

Country Assessment Report

Country Profile of the Union of Myanmar

Land area and boundary

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 2004/05 is estimated at 54.3 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



Myanmar, as an LDC since 1989, has been endeavoring for the all-round development of the country, devoting huge amount of its own limited resources. These endeavors have resulted in considerable and tangible achievements that include, among others, peace and stability of the state, accelerated growth of the economy and alleviation of poverty through socio-economic development of the country especially in the remote and border areas. Myanmar's endeavors are in line with the Commitments contained in the Programme of Action for the decade.

Commitment 1 Fostering a people-centered policy framework

- Goal and targets**
- **Make substantial progress towards halving the proportion of people living in extreme poverty by 2015;**
 - **Make substantial progress toward halving the proportion of people from hunger by 2015;**
 - **Attain a GDP growth rate of at least 7 per cent per annum;**
 - **Increase the ratio of investment to GDP to 25 per cent per annum;**

Like other developing countries, poverty is one of the major challenges facing Myanmar, particularly in the remote and border areas.

Purchasing Power Parity (PPP) ratio is one of the indicators being used to measure poverty by the international organizations. Because of the complexity of computing PPP ratio, Myanmar never had experiences on measuring poverty by using PPP ratio. However, efforts have been undertaken to estimate poverty through conducting the Household Income and Expenditure Survey (HIES) in 2001 with the sample size of 30,000 households from 75 sample townships. 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. This survey had been conducted by the Central Statistical Organization, Ministry of National Planning and Economic Development.

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.

In view of this, the Government has decided to implement Integrated Household Living Conditions Assessment Project (IHLCA) with the assistance of UNDP. This is the first project being undertaken since 2003, in cooperation with the UNDP, with the aim to assess poverty through conducting a very comprehensive survey over the whole country.

The IHLCA project has been 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.

IHLCA project is designed with a multi-round survey, incorporating qualitative and quantitative approaches for assessing the various dimensions of living conditions. It has been implementing in three phases.

In the first phase, a qualitative survey was conducted in 2003, to assess perceptions of well-being and poverty incidence in 28 townships, 2 townships each in 7 States and 7 Divisions.

Based on the results of the qualitative study, questionnaires were prepared for the quantitative survey for the second phase, in order to measure the living conditions of the people in Myanmar. The quantitative household-based survey includes two rounds of data collection in two different seasons, approximately six months apart. The survey sample is designed to collect and compile information representing at the national and regional levels and for different population groups.

The first round survey was conducted in November 2004 and the sample size covered nearly 19,000 households in 116 townships in all states and divisions. The second round survey was conducted in May 2005 at the same households. Presently, the IDEA consultant firm is analyzing the data and preparing the reports.

Upon completion of the project, a set of indicators can be computed by using the data and information collected from the 9 modules of questionnaires. These indicators will certainly reflect the Millennium Development Goals particularly Goals 1, 2, 3, 4, 5, 7 and 8.

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

No.	MDG goal	Indicator	Data source (module)
1	Goal 1 : Eradicate extreme	1. Proportion of population below	Basic household module
	poverty and hunger	\$1 per day (PPP-values)	(Demographics)
		2. Poverty gap ratio	Consumption expenditure module
		[incidence x depth of poverty]	(Poverty & Hunger)
		3. Share of poorest quintile in	
		national consumption	
		4. Prevalence of under-weight	Health module
		children (under-five years of age)	

No.	MDG goal	Indicator	Data source (module)
2	Goal 2 : 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	Goal 3 : Promote gender equality and empower women	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
4	Goal 4: 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	Goal 5: Improve maternal health	16. Maternal mortality ratio 17 Proportion of births attended by skilled health personnel	Health module
6	Goal 7: 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	Goal 8: Develop a Global Partnership for Development	45. Unemployment rate of 15-24 year olds 47. Telephone lines per 1000 people	Labour module Asset module

- Make substantial progress toward halving the proportion of people from hunger by 2015;

In Myanmar, rural areas which have the 70% of total population lived poverty with inaccessible to safe drinking water, roads and income. Regarding income generating and promote living standard of rural poor, the government has worked out credit schemes in collaboration with UNDP. The various components focus on rural community has been implemented successfully in Kachin, Chin and Rakhine states targeted townships. Among the significant inputs, Self Reliance Groups formation has proved to be a sound mobilization and providing micro credit activities in the villages. This approach is also empowering women and promoting gender equality through building the capacity of women improving their economic status within the household and community and giving them control over assets and resources.

The Self Reliance Groups are village based affinity groups for saving and loans that provide access to timely and affordable credit. They are self-targeting to the poor households and women (92% of members). They provide the savings mechanism for the poor households, enabling them to pool resources and have access to capital for emergency needs for food, health and education. The SRGs have become the central focus of project activities as they are very effective in empowering women and promoting gender equality while providing the credit mechanism for supporting and improving livelihoods.

The project has been able to mobilize 423 communities. As at the end of November 2004, 1,780 groups have been formed comprising 24,649 households or 65% of the total households.

- Attain a GDP growth rate of at least 7 per cent per annum;

- Increase the ratio of investment to GDP to 25 per cent per annum;

Since inception of market oriented economic system in 1988, the government laid down various development plans to gain progress. Short term economic plans were formulated and implemented in accordance with the Four National Economic Objectives. The current Five Year Plan covering the period 2001/02 to 2005/06 has been formulated aiming at sustainable economic and social development of the country. The 1st, 2nd, 3rd and 4th year of the 3rd Five Year Plan achieved high growth rates consecutively. The ratio of investment to GDP is also increase from 9.8 per cent in 2002-03 to 11 per cent in the year 2003-04.

Commitment 3 Building human and institutional capacities

Myanmar is paying 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-unhabited.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 the provision of shelter but the government has been taking 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.

2001 Household Income and Expenditure Survey (HIES) showed the status of housing as follows :

<i>Indicators</i>	<i>2001</i>
<i>1. Type of Tenure (%)</i>	
<i>1. Owned house</i>	<i>94.51</i>
<i>2. Rented house</i>	<i>3.60</i>
<i>3. Rent –free</i>	<i>1.74</i>
<i>2. Building Structure (%)</i>	
<i>1. Pucca</i>	<i>8.42</i>
<i>2. Semi -pucca</i>	<i>7.88</i>
<i>3. Wooden</i>	<i>26.47</i>
<i>4. Bamboo</i>	<i>55.54</i>

- Making accessible, through the primary health system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015;

Myanmar reproductive health policy was formulated and disseminated to stake holders at different levels. Policy interventions were applied and implemented. Five-year strategic plan for reproductive health was also developed and launched in 2004. Essential RH package was implemented as a critical component of the National Health Plan. The existing fund for strategic plan is enough only for one-third of the action plan. Inadequate supply of essential drugs for RH and transportation difficulty are major issues. Community awareness was improved through community level advocacy and their ownership to be created in the rural health scheme. The lessons learned throughout the process was that shared vision and integration is of prime importance in all planning and implementation processes.

- Making available the widest achievable range of safe, effective, affordable and acceptable family planning and contraceptive methods;

In 2004, all health services outlets in 100 townships (one-third of the whole country) in Myanmar were equipped with contraceptive commodities. As part of the agenda for improving quality reproductive health care, all basic health staff and volunteers in all health centres (in project as well as non-project townships) were trained for provision of quality birth spacing services with informed choice in a wider range of contraceptive methods. In spite of the substantial amount of contraceptives supply from UNFPA and Japanese grant aids, there still exists unmet need for contraception across the country.

Education and training

- Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality;

The Ministry of Education has launched education promotion programmes phase by phase for ensuring access to and quality of basic education since 1998. Since 1999-2000 AY, 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 91% in 1999/00 AY to 96.6% in 2004/05 AY .

With the objective not only to increase school enrollment and to keep all those enrolled in schools, 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 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 4,736 schools in 2004/05 resulting in 300,000 more children receiving secondary education in addition to the 2 million already enrolled at lower secondary schools.

Special Programme for Over-aged Children

With the aim of further ensuring that all school going-age children are in schools, a special programme for over-aged children is being implemented in 2003/04 AY at basic education schools. The accelerated programme enables children who are of age 7⁺ or 8⁺ to complete primary education in 3 years and for those who are of age 9⁺ to complete primary education in 2 years. The provision of inclusive education in the formal system is also being encouraged and a centre for inclusive education is being established at the central level in Yangon.

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, schools of the different levels of the basic education were gradually opened since 1989. The plan for provision of schools is incorporated in the special regional development plans which cover multi sectoral development to improve the living conditions of people in remote and rural areas. In 2004/05 AY, about 120,000 children are receiving basic education in 790 schools in border areas.

Improving the Quality of Basic Education

In order to improve the quality of primary education, teaching methodologies have been changed from subject-centred approach to a 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 provide pre-service teacher training courses for primary and lower secondary school teachers. The colleges are affiliated to the two Institutes of Education. These colleges also provide correspondence courses that promote the professional skills of primary teachers. In addition, the colleges are responsible for in-service training of primary school teachers for nationwide implementation of the child-centred approach in primary education.

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 622 learning centres located all over the country including the border areas, 551 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 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 various organizations, the goal of universal primary education will be virtually achieved.

-Achieving a 50% improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;

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 centre for Non-Formal Education (NFE), is contributing to the 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 circles.

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 was 96.5 percent in 2004.

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.

- Eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality;

<i>Indicators</i>	<i>1990</i>	<i>1995</i>	<i>2000</i>	<i>2004</i>
<i>Ratio of girls to boys in - primary education*</i>	<i>92.83</i>	<i>93.86</i>	<i>97.15</i>	<i>98.44</i>
<i>- secondary education *</i>	<i>93.64</i>	<i>100.46</i>	<i>104.98</i>	<i>95.75</i>
<i>- tertiary education #</i>	<i>150.64</i>	<i>152.66</i>	<i>167.58</i>	<i>151.55</i>
<i>Ratio of literate females to males of 15-24 years old *</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>101.4</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'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 ratio of girls to boys are steadily going upward. In all learning centres, every chance of pursuing education or admission to any institutes is open to the girl students. 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.

The strategies and activities have been developed in line with the programme of action. Thus, the goal for gender equality in education will be achieved in 2015.

- **Reducing the infant mortality rate below 35 per 1000 live births by 2015;**
- **Reducing the under five mortality rate below 45 per 1000 live births by 2015;**
- **Reducing the maternal mortality rate by three-quarters of the current rate by 2015;**

<i>Indicators</i>	<i>1999</i>	<i>2003</i>	<i>2015</i>
<i>Under-five mortality rate</i> <i>(per 1,000 live births)</i>	<i>77.7</i>	<i>66.6</i>	<i>38.5</i>
<i>Infant mortality</i> <i>(per 1, 000 live births)</i>	<i>55.1</i>	<i>49.7</i>	<i>28.3</i>

Source: *Ministry of Health*

Infant mortality rate (IMR), under-5 mortality rate (U5 MR) were 55.9 percent and 77.7 respectively as of 2000 according to National Mortality Survey. Intense effort was taken to improve maternal care and neonatal care as they have contributed a large share of high IMR. Integrated management of childhood illness was trained and practiced widely

throughout the country. Maternal mortality rate (MMR) was 255 per 100,000 live births as of 2000. Focused training on safe motherhood was given to all midwifery-trained health staff, who were equipped with midwifery kits. Establishment of labour rooms attached to the rural health centers was taken place to ensure all deliveries attended by skilled birth attendants. Birth plan including community support for transportation in obstetric emergency was arranged to be practiced. Operation research on post-delivery morbidity and delivery practices were conducted to explore good and bad practices for future planning.

- Reducing the number of undernourished people by half, by the year 2015;
- Halving malnutrition among pregnant women and among pre-school children in LDCs by 2015;
- Improving the health and nutritional status of infants and children;

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

Sources : # Ministry of Health

Myanmar has identified protein energy malnutrition (PEM) and micronutrient deficiencies (iron deficiency anaemia, iodine deficiency disorders, and vitamin A deficiency) as its major nutritional problems. Interventions against these problems have always been targeted at the two most vulnerable age groups namely pregnant women and children below five years of age. Growth Monitoring and Promotion (GM/P) for under-3 children is the major PEM control activity taking place through the country. There are also nutrition rehabilitation activities in some selected urban and rural areas. Iron supplementation is the nation-wide programme against anemia during pregnancy while supplementation for under-5 children and adolescent school girls is implemented in some selected areas. Universal salt iodization has been adopted for sustained elimination of iodine deficiency disorders while biannual supplementation with high potency vitamin A capsules forms the major intervention against vitamin A deficiency. Under-nutrition among children has declined slowly over the last decade. There are steady improvements in iodine status of people and vitamin A status of children. Nevertheless, iron status of women and children has not changed significantly.

Average consumption of calorie in 1997 was 92.5 per cent of the recommended daily allowances (RDA). 37 per cent of households consumed calories at and above 100 per cent of

RDA and 30.84 per cent consumed less than 80 per cent of the RDA. Prevalence of under-weight among children has declined slowly over the last decade. The National Nutrition Centre of the Department of Health conducted nation-wide nutrition surveys every three years.

MICS 2003 indicated that there was no significant difference in the prevalence of under-weight between boys (31.1 per cent) and girls (32.4 per cent). But prevalence of under-weight among rural children was significantly higher than among their urban counterparts. MICS 2003 also showed that under-nutrition was rare among children below six months of age but markedly increased during the second half of infancy. Under-nutrition almost reached its peak in the second year of life after which it increased very slowly until 5 years.

Iodine deficiency disorders (IDD)

Myanmar has made a remarkable progress in its universal salt iodization programme which aims at virtual elimination of IDD by 2005. More than 86 per cent of households were consuming iodide salt. Prevalence of goiter has dramatically dropped from 33 per cent in 1994 to 5.5 per cent in 2004. Myanmar is optimistic that the status of IDD elimination will sustain beyond 2005 because of the following supporting factors :

- Strong political commitment
- Systematic long term planning guided by a multidisciplinary committee for elimination of IDD chaired by the Minister of Health
- Close cooperation between the two executive agencies namely the Department of Health of the MOH and Myanmar Salt and Marine Chemicals Enterprise of the Ministry of Mines and
- Support from ministries and NGOs, and the involvement of the private salt producers.

Vitamin A deficiency

Vitamin A deficiency used to be a public problem among children in some townships of the central dry region and in a few peri-urban communities of Yangon city until late 1980s. The MOH launched its biannual supplementation programme in early 1990s and expanded yearly until the whole country was covered in 1996. Coverage remarkably increased when vitamin A supplementation was integrated with polio vaccination on the National Immunization Days in 2000 through 2002. There has been no nation-wide polio vaccination campaign since 2003. But, vitamin A coverage was kept high in 2003 when supplementation was done during the Nutrition Promotion Week campaign because of the support provided by local authorities, government departments, non-governmental organizations and the community. It is also important to increase public awareness of vitamin A supplementation through various means of information, education and communication in collaboration with the responsible organizations and the NGOs.

Iron deficiency anemia

Anemia has long been prevalent among women and children. Iron and folic acid supplementation is the single most important intervention which covers around 70 per cent of pregnant women (*MICS 2003*). In spite of decades of intervention, haemoglobin status of pregnant women has not improved significantly. Irregular and inadequate supplies, ineffective distribution system and noncompliance by the mothers still exist as major constraints. Anemia among under-5 children is as high as among pregnant women.

Challenges

1. Food security at the household level is the major determining factor for nutritional status of under-5 children. Majority of under-nourished children belong to poor families residing at sub-urban communities and rural villages. Income generating activities and job opportunities for urban dwellers and better access to agricultural land need to be created.
2. More than 50 per cent of deaths among under-5 children is associated with malnutrition. Infections and malnutrition form a sinister alliance leading to high morbidity and mortality in this age group. Prevalence of vaccine-preventable diseases are declining but other infectious diseases, especially diarrheal diseases and acute respiratory infections are still major causes of illness and under-nutrition. Interventions aimed at healthy environment such as increased access to safe drinking water and sanitation, better personal hygiene with emphasis on proper hand washing practices, and reducing indoor air pollution need to be strengthened.
3. Maternal nutrition especially during pregnancy is the major determinant of foetal growth and development, and birth weight. Low birth weight incidence was around 12 per cent in 2000 (Hospital records from States/Divisions). Weight gain during pregnancy is regularly monitored, appropriate nutrition education is provided and iron tablets are distributed to all pregnant women taking antenatal care from midwives. But food taboos during pregnancy are quite common preventing women from taking various kinds of nutritious foods. Avoidance of nutritious foods continued during the lactating period making the mother as well as the suckling infant vulnerable to various micronutrients.
4. Maternal and child nutrition need to be improved through a stronger multi-sectoral approach in which all the relevant sectors including agriculture, fisheries, commerce, health, education, etc are actively involved and closely collaborated.

- Reducing by half, by 2015, the proportion of people who are unable to reach or afford safe drinking water;

As regards above target, 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 Third Short Term Five-Year Plan (2001/02 to 2005/06). 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 230,225 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 2001/02 to 2005/06, 504 villages out of 879 villages without water supply, 5,140 villages out of 9,166 villages with inadequate water supply, 6,000 villages out of 13,180 villages without safe drinking water will be accessed to safe drinking water supply. Thus on completion of the programme 11,644 villages will have access to safe drinking water supply bringing the total number of villages with safe drinking water supply to 40,429.

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. 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.

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 is 72 per cent according to 2000 MICS data exceeding the year 2015 target of 66 per cent. However the quality of water and water supply facilities still need to improve. Programme for access to

Safe Drinking Water as of Multiple Indicator Cluster Survey (MICS) by the Ministry of Health is as follows:-

1990			2000			2015 Target		
Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
38%	30 %	32 %	89 %	66 %	72 %	69 %	65 %	66 %

- Reducing HIV infection rates in persons 15-24 years of age by 2005 in all countries, and by 25 per cent in the most affected countries;

With the technical assistance received from the UN agencies, the state/ division and township levels NACs are working closely with the NGOs as well as the local community in the HIV/AIDS prevention and control activities.

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 youths, 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 during 3rd to 12th November 2003 and "The second Exhibition on HIV/AIDS Prevention and Control Activities" at national level in Mandalay during 16-20 October 2004. Eighty thousand individuals in Yangon and sixty thousand individuals in Mandalay, from various walks of life, has visited these exhibitions. These successes not only reflect the existence of very high level of political commitments in the prevention and control of HIV/AIDS but also illustrate the achievement of high level of understanding and cooperation among the related Ministries, local and international NGOs, UN agencies that are collectively fighting the HIV/AIDS in Myanmar since they all participated in the exhibition.

A cumulative total of 59,799 HIV-positive individuals (among blood donors and hospital patients), 8,921 AIDS patients, and 3,972 AIDS-related deaths were recorded by the National AIDS Programme during the period of 1988 to December 2004. The reports were from hospitals in different parts of the nation. Most of the AIDS patients and HIV-positive individuals detected were in the 20-40-year age group, with a male to female ratio of four to one.

The Ministry of Health, Myanmar and WHO Headquarters, 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.

- Increasing the percentage of women receiving maternal and prenatal care by 60 per cent;

The Antenatal care coverage and home delivery by basic health staff were 62.6 and 39.6 respectively for the reporting period. It was also planned to obtain 80 percent Antenatal care coverage. Technical training on safe motherhood was given by using a manual on essential guide for pregnancy, child birth, postnatal, neonatal and child care. Community advocacies were carried out to promote the awareness of pregnant mothers on their own reproductive rights. Trainings on gender and reproductive rights were conducted and programme were formulated in a gender-sensitive approach. Operational research on family practices has been carried out. Community and financial mobilization was initiated.

- Substantially reducing infection rates for malaria, tuberculosis and other killer diseases in LDC by the end of the decade; reducing tuberculosis (TB) deaths and prevalence of the disease by 50 per cent by 2010; and reducing the burden of disease associated with malaria by 50 per cent by 2010;

Malaria is one of the priority diseases in Myanmar. About 70 per cent of the populations are residing in malarious areas. In year 2003 morbidity and mortality rate were 13/1000 population and 4.5/100,000 population respectively.

Insecticide treated mosquito nets (ITN) utilization was promoted through IEC, distribution of bed nets and impregnation of existing nets. Priority is given to high malaria morbidity and mortality areas. Insecticide treated mosquito nets programme has been started since year 2000 in Kayah State. As a whole nation, proportion of <5 year of age in malaria risk areas using ITN was only 0.11 per cent (base line) and increased up to 11.98 per cent in year 2003.

per cent 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 and declined up to 10.3 per cent in year 2003. It doesn't mean decrease in service. It is due to reduction in malaria morbidity.

Main activities

(1) Promotion of insecticide treated bed nets

- In year 2003, insecticide treated mosquito nets programme was implemented in selected villages of 35 priority townships in Myanmar. These townships have 583,371 households. Out of which 213,683 households have ITNs and ITN household coverage was 36.6 per cent. In year 2005, additional 100,000 households will be covered by ITNs programme.

(2) Early diagnosis and appropriate treatment

- For early diagnosis of malaria, 600 microscopic facilities were established at the station hospitals and RHCs. About 434 thousand Rapid Diagnosis Test 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.

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.

National Tuberculosis Programme (NTP) has been implemented since 1966. The vertical programme covers about one third of the country although its activities are integrated into primary health care services in 1978. NTP adopted the DOTS (Directly Observed Treatment Short Course) strategy in 1997 and expansion phase took 7 years. The total area coverage achieved at the end of 2003.

It is estimated that about 100,000 tuberculosis cases develop yearly and half of them are infectious cases. According to the DOTS strategy expansion, the reported TB cases and

deaths to NTP are increasing. The cure rate and treatment success rate of new sputum smear positive TB cases were 72 per cent and 82 per cent in 2003.

- Promoting breast feeding as a child survival strategy;

Childhood malnutrition is a significant problem in Myanmar. One of the causes of malnutrition is inappropriate feeding practices, occurring during the first year of life. Breastfeeding is quite common in Myanmar. It has been the traditional infant feeding practice in both rural and urban communities where prevalence is more than 90%. Multiple Indicators Cluster Survey 2003 indicated that the breastfeeding rate was 82.9% at 12-15 months and 58.8% at 20-23 months. But proportion of exclusive breastfed infants under six months of age was as low as 16%. The same source revealed that 66.3% of children between 6-9 months of age were only receiving complementary food. In many families, complementary foods given to infants are neither nutritionally adequate, nor safe. Proper infant and young child feeding practices need to be promoted and supported especially among families of uneducated mothers.

Challenges

In Myanmar, 70 per cent of total population lives in the rural area . In spite of rural development plans, health status of the rural community still needs to be improved. This is due to difficult transport and communication, low education among women and slow development of mechanized farming. The activities of Rural Development will be strengthened to meet the set objectives.

Due to traditional beliefs, health practices of the families in the rural area are not satisfactory. The examples are low rate of exclusive breast feeding, and health care seeking from untrained persons. To solve this problem, Community Based Health Activities (CBHA) will be strengthened and expanded to more townships in the near future.

Commitment 4 Building productive capacities to make globalization work for LDCs

- Increasing communication networks, including telecommunication and postal services, and improving access of the poor to such services in urban and rural areas to reach the current levels in other developing countries;

Myanma Posts and Telecommunications (MPT) is implementing the following projects to expand the accessibility of Myanmar national communication network.

(a)iPSTAR Project

iPSTAR satellite stations are to be installed mostly in rural areas.

The project starts in 2004-2005 fiscal year.

(b)corDECT Project

corDECT telephone system, having total capacity 12,000 Lines, is being carried out to provide the communication service in some states and divisions.

- Increasing average telephone density to 5 main lines per 100 inhabitants and internet connections to 10 users per 100 inhabitants by the year 2010;

New telephone exchanges are being installed in every year and during the current fiscal year 2004-2005 new 53 telephone exchanges have been commissioned. GSM mobile system (100,000 lines capacity) is installed in Yangon, Mandalay and other major cities.

In 2001 March, number of direct exchange lines is 271,346 and the telephone density is 0.54.

As of December, number of direct exchange lines increases up to 400,604 and the telephone density becomes 0.75.

The number of Internet/ Email users 3,042 in March 2001 and 20,000 in December 2004.

Energy

The Myanma Energy Sector have formulated and implemented policies which promote domestic and foreign participation in the upstream hydrocarbon sector, to meet the nation's growing primary energy requirements.

Sound implementation strategies have also resulted in the establishment of offshore natural gas production and transportation infrastructure for the joint exploitation of natural gas from Yadana and Yetagun, the two world class natural gas resources.

The cross border sales of offshore gas from these gas resources to the neighboring country have generated substantial revenue for the government and its partners.

In implementing the nation's long and short term plans the enterprise have explored into new frontier areas under its own exploration and development plan as well as in partnership with foreign oil companies.

In order to meet the goals and targets on facilitating the availability of affordable energy in the rural areas, the development and utilization of appropriate renewable technologies is encouraged. With the assistance of private and a few humanitarian organizations, local NGO's and the collaboration of local community groups, mini and micro hydropower generating facilities and stand alone solar power units have been installed in some rural communities and is generating reliable power in some remote areas.)

The set up and operation of bio-digesters utilizing animal refuse for the production of bio-gas to fuel engines for generating electricity is widespread in Central Myanmar. The

technology and service is promoted by the technological universities under the Ministry of Science and Technology and is gaining widespread acceptance by the communities.

The energy sector, during the past decade has been very active in regional, sub regional cooperation programmes. The sector has participated actively in all six program areas of the ASEAN Plan of Action for Energy Cooperation (1999-2004) and will also continue to participate in the next cycle of the plan of action.

The energy sector on behalf of the government of the Union of Myanmar is at present carrying out the duties and responsibilities of the lead country in the energy sector of the BIMSTEC regional cooperation program. It is in the process of coordinating the implementation of Energy Infrastructure Development project (Natural Gas), and the Development of New and Renewable Sources of Energy project, which are the two main projects identified for implementation. For the benefit of the two regions, both the ASEAN and BIMSTEC energy cooperation programs cover the areas of renewables, clean fossil fuels and the interconnection of energy grids.

In the sub region area, the Myanmar energy sector is participating in the /Greater Mekong Sub-regional GMS program and the Ayarwaddy, Chaophya, Mekong Economic Cooperation Strategy ACMECS the programs involve) among others joint power development as well as renewable energy development projects to a great extent.

Agriculture and agro-industries

Agricultural sector is still a dominant force in national economic development. Myanmar has to rely basically on agricultural sector which contributes 48 percent of the total GDP and shares 18 percent of the total export. All round support has being made for the development activities of agriculture in Myanmar.

Myanmar has a total Land area of 67.66 million hectares and in 2003-2004 the net sown area reached to 10.25 of total cultivable land area. It has slightly increased compare to the area of 199-2000.

Myanmar Agricultural Development Bank (MADB) under Minister of Agriculture and Irrigation (MOAI) provides agricultural credit for the farmers.

In 2004-2005, MADB makes 3.8 billion kyats loans for the cultivation of oil-palm growing and production. Increased outreach and sustainability of demand-driven, market-oriented MADB will lead to increased farm investments, adoption of improved agricultural technologies, increased crop yields, investments in rural small enterprises, increased and improved livestock raising activities, and therefore higher rural incomes and reduced rural poverty.

The government has granted cultivable land, fallow and waste land to (90) private companies and organizations utilize the land for agricultural crop production. As of November 2004, 0.784 million hectares has already been allotted and of which 0.146 million hectares is being made for land development activities on agricultural

by the private sector, the special supports including loans, agricultural inputs, technical services and infrastructures, necessary for the land development and crop cultivation are being provided by the government.

To pursue poverty reduction particularly on rural poor and ensure sustainable agriculture development, the government has laid down the measures which in fact may have direct impact to improve the livelihood of rural populace. These measures are:

- development and expansion of new agriculture
- provision of sufficient irrigation water
- provision and utilization of farm machineries
- adoption of appropriate agro-technologies and
- development and substitution of modern crop varieties

The micro financing programmes are being developed through the assistance of national and international organizations for urban and rural women creating better opportunities to earn regular income and promote better livelihood.

Commitment 5 Enhancing the role of trade in development

To be in line with the market oriented economy, the foreign trade policy of Myanmar is also a very independent one. Myanmar believes in trade liberalization and also wants free and fair trade in the world. Myanmar was a founder member of the old organization. GATT and now a member of the new organization, WTO. Hence, our foreign trade policies are generally governed by the rule-based multilateral trading system.

Myanmar's export policy is to export all exportable surplus and diversify foreign markets by using of natural and human resources. Increasing and diversifying exports and improving the quality of products are among the main objectives of the export promotion policy.

Due to the successful implementation of export promotion policy, Myanmar's exports were increased and the trade deficit was gradually decreased year after year and in the last financial year, 2003-2004, export was US\$ 2.571 billion and import was US\$ 2.154 billion and the balance of trade was showing the surplus with the amount of US\$ 417 million.

Since, Myanmar has changed its economic course from a centrally planned economy into a market system, a series of trade liberalization measures were introduced as follows:-

- (1) To be in line with the changing economic system Ministry of Commerce had permitted the private individuals or enterprises to carry out the export import business which was previously monopolised by the state.
- (2) Border Trade was regularised in order to develop and strengthen the bilateral trade relations with the five neighbouring countries, the People's Republic of China, Lao People's Democratic Republic, Thailand, India and the People's Republic of

Bangladesh. Department of Border Trade was established and its 10 branch offices providing one-stop service for border trade matters in collaboration with various departments concerned.

- (3) Export and Import procedures have been realigned
- (4) Lowered the technical barriers to trade and simplified export/ import procedures geared towards trade facilitation and promotion.
- (5) Incentives have been given to exporters by allowing 100% retention of export earnings for importation of goods.
- (6) Trade notifications are being issued specifying necessary rules in conformity to the changing internal and external business environment.
- (7) Exemption of commercial tax and customs duty on the imported items like fertilizers, agricultural machineries and implements, insecticides and pesticides, medicines and raw materials.
- (8) The role of Chambers of Commerce and Industry has been reactivated and reorganized the Union of Myanmar Federation of Chambers of commerce and Industry – UNFCCI for the promotion of trade and industry in the private sector.

Trade Policy Development

With regard to the export promotion policy, the realignment of regulation is made that the enterprises producing rubber are allowed to export as much as they produced which was previously allowed to export 55% of production and the remaining 45% was collected by the State. Moreover, cotton and sugarcane are now free to trade in the local markets which were previously restricted to export due to the requirements of local sufficiency.

In the context of Regional Trading Arrangements, Myanmar, as a member of ASEAN, it has levied import tariffs according to the implementation schedule of AFTA CEPT Scheme, Myanmar is also following the implementation process to gradual elimination of tariffs and non-tariffs barriers. However, some barriers such as quantitative restrictions and import license requirement are applied in order to balance export and import and also to protect local infant industries for the development of country's economy.

Myanmar is implementing the commitments and obligations of the other regional trading arrangement such as, ASEAN-Chins, ASEAN-India, ASEAN-Japan, BIMST-EC, GMS and ACMECS (Ayarwaddy-chao Phara-Mekong Economic Cooperation Strategy). Moreover, Myanmar is implementing, the common projects under the ACMECS with the view to reduce trade barriers, improve transport linkages, upgrade major border checkpoints and promote cooperation in five strategic areas such as, Trade and Investment Facilitation, Agricultural and Industrial Cooperation, Transport Linkages, Tourism Cooperation and Human Resource Development.

Capacity Building

Hence, Human Resource Development and Capacity Building are core elements of the country's economic development, the Ministry of Commerce has held the various training programmes within the organization and also encouraging to send the tranches provided by the

regional and international organizations. It has been participated regularly in the Trade Policy Courses. Regional Seminars, Workshops and National Seminars conducted by the World Trade Organization-WTO. Besides, the Minister of Commerce is coorganizing the trade related trainings, seminars and workshops provided by the Singapore Government and Thai Government under the Programme of Initiative for ASEAN Integration – IAI.

Implementation of Trade Facilitation Measures

In order to remove the institutional bottlenecks and to improve efficiency, the following measures are being implemented:-

- For the smooth flow of border trade, Myanmar Economic Bank – MEB opens branch offices at the border areas for commercial transactions of overland trade.
- With the view to facilitate and enhance the volume of trade, discussion has been conducted with authorities of neighbouring countries to introduce normal trade system by using Banks for the settlement of payments in border trade. Arrangements are underway to establish new border check points along the Myanmar-China border and Myanmar-Thailand border.
- Although Myanmar has not yet implemented the Single Stop Inspection at the border points, one stop service has been provided to the private sector to facilitate the smooth flow of goods.
- Myanmar alligns the UN Layout Key for the export and import documents. In order to improve the standards and quality, Myanmar is taking appropriate steps under the guidelines of ASEAN. Myanmar is following the Road Map for 11 Priority Sectors Integration Standards and Information which was drawn by the ASEAN Consultation Committee on Standard and Quality. Myanmar has formed the Stadardization Committee to implement that Road Map.

Commitment 6 Reducing vulnerability and protecting the environment

In order to deal with the environmental problems in the country, to coordinate environmental matters among various government departments and to act as the national focal point in relation with other countries and international organizations, the Government of the Union of Myanmar has established the National Commission for Environmental Affairs (NCEA) in February 1990 .

1. The NCEA is the lead agency for all environmental cooperation with ASEAN, UNEP, UNESCAP, governmental and non-governmental agencies. It is also the focal point for the environment sector under the Greater Mekong Sub-region (GMS) programme initiated by the Asian Development Bank and has been participating in the GMS environmental projects.

2. National, Sub-regional as well as Regional workshops, seminars and conferences have organized by the NCEA. In December 2003, the NCEA hosted the 9th ASEAN Ministerial Meeting on the Environment and the Second ASEAN+3 Environment Ministers Meeting.

3. The Government has been making great efforts protect the environment through forest conservation, afforestation, reforestation, greening projects and rehabilitation of watershed. Promotion of alternative energy has also been initiated by the Government. The following programs are being carried out to support the environmental conservation in Myanmar.

(a) Nationwide Afforestation Program

Afforestation programme is also carried out annually during the rainy season with public participation.

(b) Reforestation Program

The Forestry Department is now promoting forestry plantation to enrich and reforest denuded areas.

(c) Initiating Development and Utilization of wood Fuel Substitutes

In support of forest protection and conservation, fuelwood substitution has been identified as a main task of the Dry Zone Greening Department. Three activities would be carried out as follows:

- (i) Distribution of fuel efficient stoves
- (ii) Promotion of fuel briquette production and utilization
- (iii) Utilization of agriculture residues

In conclusion, Myanmar is striving for development of the country in line with the Commitments contained in the Programme of Action for the decade. Myanmar had designated Foreign Economic Relations Department as a focal point department for the Brussels Programme of Action and also have arranged to compose the national forum.

Myanmar is launching regional and international cooperation with full confidence. It values the regional stability. As the nation values her sovereignty she also respects the sovereignty of all nations. Myanmar will be a friendly country with all other countries and international organizations of the world towards better understanding and cooperation.

