

Country Scene in Myanmar

SPECIAL REPORT

Conquering an Old Foe in Myanmar

Myanmar provides an excellent example of how effectively leprosy can be combated through a concerted effort backed by the political will to achieve specific goals. The overall effect of this effort has brought about impressive results. There were many factors involved, including medical technology, a resolute political will to meet the challenge, effective networking of domestic organizations, and support from overseas organizations. More importantly, there was a shift on the front lines from combating the disease only with specialists, to treating it as a part of regular health care. This has included the utilization of a nationwide network of midwives who perform both an educational and medical role in interacting with patients and their families.

Myanmar's success in dealing with leprosy is both interesting and instructional as an effective model for combating this disease wherever it continues to affect people.

Isolation Era

The fight against leprosy has gone through overlapping stages, including an Isolation Era which began at the tail end of the 19th century and consisted of the legal isolation of patients in colonies, where they were not allowed to have any contact with society or even their own families. On a smaller scale, some families built a second small house near their main house, or had an isolated room in their house as a means of isolating a family member with leprosy. By the 1950s, Myanmar was known to have one of the highest prevalence rates of the disease, with the number of cases in 1951 estimated to be fifty per ten thousand inhabitants, with 100,000 cases in the country as a whole.¹

Vertical Era

Medical treatment began in 1952, when the drug Dapsone was used in the Leprosy Control Program begun with assistance from the World Health Organization. During this period of time, the process was mainly vertical, with patients solely interacting with professionals. This interaction was somewhat effective within its scope, but limited by resources and the finite number of professionals, who were logistically unable to operate on a larger scale. The drug itself proved to be of limited effectiveness in the long run due to the emergence of drug resistance to Dapsone, but implementation of its use provided the beginnings of a foundation for more effective ways of combating the disease.

Integration Era

In 1969, the government of Myanmar made the decision to better respond to patients' needs by beginning

