

Success in Myanmar

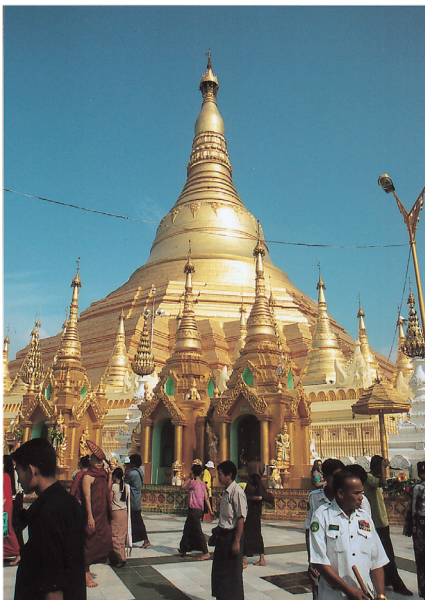
H.E. Professor Dr. Kyaw Myint, Minister for Health, Ministry of Health, Myanmar

Leprosy had been a public health problem in Myanmar for many years. The Government of the Union of Myanmar launched an Anti-Leprosy Campaign as early as 1950-51. The WHO-recommended MDT program was started in 1988. Integration into basic health services began in 1991 and was completed in 1995.

At present, the leprosy prevalence rate has fallen dramatically from 39.9 per 10,000 inhabitants in 1988 to less than 1 per 10,000 population at the end of January 2003, thus achieving the goal of elimination of leprosy.

It has taken us more than a decade to attain this goal. A significant step was taken in 1991 when the 44th World Health Assembly passed a resolution for eliminating leprosy as a public health problem at the global level by the end of the year 2000.

Myanmar embarked on a strategy applying the public health approach by fully integrating MDT services into basic health services. With the strong support and guidance from the National Health Committee chaired by General Khin Nyunt, Secretary-1 of the State Peace and Development Council, a widespread media campaign was launched to raise public awareness of the early signs and symptoms of leprosy and the availability and effectiveness of Multi-Drug Therapy. Misconceptions pertaining to leprosy, especially the negative image of leprosy, were cleared up. The community was mobilized through the concerted effort of multisectoral departments, the NGOs and the active participation of the community. As a result, people were no longer afraid to step forward and seek help for any form of skin lesions, thus making new case detection easier.

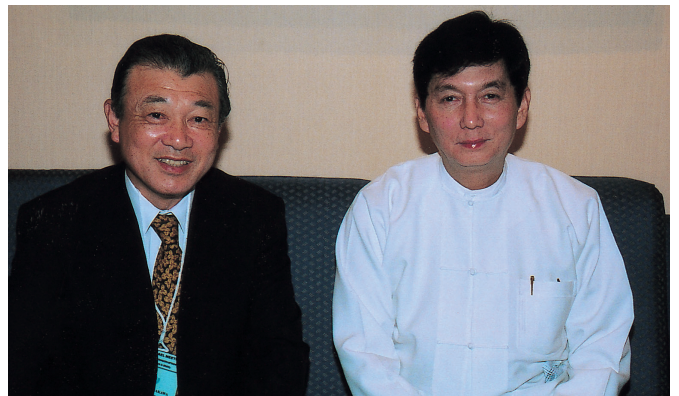


Shwedagon Pagoda, Yangon

Availability of the drugs at grass roots level and the nationwide coverage of Multi-Drug Therapy is an important factor in achieving high cure rates and fewer disabilities.

This has been made possible by the Government's reconsolidation endeavors that have enabled the government to embark on development programs, including establishment, expansion and improvement of health facilities, and ensuring equitable access of the population to health care services in the under-served regions, including the border areas.

After attaining the goal of elimination of leprosy, we cannot be complacent. We have to sustain the elimination and continue to strengthen our existing health infrastructure to enable us to provide qualified leprosy services throughout the country.



H.E. Professor Dr. Kyaw Myint (right) and Yohei Sasakawa

The success story will not be completed without the participation, contribution of resources and the technical guidance of WHO, international partners in leprosy elimination, especially Mr. Yohei Sasakawa, president of The Nippon Foundation and special ambassador to GAEL, and also ILEP, DANIDA, Novartis Foundation, World Bank and local NGOs in the campaign to eliminate leprosy in our country.

In conclusion, with strong government commitment and support, as well as the technical competency of professional staff who implement the program effectively, the response of the people and the partners and their wholehearted participation is well recognized and recorded. Coordinated efforts are needed to further enhance and sustain the elimination of leprosy at the national level and to achieve the elimination status at a local level, and more emphasis has to be given to rehabilitation and monitoring in the future. □