD	= Myanmar Education Research Department
Mg SO <sub>4</sub>	= Epsom Salts
MICS	= Multiple Indicator Cluster Survey
MOH	= Ministry of Health
MSTD	= Male Sexually Transmission Disease
MWAF	= Myanmar Women's Affair Federation
NFE	= Non Formal Education
NGOs	= Non Governmental Organizations
NNC	= National Nutrition Centre
NNT	= Neonatal Tetanus
NTP	= National Tuberculosis Programme
ORS	= Oral Rehydration Solution
PCFS	= Population Changes and Fertility Survey
PEM	= Protein Energy Malnutrition
PET	= Pre Eclampsic Toxemia
PLWHA	= People Living with HIV/ AIDS
PMCT	= Prevention of Mother to Child Transmission
PPH	= Postpartum Haemorrhage
PTA	= Parent Teacher Association
RDA	= Recommended Daily Allowance
RDT	= Rapid Diagnostic Test
RECRT	= New Military Recruit
RH	= Releasing Hormone
RHC	= Rural Health Centre
RHD	= Rural Health Development
SBOT	= School Board Of Trustees
SCC	= Short Course Chemotherapy
SS+	= Sputum Smear Positive
STD	= Sexually Transmitted Disease
TB	= Tuberculosis
TT	= Tetanus Toxoid
U5MR	= Under-Five Mortality Rate
VCT	= Voluntary Counseling and Testing
WCHD	= Woman and Child Health Development

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## Foreword

At the United Nations Millennium Summit in September 2000, the Member States of the UN adopted a programme of measures in response to the challenges facing the international community at the start of the 21st century - **the Millennium Declaration**. The Declaration reflects the global consensus achieved at the highest political level on addressing the urgent political issues arising now and in future, making it the most significant multilateral policy document produced in recent years. The Declaration took the shape of eight **Millennium Development Goals (MDGs)**, which provides countries around the world a framework for development and time-bound targets by which progress can be measured. Out of eight goals, seven are poverty and/or social development related and the 8<sup>th</sup> is on international cooperation envisaged for the achievement of the other goals. The MDGs contain the solemn commitments of all countries to promote growth and development.

The process for the preparation of Myanmar Country Report on MDGs started in the second half of 2004. The first Myanmar Millennium Development Goals Report was published in April 2005. The first Report provides the foundation for future Myanmar Millennium Development Goals Reports and this year, we have prepared this Second Myanmar Millennium Development Goals Report 2006.

It highlights the progress we have made and also challenges we have faced during the period 2005 and first half of 2006 in adapting the MDGs within the context of the National Development Plans. The main objectives of our National Development Plans are to accelerate economic growth, to achieve equitable and balanced development and to reduce socio-economic development gap among remote border areas, rural and urban areas of the country. The major aspects of the MDGs are covered in the National Development Plans and vice versa, the National Development Plans and programs reflect many aspects of the MDGs.

As regards the economic plans, the first short term Four-Year Plan (1992/93 to 1995/96) and the second short term Five Year Plan (1996/97 to 2000/01) were implemented and the economy was increased by 1.34 times and 1.5 times respectively over the base year.

The third Short Term Five-Year Plan (2001/02 to 2005/06) was completed in March 2005/2006, realizing an increase of 1.8 times of the economy.

Significant progress has been achieved in the health, education, infrastructure, and agriculture sectors. In fact, the achievements resulting from the implementation of the National Development Programs cover a wide scope of targets of MDGs.

Based on the present trend of progress, some of the MDG targets have exceeded and some are expected to be achieved earlier than the given time frame. However, more efforts will be concerted to meet all of the targets by 2015.

Progressive achievements can be seen in many areas without having major assistance from external sources. Myanmar has been cooperating with the UN Agencies to support the basic needs of the people especially in social sector at the grass-root level. In this Report, it can be observed that Myanmar's development achievements and outcomes are complementary to the targets set forth in the MDGs.





## Introduction

### Country Profile of the Union of Myanmar

Myanmar is the largest country in South East Asia with a total land area of 677,000 square kilometers. It stretches for 936 kilometers from east to west and 2,051 kilometers from north to south. Myanmar shares borders with 5 countries for about 6,151 kilometers, sharing 2,205 kilometers with China, 2,108 kilometers with Thailand, 1,339 kilometers with India, 274 kilometers with Bangladesh and 225 kilometers with Laos. The length of the coastline is 2,229 kilometers.

### Population

The population of Myanmar in the year 2005/06 is estimated at 55.4 million of which 49.7 per cent is male and 50.3 per cent is female. In Myanmar, there are more than 100 national races residing in seven states and seven divisions.

### MAP OF MYANMAR



## Recent Economic Development of Myanmar in Brief

With the objectives of enhancing economic development in Myanmar, the Short-Term Four-Year Plan was implemented from 1992/93 to 1995/96 with the aim of enhancing economic development. It achieved an average annual growth rate of 7.5 per cent.

The Second Five-Year Plan had also been formulated and implemented during the years 1996/97 to 2000/01 and achieved an average annual growth rate of 8.5 per cent.

The Third Five-Year Plan had also been formulated and implemented during the years 2001/02 to 2005/06 and achieved an average annual growth rate of 12.8 per cent.

Recently, the fourth Short-Term Five-Year Plan (2006/07 to 2010/11) has been formulated with an average annual growth rate of 12.0 percent.

The Main Objectives of the Fourth Short-Term Five-Year Plan are:-

- ♦ to extend the setting up of agro-based industries and other required industries in building an industrialized nation
- ♦ to develop the electric power and energy sectors to be in conformity with the developing trend of industries
- ♦ to extend the agriculture, livestock and fishery sectors in order to meet the local demand for self sufficiency and to promote exports
- ♦ to make endeavors for meeting the targeted yield per acre of the designated crops
- ♦ to expand new cultivable land for agriculture use
- ♦ to drive for the fulfillment of edible oil and lubricant oil
- ♦ to drive for the utilization of bio-diesel oil to supplement lubricant oil and fuel oil
- ♦ to establish forest areas for greening
- ♦ to conserve natural environment
- ♦ to extend education and health sectors for human resource development
- ♦ to strive for better roads and communication facilities in order to develop commerce and trade with momentum and for friendship among nationalities
- ♦ to have continuous development for the infrastructure sectors
- ♦ to meet the set targets of the Special Development zones
- ♦ to carry on the development of border areas
- ♦ to carry on the development of rural areas
- ♦ to alleviate poverty
- ♦ to exceed the targets of MDGs in implementing the national plans
- ♦ to realize balanced economy and all-round development of the economy
- ♦ to let the continuation of the good foundation of economic and financial condition by:
  1. retaining the momentum and the high growth rate of the economy
  2. solidifying the value of kyat
  3. reducing budget deficit to have surplus by the third year
  4. curbing the inflation
  5. continuing the surplus of current account position in balance of payment

## **Sectoral Development**

### **-Agriculture Sector**

The Agriculture Sector comprising agriculture, livestock and forestry achieved an average annual growth rate of 7.5 per cent in the Second Short Term Five-Year Plan (1995/96 – 2000/01) and an average annual growth rate of 9.8 percent in the Third Short Term Five-Year Plan (2001/2002 to 2005/2006). Currently, implementation of the 2006/2007 annual plan is on the way and the growth achieved for the first six months (April to September) is 12.0 %.

### **-Industrial Sector**

The Industrial Sector comprising energy, mining, industry, electric power and construction achieved an average annual growth rate of 11.4 per cent in the Second Five-Year Plan and an average annual growth rate of 23.5 per cent in the Third Short Term Five-Year Plan. Recently, the growth rate achieved for 2006/2007 annual plan for the first six months (April to September) is 17.2 %.

### **-Services Sector**

The Services Sector inclusive of trade achieved an average annual growth rate of 8.5 per cent in the Second Five-Year Plan and an average annual growth rate of 13.9 per cent in the Third Short Term Five-Year Plan. For the 2006/2007 annual plan, the growth rate achieved for the first six months (April to September) is 12.9%.

## **External Trade**

In the last two short term plan period (First Four Year Plan and Second Five Year Plan), the position of the balance of trade was always deficit. To have the favourable balance of trade, efforts have been made to ensure the export promotion and import of goods to be beneficial for the country. Hence, endeavours have been made to promote exports of high quality and value added commodities to secure higher prices, and also to export new item commodities. Regarding import, priority was given to import goods for enhancing production of capital goods, immediate goods and essential consumer goods. Resulting from the application of systematic management of foreign trade there showed trade surplus in the balance of trade since 2002/2003.

The total value of export was US\$ 3063 million and import US\$ 2300 million in 2002/2003 registering a trade surplus of US\$ 763 million. As of 2006 end March data, the value of export was US\$ 3558 million where as import was US\$ 1984 million showing more favourable trade balance with a surplus of US\$ 1574 million. The position of external trade during the third Short Term Five –Year Plan registered an average annual growth rate of 12.7 % for export and (-) 3.1 % for import. Likewise, current account balance also achieved a surplus of US\$ 6.7 million in 2002/2003 and US\$ 1226.5 million at the end of March 2006. The position of current account for the first six months (April to September) of the 2006/2007 annual plan realizes a surplus of US\$ 1371.9 million.

**Inflation**

Inflation has been decreasing significantly since 1999/2000, from 16.09 percent to (-) 1.62 percent by the end of March 2001. However, inflation rate started to rise again in 2002/2003 and it stood about 58 percent by the end of March 2003. Inflation rate fell gradually in 2004 and by the end of March 2005, it stood at 3.8 percent but, it rose again and was 10.7 percent in March 2006.

**Investment**

Foreign Investment Law was enacted in November 1988, and foreign investments have been permitted since 1989/90. From the year 1988/89 to 2006 (end September), permitted amount of foreign investment by 399 enterprises from 29 countries totaled US\$ 13.848 billion. The inflow of foreign investment started to contract since 1997/98, mainly due to the indirect impact of monetary crisis in Asian countries and sanction imposed by some western countries. However, the permitted amount rose notably in 2005/2006 to US\$ 6.066 billion.

## Executive Summary

The Myanmar Millennium Development Goals Report 2006, the second of its series, is an effort, aiming to respond to the United Nations Millennium Declaration, which mainstreams a set of inter-connected and mutually reinforcing development goals and targets into a global agenda. This Report follows on the previous one which was issued in April 2005.

The UN Millennium Declaration consists of the Millennium Development Goals (MDGs). The eight MDGs – **a vision for the next one and a half decade for the betterment of all** - range from halving extreme poverty to halting the spread of HIV/AIDS and providing better educated children, greater survival prospects for mothers and infants and healthier environment, all by the target date of 2015. They form a blueprint agreed to by all the world's countries and world's leading development institutions.

This Report shows where we are standing now - during the period between our first MDG Report in April 2005 and this present 2006 Report – in our efforts to achieve these goals. It explores the prospects for achieving the various targets contained in the MDGs and examines the best practices that have contributed towards reducing poverty, achieving universal primary education, improving child and maternal health, combating HIV/AIDS, promoting environmental sustainability and fostering international cooperation. The Report stresses the national commitment, highlighting the country's achievements and challenges where much work remains to be done to achieve the set targets.

Starting from Goal 1 – to eradicate extreme poverty and hunger – the UN Millennium Development Goals Report 2006 shows Asia leading the decline in global poverty. It is worth noting that Asia's extreme poverty rates fell rapidly during 1990 and 2002, from 39.4 percent in Southern Asia, 33 percent in Eastern Asia and 19.6 percent in South East Asia and Oceania region to 31.2 percent, 14.1 percent and 7.3 percent respectively.

Myanmar can be counted as one of the South East Asian countries where extreme poverty and hunger are not much a problem. There exists poverty in some remote and border areas that lagged behind in the past, but the government has laid down comprehensive development programs that aim to improve socio-economic conditions of the country by raising the standard of living of the entire population, especially those who reside in rural, remote and border areas.

In order to measure poverty incidence in Myanmar, the Household Income and Expenditure Survey had been conducted in 2001. At present, the Integrated Household Living Conditions Assessment Project is being undertaken in cooperation with the UNDP, with the objective of assessing income, expenditure and social welfare conditions of the Myanmar people through a comprehensive survey over the whole country. Indicators for some of the MDGs would be obtained upon completion of the project, and thus, necessary interventions in the needed areas could be made.

Myanmar, as an agro-based economy, the agriculture sector plays a dominant force in national economic development. It has a significant role in providing overall domestic food self-sufficiency, promoting external trade and also providing raw materials to meet the domestic agro-based industries. Myanmar's food security program gives priority on

expanding the production of agriculture, livestock and fishery for self-sufficiency and the surplus for export.

Under Goal 1, there are indicators for prevalence of underweight children under 5 years of age and for proportion of population below minimum level of dietary energy consumption. The percentage of underweight children under 5 years has been declined to 31.8 in 2003 from 38.6 in 1997. Major nutrition problems are protein energy malnutrition and micronutrient deficiencies that include iodine deficiency disorder, vitamin A deficiency and iron deficiency anemia. The National Nutrition Center is implementing nutrition promotion and intervention programs and programs for micronutrient deficiencies such as iodine deficiency disorder (IDD) control program, IDD elimination program, vitamin A deficiency elimination program and iron supplementation program are also being undertaken. Prevalence of anemia among pregnant women and among children under 5 is found out to be increasing. Stronger multi-sectoral approach where close collaboration with other relevant sectors could improve the present status.

Because of the improvement in quality and institutional setup of the educational system, Myanmar has a remarkable achievement in MDG Goal 2. Net enrollment ratio in primary education and proportion of pupils completing primary level have increased sharply during 1990 to 2005, from 65.7 and 24.5 respectively in 1990 to 82.2 and 73.4 respectively in 2005, due to the implementation of nation-wide activities such as All School-Age Children in School project, School Enrollment Week program, household survey on literacy and special regional development plans especially for border areas and national races. In 2004, the rates stood at 81.3 and 71.7 respectively.

Primary school intake rate is very impressive, increasing gradually within 1999 to 2006. It was 91 percent in 1999, 92.05 percent in 2001, 95.05 percent in 2003 and comes up to 97.84 percent this year. As regards quality of education, the government is encouraging the use of ICT in schools and has launched many e-education centers. The set goals of Education for All National Action Plan (2003 – 2015) fall in line with the Millennium Development Goals.

The National Health Committee has formulated long term and also short term health plans for uplifting the health status of the entire nation. Myanmar Vision 2030, which is a long term 30 years plan has been drawn up with one of its objectives as reducing the Under-5 and infant mortality rates to 52 per 1000 live births and 40 per 1000 live births respectively in 2011. These rates in 1990 were 130 and 98 respectively and 66.1 and 49.7 respectively in 2003. Judging from the descending trend of the rates, Myanmar will not have any difficulty to meet the target of Goal 4, which is to reduce the Under-5 mortality rate by two-thirds by 2015. The short term 5-Year Strategic Plan for Child Health has highlighted the essential needs and strategic directions for the reduction of infant deaths.

The National Health Plan (2007-2011) aims at reducing the maternal, newborn, infant and child morbidity and mortality. The MDG 5, which is to reduce maternal mortality ratio by three-quarters by 2015 signifies our country's commitment to achieve the time-bound improvement of the global targets. The maternal mortality rate of 316 per 100,000 live births is still Myanmar's burden. To overcome this burden, safe motherhood initiatives have been expanded into a national movement, focusing on the continuum of quality care for maternal and newborn health.

Positive tendencies have developed in combating HIV/AIDS, TB and malaria. The prevention and control activities have been undertaken under the National AIDS Program, National Malaria Control Program, nationwide TB prevalence survey activities and collaborative TB/HIV prevention and control activities to support the effective reduction of these pandemics. The death rate of malaria was 11.2 per 100,000 in 1992, but it has gradually descended to 3.1 per 100,000 in 2005. The prevalence rate also came down from 18.7 per 1,000 to 9.3 per 1,000 during the same period. It is due to the government's strong political commitment to combat these diseases and also due to the strengthening of coordination and collaboration with the relevant agencies, the NGOs and the general public as well.

Prevalence and death rate of all TB cases/100,000 population is 419/100,000 and 50/100,000 in 1990 respectively. According to WHO Global TB control surveillance, planning and financing report 2006, the prevalence and death rate reduced to 180/100,000 and 21/100,000 population in 2005.

The proportion of TB cases detected and cured under DOTS was 38% in 1990 and it increased to 95% in 2005. The cure rates and treatment success rates of TB cases were 61% and 78% in 1994 and improved to 75% and 84% in 2005.

To address the environmental sustainability requirement of Goal 7, the Government has, among other measures, established the National Commission for Environmental Affairs, adopted new forest policy, implemented the Greening of Arid Areas in Central Myanmar project, extended reserved forests and protected public forest areas, adopted the Myanmar Agenda 21, ratified the UN Framework Convention on Climate Change and accession of the Kyoto Protocol.

As regards proportion of population with access to improved water source, program for safe drinking water supply for water-scarce rural areas under the 10- Year rural water supply plan (2000/01-2009/2010) is being carried out. It was 32 percent in 1990 and improved to 72 percent in 2000. Proportion of people with access to improved sanitation has also increased during that period, from 36 percent in 1990 to 83 percent in 2000.

The Millennium Development Goal 8 is to develop a global partnership for development. The UN Millennium Development Goals Report 2006 shows the increased amount of US\$ 106 billion official development assistance from developed countries during the period of 1991 to 2005. However, it is still falling short of targets. Myanmar is striving for the country's socio-economic development relying on her own resources. Since new lending from the multilateral financial institutions has been suspended since 1989, the challenge is to attract more foreign and national investments.

Six years have passed since the leaders of the world gathered together and agreed on these MDGs. The vision for the future becomes more and more vital as the targeted time becomes nearer and nearer. Yet it is still a long way to go to reach the targets. But Myanmar will always strive for the achievement of all the goals with relentless effort and will of the Myanmar people!





## Millennium Development Goals (MDGs)

Goals and Targets		Indicators	
Goal 1: Eradicate extreme poverty and hunger			
Target 1:	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.	Proportion of population below \$1 per day
		2.	Poverty gap ratio [incidence x depth of poverty]
		3.	Share of poorest quintile in national consumption
Target 2:	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4.	Prevalence of under-weight children (under-five years of age)
		5.	Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education			
Target 3:	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6.	Net enrollment ratio in primary education
		7.	Proportion of pupils starting grade 1 who reach grade 5
		8.	Literacy rate of 15-24 years olds
Goal 3: Promote gender equality and empower women			
Target 4:	Eliminate gender disparity in primary and secondary education preferably by 2005, and to all levels of education no later than 2015	9.	Ratio of girls to boys in primary, secondary and tertiary education
		10.	Ratio of literate females to males of 15-24 year olds
		11.	Ratio of women to men in wage employment in the non-agricultural sector
		12.	Proportion of seats held by women in national parliament

Goals and Targets		Indicators	
Goal 4: Reduce child mortality			
Target 5:	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. 14. 15.	Under-five mortality rate Infant mortality rate Proportion of 1 year old children immunized against measles
Goal 5: Improve maternal health			
Target 6:	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. 17.	Maternal mortality ratio Proportion of births attended by skilled health personnel
Goal 6: Combat HIV/AIDS, malaria and other diseases			
Target 7:	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. 19. 20.	HIV prevalence among 15-24 year old pregnant women Contraceptive prevalence rate Number of children orphaned by HIV/AIDS
Target 8:	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	21. 22. 23. 24.	Prevalence and death rates associated with malaria Proportion of population in malaria risk areas using effective malaria prevention and treatment measures Incidence of Tuberculosis ( per 100,000 people) Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)
Goal 7: Ensure environmental sustainability			
Target 9:	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25. 26. 27. 28.	Proportion of land area covered by forest Land area protected to maintain biological diversity GDP per unit of energy use (as proxy for energy efficiency) Carbon dioxide emissions (per capita)

Goals and Targets		Indicators	
Target 10:	Halve, by 2015, the proportion of people without sustainable access to safe drinking water	29.	Proportion of population with sustainable access to an improved water source
Target 11:	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	30.	Proportion of people with access to improved sanitation
		31.	Proportion of people with access to secure tenure [Urban/rural]
<b>Goal 8: Develop a Global Partnership for Development</b>			
Target 12:	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	32.	<u><b>Official Development Assistance</b></u> Net ODA as percentage of OECD/DAC donors' GNP [targets of 0.7per cent in total and 0.15per cent for LDCs]
Target 13.	Address the Special Needs of the Least Developed Countries	33.	Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
Target 14.	Address the Special Needs of landlocked countries and small island developing states	34.	Proportion of ODA that is untied
		35.	Proportion of ODA for environment in small island developing states
Target 15:	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	36.	Proportion of ODA for transport sector in land-locked countries
			<u><b>Market Access</b></u>
		37.	Proportion of exports (by value and excluding arms) admitted free of duties and quotas.
		38.	Average tariffs and quotas on agricultural products and textiles and clothing.
		39.	Domestic and export agricultural subsidies in OECD countries
		40.	Proportion of ODA provided to help build trade capacity

Goals and Targets	Indicators
	<b><u>Debt Sustainability</u></b>
	41. Proportion of official bilateral HIPC debt cancelled
	42. Debt service as a percentage of exports of goods and services
	43. Proportion of ODA provided as debt relief
	44. Number of countries reaching HIPC decision and completion points
	45. Unemployment rate of 15-24 year olds
Target 16: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth	
Target 17: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	46. Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18: In co-cooperation with the private sector, make available the benefits of new technologies, especially information & communications	47. Telephone lines per 1000 people
	48. Personal computers per 1000 people

Source: [http:// www.sustainableicts.org](http://www.sustainableicts.org) (About the MDG goals)

## **Goal 1. Eradicate Extreme Poverty and Hunger**

**Target 1. Halve, between 1990 and 2015 the proportion of people whose income is less than 1 dollar a day**

**Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger**

### **Progress to date**

Like other developing countries, poverty incidence also exists in Myanmar, particularly in the remote and border areas. Myanmar is an agriculture country that is able to produce enough staple food for self-sufficiency. Hunger is not much a problem. The World Food Summit 1996 set a goal of reducing the number of hungry children, women and men to half by 2015. Accordingly, Myanmar had set food security program giving priority on expanding the production of agriculture, livestock and fishery for self sufficiency and only the surplus for export. Food produced from agriculture sector such as cereals, vegetables and meat and fish from livestock sector provides enough calorie intake for the people, so that Myanmar doesn't have any problem with hunger for present as well as in the future. Myanmar's progress and achievements against agricultural production targets of 2015 is summarized as follows:-

### **Agricultural Production Performance**

<b>Sr No</b>	<b>Particulars</b>	<b>Units</b>	<b>1990-91</b>	<b>2015 (Target)</b>	<b>2005-06 (Actual)</b>	<b>Achievement (% of Target)</b>
<b>1</b>	<b>Crop Land</b>	<b>Mil Ha</b>	<b>10.13</b>	<b>21.82</b>	<b>18.75</b>	<b>85.95</b>
<b>2</b>	<b>Irrigation</b>					
	- Irrigated acreage	Mil Ha	1.00	3.24	2.23	68.97
	- Irrigation coverage	%	12.1	26	19	72.36
	- Cropping intensity	%	121.7	186.1	157.1	84.42
<b>3</b>	<b>Food Crop Production</b>	<b>' 000 MT</b>				
	Paddy		13,969	37,650	27,683	73.53
	<u>Oil Crops</u>					
	- Groundnut		472	976	1039	106.49
	- Sesame		216	997	504	50.53
	-Sunflower		96	919	560	60.97
	Pulses		596	3,919	4,008	102.26
	Maize		187	2270	918	40.44

Sr No	Particulars	Units	1990-91	2015 (Target)	2005-06 (Actual)	Achievement (% of Target)
	Oil Palm	' 000 MT	12	216	114	52.84
	Sugarcane		1,962	17,600	7,187	40.84
	<u>Kitchen Crops</u>					
	- Chilly Dried		30	120	110	92.03
	- Onion		174	1,319	1,015	76.92
	- Garlic		37	182	149	81.62
	- Potato		136	686	478	69.72

Source : Department of Agriculture Planning

Regarding meat and fish, Ministry of Livestock and Fisheries has taken responsibilities to implement sufficiency of domestic consumption of meat and fish and at the same time to overcome poverty. Strategies are laid down to enhance the production of meat and fish. Breeding of cattle, pigs and poultry has steadily increased due to regularly planned inoculation of livestock diseases and production of vaccine from department of Livestock Breeding and Veterinary. Myanmar Livestock and Fisheries Development Bank Limited was established in February 1996 and 17 branches are extended across the country to provide loans for livestock breeders and fish pond farmers.

For food sufficiency of people living in rural area, releasing of fish fingerlings are carried in lakes, dams, reservoirs and open natural waters and also the production is carried in contribution of fish and paddy in the same area which is known as Paddy Plus Fish Project.

- Indicators**
- 1. Proportion of population below \$1 (PPP) per day*
  - 2. Poverty gap ratio (incidence x depth of poverty)*

### Progress to date

The Central Statistical Organization, Ministry of National Planning and Economic Development had conducted the Household Income and Expenditure Survey (HIES) in 2001 with the sample size of 30,000 households from 75 sample townships in order to measure poverty incidence in Myanmar.

Survey results showed the estimate poverty rate of 20.7 per cent for urban, 28.4 per cent for rural and union rate was 26.6 per cent. The poverty gap ratio was 6.8 per cent.

The HIES survey was particularly focused on the income and expenditure of the sample households and compiled minimum substance expenditure based on national nutrition norms adopted by the Ministry of Health.

With a view to measuring poverty incidence in Myanmar in a broader base Integrated Household Living Conditions Assessment Project (IHLCA) was implemented during the years 2003 to 2005 with the assistance of UNDP.

The IHLCA project was jointly implemented by the Planning Department and Central Statistical Organization of Ministry of National Planning and Economic Development in collaboration with the IDEA Canadian International Consultant Firm.

Under this project a very comprehensive survey was being conducted over the whole country.

IHLCA project was designated with a multi-round survey, incorporating qualitative and quantitative approaches for assessing the various dimensions of living conditions.

In the first phase, a qualitative survey was conducted in 2003. The first phase of the IHLCA is a qualitative study aiming to provide information on the perceptions of the people of Myanmar on living conditions. In the qualitative survey, Focus Group Discussions (FGD) were conducted in order to gather individual opinions on the perceptions of living conditions in the country.

The results of the qualitative survey were being incorporated into the selection of indicators to include in the questionnaire of the quantitative phase of the baseline survey in 28 townships, 2 townships each in 7 States and 7 Divisions.

In the second phase, quantitative household-based survey was conducted with two rounds of data collection.

The main objectives of the quantitative survey are the following:

To obtain an accurate assessment of population well-being by measuring a number of indicators related to living conditions from an integrated perspective;

To provide reliable and updated data for identifying different levels of poverty in order to help better focus programmatic interventions;

To provide quantitative and qualitative data for better understanding the dimensions of well-being and poverty in Myanmar;

To provide baseline information for monitoring progress towards the achievement of the Millennium Development Goals;

To develop a standardized methodology for establishing a framework for monitoring living conditions and conducting future time-trend analysis.

With a view to obtaining a broad-based data, 9 modules of questionnaires for each household have been prepared, covering township/ward/village tract/village level in the whole nation.

The areas of coverage for social and economic aspects of living conditions included in the households questionnaire are:

1. Demography
2. Poverty and hunger
3. Housing Conditions

4. Health
5. Education and Literacy
6. Labour and Employment
7. Access to credit, Financial Service, Business Advice and Communication Technologies
8. Household Agricultural Production and Vulnerability
9. Household Non-Agricultural Business Production.

The first and second rounds of survey were conducted in November 2004 and in May 2005. The sample size covered nearly 19,000 households in 116 townships in all States and Divisions.

The compilation and processing of data have already completed and the Reports are being finalized for submission to the authorities concerned.

### **MDG Indicators expected to obtain from the 9 modules of IHLCA Project**

<b>No.</b>	<b>MDG goal</b>	<b>Indicator</b>	<b>Data source (module)</b>
1	<b>Goal 1 :</b> Eradicate extreme poverty and hunger	1. Proportion of population below \$1 per day (PPP-values) 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption 4. Prevalence of under-weight children (under-five years of age)	Basic household module ( Demographics ) Consumption expenditure module ( Poverty & Hunger )  Health module
2	<b>Goal 2 :</b> Achieve universal primary education	6. Net enrollment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8 .Literacy rate of 15-24 years olds	Basic Household Characteristic module ( Demographics ) Education & Literacy
3	<b>Goal 3 :</b> Promote gender equality and empower women	9. Ratio of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15-24 year olds 11. Share of women in wage employment in the non-agricultural sector	Basic Household Characteristic module ( Demographics ) Education & Literacy module Labour & Employment module



No.	MDG goal	Indicator	Data source (module)
4	<b>Goal 4:</b> Reduce child mortality	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year old children immunized against measles	Health module
5	<b>Goal 5:</b> Improve maternal health	16. Maternal mortality ratio 17 Proportion of births attended by skilled health personnel	Health module
6	<b>Goal 7:</b> Ensure environmental sustainability	29. Proportion of population with sustainable access to an improved water source 30. Proportion of people with access to improved sanitation 31. Proportion of people with access to secure tenure	Housing module
7	<b>Goal 8:</b> Develop a Global Partnership for Development	45. Unemployment rate of 15-24 year olds 47. Telephone lines per 1000 people	Labour module Asset module

## Adapting Poverty Reduction Strategies in the context of the National Plan

With the aim to achieve balanced growth over the whole country and to narrow down the disparity between urban and rural areas, the Government has laid down three development programmes as follows:

- Border Area Development Plan was launched in 1989 to fulfill basic needs of the nationalities residing in remote and border areas.
- 24 Special Development Zones are designated in the States and Division in order to achieve equitable and balanced development over the whole country.
- Integrated Rural Development Plan was launched to improve the status and well being of rural populace comprising 70 per cent of the total population.

These strategies also aim to raise the standard of living of the entire people as well as to reduce poverty throughout the country.

The 1<sup>st</sup> programme is the Border Area Development Plan which has been carried out since 1989 with the objectives of ensuring equitable development in the border areas and social life of the nationals living in those areas. The Ministry of the Progress of Border Areas

and National Races and Development Affairs was set up in 1992 and the Ministry has taken the responsibilities of border area development in collaboration with other concerned ministries. Priority has been given to the development of transport and communications, education, health, electric power, agriculture and livestock breeding in the border areas with the aim to fulfill basic human needs of the nationals living in those areas.

Border areas development programmes are being carried out in 18 different areas of the country covering 68 townships in 7 states and 2 divisions where 5.3 million national races are residing.

The progress achieved is shown as Annex (1).

The 2<sup>nd</sup> programme is the implementation of 24 special development zones being designated in the States and Divisions. Development programmes have been undertaken with the aim to narrow the socio-economic gap among the States and Divisions as well as to achieve equitable and balanced development over the whole country. Emphasis has been given to education, health and infrastructure advancement of the development zones.

The progress achieved is shown as Annex ( 2 ).

The 3<sup>rd</sup> programme is the Integrated Rural Development Plan being laid down since 2001.

Under the Integrated Rural Development Plan, the following five tasks have been undertaken:

- construction of roads between villages in rural areas and to link with urban areas;
- to make water available for people as well as for cultivation;
- to improve and upgrade school buildings and furniture; to uplift the education standard; to improve the quality of teachers; to enable the children of school-going age to attend class and to make them literate;
- to uplift rural health care system;
- to bring about the economic growth of the rural populace;

The progress made is shown as Annex ( 3 ).

These tasks included in the National Development Plan are being complemented to the (MDG) Goal 1.

## **Challenges**

- 1 Prevalence of insurgencies, lack of peace and stability had hindered the development of the country for more than two decades.
- 2 This had also impeded the socio-economic development and lagged behind in term of social and economic conditions compared to other countries.
- 3 Despite the economic sanctions being imposed by some western countries, Myanmar has been making concerted efforts for all around development of the country.
- 4 Due to the negative reporting by the media, there are some adverse impact on the image of Myanmar in the international community.

- 5 New development projects should introduce in various states and divisions thereby creating permanent job opportunities for the local people.
- 6 Incentives and attractions that will induce both domestic and foreign investment are to be considered.
- 7 The challenges are to overcome all these misperceptions and to let the world know the true impression of the country.

**Indicator 4. Prevalence of underweight children under five years of age**  
**5. Proportion of population below minimum level of dietary energy consumption**

	MDG Target			
<i>Indicators</i>	<b>1997</b>	<b>2000</b>	<b>2003</b>	<b>2015</b>
<b>4. Prevalence of underweight children under five years of age (%)</b>	<b>38.6</b>	<b>35.3</b>	<b>31.8</b>	<b>19.3</b>
<b>5. Proportion of population below minimum level of dietary energy consumption (%)</b>	<b>30.84</b>			

(4) Source: MICS, 2003

(5) Source: National Nutrition Center, 1997

## Progress to date

Myanmar has identified four nutrient deficiency states as its major nutrition problems. They include Protein Energy Malnutrition (PEM) and three micronutrient deficiencies, namely, Iodine Deficiency Disorders (IDD), Vitamin A Deficiency (VAD) and Iron Deficiency Anaemia (IDA)

## Protein Energy Malnutrition (PEM)

Protein Energy Malnutrition is a multifaceted phenomena and it is usually caused by inadequate intake, frequent illnesses, and impaired absorption from gastrointestinal tract because of worm infestation. It is also influenced by some misconceptions about food habit and cooking practices which cause nutrient loss.

The National Nutrition Centre (NNC) of the Department of Health (DOH) has been implementing nutrition promotion and intervention programmes in order to control PEM among children.. Proportion of the under-weight children (WFA < - 2 SD, NCHS Reference Data) among under-3 population has declined from 36.7% in 1991 and 31.2% in 1994 to 28.2% in 1997. Proportion of the severely under-weight children (WFA < - 3 SD, NCHS Reference Data) has also decreased from 11.2% in 1991 and 8.3% in 1994 to 7.2% in 1997. (Source: National Nutrition Surveys, National Nutrition Centre, DOH.)

The Multi-indicator Cluster Survey (MICS) 2000, of the Department of Health Planning indicated that 35.3% of under-5 children in Myanmar were under-weight, 33.9%

were stunted and 9.4% were wasted. Anthropometric measurement done during 2003 MICS survey showed that 31.8% of under five children were wasted, 32.2% were stunted and 8.6 % were severely under-weight. According to the data from Yangon Children Hospital, the death rate was due to severe malnutrition declined from 15.9% in 2000 to 7.9% in 2002.

The rate of the Low Birth Weight (LBW) was 24% 1994 (hospital based study) and 10% in 2004 by the community survey (NNC/DOH).

Average consumption of calorie in 1997 was 92.5% of the recommended daily allowances (RDA), 37% of the households consumed calories and above 100% Of RDA and 30.4% consumed less than 80 % of the RDA.

Concurrently, case fatality rate due to PEM has declined to 7.9% in 2003 from 15.9% in 2000. Likewise, low birth weight rate declined to around 10% in 2003 from 24% in 1994.

## **Micronutrient deficiencies**

### **Iodine Deficiency Disorders Elimination (IDDE):**

Impact Indicators	Target 2005	Achieved 2004	Remark
Visible goiter rate	<5%	5.5%	Very close
Iodised salt consumption	>90%	86%	Very close
Urinary iodine excretion	> 100 µg/l	205 µg/l	achieved

*Source: National Nutrition Center, 2004*

Iodine deficiency is one of the most common causes of preventable brain damage among children. Endemic goiter has been recognized in the hilly regions of Myanmar since 1996. Endemic goiter, which had previously been thought to be confined to the mountainous areas, was also found in the plain and the delta regions, and particularly in the areas which experienced floods every year. According to the findings of the research studies done by the National Nutrition Centre, all states and divisions in Myanmar are at risk of iodine deficiency.

The Ministry of Health started its iodine deficiency disorders control program in 1968 by distributing iodized salt to the hilly region with high prevalence of endemic goiter. Injections of iodized oil and distribution of iodized oil capsules were also used as methods of IDD control in 1982 and afterwards. The Central committee for Control of Iodine Deficiency Disorders (CCCIDD) was formed in 1991 under the guidance of the National Health Committee. The Ministry of Health, in collaboration with Myanmar Salt and Marine Chemicals Enterprise of the Ministry of Mines, has adopted Universal Salt Iodization (USI) as the long-term strategy for control of IDD in Myanmar.

Universal Salt Iodization USI has been adopted as the single, long-term strategy for eliminating iodine deficiency disorders. According to the National Goitre Surveys of the

National Nutrition Centre of the DOH, the visible goitre rate (VGR) among 6-11 year-old school children has been falling rapidly from 33% in 1994 and 25% in 1997 to 12% in 1999. The National Goitre Survey in 2000-2001 revealed that VGR was still 12% with variations among states and divisions, ranging from 0.4% in coastal areas to more than 30% in some hilly regions which indicates that IDD is still a public health problem in Myanmar.

The IDD elimination programme, which is the collaborative effort between the Ministry of Health and Myanmar Salt and Marine Chemicals Enterprise of the Ministry of Mines, has been gaining a steady progress due to systematic long-term planning and efficient implementation. Iodized salt production increased from 10800 metric tons in 1995 to 230000 metric tons in 2000. The proportion of households consumption iodized salt had climbed consecutively during 1995 and 2005; 18% in 1995, 79% in 2000 and 90% in 2005. The consumption of adequately iodized salt also increased from 65% in 2002 and 73% in 2005. Visible Goiter Rate among children between 6-11 years dropped from 33 % in 1994 to 5.5 % in 2004. Median urinary iodine excretion (UIE) among 6-11 year children was about 136 g (micro gram) per litre in 2000 and it increased to 205 g per litre in 2004.

### **Vitamin A Deficiency elimination (VAD):**

Indicator	Target 2005	Achieved 2000	Remark
Supplementation of Vitamin A capsules	100 %	93%	High
Prevalence of Bitot's spots	<5%	0.03%	achieved

*Source: National Nutrition Center, 2000*

Vitamin A deficiency used to be a public health problem among Myanmar children during the early 1990s. But prevalence of Bitot's spot among under-5 children has dropped rapidly from 0.6% in 1991 to 0.38% in 1994 and 0.23% in 1997. Thanks to the introduction of regular supplementation with high potency vitamin A capsules in 1993. The last xerophthalmia survey in the year 2000 revealed that the prevalence of Bitot's spot among under-5 children was 0.03% in both urban and rural communities, far below the cut-off level of the public health problem, which is 0.5%. Assessment of serum vitamin A status of a sub-sample of children in the survey of 2000 indicated that all children in the rural community and 96% of urban children had normal serum vitamin A status while only 4% of the urban children had mild sub-clinical deficiency.

### Iron Deficiency Anaemia (IDA):

Impact indicators	Target	Achieved	Remark
Anaemia among non pregnant women	<30%	45%(2001) 45.2%(2005)	still the same
Anaemia among adolescent girls		26% (2002)	
Anaemia among pregnant women	<40%	71% (2004)	Increasing
Anaemia among under five children		75%(2004) 76% (2005)	very high especially <2 years of age

*Source: National Nutrition Center, 2001,2002,2004,2005*

The prevalence of anaemia among pregnant women was 58% and prevalence of anaemia among preschool children was 30% in 1994 according to a survey by the Department of Medical Research. The National Nutrition Centre of the DOH conducted a survey on haemoglobin status of non-pregnant women between 15 and 45 years of age in 2001. According to that survey, prevalence of anaemia among non-pregnant women was 45%. The prevalence of anaemia among adolescent school girls was 26% (2002).

The findings from survey conducted in 2003 showed that the prevalence of anaemia among pregnant women was 71% and 75% among children of under five years respectively. Nation wide multiple micronutrients survey in 2004-2005 showed that the prevalence of anaemia among under 5 children was 76%. Anaemia was more common in coastal and delta region. It may be due to insufficient intake of iron rich foods, weak knowledge on cooking methods that could be enhance the absorption of iron from gastrointestinal tract and worm infestations. It also showed the prevalence of worm infestation among pregnant women and under five children respectively were 44.3 % and 30.8%.

### Adapting the Millennium Development Goals (MDGs) within the context of the National Plan

- \* Increase nutrition knowledge in target communities with a view to apply them in daily food preparation and food intake.
- \* Build the communities' capacity to increase food production in order to ensure increased food intake which is consequently leading to the reduction of malnutrition in the target communities.
- \* To strengthen proper feeding centers for management of moderately malnourished children.
- \* To strengthen proper management of severe PEM.
- \* To promote proper infant and young child feeding.
- \* To promote optimal foetal growth.
- \* Iron supplementation to pregnant women, under five children, adolescents in all townships

\* Mass deworming program for children and pregnant women.

## **Goal 2. Achieve universal primary education**

**Target 3. Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.**

**Indicator 6. Net Enrollment Ratio in Primary Education**

**7. Proportion of Pupils starting grade 1 who reach grade 5**

**8. Literacy rate of 15 - 24 years old**

	MDG Target						
<i>Indicator</i>	<i>1990</i>	<i>1995</i>	<i>2000</i>	<i>2004</i>	<i>2005</i>	<i>2010</i>	<i>2015</i>
<b>6. Net Enrollment Ratio in Primary Education</b>	<b>65.7</b>	<b>73.6</b>	<b>77.0</b>	<b>81.3</b>	<b>82.2</b>	<b>88.0</b>	<b>95.0</b>
<b>7. Proportion of Pupils starting grade 1 who reach grade 5</b>	<b>24.5</b>	<b>37.1</b>	<b>48.5</b>	<b>71.7</b>	<b>73.4</b>	<b>81.3</b>	<b>90.0</b>
<b>8. Literacy rate of 15 - 24 years old</b>	<b>80.9</b>	<b>87.7</b>	<b>94.4</b>	<b>96.5</b>	<b>96.8</b>	<b>98.0</b>	<b>98.0</b>

*Source : Department of Education Planning and Training*

## **Progress to date**

### **All School-Age Children in School Project**

To increase access to primary education to accelerate the realization of primary education, concerted activities have been undertaken to enhance enrollment of all children in school and to promote retention rate. A programme for opening of pre-school classes in basic education schools was introduced in 1998-99 AY. In accord with the Jomtien declaration, All School-Age Children in School project was initiated since 1996 and household survey on literacy is conducted annually. Since 1999-2000 A.Y, School Enrollment Week has been held yearly and observed in every township through the coordination and involvement of regional authorities, educational personnel, NGOs, School Board of Trustees, well-wishers, parents and communities. This ensures opportunities and access to primary education of all school-age children including those in difficult circumstances and those belonging to ethnic minorities. Due to this nationwide effort, the primary school intake rate in grade 1 steadily increased from 1999/00 AY to 2006-07 AY as follows:

### **Primary School Intake Rate**

<b>Year</b>	<b>1999-00</b>	<b>2000-01</b>	<b>2001-02</b>	<b>2002-03</b>	<b>2003-04</b>	<b>2004-05</b>	<b>2005-06</b>	<b>2006-07</b>
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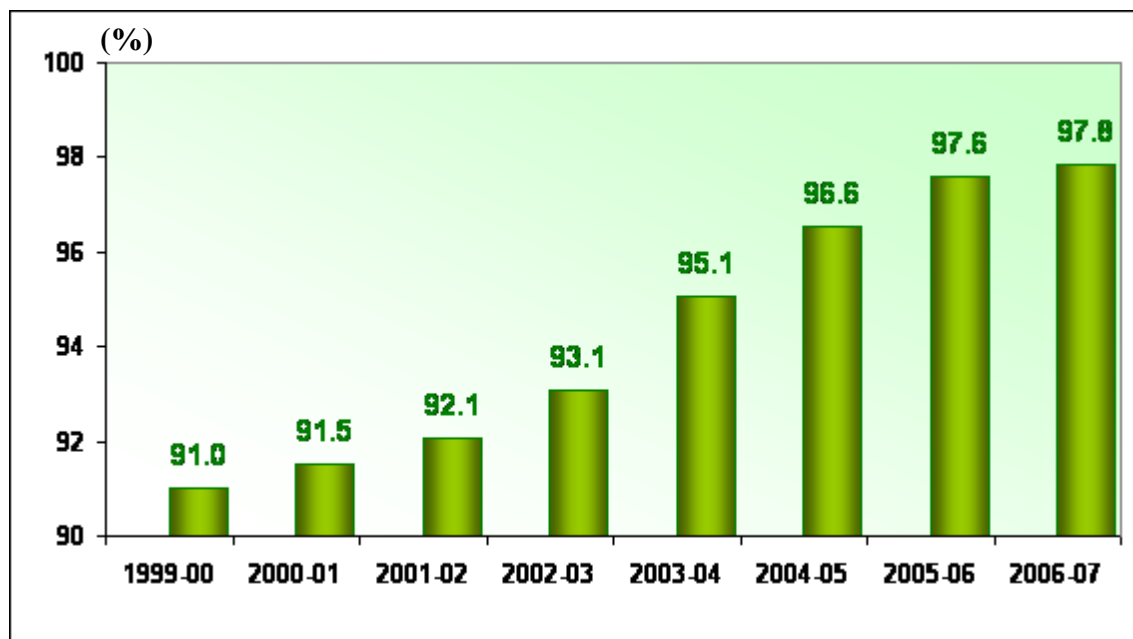
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Intake	91.00	91.50	92.05	93.07	95.05	96.56	97.58	97.84
rate								

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*Source : Department of Education Planning and Training*

### **PRIMARY SCHOOL INTAKE RATE**



With the objective not only increase school enrollment and to keep all those enrolled in school, but also to open opportunities and to be more accessible to further learning of lower-secondary education, the Post-Primary School Project has been initiated and implemented since 2001-02. Post-primary schools are primary schools that can teach grades 6, 7 and 8 in addition to the primary classes. The number of post primary schools has increased from 696 schools in 2001-02 to 6003 schools in 2006-07 resulting in 419,000 more children receiving secondary education in addition to the 2.1 million already enrolled at lower secondary level.

### **Improving Education in Border Areas and National Races**

To enhance equal access to education for the development of the national races in the border areas, the number of schools is being increased. In 1990 there were only 28 schools due to the prevalence of insurgency in these areas. However, the number of schools has now been increased to 1034 in 2006 September as peace has been achieved in the border areas enabling the expansion of education activities. The plan for provision of schools is incorporated in the special regional development plans which cover multi sector development to improve the living conditions of people in remote and rural areas. In 2006/07 AY, about 183,264 children are receiving basic education in those schools.



## **Improving the Quality of Basic Education**

Overall the number of basic education schools has increased from 33,923 in 1990 to 40,544 in 2006 registering an increase of 6,621 schools thereby greatly contributing to improving access to basic education.

In order to improve the quality of primary education, teaching methodologies have changed from subject-centred approach to child-centred one, and from lecture method to active participation method. In addition, the assessment system has been changed from year-end examination to continuous assessment system.

Improving the quality of primary school teachers is one of the major activities in developing primary education system. Since 1998, all teacher training schools have been upgraded to 2-year education colleges which provided pre-service teacher training courses for primary and lower secondary school teachers. These colleges are affiliated to the two Institutes of Education. These colleges also provide correspondence courses that promote the professional skills of primary and lower secondary teachers. In addition, the colleges are responsible for in-service training of primary school teachers for nationwide implementation of child-centred approach in primary education.

## **Utilization of Mass Media and ICT in Basic Education**

One of the major activities in development changes is the effective utilization of mass media in teaching learning process. It includes increasing the number and quality of radio and television lessons broadcast for basic education teachers and trainees of the teacher training correspondence courses, utilizing electronic materials including computers in the teaching learning process, producing and distributing educational journals, periodicals and cassette tapes, fulfilling teaching learning materials at basic education schools and teaching with the help of video tapes, cassette tapes and CD ROMs.

The Government is strongly encouraging the use of ICT in education and has collaborated with the private sector and local communities and established multimedia classrooms and computer laboratories in basic education schools. The number of schools with different levels of ICT facilities in 2006/07 AY is as follows:

### Classrooms with Multimedia Facilities by Different Level (2006/2007)

Sr. No	Multimedia facilities	High school	Middle school	Primary school	Total
1	Multimedia classroom *	1,034	572	71	1,677
2	2 Platform **	29	1,013	165	1,207
3	1 Platform ***	18	574	22,074	22,666
<b>Total</b>		<b>1,081</b>	<b>2,103</b>	<b>22,310</b>	<b>25,550</b>

Source : Department of Educational Planning and Training

\* a classroom with all three types of electronic media such as audiocassette, TV and video equipment and computer

\*\* combination of any two media types of the above-mentioned

\*\*\* one of the above-mentioned three types

The Ministry of Education launched 203 e-education centres that utilize the satellite data broadcasting system in fiscal year 2000/01 to promote access to technology-enabling distance modalities, open learning and other flexible systems that facilitate lifelong education opportunities for teachers as well as the general public. There are now a total of 734 learning centres located all over the country including the border areas, 663 are in basic education schools and 71 are in higher education institutions.

### School Board of Trustees and Community Participation

The formation of School Board of Trustees (SBOT) introduced in 1998 is not only supplementing the regular function of the existing Parent-Teacher Association (PTA) but also providing school facilities and supporting the needy children for schooling. Due to increased social mobilization, and community participation, contribution has increased to a large extent especially for school construction, maintenance, multimedia equipment, textbooks and trust-funds for poor students. It is expected that due to the strong collaboration of local communities and organizations, the goal for universal primary education will be virtually achieved.

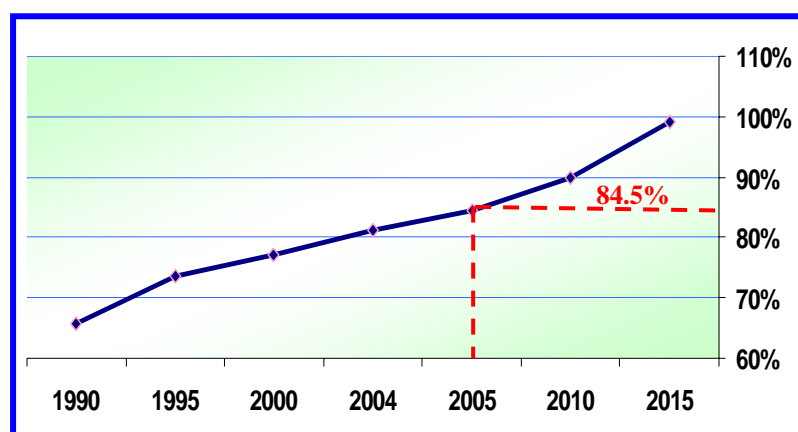
### Non-Formal Education

Together with the programme for increasing primary school enrollment, the implementation of nationwide adult literacy programmes promotes literacy among young people of age 15-24. Myanmar Education Research Department (MERD), as a focal center

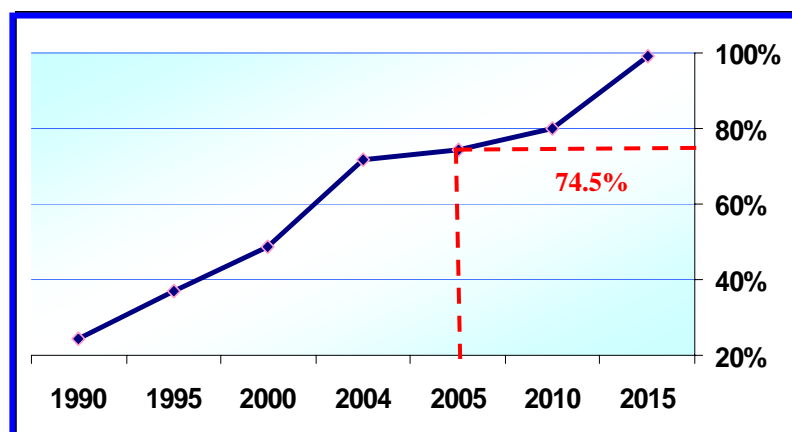
for Non-Formal Education (NFE), is contributing to literacy campaign and to the development of Continuing Education (CE) programmes. NFE focuses on basic education services for all children, youth and adults. The township and village non-formal education committees have launched learning cycles.

Through the strong commitment of the Government and the concerted efforts of the administrative personnel and communities together with the expansion of basic education programmes, the literacy rate of 15-24 years old increase from 80.9 percent in 1990 to 96.8 percent in 2005.

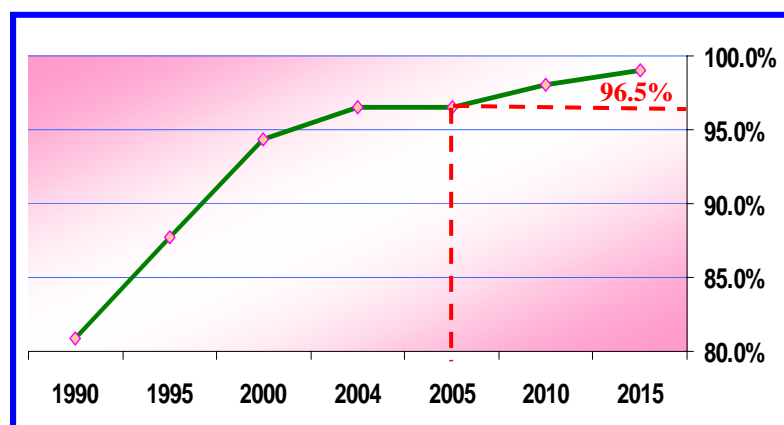
### NET ENROLLMENT RATE IN PRIMARY EDUCATION (PERCENT)



### PROPORTION OF PUPILS STARTING GRADE 1 WHO REACH GRADE 5



### LITERACY RATE OF 15 - 24 YEARS OLD



## **Adapting the Millennium Development Goals (MDGs) within the context of the National Plan**

### **Myanmar Education Committee**

The Myanmar Education Committee is a national level coordinating decision-making body on education established on 2 September 1991. The Committee facilitates the development of an education system which is equitable with the traditional, the cultural and the social values, and also keeping with the economy and aspirations of the nation.

### **Activities on EFA-Jomtien, 1990**

In accordance with the EFA goals adopted in 1990, the entire basic education sector was reviewed and strategies for improving access, quality and management of the basic education sector was formulated and implemented from 1996 to 2000. These include programmes such as universal access to primary education, promotion of the quality of primary education and expanding adult literacy in remote and border areas.

## **Education Promotion Programmes and Long-Term Basic Education Development Plan**

Since 1998, the Ministry of Education has launched education promotion programmes phase by phase to ensure access to and the quality of basic education and promote diversity. The programmes were followed by the Special Four-Year Plan and the Thirty-Year Long-Term Education Development Plan with the Vision of Creating an Education System that can Generate a Learning Society Capable of Facing the Challenges of the Knowledge Age. To modernize and promote greater access to and the quality of basic education, the Thirty-Year Long-Term Basic Education Development Plan (2001/02 Fiscal Year to 2030/31 Fiscal Year) consisting of six five-year medium-term plans has been formulated with the following ten broad programmes:-

1. Emergence of an education system for modernization and development
2. Completion of basic education by all citizens
3. Improvement of the quality of basic education
4. Opportunity for pre-vocational and vocational education at all levels of basic education
5. Providing facilities for e-education and ICT
6. Producing all round developed citizens
7. Capacity-building for educational management
8. Carrying out basic education activities in collaboration with community
9. Expansion of non-formal education
10. Development of educational research

The target goals for attainment of basic education by all citizens have been set. These are expected to ensure universal primary education by the end of the first five-year medium-

term plan (2001/02 to 2005/06), universal lower secondary education by the end of the third five-year medium-term plan (2010/11 to 2015/16), and universal basic education by the end of long-term plan (2000/01 to 2030/31).

### **EFA-NAP 2003**

In line with the long-term education development plan and based on the framework of Dakar EFA Goals and also adopting the Millennium Development Goals (MDGs), the Myanmar Education For All National Action Plan (EFA-NAP) 2003-2015 has been formulated with four goal areas: access to and quality of basic education; early childhood care and education; non-formal and continuing education; and education management and EMIS. The six strategies to achieve these goals will be carried out in complementary with the programmes of the long-term plan. These strategies are as follows:-

- (1) Developing and expanding child-friendly schools
- (2) Making basic education more accessible to children
- (3) Increasing retention and completion rates in schools
- (4) Assisting children to develop to their fullest potential
- (5) Enhancing literacy and continuing education through non-formal education
- (6) Modernizing education management and information systems

### **Challenges**

As noted, the progress is being achieved on the attainment of the MDGs with respect to access to primary education. However, in order to accelerate further progress the following challenges will need to be given attention:

1. Managing the significant increase of primary school intake rates to achieve the cent percent completion of the primary education cycle by all children which can be achieved with strong collaboration and cooperation between government and community.
2. More effective utilization of multimedia facilities in the teaching learning process in primary education.
3. Expansion of both pre-service and in-service teacher training programme due to the increase in primary education enrollment.
4. Enhancing the qualification of tuition teachers with the flourishing of private tuitions existing in accordance with the law as a component of the private education sector
5. More involvement and contribution of social organizations, communities and well-wishers.
6. Emergence of inclusive education in almost all schools promoting functional literacy so that learners can carry out self-development through pursuit of continuing education.



### **Goal 3 . Promote gender equality and empower women**

#### **Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015**

*Indicator 9. Ratio of girls to boys in primary education, secondary education, tertiary education*

*10. Ratio of literate females to males of 15-24 years old*

<i>Indicators</i>	<i>1990</i>	<i>1995</i>	<i>2000</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>
<i>9. Ratio of girls to boys in</i>						
<i>- primary education*</i>	<i>92.83</i>	<i>93.86</i>	<i>98.40</i>	<i>98.44</i>	<i>98.88</i>	<i>101.69</i>
<i>- secondary education *</i>	<i>93.64</i>	<i>100.46</i>	<i>99.20</i>	<i>95.75</i>	<i>101.11</i>	<i>100.11</i>
<i>- tertiary education #</i>	<i>150.64</i>	<i>152.66</i>	<i>167.58</i>	<i>151.55</i>	<i>151.55</i>	<i>136.35</i>
<i>10. Ratio of literate females to</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>101.4</i>	<i>101.4</i>	
<i>males of 15-24 years old *</i>						

*Source* \* *Department of Educational Planning and Training*  
# *Respective Agencies*

There is no gender disparity in Myanmar, either in education or any other field. Myanmar government approves of the elimination of all forms of discrimination against women. The government also recognizes the important role of women in shaping the future socio-economic development of the country.

### **Traditional Myanmar Family Structure**

In Myanmar, the family is the basic unit and most families are of the extended type. Traditionally, the head of the household is the father; however, the mother is the one who plays a major role in rearing children in the family. Women in Myanmar have equal rights with men in political, economic, administration, judicial and social spheres according to the law. There has never been any need for struggles by women to achieve the right the education as it has been guaranteed in the aims of the objectives of pre-primary, primary, secondary and tertiary levels of education which gives the right to education for every citizen without discrimination of sex.

In Myanmar society, Myanmar women enjoy equal rights as men. It is women who manage the family decision-making in providing food, clothing, schooling, control of property. Although women may go out to work for the development of society, she still has

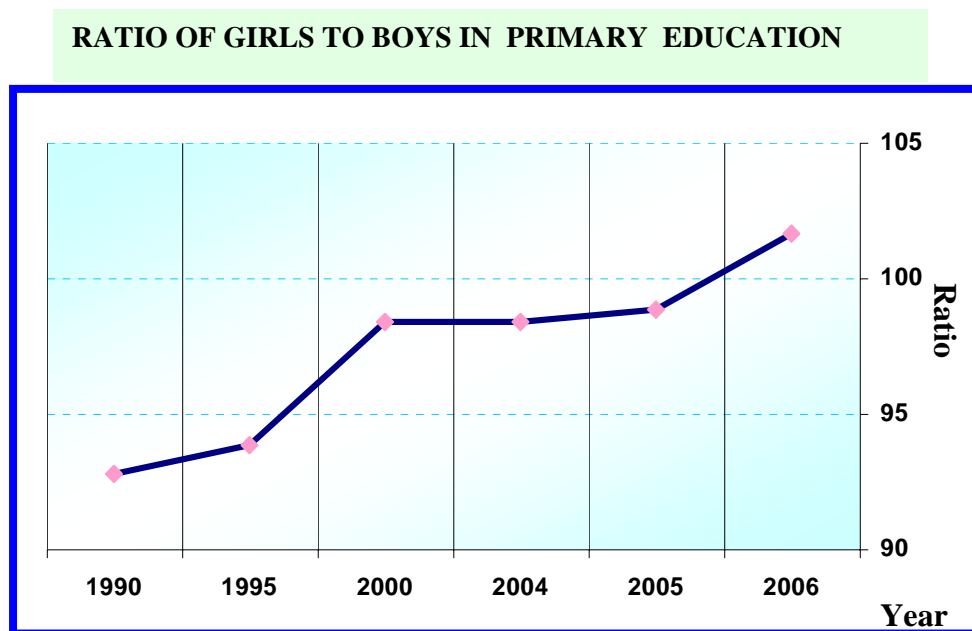
the major responsibility to look after the family welfare. Generally, the head of the household is the father, but it is the mother who plays a major role in raising children.

The education system in Myanmar does not differentiate between boys and girls and treats them equally. The academic ability of the students is the only factor which would limit them in their studies. In fact, in the institutes of higher learning such as education and nursing, about 90 percent are female students. In medicine, about 60 percent of students are women. In the field of economics and technology, the number of girl students is on the rise.

In Myanmar, there are many pioneer organizations headed by women. The womenfolk becomes a greater national force in nation-building tasks. One of the organizations, Myanmar Women's Affair Federation (MWAF) is an important organization. The MWAF has membership strength of over 1.3 million. It was formed systematically and has been realizing its aims and vision in accord with the principles. The State values and honors the spiritual ability and fine traditions of womenfolk.

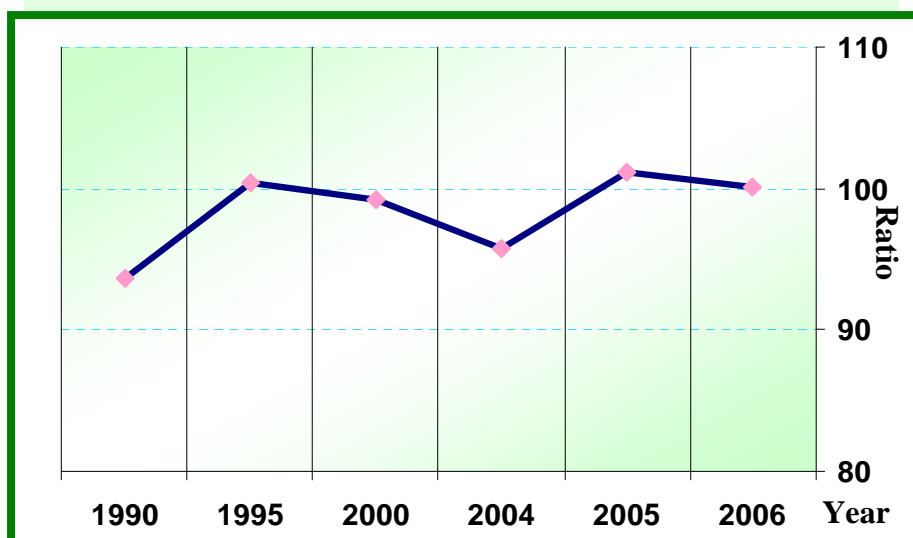
The government has been making systematic efforts for the progress and firmness of Myanmar Women's Sector. It is given to understand easily that women's spirit to love the nation, patriotism to preserve the race, the spirit to serve the well-being of the nation can not be described in words. In Myanmar majorities are women teachers. Women teachers are taking an active part in education sector.

The general trend on primary, secondary and tertiary education, related to ratio of girls to boys is shown in the following charts. The ratios are relatively high.

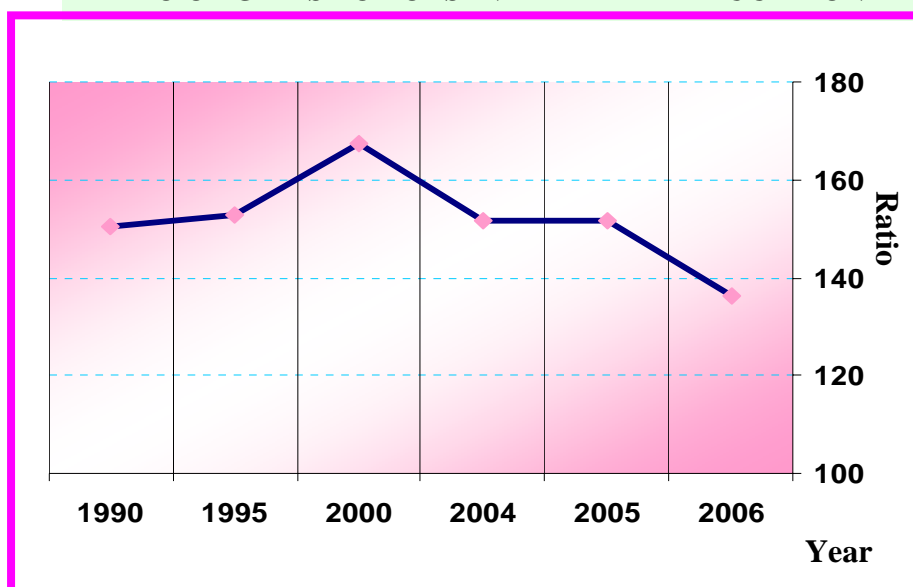




### RATIO OF GIRLS TO BOYS IN SECONDARY EDUCATION



### RATIO OF GIRLS TO BOYS IN TERTIARY EDUCATION



### Progress to date

Myanmar's general education system is based on the co-education system. Boys and girls have equal chances to pursue any education, either general education or professional, at their will. It is expected the number of girl students will be on increase in the years to come. At a glance at the above-mentioned trend, the ratios of girls to boys are steadily going upward. In all learning centres, chance of pursuing education or admission to any institutes is open to the girl student.

Apparently, the government's education policy "Education for All" occupies greater area for girl students and has wider scope for promotion of educational standard of girl students.

## Long-Term Basic Education Development Plan

To achieve the MDGs target, programmes such as Pre-school Education, Observation of Enrolment Week, Post-Primary School Project, Literacy Programme for Out-of-School Children, Youths and Adults, etc. have been implemented.

The strategies and activities for achieving the goals have been developed in line with the millennium development goals and the EFA National Plan. Thus, the millennium development goal for elimination of gender disparity will be achieved simultaneously with the accomplishment of the long-term education development plan.

There has never been any significant gender disparity in respect of girls' enrollment in the Myanmar education system, Enrollment of girls is equal to or sometimes surpasses that of boys in the primary and secondary levels. In the tertiary level, more girls enroll than boys. This is due to the fact that Myanmar families give emphasis to education as assurance of a good livelihood for their daughters. It also indicates that there is no gender disparity issue regarding enrollment of girls and the gender ratio in literacy.

The following tables show the ratio of girls to boys at Colleges and Universities under the respective ministries.

### Ratio of Girls to Boys at Colleges and Universities

Sr. No.	Ministries	Girls to boys ratio				
		1990/91	2000/01	2001/02	2004/05	2005-06
1	2	3	4	5	6	7
1	Ministry of Education	163.16	174.84	159.74	157.73	141.08
2	Civil Service Selection & Training Board	55.45	101.65	121.49	145.28	136.07
3	Ministry of Progress of Border Areas & National Races & Development Affairs	0	0	0	0	0
4	Ministry of Religious Affairs		57.58	62.35	55.56	60.94
5	Ministry of Culture		203.17	195.00	169.26	170.91
6	Ministry of Health	78.88	205.43		130.26	236.47
7	Ministry of Forestry		34.83	19.66	23.44	24.64
8	Ministry of Agriculture & Irrigation		55.43	50.37	67.76	79.03
9	Ministry of Livestock & Fishery	26.17	24.05	26.57	26.61	26.61
10	Ministry of Science & Technology	10.71	84.97	96.10	108.66	106.31
11	Ministry of Transport	0	0	0	0	0
12	Ministry of Co-operative		563.45	563.45	332.43	298.19
Total ratio		150.64	167.58	152.87	151..55	136.35

Source : Respective Agencies

## **Adapting the Millennium Development Goals (MDGs) within the context of the National Plan**

Myanmar has no significant gender disparity. The government, the teachers and parents with the help of the NGOs have been striving their best, joining hands to promote the education level of the country through various ways. Even some retired scholars of old age have been taking active part in academic and research work. The basic education teachers also are bringing about human resources on which the State can rely in future to make them understand the transitional process. At the same time teachers are encouraged to enhance their knowledge and education for the benefit of their students. Teachers have full responsibility to guide and nurture young students and become valuable students. It is also important to fuel the student's desire to pursue education and to master their studies. Myanmar has always been trying to modernize its teaching methodology .

### ***Indicator 11. Share of women in wage employment in non-agricultural sector.***

#### **Progress to date**

The adoption of the market oriented economic system in 1988, followed by measures to encourage participation by the private sector, extensive infrastructure development through out the country and intensification of agriculture resulted in overall increases in employment opportunities.

According to the 1990 Labour Force Survey conducted by the Department of Labour the share of women in wage employment in the non-agricultural sector was about 40.5% of the total in wage employment in the non-agricultural sector.

Due to the establishment of industrial zones all over the country and the increased participation of women in industry the share of women in wage employment in non-agricultural sector would have increased somewhat at the present time.

#### **Challenge**

To increase women's share in wage employment in the non-agricultural sector education and training of women as well as provision of child care facilities for working mothers have to be expanded.

### ***Indicator 12. Proportion of seats held by women in National Parliament***

#### **Women in Myanmar**

In most of the Asian countries, women have to strive for equality with men primarily on (3) matters i.e. marriage, divorce and inheritance.

In Myanmar, these matters are not a problem because women possess equality in marriage, divorce and inheritance.

- A young woman can have the right to choose her partner.
- A woman can divorce her husband for cruelty, serious misconduct or desertion, regardless of his consent.
- Under the Myanmar Customary Law, neither a man or a woman can write a will. A husband and wife are joint owners of all property acquired during their marriage. If the man dies first, she automatically inherits and she becomes the head of the family with full authority.

Both in social life and in public life Myanmar women enjoy a privileged and independent position. There is also no limitation on voting rights between women and men. These are the rewards that offer in Myanmar where women enjoy equally with men.

Union of Myanmar is member of CEDAW. Regarding to the Beijing Platform for Action Plan, Myanmar implements the best interest of Myanmar women. The Myanmar Women's Affairs Federation (MWAF) and Myanmar Maternal Child Welfare Association (MMCWA) which are NGOs also are carrying out actively social welfare for the Myanmar women.

Presently, the National Convention is being held in Myanmar with the participation of representatives from various social strata, for the emergence of State Constitution in Myanmar. There are 1080 delegates attending the National Convention and of which 67 delegates are women.

### **Representatives in the National Convention**

<b>Sr No.</b>	<b>Social Strata</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
1	Delegates of Political Parties	28	-	28
2	Delegates of Representatives –elect	13	-	13
3	Delegates of National Races	597	48	645
4	Delegates of Peasants	93	-	93
5	Delegates of Workers	44	3	47
6	Delegates of Intellectuals and Intelligentsia	48	8	56
7	Delegates of State Service Personnel	103	6	109
8	Other Invited Delegates	87	2	89
<b>Total</b>		<b>1013</b>	<b>67</b>	<b>1080</b>

*Source – National Convention Convening Commission*

## Goal 4. Reduce child mortality

Target 5. Reduce by two thirds, between 1990 and 2015, the under five mortality rate

Indicator 13. Under-five mortality rate (per 1,000 live births)

14 Infant mortality (per 1,000 live births)

15. Proportion of 1-year old<sup>5</sup> children immunized against measles

Indicators	MDG target				
	1990	1995	1999	2003	2015
13 Under-five mortality rate (per 1,000 live births)	130 <sup>1</sup>	82.4 <sup>3</sup>	77.7 <sup>4</sup>	66.1 <sup>5</sup>	38.5
14 Infant mortality (per 1, 000 live births)	98 <sup>2</sup>	55.4 <sup>3</sup>	55.1 <sup>4</sup>	49.7 <sup>5</sup>	28.3
15 Proportion of 1-year old <sup>5</sup> children immunized against measles				86.8 <sup>6</sup>	>90%

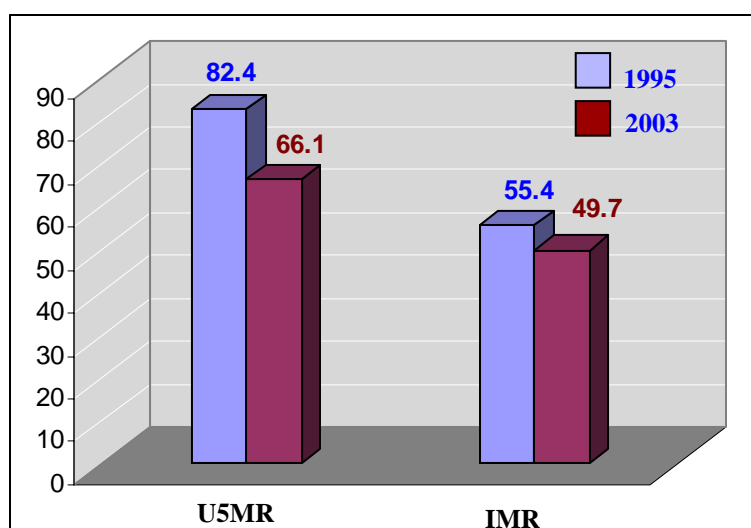
- Source:
1. State of World Children, 2003, UNICEF
  2. Estimation of IMR in Myanmar, Department of Health Planning, 1991
  3. Over all and Cause Specific Under- five Mortality Survey (DOH), 1995
  4. National Mortality Survey (CSO) 1999
  5. Over all and Cause Specific Under- five Mortality Survey (DOH), 2003
  6. Central Evaluation Report, DOH, 2004

## Progress to date

With the guidance and leadership of National Health Committee, Ministry of Health is implementing the long term and short term health plans for uplifting of the health status of entire nation. Myanmar Vision 2030, a long term plan (30 years), has been drawn up with the objective of reducing the under- five mortality and infant mortality to 52/1,000 LB and 40/1,000 LB in 2011.

In Myanmar, under- five mortality rate is on the descending trend and it declines from 82.4/1,000 LB in 1995 to 66.1 /1000 LB in 2003. However infant mortality rate is not markedly changed and it fluctuates between 49 to 55 /1000 LB.

### **Trend of U5MR and IMR**



Important findings of U5MR survey (2003) are 87% of total under-five deaths occur in rural area, infant deaths contribute 73% of under -five deaths and 70% of infants deaths occur during first three months of age.

Based on evidences and lesson learnt from previous strategies and interventions, Department of Health formulated a Five Year Strategic Plan for Child Health (2005-2009) with technical inputs from main stakeholders. It has been implementing with phase manner and closely cooperation with Five Year Strategic Plan for Reproductive Health and Five Year Strategic Plan for Adolescent Health.

### **Challenges and Adapting the Millennium Development Goals (MDGs) within the context of the National Plan**

Previous workshops and review meetings on child health consistently recommended to intensify and strengthen the following areas to meet the MDGs .

1. Rural Health Development
2. Resource mobilization for hard to reach areas and out reach areas
3. Essential newborn care
4. Referral services for emergency care
5. Key family practices and community participation
6. Cooperation among related stakeholders , departments and organizations to avoid overlapping and to obtain the more cost effective benefits

Based on these recommendations and existing situation , Department of Health formulated a comprehensive and innovative project , Maternal Newborn and Child Health (MNCH) project , to reduce the maternal and child mortality and it will be implemented in coming Nation Health Plan (2007-2011). Life Cycle approach and Continuum care of Mother , Newborn and Child Health will be applied and interventions will be implemented to obtain more cost-effective benefits by resource mobilization and community involvement.

Interventions for rural health development, community component and essential newborn care services will be prioritized. In near future, Hib vaccine may be introduced as a routine procedure in EPI programme. Beri Beri surveillance system has been carried out and special interventions will be implemented. Interventions for prevention and control, appropriate and timely management for common infectious diseases will be intensified.





## **Goal 5. Improve maternal health**

**Target 6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio**

### **Indicator 16. Maternal Mortality Ratio (Per 1000 live birth)**

<i>Baseline</i>	<i>Current situation</i>	<i>Target 2015</i>	<i>Source</i>
2.0 (1996)	1.5 (2003)	0.5	Routine HMIS
Urban 1 (1990)	1 (2003)	0.25	CSO
Rural 1.9 (1990)	1.5 (2003)	0.48	
2.32 (1994)	3.8 (2002-2003)	0.58	Survey MMS
Urban – 1.78		0.45	(National Mortality
Rural – 2.81		0.7	Survey, CSO-1999)
Total – 2.55(1999)		0.63	
1/1.9 (1999)	2.55 (2001)	0.25/ 0.475	WHO
2.3 (1995-2002)	3.16 (2004 adjusted)	0.575	DOH/UNICEF

Source: Ministry of Health

### **Indicator 17. Proportion of births attended by skilled health personnel**

<i>Indicator</i>	<i>Value</i>	<i>Source</i>
Antenatal care Coverage by trained personnel (%)	73.0	Department of Population (DoP)/UNFPA 2002
Attendance at delivery (%)		DoP and UNFPA 2002
Doctor (%)	13.0	
Nurse/Midwife (%)	44.0	
Traditional birth Attendant (%)	38.9	
Attendant (%)		
Other (%)	4.1	
Pregnant Women receiving at least two anti-tetanus Immunization (%)	71.0	DOH (2003)
Proportion of births attended by skilled health personnel	67.5	FRHS (2003)

Source : Fertility Reproductive Health Survey (2001,2003)

In Myanmar, maternal and child health including newborn care has been accorded as a priority issue in the National Health Plan, aiming at reducing the maternal, newborn, infant

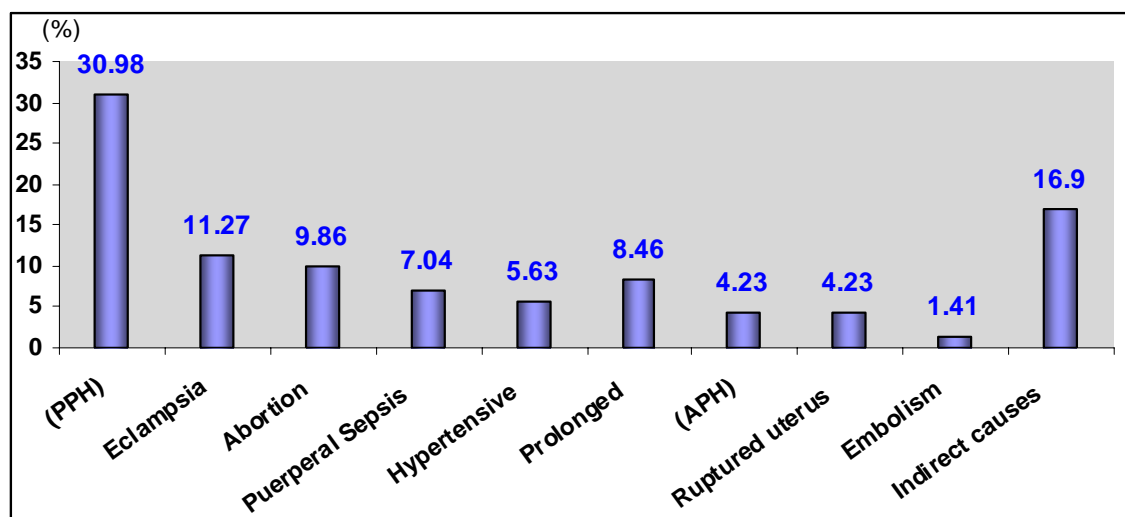
and children morbidity and mortality. The Millennium Development Goals (MDGs) also signify the country's commitment to achieving time-bound improvement of the defining global targets 4 and 5 in maternal and child health.

### Progress to date

The Ministry of Health has put emphasis in achieving the MDG by 2015 in its own capacity with available resources. At the country level, national plan of actions and strategic plans were set out, together with national as well as the global partners. In Goal 4, Child Mortality was targeted to be reduced by two-third between 1990 and 2015. In Myanmar, 80 children die before age 5, for every 1,000 born (National Mortality Survey, CSO, 1999) and it was found to be reduced to 66 per 1,000 live births in 2002 (Overall and cause specific Under five Mortality Survey, WCHD-2002/2003). Similarly, Infant Mortality Rate of 60 per 1,000 live births in 1999 (National Mortality Survey, CSO, 1999) has been reduced to 50 in 2002 for every 1,000 born (Overall and cause specific Under Five Mortality Survey, WCHD-2002/2003). In the same target of reducing child mortality, the proportion of under one year children immunized against measles was 72.6 % in 2001 and 76% in 2003 (CEU, DOH).

According to the “Nationwide Cause-specific Maternal Mortality Survey”, carried out by the Department of Health in 2004-2005, maternal mortality ratio was estimated at 316 per 100,000 live births at the national level and 89% of all maternal deaths were reported from the rural areas. The main causes of maternal deaths are found to be as follows:

### Causes of maternal death



Source :Nationwide Cause-specific Maternal Mortality Survey (DOH/UNICEF, 2005)

Based upon the survey findings, the Maternal Mortality Ratio was 2.6 per 1,000 live births (National Mortality Survey, CSO, 1999). According to the “Nationwide Cause-specific Maternal Mortality Survey”, conducted in 2004-2005 it was shown that maternal deaths by cause as above table, in which the highest cause of maternal deaths showed to be post-partum

Hemorrhage (PPH). The 2003 FRHS found that 67.5% of pregnant mothers were attended by skilled health personnel during delivery. Regarding the proportion of birth attendants by skilled health personnel, HMIS reported as 40.1 % in 2001 and 60 % in 2004. Therefore, proportion of births attended by skilled health personnel is in increasing trend and also expected to achieve 2015 MDGs target.

As of the 2003 December, 8,527 midwives and 28,872 Auxiliary Midwives (AMWs) were providing maternal care throughout the nation. At present, the ratio of midwifery skilled providers (including AMW) to village is 1:2 while the national target is at least one midwifery skilled person to every village. Thus manpower production and allocation has been focused especially to rural and remote areas by enhancing the recruitment of Auxiliary Midwives. At the same time institutional delivery has also been enhanced among the community through upgrading and promoting of rural health centers and sub-centers with attachments of labor rooms.

### **Adapting the Millennium Development Goals (MDGs) within the context of the National Plan**

In the light of Rural Health Development scheme, health sector development was implemented throughout the nation. As the Nation's commitment to attaining MDGs, special emphasis has put to implement the Making Pregnancy Safer initiative, as a high priority component of reproductive health strategy, which also included the introduction of VCT for PMCT in routine AN Care. The collaboration between reproductive health programmes and other related key public health programmes such as immunization (utilization of safe delivery kits, improving TT2), nutrition (management of anemia in pregnancy, iron folate tablets, deworming in pregnancy), malaria (prevention and management of malaria in pregnancy) has been strengthened. The five years strategic plan (2004-2008) was developed in progress with multi-sector support and contribution. Myanmar reproductive health policy was formulated in 2002 and implemented at country level. The effective partnership among key stakeholders for promotion of reproductive health issues has also been strengthened. Because of the reason of urgency, impact and accessibility, reproductive health has become a nation concern.

The last half-decade has seen major gains in maternal and newborn health as benefited from making pregnancy safer evolution, expanding availabilities and heightened emphasis on safe motherhood initiatives using a rights-based approach. However, MMR is still around 316/ 100,000 live births. In order to reduce the country's burden of maternal and prenatal morbidity and mortality, safe motherhood initiatives have been expanded into a national movement. Continuum of quality care for maternal and newborn health has then been focused as a priority in preventing maternal and newborn deaths and morbidities. It was ensured that increased availability of cost-effective health care intervention would have an immediate impact if women and babies were able to access them. In response to this challenge, the essential package of reproductive health interventions emphasizes Essential Obstetric Care and neonatal care.

At micro (sectoral) level, the factor affecting the maternal and child morbidities and mortalities were analyzed and the appropriate action plans were developed and implemented. In improving maternal health, the action plan was designed to prevent maternal illness and serious deficiencies in the system in providing essential and comprehensive obstetrical care. Emphasis has been placed on antenatal care and the establishment of an infrastructure for basic obstetric care for the management of pregnancy. As spelled out in the reproductive health policy, it has been arranged to screen for antenatal syphilis and detection of anemia for every pregnant mother. Active management of third stage of labor and the use of Magnesium Sulphate in management of severe pre-eclamptic Toxemia and Eclampsia has been introduced at appropriate operational levels. Since abortion and its complication has taken a large share of maternal morbidity and mortality, management of post abortion care has been operationalized with heightened interest on preventive aspect nationwide.

## **Challenges**

The reproductive health programme has obtained growing interest by donor agencies, decision-makers, and implementers. Better cooperation and coordination by national NGOs have been developed in line with the strong political commitment to ICPD goals and MDGs. Community involvement has also become the pivotal action in achieving the development goals. Since the nation's health system has been set up with a very strong infrastructure, implementation of new client-centered approach would be successful through better orientation of health workers. There is also needs a better cooperation and coordination among partners.

Key lessons learned the past decade provide sound foundation to further improve the program. Some of these lessons learned are as follows:

- Basic health staff are found to be in need of leadership and management skills
- Prioritization must be linked to Result Based Management.
- Development of community ownership needs to be materialized
- Rights and gender basis in Reproductive Health should be ensured
- Coordinated and sustained resource commitment, which support developing country-led policy making should be considered.

Supervision and monitoring is the most crucial component in accomplishing the objectives of maternal care within the context of National Health Plan. A supportive supervision scheme has been initiated to be established at different levels of health care delivery system. Mid-term and end of year evaluation have also been conducted to all reproductive health care activities. To overcome this issue, health indicators developed for Myanmar Health Vision 2030 in line with MDGs was used in measuring the performance and impact of reproductive health activities.

## **Goal 6. Combat HIV/AIDS, Malaria and other diseases**

### **Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS**

**Indicator 18. HIV prevalence among pregnant women aged 15-24 years**

**19. Contraceptive Prevalence Rate**

<i>Indicator</i>	<i>1992</i>	<i>1995</i>	<i>2000</i>	<i>2003</i>	<i>2005</i>
<i>18. HIV prevalence among pregnant women aged 15-24 years ( %)</i>	<i>2.71</i>	<i>1.37</i>	<i>2.78</i>	<i>1.20</i>	<i>1.31</i>

*Source : Ministry of Health*

HIV prevalence among 15-24 year-old pregnant women is the percentage of pregnant women within the ages 15-24 whose blood samples test positive for HIV.

<i>Indicator</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>
<i>19. Contraceptive Prevalence Rate (Modern Method)</i>	<i>25.5%</i>	<i>25.5%</i>	<i>25.5%</i>
<i>A. Condom use at last high-risk sex (%)</i>		<i>76.4%</i>	
<i>B. Percentage of population aged 15-24 years with knowledge about effective HIV prevention methods (%)</i>		<i>21%</i>	
<i>C. Percentage of population aged 15-24 years who reject Major conceptions about HIV transmission( %)</i>		<i>27%</i>	

*Source : Ministry of Health*

*Fertility and Reproductive Health Survey (FRHS, 2001-20005)*

Proportion of male respondents of age 15-24 years who reported using condom with their last non-regular partner, among those who reported to have had a non-regular sexual partner in the last 12 months. Percentage of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconception about HIV transmission or prevention.

## **Progress to Date**

National Health Committee was formed in 1989, it is a high level policy making committee chaired by the Secretary (1) of State Peace and Development Council with the Ministers from 14 concerned ministries as members. The National Health Committee takes the leading role and gives policy guideline for the effective and efficient implementation of national health programmes.

National AIDS Committee is formed, under the National Health Committee, to oversee and monitor the HIV/AIDS prevention and control activities in the country. The committee also gives necessary guidance on capacity building and research activities. There are 39 members in the committee that comprises of Deputy Ministers, senior officials from the government and chair persons from selected NGOs.

Under the National AIDS Committee, the working committee is formed with the Directors-General from the concerned departments, vice chairpersons and secretaries from the NGOs.

AIDS Committees are formed not only at the central level but also at the State, Division, District and Township levels.

With the collaboration of UN agencies, States, Divisions, Districts and township AIDS Committees are working closely with the NGOs as well as the local community in the HIV/AIDS prevention and control activities.

## **Milestones of HIV/AIDS Prevention and Control in Myanmar**

Ad hoc studies for HIV started in 1985

First HIV infected case was recorded in 1988

AIDS Control Programme started in 1989 with a short-term plan

National AIDS Committee established in 1989

First AIDS case reported in 1991

HIV sentinel surveillance started in 1992

Prevention of Mother to Child Transmission Programme started in 2000

100% Condom Use Programme started in 2001

Exhibition on HIV/AIDS Prevention and Control Activities at National Level in 2003 and 2004

“ART for People Living with AIDS” started in the public sector in 2005

Development of National Strategic Plan and Operational Plan(2006-2010) in multisectoral approach in 2006

## **Adapting the Millennium Development Goals (MDGs) within the context of the National Plan**

In Myanmar, National AIDS Programme has been addressing the stigma and discrimination issues by providing educational messages not only to general population but

also to the targeted populations such as youths, out of school youth, mobile population, women, etc.

One of the remarkable events of awareness raising activities is the success of the “First Exhibition on HIV/AIDS Prevention and Control Activities” at the national level in Yangon in 2003 and “The Second Exhibition on HIV/AIDS Prevention and Control Activities” at national level in Mandalay in 2004. Eighty thousand individuals in Yangon and sixty thousand individuals in Mandalay, from various walks of life, have visited this exhibition. These successes not only reflect the existence of very high level of political commitment in the prevention and control of HIV/AIDS but also illustrate the achievement of high level of understanding and co-operation among the related Ministers, local and international NGOs, UN agencies that are collectively fighting the HIV/AIDS in Myanmar since they all participated in the exhibitions.

There are other activities carried out to combat the HIV/AIDS in the country. With the policy guidance laid down by the National Health Committee, National AIDS Committee has been closely monitoring and supervising the activities conducted by National AIDS Control Programme, under the department of Health, Ministry of Health. These activities includes prevention of transmission through sexual mode within which 100% targeted condom promotion was an integral part (165 townships as of August 2006), prevention of HIV transmission among IDUs, prevention of mother to child transmission of HIV (PMCT) ( 89 township as of August 2006 ), provision of antiretroviral therapy in 15 general hospitals, syndromic management programme in 324 townships, screening of blood for HIV for the safe blood supply (in all hospitals up to township level ), promotion of multi-sectoral collaboration and cooperation, special programme activities, surveillance, supervision, monitoring and evaluation. Provision of care and support includes counseling, voluntary confidential counseling and testing, provision of antiretroviral therapy and treatment of opportunistic infections, and home care. These activities are being carried out not only by Ministry of Health but also in collaboration with other related Ministries such as, Ministry of Education, Ministry of Labor and UN Agencies, NGOs and INGOs.

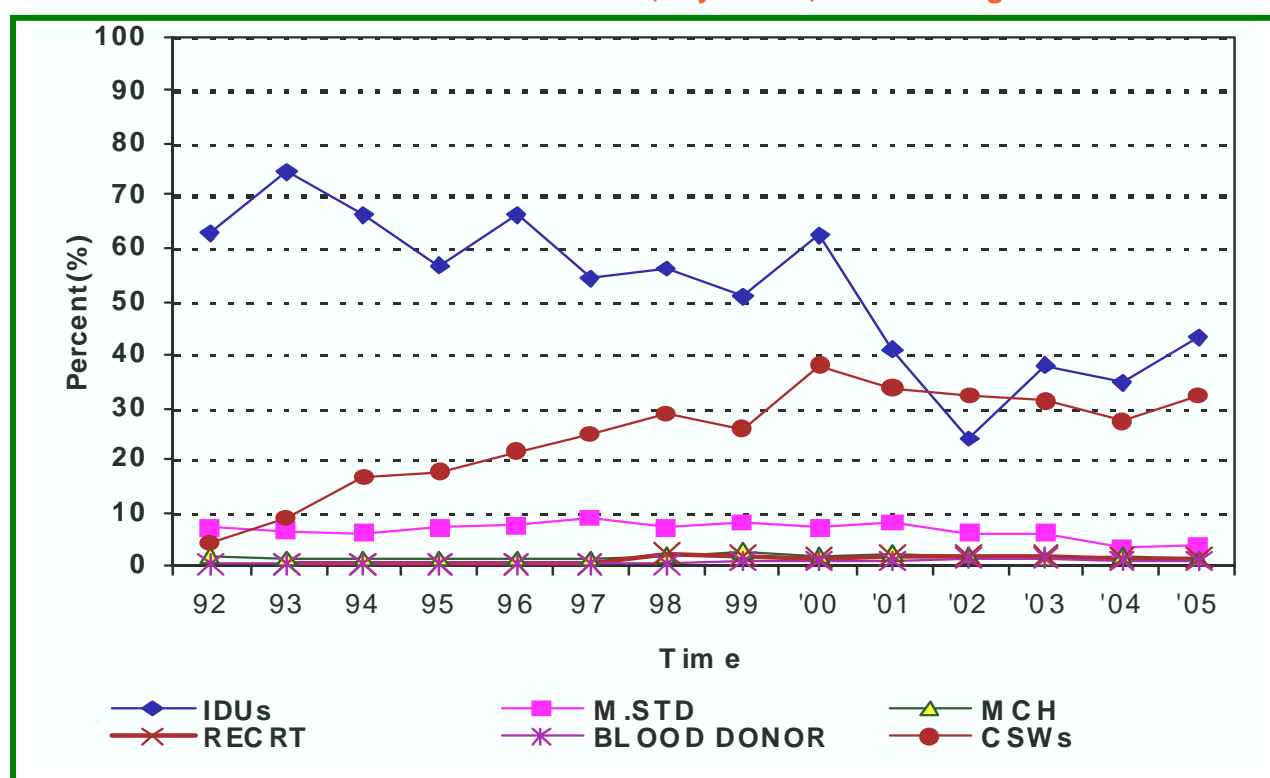
## **Challenges**

A cumulative total of 66,953 HIV positive individuals (among blood donors and hospital patients), 11,359 AIDS patients and 5,292 AIDS related deaths were recorded by the National AIDS Programme during the period of 1988 to June 2006. The reports were from hospitals in the country. Most of the AIDS patients and HIV positive individuals detected were in the 20-40 years of age group, with a male to female ratio 3:1.

The Ministry of Health, Myanmar and WHO Headquarter, UNAIDS and partners jointly held a workshop on 22-23 July 2004 for estimation of the number of people living with HIV and AIDS in the country. The group estimated that there were a total of 338,911 people living with HIV/AIDS at the end of 2004 in Myanmar. In addition, as a result of workshop on HIV/AIDS projection and demographic impact analysis was also conducted during September, 2005, it was noted that HIV prevalence in Myanmar has reduced from 1.5 % in 2000 to 1.3% in 2005.

The following trends have been observed from the HIV sentinel surveillance covering the period between 1992 and 2005. The surveillance involved primarily urban population. The rates of prevalence in the low risk groups (women attending antenatal clinics, new military recruits, and blood donors) have remained low. The prevalence among men attending STD clinics has remained steady, but at a higher level. A decreasing trend was observed among IDUs at detoxification centres, but there was an increasing trend among commercial sex workers (CSWs) attending the STD clinics in Yangon and Mandalay, the only two cities in which sentinel surveillance is conducted among CSWs. The prevalence of syphilis declined in both the low and high risk sentinel groups, which might have been due to the education campaign that included promotion and social marketing of condoms.

**Trends of HIV prevalence among urban institution-based subpopulation group of the HIV sentinel surveillance, Myanmar, 1992 through 2005**



## National AIDS Control Programme

### Strategic Directions of National Strategic Plan of HIV and AIDS

1. Reducing HIV-related risk, vulnerability and impact among sex workers and their clients
2. Reducing HIV-related risk, vulnerability and impact among men who have sex with men
3. Reducing HIV-related risk, vulnerability and impact among drug users
4. Reducing HIV-related risk, vulnerability and impact among partners and families of PLHIV



5. Reducing HIV-related risk, vulnerability and impact among institutionalized populations
6. Reducing HIV-related risk, vulnerability and impact among mobile populations
7. Reducing HIV-related risk, vulnerability and impact among uniformed services personnel
8. Reducing HIV-related risk, vulnerability and impact among young people
9. Enhancing prevention, care, treatment and support in the workplace
10. Enhancing HIV prevention among men and women of reproductive age
11. Meeting the needs of people living with HIV for comprehensive care, support and treatment
12. Enhancing the capacity of health systems, coordination, and of INGOs and CBOs
13. Monitoring and Evaluating

### **HIV/AIDS/STD Prevention and Control Activities of the National AIDS Programme**

With the policy guidance laid down by the National Health Committee, National AIDS Committee has been closely monitoring and supervising the activities conducted by National AIDS Control Programme, under the Department of Health, Ministry of Health. These activities include:

1. Advocacy
2. Health education (awareness raising)
3. Prevention of sexual transmission of HIV/STD
4. Prevention of HIV transmission through injecting drug use
5. Prevention of mother to child transmission of HIV
6. Provision of safe blood supply
7. Provision of care and support
8. Enhancing the multisectoral collaboration and cooperation
9. Special intervention programmes
  - Cross border programmes
  - TB-HIV joint programmes
10. Supervision, monitoring and evaluation
  - Monitoring and supervision
  - Evaluation

**Target 8. Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases**

**Indicator 21. Prevalence and Death rates associated with malaria in Myanmar (1990–2005)**

<i>Malaria Indicator 21</i>	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
<i>Deaths per 100,000 (all age)</i>	11.2	9.8	9.9	8.4	7.5	6.3	6.7	7.6	5.5	5.5	5.1	4.7	3.7	3.1
<i>Prevalence per 1,000 (all age)</i>	18.7	16.3	15.9	14.7	14.6	12.2	11.6	12.3	11.8	12.9	13.8	13.5	11.1	9.3

Source : Ministry of Health

**Indicator 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures**

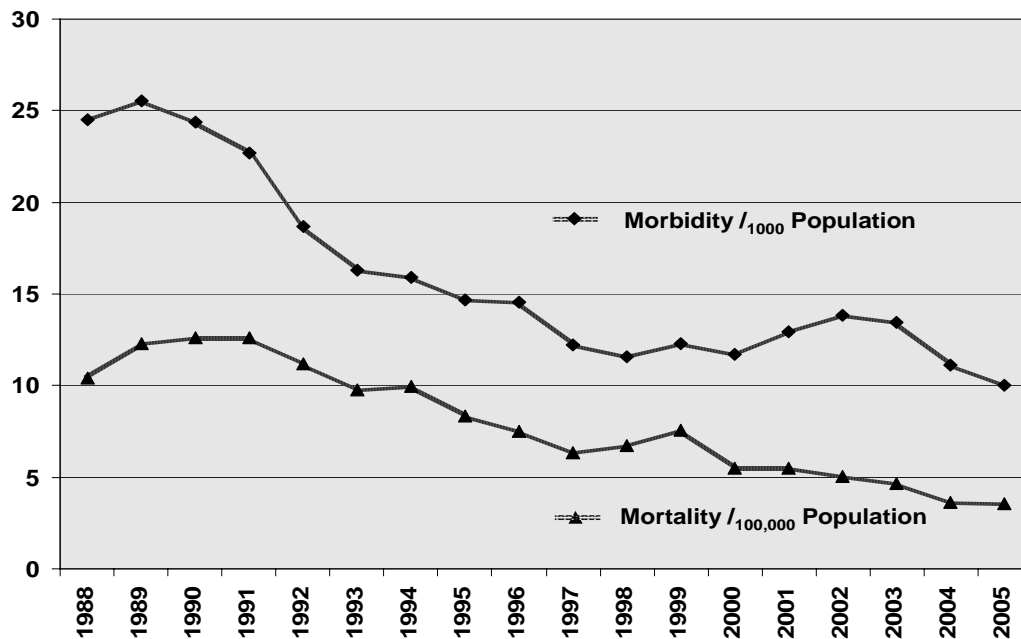
<i>Indicator</i>	<i>Area</i>	2000	2001	2002	2003	2004	2005
<i>% of pop. &lt;5 year of age in all malaria risk areas using (ITN) (Insecticide Treated Nets)</i>	Union	0.11	0.91	6.56	11.98	1.8	2
<i>% of pop. &lt;5 year of age in malaria risk areas with fever being treated with effective (T) (Antimalarial Drugs)</i>	Union	18.9	23.6	11.5	10.3	22	24.5

Source : Ministry of Health

**Progress to Date**

Malaria morbidity and mortality rate for 2 decades period were shown in graph. In the long term trend, both malaria morbidity and mortality rates were declined. In 1988-1998 , morbidity rate and mortality rate were 24.5/1000 population and 10.4/ 100,000 population respectively. In year 2005 morbidity and mortality rate become 9.3/1000 population and 3.1/100,000 population respectively.

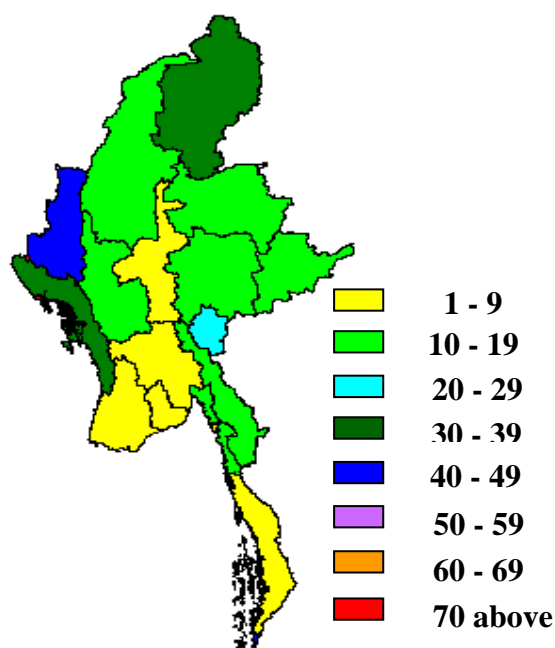
## Malaria morbidity & mortality rate in Myanmar



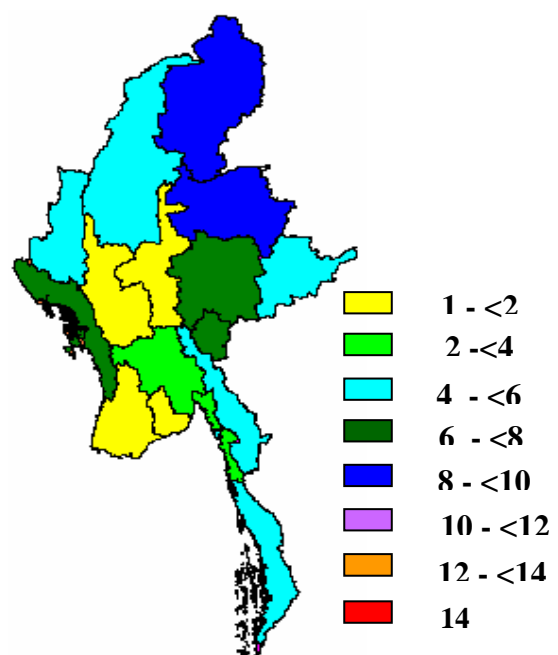
The highest malaria morbidity rate was seen in Chin State and Rakhine State (>40 cases/1000 population) and lowest malaria morbidity rate was seen in Mandalay Division, Yangon Division, Bago Division, Magway Division, Mon State and Ayeyarwaddy Division (<10 cases/1000 population)

The highest malaria mortality rate was seen in Kayah State (>12 Deaths/100,000 population) followed by Kachin, Chin, States (8-<10 cases/1000 population) and lowest malaria mortality rate was seen in Mandalay Division, Yangon Division and Ayeyarwaddy Division.

**Malaria Morbidity Rate /1000 Population in Myanmar 2005**



**Malaria Mortality Rate 100000/ Population in Myanmar 2005**



As a whole nation, proportion of <5 year of age in malaria risk areas using ITN was only 0.11 per cent ( baseline) and increased up to 1.8 percent in year 2004 and 2 per cent in year 2005.

Percent of population <5 year of age in malaria risk areas with fever being treated with effective treatment was 18.9 per cent in year 2000 , 22 per cent in year 2004 and 24.5 percent in year 2005.

## **Adapting the Millennium Development Goals (MDGs) within the context of the National Plan**

### **Goal & Target**

National Malaria Control Programme Goal is to reduce 50 per cent of malaria morbidity and mortality by the year 2010 based on 2000.

ITN target - To increase the coverage of ITNs from 213,600 households in 2003 to 1.48 million households by the year 2009.

### **Strategies to achieve goals**

Following strategies are established to achieve the goals.

- Information, Education and Communication regarding malaria causation, prevention and control for increasing awareness of the community up to the grass root level
- Selective and sustainable preventive measures including vector control
- Prevention, early detection and containment of epidemics
- Early diagnosis and appropriate treatment
- Inter-sectoral collaboration with health related sectors
- Community involvement in malaria prevention and control activities
- Capacity building of different categories of health staff
- Field operation research

### **Main Activities carried out to achieve the targets**

#### **(1) Promotion of insecticide treated bed nets**

In year 2005, insecticide treated mosquito nets programme was implemented in some selected townships of Myanmar. Totally 77652 number of long lasting insecticidal nets were distributed. Existing 28601 bed nets were treated with insecticide and these activities covered 88539 households and 321567 number of total population.

## (2) Early Diagnosis and appropriate treatment

For early Diagnosis of malaria, 600 microscopic facilities were established at the station hospital and RHCs. About 263925 Rapid Diagnosis Tests Kits were distributed up to sub-center level.

New treatment policy on using Artemisinin based combination therapy (ACT) was started in 10 townships of Mandalay and 2 townships of Sagaing division. Therapeutic efficacy tests were carried out at the sentinel sites. It is planned to monitor the counterfeit antimalarial drugs and ACT programme will be expanded to all 325 townships in year 2006.

## Challenges

- 1 Limited resources for improvement of coverage of activities and supervision, monitoring. Global Fund may be the one of the sources for scaling up the use of insecticide treated mosquito nets and its coverage. Human behaviour factors like regular and appropriate use of insecticide treated mosquito nets, carrying the bed nets when they go to the forest for occupation reasons are also important factors for reduction of malaria morbidity and mortality.
- 2 Adherence of new antimalarial treatment policy- New Antimalarial Treatment Policy was adopted in September 2002 and started to use Artemisinin-based Combination Therapy for confirmed uncomplicated malaria Training, supportive supervision, adequate supply of RDT and ACT and involvement of private sector are key issues for successful implementation of new treatment policy.
- 3 Quality control of laboratory services need to strengthen and training of laboratory technicians is important for correct diagnosis leading to appropriate treatment.
- 4 Population migration due to socio economic reasons need to educate to carry the insecticide treated mosquito nets and appropriate use.
- 5 To solve the above challenges, improvement of the knowledge of the community on malaria causation, prevention and treatment seeking behaviour and changing their attitude/ practices through community behaviour change communication is important.
- 6 Health infrastructure at the district level should be strengthened to manage the above challenges.

## **Tuberculosis control**

### **Milestones of National Tuberculosis Programme**

1. Five-Year National Tuberculosis Control Plan was developed in 1964-65. The TB control activities have been implemented since 1966-67.
2. In 1997, WHO recommended Directly Observed Treatment Short Course (DOTS) Strategy has been implemented in (153) townships. DOTS expansion phase completed by end of 2003 and now all (324) townships has been covered by DOTS strategy.
3. Global Drug Facility (GDF) granted anti- TB drugs started from 2001 and the second grant will be up to 2008.
4. In 2005, National Tuberculosis Programme (NTP) was funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Five-Year National Strategic Plan for TB Control (2006-2010) was developed by responsible persons of Ministry of Health (MOH), UN Agencies, international and national NGO and approved by MOH.

### **National Tuberculosis Programme (NTP)**

National Tuberculosis Programme (NTP), Myanmar was established in 1966-1967. The Programme has 7 State/ Divisional TB centers in 1982 which expanded to 13 centers in 2003. Short Course Chemotherapy (SCC) was adopted in 1994 and WHO recommended Directly Observed Treatment Short Course (DOTS) strategy was introduced in 1997. DOTS expansion could cover the whole country (324 townships) by end of 2003.

### **General objectives of National Tuberculosis Programme are :**

- To reduce the mortality, morbidity and transmission of TB, until it is no longer a public health issue and
- To achieve the Millennium Development Goals (MDG)

### **Specific objectives of NTP are:**

1. To detect at least 70% of existing new sputum smear positive TB cases in the community and then maintain the achievement.
2. To cure at least 85% among TB cases under DOTS (Indicator 24)
3. To reach the interim targets of halving TB prevalence and deaths compared to 1990 situation and has halted and reversed the TB incidence by 2015. (Indicator 23)

## **Strategies of NTP**

1. Intensification of health education by using multi-media such as TV, radio, news paper and magazines to increase community awareness about TB
2. BCG immunization to all children under one year
3. Early case detection through direct sputum microscopy of chest symptomatic patients attending health services and also contact tracing
4. Implementing Directly Observed Treatment (DOT) up to the grass-root level
5. Regular supervision and monitoring of NTP activities at all level.
6. Strengthening partnership
7. Capacity building
8. Promotion of operational research

## **Current situation**

With the recommendation of WHO, DOTS strategy has implemented since 1997 and all 324 townships are covered by Directly Observed Treatment Short Course (DOTS) strategy in November, 2003. The gradually DOTS expansion phase took 7 years (1997-2003). NTP introduced Fixed Dose Combination (FDC) tablets for daily regimen in 2004. World TB day and World TB week commemoration ceremonies conduct every year at central and State and Divisional levels. It was expended to township level in March, 2005. Myanmar has been able to provide DOTS to cover all townships (100%) with technical and financial support from the Government, WHO, Global Drug Facility (GDF), Japan Anti-TB Association (JATA), Japan International Co-operation Agency (JICA) and International Union Against Tuberculosis and Lung Disease (Union). GDF extended the second 3-year grant in April 2005.

The basic health staff in the rural areas, voluntary health workers and national NGOs [Myanmar Maternal and Child Welfare Association (MMCWA) and Myanmar Red Cross Society (MRCS) etc.) whose membership extends down to the grass roots level, have been mobilized to deliver DOT to tuberculosis patients. TB, HIV/AIDS prevention and control activities have been coordinated especially in the areas of mutual concern. In Mandalay, NTP implemented the Integrated HIV Care project in collaboration with National AIDS Programme and Union in 2005.

TB control activities are funded by Global Fund to fight AIDS, TB and Malaria (GFATM) in January, 2005 and terminated in August, 2005. Human resource development,

supervision, monitoring and evaluation activities could strengthen with the support of GFATM. X-ray machines were installed in State/Divisional TB centers. The basic requirement for Basic Health Staff and TB vertical staff for supervision was improved by providing bicycles at township level.

Recent estimates suggest that 1.5% of the population become infected with tuberculosis every year, out of which about 100,000 people progress to develop tuberculosis. Half of those cases are infectious with positive sputum smears, spreading the disease in the community.

TB situation could be worsening by HIV co-infection and development of Multi Drug Resistant-TB (MDR-TB). TB mainly affects the most productive age group of (15-54) years and 4.5% of TB cases were HIV positive and 60-80% of AIDS patients had TB. Multi Drug Resistant (MDR) TB among new smear positive TB cases is 1.25% (1995 Institutional based study), however, country wide drug resistance survey reported 4% of new smear positive TB cases and 15.5% of previously treated TB cases were MDR-TB in 2002-2003.

### **PROGRESS OF NTP, MYANMAR (1994 – 2005)**

<b>Indicators</b>	<b>1994</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>DOTS Covered population</b>	<b>8%</b>	<b>65%</b>	<b>85%</b>	<b>90%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>
<b>DOTS Covered townships</b>	<b>6%</b>	<b>52%</b>	<b>71%</b>	<b>80%</b>	<b>95%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>C D R</b>	<b>32%</b>	<b>43%</b>	<b>56%</b>	<b>61%</b>	<b>70%</b>	<b>73%</b>	<b>81%</b>	<b>95%</b>
<b>Cure Rate</b>	<b>61%</b>	<b>74%</b>	<b>70%</b>	<b>73%</b>	<b>74%</b>	<b>72%</b>	<b>75%</b>	<b>75%</b>
<b>T S R</b>	<b>78%</b>	<b>82%</b>	<b>81%</b>	<b>82%</b>	<b>82%</b>	<b>81%</b>	<b>84%</b>	<b>84%</b>

*Note: CDR = Case Detection Rate, TSR = Treatment Success Rate*



**Indicator 23: Prevalence and death rates associated with tuberculosis**  
**24: Proportion of tuberculosis cases detected and cured under directly observed treatment, short course**

No	Indicator	Baseline*	2000*	2003*	2004*	2005#
23	Prevalence and death rate associated with tuberculosis					
	Tuberculosis prevalence all cases/ 100,000 pop.	419(1990)	182	180	180	180
	Tuberculosis Death rate / 100,000 *	50(1990)	27	21	21	21
24	Proportion of tuberculosis cases detected and cured under directly observed treatment, short course					
	Proportion of tuberculosis cases Detected	38(1990)	51	83	83	95
	Proportion of tuberculosis cases Cured #	61(1994)	74	72	72	75
	Proportion of tuberculosis cases Treated successfully #	78(1994)	82	82	82	84

*Data source: World Health Organization 2003, 2004, 2006 Global Tuberculosis Control-Surveillance, Planning, Financing, WHO Report 2003, 2004, 2006 Geneva.*  
*# National Tuberculosis Programme, Department of Health, Ministry of Health, Annual Reports (2000-2003)*

### **Indicators 23 and 24**

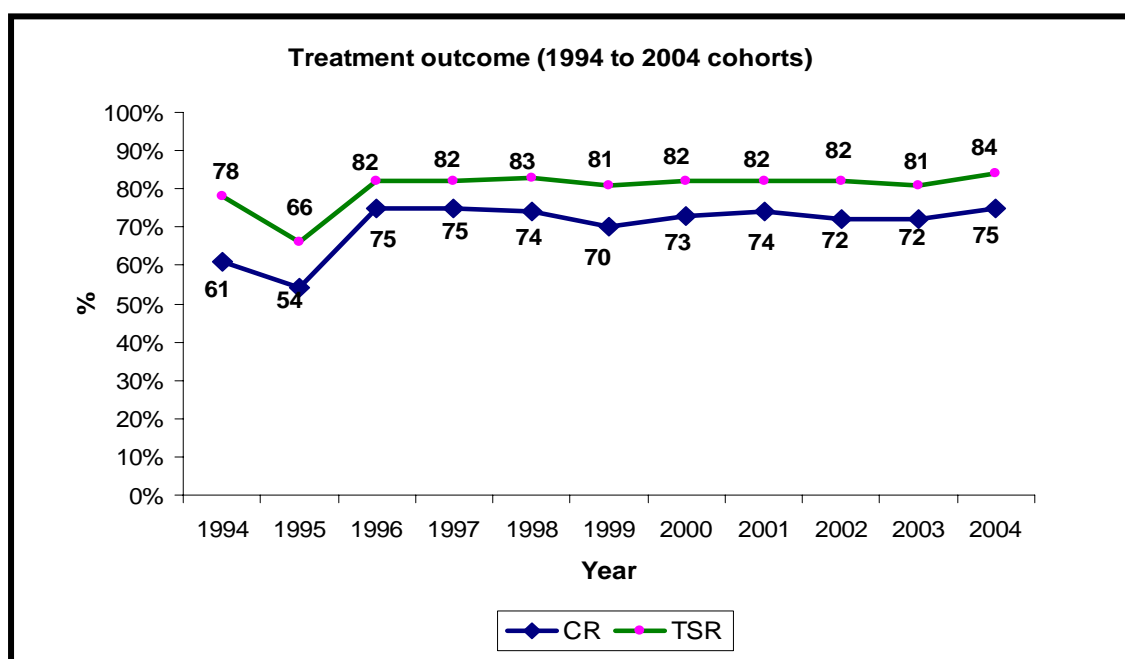
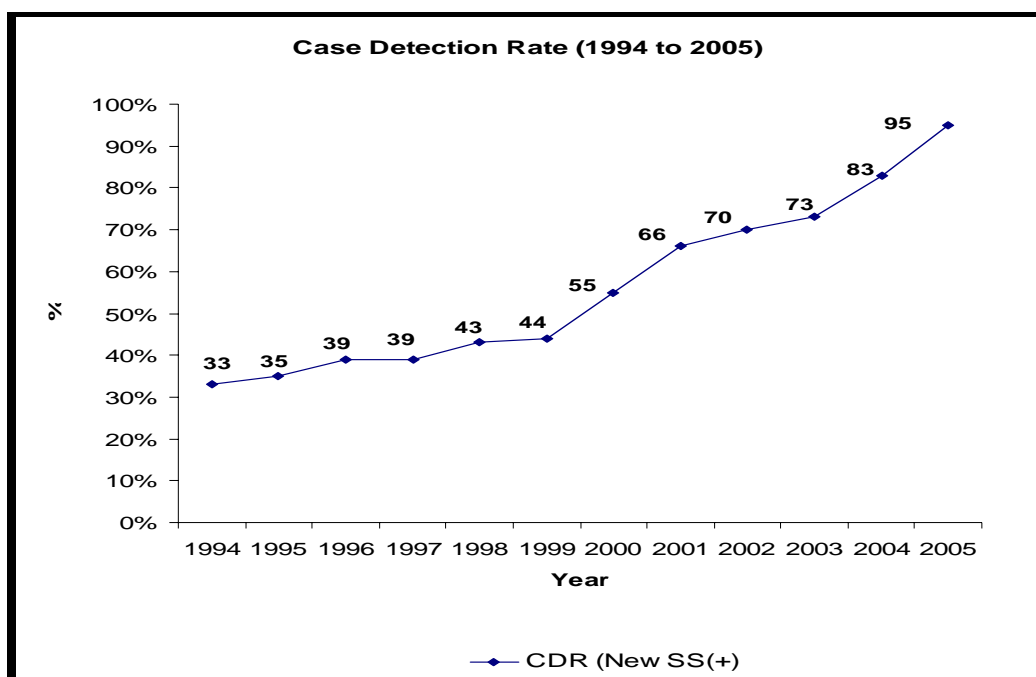
Prevalence and death rate of all TB cases/100,000 population is (419/100,000) in 1990 and 50/100,000. According to Global TB control surveillance, planning and financing report, WHO, 2006, the prevalence and death rate reduced to 180/100,000 population, 21/100,000 population in 2005.

The proportions of TB cases detected and cured under directly observed treatment, short course. (Indicator 24) The case detection rate was 38% in 1990 and it increased to 95% in 2005. The cure rates and treatment success rates of TB cases were 61% and 78% in 1994 and improved to 75% and 84% in 2005.

After reaching the MDGs, sustainability of the current achievement in TB control is crucial to halt and reverse the incidence of TB in Myanmar.

## Trend analysis

Tuberculosis case detection and case holding (1996 to 2005) trend analysis shows upward trend and highest in 2005. NTP improves the Public-Private Partnership and Public-Public Partnership in 2005. Involvement of INGOs in TB control increases the case finding through raising community awareness and proper referral system between implementing partners. The case holding was improved by the after initiation of initial home visits with health education, missed dose tracing and defaulter retrieval action.



## **Strength and Weakness**

High political commitment prioritized TB as a one of the top diseases to be controlled in Myanmar. Five-Year National Strategic Plan for TB control (2000-2005) was implemented. After the external evaluation in 2004, NTP develop the second Five-Year national strategic plan (2006-2010) in 2005.

NTP could cover the whole country in 2003 and quality of DOTS implementation was improved by inputs from GFATM which was launched in January, 2005. NTP received the second term grant for 3 years (2006-2008) which grantee to treat all TB patients detected at not only public sector but also from private sector treated by implementing partners: PSI, AZG, MMA. NTP could expand the numbers of partners involving in TB control. The community awareness programme produced by MoH, PSI and JICA accelerates the TB case finding and case holding.

Termination of GFATM in August, 2005 created the limitation in implementation of TB control activities according to 5-year plan. Although there is a good infrastructure, human resource development for the whole country is a barrier for high achievement. The supervision up to the grass root level is limited due to inadequate funding. Prevention and control activities for TB/HIV co-infection and development of Multi Drug Resistant-TB are included in Five-year national strategic plan but there is a large financial gap.

## **Actions to be considered**

1. To scale up the decentralization of the DOTS services at RHC
2. To evaluate the programme impact on TB situation by conduct national TB prevalence survey, drug resistant survey and TB/HIV sentinel surveillance
3. To develop Advocacy, Communication and Social Mobilization (ACSM) strategy
4. To improve contact tracing measure for better case holding
5. To establish mobile teams for improvement of access to diagnostic and treatment especially in hard to reach area
6. To evaluate the current defaulter reduction actions and scale up in low performance townships
7. To evaluate and scale up the prevention and control activities for TB/HIV co-infection
8. To initiate DOTS-Plus application and initiation at Yangon and Mandalay
9. To scale up on Public-Private Mix and strengthen the public-public Mix
10. To review and revise the national guidelines
11. To establish external quality control system for all the laboratories both public and private sectors
12. To increase the sputum microscopy facilities as one for 100,000 population



## **Goal 7. Ensure environmental sustainability**

*Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources*

### **Indicator 25. Proportion of land area covered by forest**

#### **Progress to date**

Forest covered area is 50.20% of the total land area of the country as indicated by the forest resources assessment (FRA. 2005), conducted in 1997. The detailed status of forest cover is as follows:

#### **Forest Cover of Myanmar**

FRA 2005 Class	Extent					
	1990		2000		2005	
	(000 ha)	Percent	(000 ha)	Percent	(000 ha)	Percent
Closed Forest	28114.70	41.55	25841.00	38.19	24704.2	36.51
Open Forest	9755.80	14.42	9426.90	13.93	9262.4	13.69
<b>Total Forest</b>	<b>37870.50</b>	<b>55.97</b>	<b>35267.90</b>	<b>52.13</b>	33966.6	50.20
Other wooded Land	10405.80	15.38	11435.30	16.90	11950.0	17.66
Other Land (including water bodies)	19381.60	28.65	20954.70	30.97	21741.3	32.14
<b>Total Land Area</b>	<b>67657.90</b>	<b>100.00</b>	<b>67657.90</b>	<b>100.00</b>	<b>67657.9</b>	<b>100.00</b>

To promote sustainable forest management and development for attaining socio-economic benefits and environmental stability, a new forest policy was adopted in 1995. The policy underlines sustainable forest management without impairing the production capacity, while meeting the social and community needs and conserving the biological diversity and environmental stability.

#### **Adapting the Millennium Development Goals (MDGs) within the context of the National Plan**

As stipulated in the Myanmar Forest Policy, 1995, 30% of the total land area of the country will eventually be gazetted as Reserved and Protected Public Forests. Up to March 2006, the total area already constituted as Reserved and Protected Public Forests is 60679.31

square miles (157158.30km<sup>2</sup>) or 23.23% of the total land area. The status of the Reserved and Protected Public Forests of the states and Division are indicated in the following table.

### Reserved and Protected Public Forests up to March 2006

Sr.	State/Division	Reserved Sq-mile	PPF Sq-mile	Total Sq-mile	% of land area
1	Kachin	2217.68	3615.37	5833.05	2.23
2	Kayah	270.00	2181.79	2451.79	0.94
3	Kayin	1752.32	1689.78	3442.10	1.32
4	Chin	696.31	1335.20	2031.51	0.78
5	Sagaing	9490.29	1472.78	10963.07	4.20
6	Tanintharyi	4526.22	356.61	4882.83	1.87
7	Bago(East)	3227.93	564.94	3792.88	1.45
8	Bago(West)	2044.48	9.29	2053.77	0.79
9	Magway	3994.78	410.72	4405.50	1.69
10	Mandalay	3856.75	117.90	3974.65	1.52
11	Mon	779.82	61.66	841.48	0.32
12	Rakhine	816.60	1325.75	2142.35	0.82
13	Yangon	427.78	0.00	427.78	0.16
14	Shan (South)	6699.55	258.09	6957.64	2.66
15	Shan (North)	2124.37	51.39	2175.76	0.83
16	Shan (East)	1364.48	157.95	1522.43	0.58
17	Ayeyarwady	2780.72	0.00	2780.72	1.06
	Union Total	47070.09	13609.22	60679.31	23.23

PPF = Protected Public Forest

## Challenges

Forest management is faced with various constraints and problems. Due to the increase in population and demands on forest products and for agriculture, unauthorized human interventions in the forms of shifting cultivation, agricultural expansion, etc. have resulted in some forest depletion and degradation with declining production.

The main problems currently encountered are:

- I. Encroachment in forestland for agriculture, infrastructure, factories and dwellings as population increase.

- II. Some illicit cutting of trees for commercial use.
- III. Extension of grazing land
- IV. Shifting cultivation, and.
- V. Excessive utilization of firewood.

The remedial measure employed are the more effective implementation of the Myanmar Selection System, encouragement to adopt a proper integrated land use policy, increase of reserved forests to 30% as stipulated in the forest policy, protection of the forests not only by legislative means but also through people participation, establishment of community fuelwood plantation and encouragement to increasingly use woodfuel substitutes or fuel efficient stoves to ease pressure on the natural forests, increased utilization of lesser used species and promotion of downstream processing to produce value added wood products.

### ***Indicator 26. Land area protected to maintain biological diversity***

#### **Progress to date**

Myanmar has a wide variety of natural ecosystems ranging from land, forest ecosystem to marine, coastal and mountain ecosystem. These various ecosystems provide rich biological resources to the country. Myanmar has a long and rich tradition of biodiversity conservation. The wildlife sanctuary at the environs of Mandalay was the earliest wildlife refuge area in Myanmar.

The establishment of a network of Protected Areas System (PAS) is crucial for biological diversity conservation which can contribute directly to sustainable development and poverty reduction. In Myanmar, the existing PAS covering 3.93 percent of the total land area of the country includes representative samples of the major ecological divisions of the country as well as areas with rare or unusual species of ecosystems and landscapes of outstanding beauty. As Myanmar Forest Policy (1995) stipulated to increase the PAS to 5 percent of the total land area of the country. There are eight proposed protected areas totaling 8791.64 sq miles and representing 3.35 percent of the total land area in Myanmar. The process to notify all proposed protected areas expected to be accomplished by 2010. In the longer term Protected Areas will be established in accordance with the importance of ecosystems and geography. The following table describes the total number of established Protected Areas through out Myanmar up to date.

## Protected Areas up to 2006

Sr. No.	Year	State/ Division	Protected Areas	Area (Sq.mile)	% of the total land area of the country
1	1918	Kachin State	Pidaung Wildlife Sanctuary	47.14	0.02%
2	1918	Mandalay Division	Shwe U Daung Wildlife Sanctuary	79.85	0.03 %
	1929	Shan State	Shwe U Daung Wildlife Sanctuary	46	0.02%
3	1918	Mandalay Division	Pyin O Lwin Bird Sanctuary	49.13	0.02%
4	1927	Tanintharyi Division	Moscós Islands Wildlife Sanctuary	18.99	0.01%
5	1928	Karen State	Kahilu Wildlife Sanctuary	61.99	0.02%
6	1930	Shan State	Taunggyi Bird Sanctuary	6.2	0.002%
7	1936	Karen State	Mulayit Wildlife Sanctuary	53.49	0.02%
8	1939	Magwe Division	Wethhtikan Wildlife Sanctuary	1.7	0.0006%
9	1940	Magwe Division	Shwesettaw Wildlife Sanctuary	213.4	0.08 %
10	1941	Sagaing Division	Chatthin Wildlife Sanctuary	104	0.03 %
11	1942	Mon State	Kelatha Wildlife Sanctuary	9.24	0.003 %
12	1970	Ayeyarwady Division	Thamihla Kyun Wildlife Sanctuary	0.34	0.0001 %
13	1971	Sagaing Division	Htamanthi Wildlife Sanctuary	830.4	0.32%
14	1972	Sagaing Division	Minwuntaung Wildlife Sanctuary	79.49	0.03 %
15	1982	Yangon Division	Hlawga park	2.41	0.0009%
16	1985	Shan State	Inlay Wetland Bird Sanctuary	247.84	0.09%
17	1988	Bago Division	Moeyongyi Wetland Bird Sanctuary	40	0.02%
18	1989	Sagaing Division	Alaungdaw Kathapa National Park	616.84	0.24%
19	1989	Mandalay Division	Popa Mountain Park	49.63	0.02%
20	1993	Ayeyarwady Division	Melinmahla Kyun Wildlife Sanctuary	52.78	0.02 %
21	1996	Tanintharyi Division	Lampi Island Marine National Park	79.09	0.03 %
22	1996	Kachin State	Hkakaboazi National Park	1,472.00	0.56 %
23	1996	Shan State	Loimwe Protected Area	16.54	0.006 %
24	1996	Shan State	Parsar Protected Area	29.74	0.01 %
25	1997	Mandalay Division	Lawkananda Wildlife Sanctuary	0.18	0.00006 %
26	2001	Mandalay Division	Minsontaung Wildlife Sanctuary	8.73	0.003 %
27	2001	Mon State	Kyaikhtiyoe Wildlife Sanctuary	60.32	0.02%
28	2002	Shan State	Panlaung-pyadalin Cave Wildlife Sanctuary	128.88	0.05%
29	2002	Rakhine State	Rakhine Yoma Elephant Range	677.88	0.26%
30	2003	Kachin State	Hponkanrazi Wildlife Sanctuary	1,044.00	0.4 %
31	2004	Kachin State	Indawgyi Wetland Wildlife Sanctuary	314.67	0.12%
32	2004	Kachin State	Hukaung Valley Wildlife Sanctuary	2,460.00	0.94%
33	2004	Kachin State	Bumhphabum Wildlife Sanctuary	716.00	0.27%
34	2005	Tanintharyi Division	Tanintharyi Nature Reserve	656.37	0.25%
Total				10275.26	3.93%



In order to adopt the 2010 target by the CBD to reduce the rate of loss of biodiversity, much attention have been paid to protection against wildlife trade and introduction of genetically modified organisms and invasive alien species in Myanmar. In this respect, process of drawing wildlife legislation which is necessary for the implementation of Convention on International Trade in Endangered Species of Wild Flora and Fauna (CITES) and process of drawing of National Biosafety Framework have been developed.

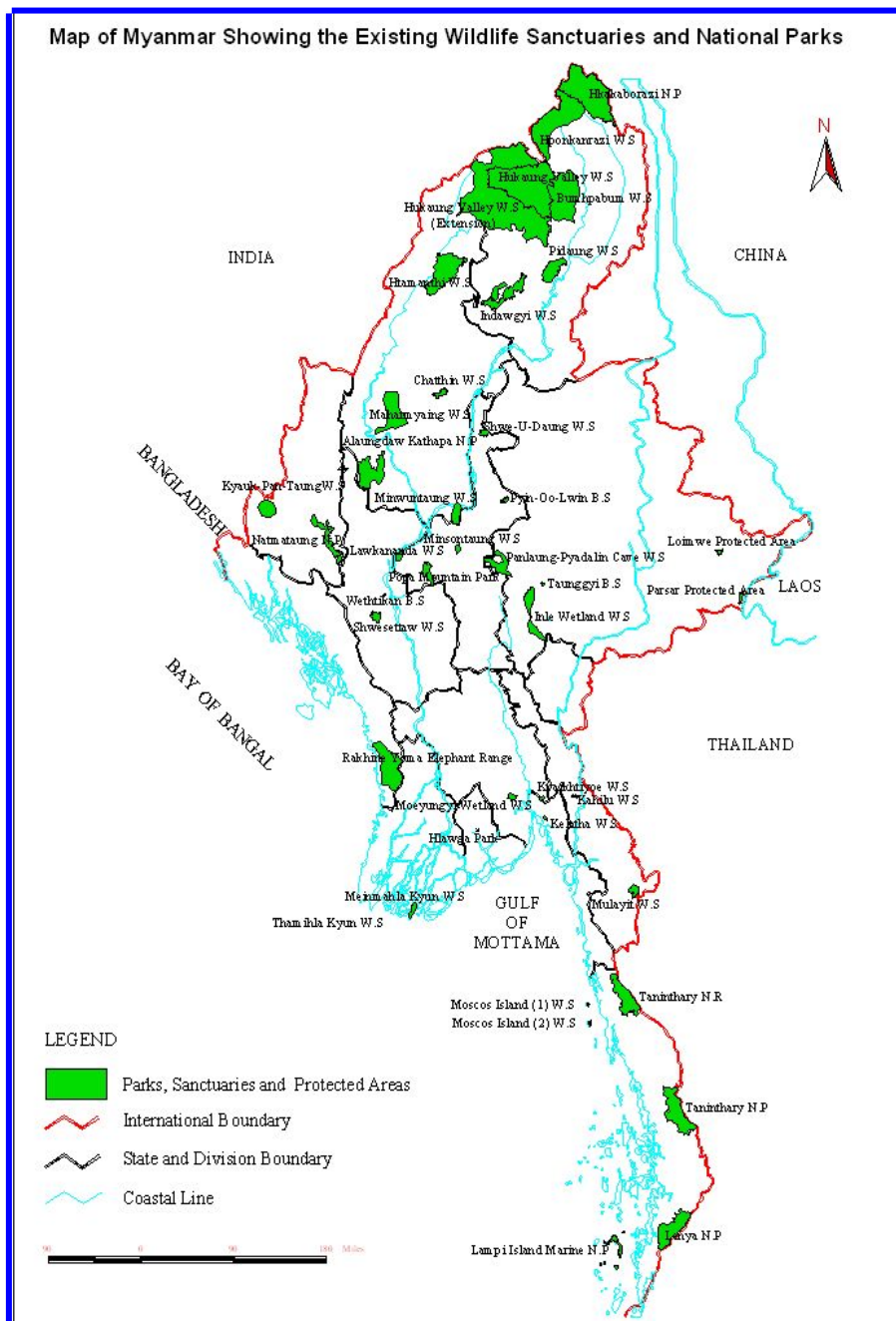
The Forest Department in cooperation with Dry Zone Greening Department have carried out natural regeneration and artificial regeneration. In 2003-2004 area under natural regeneration for valuable tree species was 53,425 acres.

With a view to achieving the sustainable development of forest resources without depletion and conversion of natural environment and ecological balances, the Ministry of Forestry has been taking measures such as; effective conservation and preservation of forest, systematic enforcement for the protection of wildlife and wild plant, implementation of Greening of Arid Areas in Central Myanmar Project, extension of reserved forests and protected public forest areas and natural regeneration and artificial regeneration. Under artificial regeneration there were 1.7 million teak trees on 37,077 acres and 2.8 million hardwood trees on 62,995 acres inclusive of 18,030 acres of Greening of Arid Areas in Central Myanmar Project. Out of 62,990 acres of hard wood plantation, 5,140 acres are hard wood, 5,400 acres are industrial raw material plantation, 16,637 acres are village wood lots plantation, 27,815 acres are watershed plantation which is to ensure long-term utilization and perfect water flow of irrigation network and 1,500 acres are mangrove plantation in delta areas. In addition, 24.7 million saplings were planted by the public in 2005 under the supervision of Regional Forest Conservation Committees.

Moreover, to ensure protection of wild life and wild plants and conservation of natural areas, the State had established 14 nature and wild-life sanctuaries with an area of 2.0 million acres and seven national parks with an area of 1.6 million acres. The Sein-Yay Site (Bago Yoma) and the Mount Poppa Resort are also being operated as eco-tourism industry.

## **Adapting the MDG on Environmental Sustainability to the National Context**

Although MDG is not specifically reflected in the Myanmar Agenda 21 which gives sustainable utilization and management of environmental resources, national policies were made for each sector which can be adapted to the MDG. Myanmar Agenda 21 aims to introduce relevant changes in lifestyles and values to protect the interest of the present and future generations. The general aim of Myanmar Agenda 21 is to facilitate the integration of environmental and sustainable development considerations into daily activities and decisions of individuals, households, communities, corporations and the government. In light of the important role played by the government in setting the context for national decisions, a specific aim of Myanmar Agenda 21 is to facilitate the incorporation of environmental and sustainable development policy considerations into decision-making and policy formulation processes of the government in economic and social sectors.



***Indicator 27. GDP per unit of energy use (as proxy for energy efficiency)***

**Progress to date**

Total energy increased to 11979.5 KTOE in 2005/2006 from 8714 in 1990/1991. The primary energy consumption type is mainly Biomass followed by Crude Oil, Natural Gas, Hydroelectricity and Coal. The Energy Consumption per GDP in Kg of oil equivalent per 1,000 kyat is shown as follows:

ENERGY CONSUMPTION	Unit	1990-91	2000-01	2003-04	2004-05	2005-06
Petroleum Products	KTOE	553	1,648	1273	1569	1448
Natural Gas	KTOE	216	381	465	1348.25	1315.52
Coal and Lignite	KTOE	17	85	124	208.97	368.869
Electricity	KTOE	131	255	300	304.575	286.869
Biomass ( Wood and Charcoal )	KTOE	7,797	7,723	8388	8526	8561
NET DOMESTIC CONSUMPTION PER YEAR	KTOE	8,714	10,092	10998	115957	11979.5
ENERGY CONSUMPTION PER GDP '1000 Kyat	KgOE	57.35	3.95			

As the economic system changed to market oriented economy the demand for liquid fuel is increasing rapidly to fill up the supply gap which had occurred from the previous supply oriented distribution. The forecast of demand growth rate for crude oil up to 2010 is about 9 per cent and, however beyond 2010, there will be decreasing trend for the demand of crude oil.

***Indicator 28. Carbon dioxide emissions (per capita) [Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]***

Myanmar signed the United Nations Framework Convention on Climate Change (UNFCCC) in 1992 and ratified the convention in 1994. The Kyoto Protocol was acceded in 2003. The emission of CO<sub>2</sub> was first estimated in 1997 under the Asian Least Cost Greenhouse Gas Abatement Strategy (ALGAS) Project financed by the Asian Development Bank and the United Nations Environment Programme. CO<sub>2</sub> emission has yet to be updated. Although there has been some Methane emission originating from paddy fields, the contribution of Myanmar to global warming and climate change on the whole is negligible due to the large area of forest cover which acts as a carbon dioxide sink. The Status of Carbon dioxide emissions are as follows:

<i>Indicators</i>	<i>1990</i>	<i>1995</i>	<i>2000</i>	<i>2005</i>
<i>Carbon dioxide emission (metric tons per capita)</i>	<i>1.8 (metric tons)</i>	<i>na</i>	<i>na</i>	<i>na</i>
<i>Consumption of Ozone depleting CFCs (ODS tons)</i>	<i>54.3 (metric tons)</i>	<i>54.3 (metric tons)</i>	<i>54.3 (metric tons)</i>	<i>27.15* (metric tons)</i>

\* Target

## Ozone Depleting Substances

Myanmar acceded to the Vienna Convention and Montreal Protocol in 1993. The consumption of Ozone Depleting Substances (ODS) particularly CFC 12 is only 54.3 metric tons per annum. The consumption of CFC has been freezed at this level over the past decade and will be reduced by fifty percent starting from 2005. The consumption of ODS is planned to be phased out in 2010 under the Ozone Country Programme.

## Challenges

Challenges are as follows :

- I. Mainstreaming environment in the development process,
- II. Institutional strengthening including enactment of National Environmental Protection Law and institutionalization of environmental standards,
- III. Reduction of rural and urban poverty,
- IV. Sustainable management of natural resources,
- V. Sustainable management of wastes including gaseous, liquid and solid wastes.
- VI. To educate and enhance public awareness.

**Target 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water**

**Indicator 29. Proportion of population with sustainable access to an improved water source**

## Progress to date

As regards target 10 which is to halve the proportion of people without sustainable access to safe drinking water, the Ministry for Progress of Border Areas and National Races and Development Affairs has been carrying out programme for safe drinking water supply for the water scarce rural areas. The programme is to be carried out during the 10 years rural water supply Plan (2000/01 to 2009/10). Before the water supply programme commenced, there are 52,010 villages of which 28,785 villages have access to safe drinking

water and 23,225 villages with lack of safe water supply. Out of 23,225 villages, 879 villages are without water supply, 9,166 villages have inadequate water supply and 13,180 villages are without safe drinking water supply. Hence, the government has laid down priority to implement water supply programme to these villages in various states and divisions.

During the plan period spanning 2000/01 to 2006 September, 16,464 villages have had access to safe drinking water supply bringing the total number of villages with safe drinking water supply to 45,249.

Sr No.	State/Division	Before the Water Supply Programme						Progress up to September 2006 programme	
		Total Villages	Villages with access to safe water supply	Villages lack of safe water supply			Total	Villages with safe water supply	Total villages with access to safe water supply
				without water supply	Inade-quate Water supply	without safe drinking water supply			
1	2	3	4	5	6	7	8	9	10=4+9
1	Kachin State	1172	494	49	155	474	678	441	935
2	Kayah State	418	214	37	76	91	204	44	258
3	Kayin State	839	359	-	143	337	480	301	660
4	Chin State	987	371	168	268	180	616	152	523
5	Sagaing Division	5460	3006	18	837	1599	2454	2345	5351
6	Taninthayi Division	1255	583	16	399	257	672	318	901
7	Bago Division	2528	893	11	1088	536	1635	968	1861
8	-West Bago Division	3559	2519	10	659	371	1040	929	3448
9	Magway Division	4792	3323	220	740	509	1469	1383	4706
10	Mandalay Division	5550	1431	297	2100	1722	4119	4079	5510
11	Mon State	1127	343	-	69	715	784	473	816
12	Rakhine State	4172	3250	2	684	236	922	601	3851
13	Yangon Division	1752	732	-	253	767	1020	760	1492
14	East Shan State	2114	1115	-	416	583	999	238	1353
15	South Shan State	3373	2247	44	324	758	1126	425	2672
16	North Shan State	1565	910	2	262	391	655	431	1341
17	Ayeyarwaddy Division	11347	6995	5	693	3654	4352	2576	9571
<b>Total</b>		<b>52010</b>	<b>28785</b>	<b>879</b>	<b>9166</b>	<b>13180</b>	<b>23225</b>	<b>16464</b>	<b>45249</b>

While rural supply programme is carried out for the rural populace, urban water supply is also undertaken. Yangon City Development Committee (YCDC) and Mandalay City Development Committee (MCDC) are providing water supply to Yangon and Mandalay from surface water and ground water.

For Yangon Citizens, surface water is developed from Gyobu Reservoir, Phugyi Reservoir and Hlawga Reservoir and Ngamoeyeik Reservoir.

Groundwater extraction facility for Yangon is produced from YCDC tube wells and non-YCDC dug/tube wells. Existing water supply service is divided into three levels:

- I. Water source without pipeline network supply and beneficiaries access to the water source faucets.
- II. Water source with pipeline network supply and beneficiaries access the public faucets.
- III. Water source with pipeline network supply and beneficiaries can utilize from the in-house faucets.

A new project for groundwater development will be planned on the right bank of Hlaing river namely Dala, part of Kyimyindine, Seikkyikanaungto and Hlaingthaya township.

Planned water supply amount generated by the existing and propose facilities is as follows :

### Planned Water Supply Amount

Items	Unit	2000	2005	2010	2015
<b>1. Reservoirs</b>					
Gyobu	MGD	27	27	27	27
Phugyi	MGD	44	44	44	44
Hlawga	MGD	14	14	14	14
2. Ngamoeyeik WTP	MGD		45	135	135
3. Groundwater	MGD	10	10	10	15
4. Hlaing WTP	MGD				45
Total of Available Water	MGD	95	140	230	280

Source : YCDC

\* MGD : million gallons per day

Expected benefits from planned water supply are :

- Increase water connection

- Reduce water borne disease
- Extend life expectancy
- Improve public health

MCDC is the responsible agency for providing water supply to the citizens in Mandalay by pipe water supply system. At present, water demand is about 32.5 MGD and the supply amount is 25 MGD. The additional requirement of water is 13 MGD and can be obtained by private owned tube wells, moat water and river water. In order to meet the requirement, MCDC is making endeavours by drawing plan to get sufficient water at their own expense. According to the plan :

- two big tube wells with production rate of 40000 gph will be drilled yearly
- 500000 gallons capacity storage reservoir, slow sand filtration unit, Booster Pumping Station No. 4 and chlorination plant are now under construction
- the necessary distribution and transmission pipe about 20000 ft in total length will be installed yearly
- two numbers of medium size tube wells, production rate 15000 gph will be drilled yearly in new satellite city

According to the plan, MCDC expects to drive proportion of population with sustainable access to an improved water source to 65 per cent of the total population by 2015.

Besides YCDC and MCDC which are responsible for provision of Yangon and Mandalay water supply system, Department of Development Affairs carried out water supply for rural and urban towns. Public works under the Ministry of Construction is responsible for water supply to government buildings. Environmental and Sanitation Division under the Ministry of Health is implementing water supply system to health institutions and also undertaking Water Quality Surveillance and Monitoring System Pilot Projects. Due to these efforts, the percent of total population with access to safe drinking water according to MICS data is 72 per cent in 2000 and 79 per cent in 2003. However the quality of water and water supply facilities still need to improve. Progress for access to Safe Drinking Water as of Multiple Indicator Cluster Survey (MICS) by the Ministry of Health is as follows:-

1990			2000			2003		
Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
38%	30 %	32 %	89 %	66 %	72 %	92 %	74 %	79%

*Source : MICS*

**Target 11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers**

**Indicator 30. Proportion of people with access to improved sanitation**

**Present Situation of Water Supply and Sanitation**

Improved water supply, and improved sanitation are one of the development targets and indicators directly related to health.

Regarding improved water supply, many water agencies particularly Department of Development Affairs have been carrying out to supply adequate improved water to the urban as well as rural communities. Environmental Sanitation Division (ESD), of Department of Health (DOH) under the Ministry of Health (MOH) has been carrying out health institutional water sanitation activities and drinking water quality surveillance and monitoring pilot projects.

Regarding proportion of people with access to improved sanitation, Myanmar also strives for safe disposal of human excreta in both urban and rural areas for improved sanitation. Since 1982, in collaboration with UNICEF, Sanitation Pilot Projects were launched in 13 townships in four geographical regions viz. dry zone, coastal, hilly and delta. Success in Pilot Project was very promising and thus the programme continued to apply throughout the country by implementing National Sanitation Programme through self-help basis beginning from 1996.

Annual National Sanitation Week initiated in 1998 is the most effective advocacy campaigns throughout the country and they bring about enormous success in boosting community awareness and increasing sanitation coverage. Proportion of people with access to improved sanitation is as follows:-

1990 (WHO)			2000 (MICS)			2003 (MICS)		
Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
39 %	34 %	35 %	83.6%	56.5 %	63.1 %	92.6%	70.8 %	76.1%

Source : MICS

**Indicator 31. Proportion of people with access to secure tenure [Urban/ rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers]**

Regarding Indicators 31 of target 11, Myanmar is pays attention to improve the living standards of the entire people especially for the rural people as 70 per cent of the total population reside in the rural areas. According to the report of [www.unhabitat.org/MDG](http://www.unhabitat.org/MDG) 2001, out of 48 million people, about 3 million is slum population, which showed that portion of slum dwellers is not significant. Myanmar is a country covered with more than 51 per cent of forest land and hence, there are abundance of hardwood, bamboo and roofing material like thatch and palm leaves for shelter of the people, thus even in slums, the grass root levels can live in huts.



Myanmar has no serious problem regarding of shelter. However, the government takes measures to improve the quality of housing. In order to avoid congestion in towns and cities, the government has established satellite towns, developed housing plots and implemented housing projects, building residential units and condominiums.

Since 1989/90, Department of Human Settlement and Housing Development, Yangon City Development Committee (YCDC), Mandalay City Development Committee (MCDC) and private entrepreneurs are implementing projects such as Low Cost Housing Projects and Hut to Apartment Projects. The number of project sites and projects undertaken up to Year 2000 are shown as follows:-

### **Sites and Services (Implemented between 1989 to 2000)**

<b>No.</b>	<b>Township</b>	<b>No. of Plots</b>	<b>Remarks</b>
1	Shwepyithar	33,018	
2	Hlaingthayar	26,230	
3	Dagon Myotthit (North)	29,839	
4	Dagon Myotthit (South)	47,790	
5	Dagon Myotthit (East)	42,160	
6	Dagon Myotthit (Seikkan)	41,234	
7	Shwe Paukkan	9,444	
8	Mingaladon	4,820	
9	Dala	11,585	
10	Dawbon	2,642	
		<b>248,762</b>	

### **Low Cost Housing Projects (Implemented between 1989 to 2000)**

<b>No.</b>	<b>Project</b>	<b>Township</b>	<b>No.of Res. Units</b>	<b>Remarks</b>
1	Kyansitthar	Hlaingthayar 1,2,3,4	1,248	
2	Bo Aung Kyaw	Hlaingthayar	184	
3	Aung Zeya	Dagon Myotthit (South)	784	
4	Ayeyawun (Kwaitma)	"	112	
5	North Okkalapa	North Okkalapa	128	
6	Danyingon	Shwepyithar	432	
7	Yeeokkan	Hlaingthayar	56	
8	Shwelinpan	Hlaingthayar	32	
9	Aung Zeya	Insein	312	
10	Word (10) South/North	Thaketa	100	
<b>Total</b>			<b>3,388</b>	

**FROM HUT TO APARTMENT PROJECT  
IMPLEMENTED BETWEEN 1989-2006**

<b>No.</b>	<b>Housing Project</b>	<b>Township</b>	<b>No. of Residential Unit</b>
1	Thayarshwepyi	Yankin	120
2	Minyekyawswa	Tarmway	328
3	Myanmagonyaung	Tarmway	72
4	Shwemyitta (2)	Tarmway	16
5	Tarmwaygyi (kha)	Tarmway	252
6	Byineyeohsin	Tarmway	28
7	Myittanyunt	Tarmway	1002
8	Bongyaung	Tarmway	42
9	Kyeetaw	Mingalartaungnyunt	144
10	Yarzardirit	Botahtaung	165
11	Waizayanta Garden	Thingangyun	240
12	Minyekyawawa (3)	Thingangyun	40
13	Thumingalar	Thingangyun	528
14	Zawtika	Thingangyun	192
15	Shwekaindayi	Thingangyun	192
16	Kandawmon	Thingangyun	144
17	Thirigon	Thingangyun	96
18	Hninsigone	Thingangyun	168
19	154th Street	Tarmway	144
20	Bazundaung Garden	Bazundaung	60
21	Nyaungdan	Bazundaung	59
22	Aungzaya	Innsein	268
23	Yadanamon	Hlaing	708
24	Ayeyeikmon	Hlaing	792
25	Myakantha (1)	Hlaing	420
26	Myakantha (2)	Hlaing	408
27	Bayinnaung	Hlaing	192
28	Shwewarmyaing	Hlaing	120
29	Thukhamyaing	Hlaing	72
30	Hlaingthiri	Hlaing	216
31	Parimi	Hlaing	132
32	Myainghaywun	Mayangone	312
33	Shwehtee	Mayangone	316
34	Kabaraye	Mayangone	72
35	Thirimingalar	Ahlone	96
36	Ingyinmyaing	Bahan	360
37	Aungchantha	Bahan	312
38	Ward (10)-North/South	Thakata	200
39	Hanthayeikmon	Kamaryut	3091
40	Aungmyaythazi	Kamaryut	504
41	Yadanarmyaing	Kamaryut	48
<b>Total</b>			<b>12671</b>

## **Goal 8. Develop a Global Partnership for Development**

**Target 16. In cooperation with developing countries develop and implement strategies for decent productive work for youth.**

*Indicator 45. Unemployment rate of 15-24 year olds .*

### **Progress to date**

After assuming powers of state following the events of 1988, the Tatmadaw government abolished the socialist economic system and adopted a market oriented economic system.

Various measures were taken to encourage participation by the private sector .Among them were promulgation of the Foreign Investment Law (1988), the Myanmar Citizens Investment Law (1989), and the Private Industries Law (1990). The measures led to increased investment in the private sector by both local and foreign investors. In addition from 1996, a total of 18 Industrial zones for the locating of private sector industries were established all over the country in proximity to major towns and cities. The number of private establishment, including industrial enterprises, increased from (38,611) in 1990 to (113,572) in 2005. All this resulted in considerable employment creation in the private sector.

In addition, the extensive infrastructure development works, such as building dams, power stations, extending roads and railways, building bridges, housing and commercial structures etc. undertaken by the public and the private sector since 1990 as well as the drive by the government to increase agricultural output through expansion of sown acreage, irrigation, multiple cropping, improved methods of cultivation ,agricultural mechanization etc. also resulted in further employment creation and higher absorption of labour in the agricultural sector thus reducing underemployment in the rural areas.

The newly created jobs were mostly filled by the youth population of 18 to 24 years both in the agricultural and in the industrial sectors. Increasing proportion of women within the age range 18 to 24 years were also employed in the upcoming industrial sector.

Another measure which contributed to increasing employment of youth of around 18 to 24 years was the opening up, since 1990 of overseas employment opportunities. Many youths took up contract employment, particularly in countries within the Asian region, where there was a shortage of labour.

### **Challenges**

The challenges of providing decent productive employment to the increasing population of youths in the labour force centres around creation of more jobs in the industrial sector. However, at present, the contribution of the industrial sector to the GDP is around 15.2 % only.

In the absence of ODA and limitation in the growth of FDI due to sanctions imposed on Myanmar by the western countries including the EU, FDI in the industrial sector has been slow compared to other developing countries in the region.

Consequently Myanmar has to be self reliant and strive to increase diversification and productivity of its agricultural sector which is the mainstay of the economy and at the same time promote industry based on agriculture. It has also to develop its human resources so as to be able to make the best use of its abundant natural resources.

**Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.**

**Indicator 46. Proportion of population with access to affordable essential drugs on a sustainable basis**

<b>Indicator</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>46. Proportion of population with access to affordable essential drugs on a sustainable basis</b>	<b>17.5 %</b>	<b>17.1%</b>	<b>64%</b>	<b>64%</b>	<b>62.7%</b>	<b>64%</b>	<b>68%</b>	<b>71%</b>	<b>74%</b>

*Source : Ministry of Health*

## **Progress to Date**

Myanmar Essential Drugs Project was started in December 1988 with the long term objective . Within the frame work of the health system that people can obtain essential drugs easily and cheaply . The percentage of the using affordable essential drugs on a sustainable basis was 17.5% in 1997 and it gradually increase up to 74% in 2005 .

The Government has been taking effective measures for such community health care concerns as building or upgrading of hospital , health care centres and specialist hospitals across the nation including far-flung areas. In so doing research works and pharmaceutical promotion plays a vial role in raising the health standard of the people and enhancing the medical science. Accordingly, the government has opened the Development Centre for Pharmaceutical Industries of the Ministry of Industry I in June 2004. The authorities concerned take good care of medicines produced by various units , products and production process at injection unit and vaccine production unit.

Promoting access to affordable essential drugs is a major component to Myanmar Essential Drugs Project which is linked to achieve the key objective for establishing Revolving Drug Fund. Within a decade the project has been implementing successfully in all townships of the country with effective utilization of Revolving Drug Fund. All townships implementing the revolving drug fund with decentralization enhance the availability, safety and sustainability of essential medicines which is the key success indicator of the health care system. The project's primary objective is to ensure safety, good quality, essential medicines in an affordable price available at all time. Nowadays,

essential medicines are available to the public free of charge to the poor and community cost sharing basis to affordable people. The revolving drug fund has been utilized effectively to sustain affordable essential medicines which are safe and good quality.

### **Adapting the Millennium Development Goals (MDGs) within the context of the National Plan**

To meet the requirements of international standard, the Development Centre for Pharmaceutical Technology is made up of Medical Research Unit, Fermentation Research Unit, Herbal Plants Research Unit and Methodological Research and Quality Control Unit.

The centre is achieving success in doing research and has disseminated information and methods on production of medicine.

### **Challenges**

- 1 Myanmar Essential Drug Programme after being transformed from MEDP in 1995 has continued the replication of the activities of MEDP to the remaining 259 townships through out the country in 5 years period till the end of the year 2001. The remaining townships will have to be expanded for the MEDP.
- 2 The Myanmar Pharmaceutical product has been producing and distributing various kinds of tablets, pills, capsules, liquid, lotion, powder, vaccine and other forms of medicines.

**Target 18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.**

**Indicator 47. Telephone lines per 1000 people**  
**48. Personal computers per 1000 people**

	Indicator	1990	1995	2000	2001	2002	2003	2004	2005	2006 (Sep)
47.	Telephone lines per 1000 people	2.12	3.91	6.18	6.89	8.56	8.83	9.4	10.3	12.1
48.	Personal Computers per 1000 people							10.6	11.0	11.2

Source: Myanmar Posts and Telecommunications

### **Progress to Date**

Myanmar is striving for the improvement of communications sector, especially with regard to information technology so as to be on a par with the advanced nations of the world. As regards the telecommunication infrastructure, the number of post offices and telegraph

offices has increased from 1115 and 310 respectively in 1988 to 1347 and 494 respectively in 2006. The number of microwave stations is also in progress. In the past decade, there were 71 stations but as of to date, Myanmar has 229 microwave stations. Communication in the rural areas has remarkable progress, Rural Telephone development programme has been implemented since 2001 and there are now 233 rural telephone exchanges. Telephone lines per one thousand people have increased from 2.12 in 1990 to 12.1 in 2006. Myanmar Posts and Telecommunications is now serving over 600,000 telephones in the whole country. The broadband satellite system has been implemented since 2004 and encouraging about 550 satellite terminals already used for voice and broadband data. The ADSL system is also available starting from early of 2006 in Myanmar. 10 VSAT stations and 1 DOMSAT station are also using in rural area.

Myanmar has plans and projects for new technologies and services that will enhance the active cooperation and participation in regional development. Modernization of postal, telegraph and telephone services is being carried out by Ministry of Communications, Posts and Telegraphs.

Communication is one of the essential tools for the enhancement of economic, social and cultural development of the people. The development in telecommunication sector not only supports growth in economy but also helps in boosting up productivity, acceleration of industrial activities, transportation efficiency and social equity.

Data Communication with Packet Switching System as well as Internet services as the main infrastructure has been introduced. For international communication, standard A satellite earth station has been implemented and, as the alternative route, it is connected with SEA-ME-WE3 international optical fibre transmission system. Myanmar is now operating 1,644 circuits to 11 countries by satellite communication as well as international optical fibre communication system. Myanmar is participating in linking with the member countries of Greater Mekong Sub-region and also cross border connection with China and Thailand are being arranged.

## **Adapting the Millennium Development Goals (MDGs) within the context of the National Plan**

The government has plans for installation of new telecommunication networks as well as upgrading and modernization of the existing services to meet the demand.

New colleges and universities for Information and Communication Technology (ICT) have been opened in states and divisions and there are also plans for promotion of ICT in collaboration with private sector.

Since the process of digital globalization is accelerating, Myanmar is making relentless efforts in the process of regional integration by enhancing the cooperation with ASEAN and the GMS.

## **Challenges**

As a developing country, progressive and sustainable development in the communications sector is vital for the enhancement of socio-economic standard of the county. To become a modern, developed country, increased investment as well as an environment conducive for the private sector will be needed.

**Annex (1)**  
**Progress in the Development activities of Border Areas**

Sr. No.	Development Works	A/U	1990/ 91	2000/ 01	2004/ 05	2005/ 06	2006/ 07 ( Oct )
1	2	3	4	5	6	7	8
<b>1</b>	<b>Agriculture</b>						
1	Agricultural offices	No	0	31	31	31	31
2	Agriculture Station		0	96	117	117	117
3	Irrigation *	"	24	57	63	63	65
4	Canal	"	0	4	5	5	5
5	Tractor Stations	"	4	11	11	11	11
<b>2</b>	<b>Livestock Breeding and Fish Culture</b>						
1	Livestock Breeding Farms	Farm	14	19	19	19	20
2	Animal Husbandry and Veterinary Offices	Office	0	41	41	41	41
3	Cattle Farming/ Breeding	No	0	73	73	73	73
4	Mule Raising	`	0	38	38	38	38
<b>3</b>	<b>Forestry</b>						
1	Reserved Forest	No	0	4	11	11	11
2	Reserved Forests (Under preparation)	"	0	4	14	14	14
3	Forest Nursery Gardens	"	0	7	14	14	14
<b>4</b>	<b>Energy</b>						
1	Generators	No	0	236	259	262	265
2	Electrified Town and Village	"	31	172	193	196	199
3	Electrified Town and Village by Hydels	"	6	8	9	11	16
<b>5</b>	<b>Transportation</b>						
1	Earth Roads	Mile	340	2,410	3,106	3,347	3,375
2	Gravel Roads	"	47	1,228	1,933	2,098	2,244
3	Bituminous Roads	"	9	228	344	383	388
4	Maintenance and Repair of Roads	"	0	2,574	3,264	3,338	3,397
5	Large Bridges	No	0	40	48	59	74
6	Small Bridges	"	21	585	712	737	993
7	Suspension Bridges	"	0	15	26	35	40

\* Dame under feasibility studies are included.

Sr. No.	Development Works	A/U	1990/ 91	2000/ 01	2004/ 05	2005/ 06	2006/ 07 ( Oct )
1	2	3	4	5	6	7	8
<b>6</b>	<b>Communication</b>						
1	Post Offices	No	1	46	52	52	52
2	Telephone	„	7	45	85	85	85
3	Telegraph offices	„	0	35	44	44	45
<b>7</b>	<b>Information</b>						
1	Television Sub- Stations	No	0	79	103	108	111
2	TV Antenna Disk (TVRO)	„	0	4	3	3	3
<b>8</b>	<b>Education</b>						
1	Primary Schools	No	78	366	852	852	852
2	Middle Schools	„	0	48	90	90	90
3	High Schools	„	0	19	92	92	92
4	Women Domestic Vocational Training School	„	0	12	19	26	34
5	School for Orphanage	„	0	1	1	1	1
6	Youth Training Schools	„	0	16	26	27	27
7	Technical Schools	„	0	0	0	3	3
8	Nationalities Youth Resources Development Degree College (Yangon/ Mandalay)	„	0	2	2	2	2
<b>9</b>	<b>Health</b>						
1	Hospitals	No	14	44	79	79	79
2	Dispenseries	„	40	74	105	105	105
3	Rural Health Centres	„	0	16	58	58	58
4	Sub Rural Health Centres	„	0	30	140	140	140



**Annex (2)**  
**Progress in (24) Development Zones**

(Number)								
Sr No.	Development Zones	Location	Universities/Colleges			Hospitals		
			2001- 2002	2005- 2006	2006- 2007	2001- 2002	2005- 2006	2006- 2007
1	2	3	4	5	6	7	8	9
1	MyitKyina	Kachin	4	4	4	4	4	4
2	Bamoh		3	3	3	2	2	2
3	Loikaw	Kayah	3	3	3	3	3	3
4	Pa-an	Kayin	4	4	4	6	6	6
5	Monywa	Sagaing	5	5	5	2	2	2
6	Kalay		3	3	3	2	2	2
7	Myeik	Taninthayi	3	3	3	2	2	2
8	Dawei		4	4	4	1	2	2
9	Toungoo	Bago(East)	4	4	4	1	2	2
10	Pyay	Bago(West)	4	5	5	3	3	3
11	Magwe	Magwe	6	6	6	3	4	4
12	Pakokku		4	4	4	4	4	4
13	Mandalay	Mandalay	18	18	18	8	8	8
14	Meikhtila		5	6	6	3	3	3
15	Mawlamyine	Mon	4	4	4	2	3	3
16	Sittwe	Rakhine	3	3	3	2	2	2
17	Yangon	Yangon	31	32	32	27	30	30
18	Toungyi	Shan(South)	4	4	4	6	6	6
19	Panglong(Loilem)		2	3	3	3	3	3
20	Lashio	Shan(North)	3	3	3	3	3	3
21	Kyaington	Shan(East)	3	3	3	5	5	5
22	Pathein	Ayeyarwaddy	4	4	4	4	6	6
23	Hinthada		3	3	3	5	5	5
24	Maubin	Maubin	3	3	3	3	3	3
<b>Total</b>			<b>130</b>	<b>134</b>	<b>134</b>	<b>104</b>	<b>113</b>	<b>113</b>

**Annex ( 3 )**

The progress in rural development activities are as follows:

<b>Sr. No</b>	<b>Particulars</b>	<b>2000/2001 (Base Year)</b>	<b>2004/2005</b>	<b>2005/2006</b>	<b>2006/2007 (October)</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>7</b>
<b>1</b>	<b>Education</b>				
1	Primary Schools	32,679	32,924	32,975	32,972
2	Middle Schools	1,639	1,649	1,665	1,668
3	High Schools	377	413	461	461
	<b>Total Schools</b>	<b>34,695</b>	<b>34,986</b>	<b>35,101</b>	<b>35,101</b>
<b>2</b>	<b>Health</b>				
1	No of station hospital	395	451	459	459
2	No of rural health centres	1,402	1,450	1,456	1,456
<b>3</b>	<b>Transportation</b>				
1	Tarred road	590	1,144	1,391	1,395
2	Gravel road	2,444	5,446	6,954	7,090
3	Earth road	14,276	16,871	19,081	19,140
	Total road miles	17,310	23,461	27,426	27,625
<b>4</b>	<b>Rural water supply</b>				
1	Tube-wells	16,311	28,570	30,914	31,584
2	Village-served	15,201	26,563	29,147	29,589
3	Population-served (000)	8,598	12,561	13,343	13,574