

# PRIMARY HEALTH CARE PROJECT



Implemented by the World Health Organization (WHO)

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Poor health is a key constraint to sustainable development in Myanmar. Major diseases include malaria, tuberculosis, acute respiratory infections, diarrhoea and leprosy. Malnutrition is common in areas that do not produce enough food, and the lack of a safe water supply and poor sanitation lead to gastro-intestinal ailments. Family planning services are patchy. The infant mortality rate is high: an estimated 94 of every 1000 infants die; while 232 of every 100,000 births results in the mother's death (40% due to complications from induced abortions). Overall life expectancy at birth in Myanmar is 60.9 years (59 for men, 63 for women). These figures are national averages: they are considerably worse in deprived, rural areas where much of the country's population lives.

Problems in the provision of health care services can be summarized in three words: accessibility, availability, and affordability. **Accessibility** to the health services is limited, particularly for the poor households in rural areas. A single rural health centre serves an average of 44 villages, with a population of 22,000. One midwife is responsible for providing basic health care for 5,000 people. Volunteer auxiliary midwives and community health workers complement the public health services, but need training, equipment and supplies.

**Availability.** Many health facilities lack the drugs, equipment and personnel they require. Staff are inadequately trained, and lack the information they need to do their jobs.

**Affordability.** Although key health services are free, disease and injury hit the poor hardest. Even paying for transport to the nearest clinic is beyond the pockets of many. Yet the government also cannot afford to subsidize the entire cost of medical care.

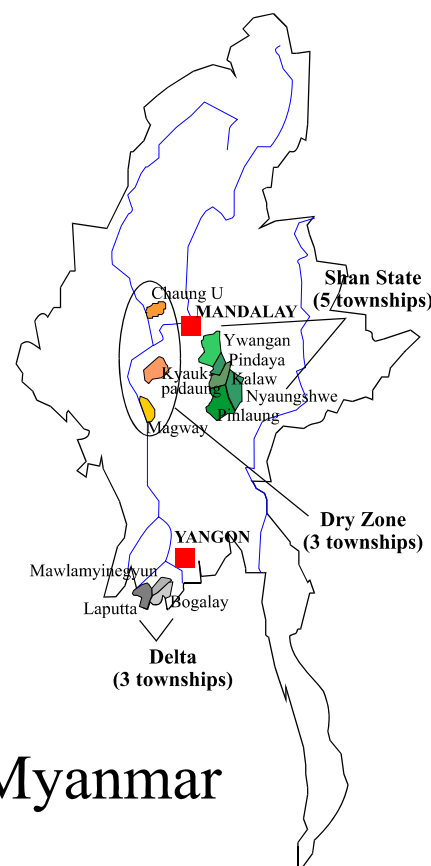
## The HDIE primary health care project

Improving Rural Community Access to Primary Health Care is one of 10 projects under the United Nations Development Programme's multisectoral Human Development Initiative Extension (HDIE) programme in Myanmar. The Health project aims to enhance the accessibility to health-care services and healthy lifestyles for the most vulnerable and disadvantaged in 11 of the poorest townships in Myanmar: three in the Delta (Ayeyarwady Division), five in Shan State, and three in the Dry Zone of central Myanmar.

In these townships, the Health project's health promoter works alongside staff of the other HDIE projects. This ensures that efforts to improve villagers' health are coordinated with activities to improve their education, supply them with clean water and improve sanitation, increase food production and generate income.

The Health project uses a three-pronged approach:

- It promotes ways to prevent illnesses and to treat minor ailments at home. It advises people on good nutrition, helps them make informed choices in family planning, and teaches them how to maintain a healthy lifestyle.
- It improves access to health-care services, and helps improve the quality of these services through training and equipping community health workers, repairing and improving clinics; and strengthening first-line referral systems.
- It publicizes its experiences and advocates for improved health policies for the poor and vulnerable.



The Health project is successor to three projects which focused on primary health care, leprosy, malaria, tuberculosis and iodine deficiency. These projects were operational from 1994 to 1996, serving the health needs of various other townships throughout Myanmar. The current Health project continues its predecessors' work in these other townships on a reduced scale.

## Project activities

The project consists of three major components:

- Health promotion through community participation and empowerment.
- Prevention and treatment of infectious diseases and other ailments.
- Reaching the unreached by strengthening public and other community health services.

### Promoting health

The project stresses the benefits of helping people to prevent illnesses, and to deal with it if disease does strike. It promotes **reproductive health** practices to improve mothers' and children's health and family welfare. It educates villagers on family planning and HIV/AIDS, and makes contraceptives available at low cost—helping overcome the shortfall in the supply of condoms, birth-control pills and other devices. It supports pre- and post-natal care for women, and educates mothers on how to prevent and cure **malnutrition**, including iron and vitamin deficiencies. It promotes the production and use of **iodized salt** to help eliminate goitre and related problems. It supports initiatives to set up community **health-insurance** schemes, managed by village health committees, and provides training, equipment and supplies of essential drugs to **volunteer health workers**. It also develops information and education materials to teach villagers and school children about how to prevent common illnesses.

### Preventing and treating diseases

**Malaria** is the main killer disease in Myanmar, causing about 20% of all illnesses and deaths. The project promotes the control of malaria by educating people about how the disease is transmitted and how to prevent it, for example by eliminating places where mosquitoes breed, and using bed-nets impregnated with insecticide.

**Tuberculosis**, Myanmar's second most important disease, is on the rise; the project combats it by screening patients and treating those found to be infected. It supports the **community-based rehabilitation** of people with physical and mental disabilities and leprosy; it is hoped that the use of multi-drug therapy will eliminate leprosy within a few years. About 500,000 people in Myanmar are thought to be infected with HIV, and by December 1996, more than 1700 had full-blown AIDS. The Health project supports the efforts of the HDIE HIV/AIDS project by educating people about the dangers of HIV and how to avoid it, and by helping patients and their families cope with the disease.

**Diarrhoeal diseases** are the fourth leading cause of illness and deaths in Myanmar. It is also one of the major killers of infants and children. In conjunction with HDIE Water and Sanitation project staff, the Health project educates local people on the importance of safe water and sanitation. It promotes the use of oral rehydration salts to treat diarrhoea. It also combats pneumonia and other **respiratory infections** (another important killer), and promotes the **immunization** of children against major diseases.

### Reaching the unreached

The project rehabilitates **rural health facilities** such as clinics, and improves the system by which health workers can refer patients that need specialized care to the nearest hospital. It provides anti-venom to village health centres to combat **snake bites**—a serious problem for rice-field workers. It educates **traditional healers** in simple treatments, building on their knowledge and skills, and ensuring that they continue to provide valued services in their communities—where they are often the only health-care providers. It also works with parent-teacher associations to improve health-care services and health education in **village schools**.