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Foreword

At the United Nations Millennium Summit held in New York in September 2000, 189 Member States adopted the Millennium Declaration. The Declaration consists of a set of inter-connected and mutually reinforcing development goals and time-bound targets aiming at eradication of poverty and sustainable human development.

The MDGs contain the solemn commitments of all countries to promote growth and development. These goals are now an important yardstick of the international community to measure its progress.

It is the paramount task of the government to achieve economic growth and social progress in promoting the lives of the people.

To that end, Myanmar has been implementing the National Development Plan with the aim to accelerate growth, achieve equitable and balanced development and to reduce socio-economic development gap between rural and urban areas of the country. The major aspects of the MDGs are also covered in the National Development Plan.

In this respect, the first Short Term Four-Year Plan (1992/93 to 1995/96) was formulated and implemented , and the economy increased by 1.34 times over the base year. The second Short Term Five-Year Plan covering (1996/97 to 2000/01) was implemented and the economy increased by 1.5 times over the base year 1995-96. Presently, the third Short Term Five-Year Plan (2001/02 to 2005/06) is being implemented and the economy grew at 1.6 times by the end of the fourth year of the current Five-Year Plan.

With a view to achieving balanced development and to narrowing down the socio-economic development gap between rural and urban areas, the three National Development Programmes are being implemented.

The three National Development Programmes are:

(1) Border Area Development Programme

(2) Plan for 24 Special Development Zones and

(3) Integrated Rural Development Plan.

These Development Programmes have been undertaken relying mainly on our own resources.

With the implementation of these National Development Programmes, significant progress has been achieved in various sectors, such as health, education, infrastructure and agriculture.

Myanmar has scored noticeable achievements in carrying out its National Development Programmes reflecting the MDGs. The progress and development attained can be measured in terms of indicators that conform to the MDGs.

The achievements resulting from the implementation of the National Development Programmes cover a wide scope of the targets of MDGs. Based on the present trend of progress, some of the MDG targets have already exceeded and some are expected to be

achieved much earlier than the time frame. However, more efforts will be concerted to meet some of the targets by the year 2015.

It can be observed that Myanmar has already exceeded the target of the proportion of people with access to improved sanitation in 2005, through implementation of the National Sanitation Programme commencing from the year 1998.

Prevalence of under-weight among children has declined slowly over the past decade showing improvements in the nutrition status.

In the education sector, net enrollment ratio in primary education is on a rising trend. Moreover, boys and girls have equal chances to pursue both general and professional education, reflecting that there is no gender discrimination in Myanmar.

It is to be noted that under-5 mortality rate and infant mortality rate are on a descending trend. At the same time, maternal health has been improved because of the initiation of Making Pregnancy Safer as a priority component in the Five-Year Reproductive Health Strategy Plan (2004-2008).

Progress has been seen in many areas through endeavouring on self reliance basis. At the same time, the government has been cooperating with the UN agencies to help develop the basic needs at the grass root level. It is encouraging to see the significant outcome especially in some segments of the health and primary education sectors.

The Millennium Development Goals Report of Myanmar is the very first Report prepared with her resources.

The Report covers many aspects of Myanmar's achievements and outcomes that complement the targets of MDGs while endeavouring within the context of the National Development Programmes. This will be the foundation for future MDG Reports.

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. 2. 3.	Proportion of population below $1 per day Poverty gap ratio [incidence x depth of poverty] Share of poorest quintile in national consumption
Target 2:	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. 5.	Prevalence of under-weight children (under-five years of age) 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. 7. 8.	Net enrollment ratio in primary education Proportion of pupils starting grade 1 who reach grade 5 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. 10. 11. 12.	Ratio of girls to boys in primary, secondary and tertiary education Ratio of literate females to males of 15-24 year olds Ratio of women to men in wage employment in the non-agricultural sector 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. 31.	Proportion of people with access to improved sanitation Proportion of people with access to secure tenure [Urban/rural]
Goal 8:	**Develop a Global Partnership for Development**		
			Official Development Assistance
Target 12:	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	32.	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. 35.	Proportion of ODA that is untied 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
			Market Access
		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
		Debt Sustainability 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
Target 16:	In co-operation with developing countries, develop and implement strategies for decent and productive work for youth	45. Unemployment rate of 15-24 year olds
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 and communi-cations	47. Telephone lines per 1000 people 48. Personal computers per 1000 people

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

Introduction

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

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.

Presently, the third Short-Term Five-Year Plan (2001/02 to 2005/06) is being implemented.

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

- To establish an agro-based industry and other required industries as a first step in order to set up an industrialized nation
- To develop the electric power and energy sectors to be in line with the expansion of industry
- To expand the agriculture, livestock and fishery sectors for self sufficiency and export promotion
- To carry out afforestation works and greening of nine zones
- To expand the educational and health services for the development of human resources
- To develop the rural area
- To undertake all-round development of other sectors
- To attain a firm foundation for economic and financial development.

The average annual growth rate achieved for the first four years of the Third Short-Term Five-Year Plan is 12.4 per cent.

Sectoral Development

-Agriculture Sector

The Agriculture Sector comprising agriculture, livestock and forestry achieved an average annual growth rate of 7.8 per cent in the Second Five-Year Plan (1995/96 – 2000/01) and the average annual growth rate achieved during the four years of the Third Short Term Five-Year Plan is 9.0 per cent.

-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 24.5 per cent was achieved in the four years of the present Short Term Five-Year Plan.

-Services Sector

The Services Sector inclusive of trade achieved an average annual growth rate of 8.3 per cent in the previous Five-Year Plan and an average annual growth rate 14 per cent was realized in the first 4 years of the present Short Term Five-Year Plan.

External Trade

Regarding the external trade sector, total exports increased at an average annual rate of 17 per cent and imports by 4.8 per cent during the year 1996/97 to 2000/01 resulting from the application of export promotion measures and systematic management of foreign trade system.

In the third year of the present Third Five-Year Plan in 2003/04, average annual growth rate of exports increased at 6.3 percent and imports at (-)1.2 percent.

Total exports as of March 2005 reached to US $ 2,928 million, showing an increase of 24.2 per cent over previous year. Total imports as of March 2005 showed US $ 1,973 million which was 11.9 per cent less than previous year.

Total trade volume as of March 2005 increased by 6.6 percent compared to the previous year.

The external trade position has improved significantly showing the balance of trade surplus of US $ 763 million in 2002/2003, US $ 117 million in 2003/04 and US $ 955 million as of March 2005 consecutively.

Likewise, the current account balance has also achieved a surplus of US $ 6.7 million in 2002/03 and US $ 7.6 million in 2003/04 respectively.

According to the total trade volume, Myanmar's trade with Asian Countries was 89.8 per cent of the total trade volume and 10.2 per cent with the rest as of March 2005.

Inflation

Inflation rate which stood at around 30 per cent during mid 1990 started to decline and was further reduced to (-) 1.62 per cent in early 2001. The inflation rate started to increase and then decrease again and the inflation is 3.8 per cent as of March 2005.

Investment

Since the enactment of the Foreign Investment Law in November 1988, permitted total amount of foreign investment reached US $ 7.750 billion at the end March 2005. 394 enterprises from 27 countries have been permitted to invest in Myanmar.

The inflow of foreign investment started to decline in 1997/98, mainly due to the restrictions made by some Western Countries.

Executive Summary

At the United Nations Millennium Summit held in New York in September 2000, the leaders of the world resolved to strengthen global efforts for peace, democracy and poverty eradication and adopted a declaration that addressed global challenges related to education, health, gender and poverty. The Millennium Development Goals (MDGs) emerged as the principal means of implementing the Declaration.

In the United Nations' strategy to achieve the MDGs by 2015, primary focus has been given to action at the country level. The rationale for this lies in moving the millennium commitments from the global to the local level by giving the countries to assess their needs, develop economic policies and monitor their own progress. Myanmar has achieved, since late 90s, a number of national development goals, which cover essential elements of the MDGs. The achievements owe a great deal to the policies and strategies aiming at acceleration of growth based on equitable and balanced development of the whole country. The Government and the people have committed themselves to build a new modern developed nation in accord with the twelve Political, Economic and Social Objectives of the country.

Growth in agriculture productivity has been recognized to be pro-poor having a direct role in raising the incomes of the rural poor and thus reducing poverty. Since adequate water supply is one of the basic requirements for boosting the production of crops, agricultural infrastructures have also been built throughout the country where necessary. Due to the extension of sown acreage, increase in per acre yield and introducing of new crops, Myanmar is enjoying surplus food. Myanmar agriculture sector, which employs about 60 per cent of the total labor force of the country, has great potential to lead socio-economic growth and to reduce poverty.

It is the strong agricultural base of the economy that has provided basic food security to the Myanmar people. Myanmar's strategic plans and programmes for the socio-economic development of the rural, border and remote areas aim at achieving a long-term sustainable growth with a view to have more focused interventions in favor of the poor and the most vulnerable population of the country. As the MDGs aim to reverse the growing tide of world poverty, developing countries are expected to be active at a national level. Thus, Myanmar's relentless efforts can be observed as adaptation of the MDGs within the context of the National Plan. Poverty eradication, the primary objective among all the MDGs, is also a concern for the Myanmar people, especially for those who reside in the remote and border areas that lagged behind in the past.

Household Income and Expenditure Survey was conducted in 2001 to measure incidence of poverty. The estimated poverty rate was 20.7 per cent for urban, 28.4 per cent for rural and 26.6 per cent for the union. The poverty gap ratio was 6.8 per cent. In 2003, the government, in cooperation with the UNDP, started to implement the Integrated Household Living Conditions Assessment Project with the objective of assessing the income, expenditure and social welfare conditions of the Myanmar people through a comprehensive survey over the whole country. Upon completion of the project by the end of 2005, indicators for some of the Millennium Development Goals could be worked out and indicators

representing poverty as to Myanmar will be obtained. Necessary interventions in the needed areas can then be made.

Goal 1, target 2 of the MDGs is to halve, between 1990 and 2015, the proportion of people who suffer from hunger. Myanmar has declining figures in under-nutrition - rate of under-nutrition among under-3 children declined from 42 per cent in 1988 to 31 per cent in 1994 - and the rate of under-weight among children below 5 years also declined from 38.6 per cent in 1997 to 31.8 per cent in 2003. There are nutrition rehabilitation activities in some selected urban and rural areas and iron supplementation is a nation-wide programme against anaemia during pregnancy while supplementation for under-5 children and adolescent school girls is implemented in some selected areas.

Myanmar is taking all possible measures for the uplift of the education standard of the people. The government is nurturing the new generation of youths who can brave and cope with the challenges of the knowledge age so as to produce more and more human resources. There are 156 universities and colleges all over the country to provide equal opportunity to pursue higher education. The number of schools - basic, primary, post-primary, middle and high - has also increased. Adult literacy rate of 93.3 per cent reflects Myanmar's position as one of the highest in the South-east Asia. The Goal 2 of the MDGs targeted at achieving universal primary education. Myanmar's primary education projects accelerate the net enrollment rate in primary education as well as literacy rate of 15-24 years old age group. Net enrollment rate in primary education stood at 65.7 per cent in 1990 and has increased to 84.5 per cent in 2005. Likewise, youth (15-24 years old) literacy rate also increases to 96.5 per cent from 80.9 per cent in 1990. Both indicators will reach the goal of 100 per cent by 2015.

Myanmar has very promising results in health activities. Under the National Health Plan, health programmes are being implemented to promote the health status of the entire nation. These health programmes include, among others, National AIDS Control Programme, National Strategic Plan for Expansion and Upgrading of HIV/AIDS Activities in Myanmar, National Strategic Plan for Scaling Up HIV Prevention and Control in Myanmar, National Malaria Control Programme, National Tuberculosis Programme, Women and Child Health Development Project, community-based health activities, improvement of environmental health, rural health development scheme, primary health care programme and reproductive health programme.

Measures are also being taken to give priority to public health care. Myanmar is now free from diseases such as small pox, leprosy and polio. Under-5 mortality rate is on the descending trend -declining from 130 per 1,000 live births in 1990 to 66.6 per 1,000 live births in 2003 - and the target is 38.5 per 1,000 live births in 2015 to reach the Millennium Development Goal. With regard to infant mortality rate, it was 98 per 1,000 live births in 1990 but reduced to 49.7 per 1,000 live births in 2003 with the aim of reaching 28.3 per 1,000 live births by 2015.

Myanmar is using available resources within its own capacity to gain momentum in health activities. At the country level, national plans of action and strategic plans were set up and with the cooperation and assistance from the UN and WHO, project activities are being

implemented. Myanmar encountered some challenges such as acceleration of human resource development, upgrading of laboratory network, strengthening drug management; however concerted efforts will be used to reach the MDGs as targeted in the Millennium Declaration.

Among the MDGs, Goal 7 is to ensure environmental sustainability. As the population grows and the economy progresses, demand for basic needs will rise and also the demand for consumer goods will rise as well. The increase in population will place greater demands on natural resources and thus, effecting the environment. A nation's population is its most valuable resource on the one hand and on the other hand, it is also the source of the greatest pressure on a nation's natural resources and environment. In attaining the optimal utilization, special attention should be paid to reducing the demand for natural resources that is generated by unsustainable consumption and to using natural resources effectively and efficiently so as to minimize resource depletion and reduce pollution.

In order to effectively promote environmentally sound and sustainable development in the country, Myanmar Agenda 21 was adopted in 1997 which is an important effort of Myanmar to fulfill its commitments to the Rio Declaration. The government, not only pays attention to the remote and border areas, but also to the dry zone in central Myanmar, which is the hottest and driest area in the country. Specific programmes such as Greening of the Dry Zone and Greening of the Bago Yoma Programmmes are being implemented. A nation-wide tree planting programme has been launched since 1993 and millions and millions of seedlings are being planted annually in the whole country.

Myanmar signed the UN Framework Convention on Climate Change in 1992 and ratified the Convention in 1994. The Kyoto Protocol was acceded in 2003. The emission of Carbon dioxide was first estimated in 1997 and the consumption of ozone depleting substances (ODS) is 54.3 metric tons per annum. The consumption of ODS is planned to be phased out in 2010 under the Ozone Country Programme.

Target 10 of the MDGs is to halve, by 2015, the proportion of people without sustainable access to safe drinking water. In Myanmar, safe drinking water supply programme for water-scarce rural areas has been carried out since 2001, giving priority to villages with inadequate water supply and also villages without safe drinking water supply. Access to safe drinking water as of Multiple Indicator Cluster Survey shows an increased percentage - from 32 per cent in 1990 to 72 per cent in 2000.

Proportion of people with access to improved sanitation has also increased during the past decade, from 36 per cent in 1990 to 83 per cent in 2000. National Sanitation Weeks Programme that has started since 1998 is the most effective advocacy campaign throughout the country, bringing success in boosting community awareness and thus, increasing sanitation coverage.

Myanmar strives for the enhancement of socio-economic development with her own resources since supportive external assistance is very few. New lending from the multilateral financial institutions has been suspended since 1988-89 and has few bilateral ODA to Myanmar in the wake of the economic sanctions. In recent years, the UN has been the largest source of mainly humanitarian assistance.

As for the national setting, the seven point Road Map will pave the way for the establishment of a peaceful, modern, developed, discipline-flourishing democratic nation as desired by the entire people. The National Convention, which is the most vital and the very first phase of the Road Map, has been in progress. It is the desire of the people to see the country eventually emerging as a new modern developed nation.

The road map towards the implementation of the MDGs contains integrated and comprehensive strategies for action at the national level. Myanmar welcomes the MDGs, which are an ambitious agenda for reducing poverty and improving the lives of the peoples around the world. For each goal, there is one or more specific target, along with specific social, economic and environmental indicators to be used to track progress towards the goal. Myanmar, while implementing the formulated national plans and programmes in line with the Nation's political, economic and social objectives, has, at the same time, achieved some of the targets as outlined in the Millennium Goals. Bearing in mind what the world's nations have been pursuing for the development goals, Myanmar is endeavoring her utmost to achieve all the goals by 2015.

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

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

Progress to date

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.

With a view to obtaining a broad-base 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 round survey was conducted in November 2004 and the sample size covered nearly 19,000 households in 116 townships in all states and divisions. Presently, the data collected in the first round is being compiled and processed.

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 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	**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	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
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

No.	MDG goal	Indicator	Data source (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

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 in the Third Short Term Five-Year Plan(2001/02-2005/06) 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 1st 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 2nd 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 3rd programme is the Integrated Rural Development Plan being laid down for the period of 2001 to 2005 within the current 3rd Five-Year Plan 2001/02 to 2005/06.

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 Image of Myanmar in the international community is bad due to negative reporting by media.

5 The challenges of Myanmar are to overcome all these misperceptions and to let the world know the true impression of the country.

Goal 1 . Eradicate extreme poverty and hunger

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

Indicator 4. Prevalence of underweight children under five year s of age

5. Proportion of population below minimum level of dietary energy consumption

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

Sources : * *Multiple Indicator Cluster Survey*
Ministry of Health

Progress to date

Prevalence of micronutrient deficiency (iodine, vitamin A, iron)

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 anaemia 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.

Declining under-nutrition rate

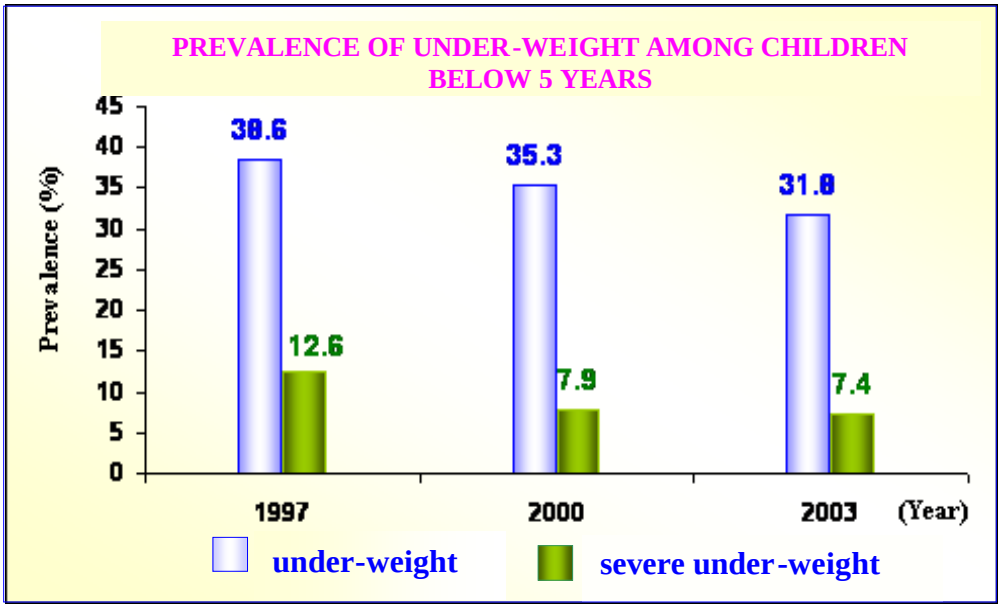
Prevalence of under-weight among children has declined slowly over the last decade. The National Nutrition Centre of the Department of Health conducted nation-wide nutrition surveys every three years. Surveys conducted in 1988, 1991 and 1994 assessed the nutritional status of children below three years of age because they were aimed at evaluating the impact of Growth Monitoring and Promotion (GM/P) programme for this age group.

Rate of under-nutrition among under-3 children declined as follows:

	1988	1991	1994
Under-weight (%)	42	37	31
Severe under-weight (%)	11.9	11.2	8.3

Source: National Nutrition Surveys, National Nutrition Centre (NNC), Dept. of Health

In 1997 nutritional assessment of children was integrated into the Multiple Indicator Cluster Survey (MICS) of the Department of Health Planning. Since then the target group of the survey has changed to children below five years of age to make the data comparable internationally. Rate of under-nutrition among under-5 children slowly declined as follows:



Source: Multiple Indicator Cluster Survey (2003), Dept.. of Health Planning and N NC

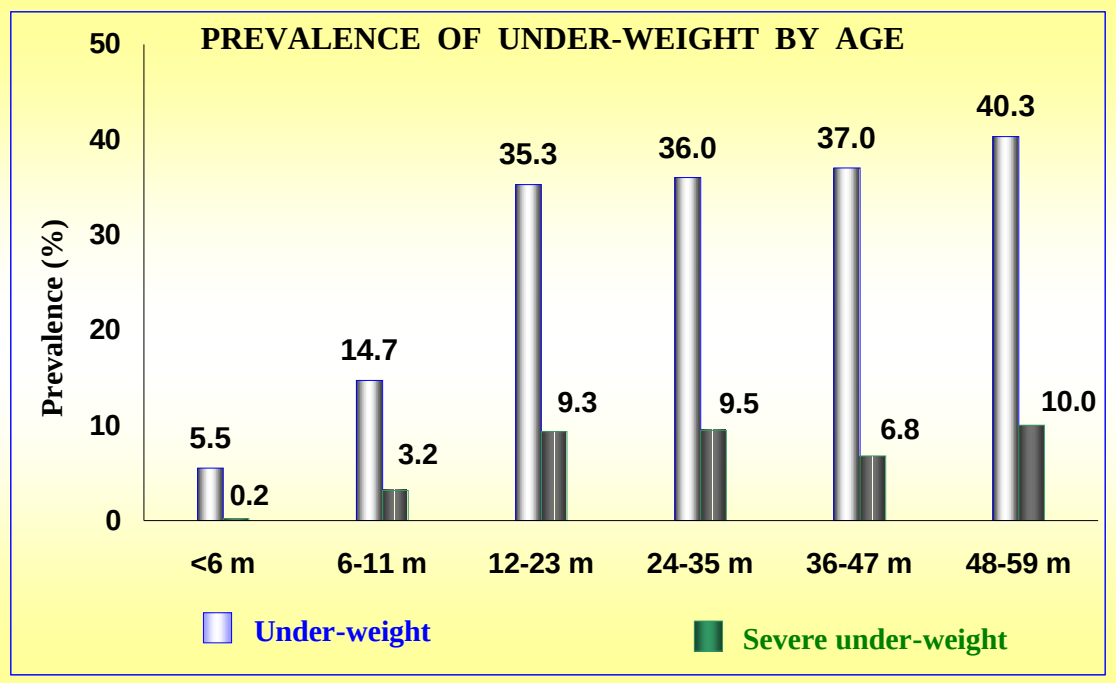
MICS 2003 indicated that there was no significant difference in the prevalence of under-weight between boys (31.1 per cent) and girls (32.4 per cent).

But prevalence of under-weight among rural children was significantly higher than among their urban counterparts as shown in the following table.

	Urban	Rural
Under-weight (%)	25.3	33.5
Severe under-weight (%)	4.9	8.1

Source: Multiple Indicator Cluster Survey (2003), Dept. of Health Planning and NNC

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 as shown in the following figure.



Source: Multiple Indicator Cluster Survey (2003), Dept. of Health Planning and NNC

Maternal Education Level

Maternal education level is an important factor determining the nutrition status of under 5 children. MICS 2003 showed significant decrease in the prevalence of underweight among children whose mothers attained secondary school level education.

	Maternal Education Level		
	Below primary	Primary	Secondary
Underweight (%)	36.9	34.0	26.1
Severe under-weight (%)	12.7	7.7	5.1

Source: Multiple Indicator Cluster Survey (2003), Dept. of Health Planning and NNC

Micronutrient deficiencies

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 and median urinary iodine excretion was 205 microgram µg /liter in 2003-04. 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. Since the beginning of the supplementation programme, emphasis has been put on proper communication between the central planners and the peripheral implementers. Effective dissemination of message from the peripheral workers to the people has led to high acceptance by the people. Coverage remarkably increased when vitamin A supplementation was integrated with polio vaccination on the National Immunization Days in 2000 through 2002. Prevalence of Bitot's spot (one of the ocular signs of vitamin A deficiency) among under-5 children declined from 0.6 per cent in 1991 to 0.03 per cent in 2000. 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 anaemia

Anaemia 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. Anaemia among under-5 children is as high as among pregnant women.

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

Objectives of nutrition programmes are:

- 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

Nutrition programmes of NNC are as below:

- Protein Energy Malnutrition Control
- IDD Elimination
- Vitamin A Deficiency Elimination
- Iron Deficiency Anaemia Control

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 24 per cent in 1993 (National Nutrition Survey, NNC) and 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. Breastfeeding rate is quite high (More than 90 per cent) in Myanmar but exclusive breastfeeding before 6 months is still very low (less than 16 per cent in MICS 2003). 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.

5. 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.

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	
Indicator	***1990***	***1995***	***2000***	***2004***	***2005***	***2010***	***2015***
6. Net Enrollment Ratio in Primary Education	***65.7***	***73.6***	***77.0***	***81.3***	***84.5***	***90.0***	***99.0***
7. Proportion of Pupils starting grade 1 who reach grade 5	***24.5***	***37.1***	***48.5***	***71.7***	***74.5***	***80.0***	***99.0***
8. Literacy rate of 15 - 24 years old	***80.9***	***87.7***	***94.4***	***96.5***	***96.5***	***98.0***	***99.0***

Source : Department of Education Planning and Training

Progress to date

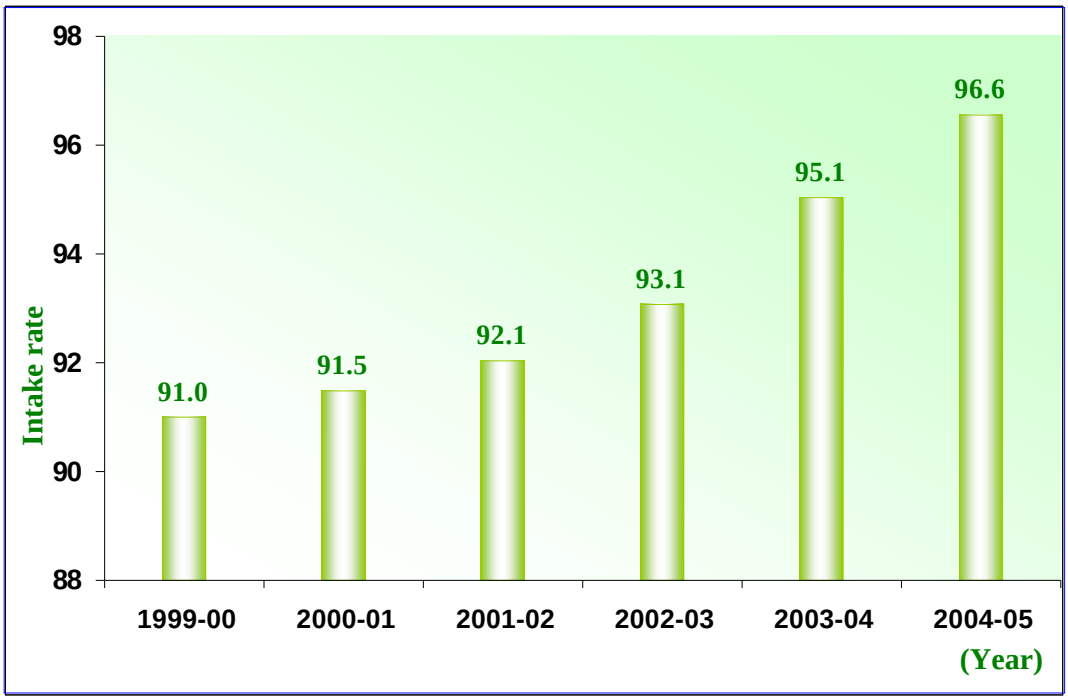
All School-Age Children in School Project

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 in 1996 and household survey on literacy is conducted annually. 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 during the 1999/00 AY to 2004/05 AY as follows:

Year	**1999-00**	**2000-01**	**2001-02**	**2002-03**	**2003-04**	**2004-05**
Intake rate	91.00	91.50	92.05	93.07	95.05	96.56

Source : Department of Education Planning and Training

PRIMARY SCHOOL INTAKE RATE



Post-Primary School Project

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 Nationa l 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 790 in 2004 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 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

Overall the number of basic education schools has increased from 33,923 in 1990 to 40,525 in 2004 registering an increase of 6,602 schools thereby greatly contributing to improving access to 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.

Utilization of Mass Media and ICT in Basic Education

One of the major activities in developing 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 2004/05 AY is as follows:

Sr. No	Multimedia facilities	High school	Middle school	Primary school	Total
1	Multimedia classroom *	1,004	537	60	1,601
2	2 Platform **	13	957	139	1,109
3	1 Platform ***	10	609	16,444	17,063
	Total	**1,027**	**2,103**	**16,643**	**19,773**

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

*** either 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 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

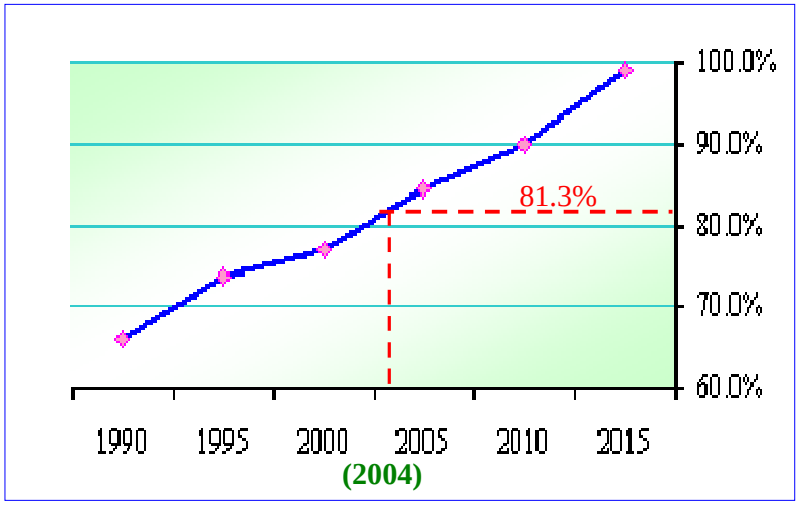
The formation of School Board of Trustees (SBOT) introduced in 1998 is not only supplementing the regular function of the existing Parent-Teacher Association (PTA) but also providing school facilities and supporting needy children for schooling. Due to increased social mobilization, and community participation, 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.

Non-Formal Education

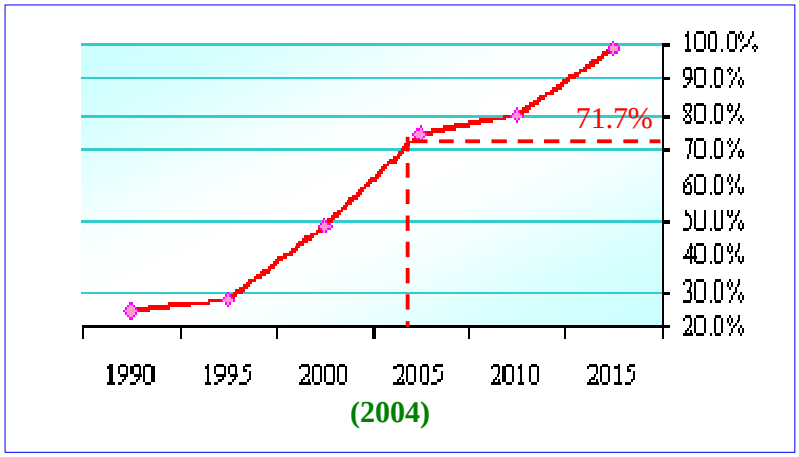
Together with the programme for increasing primary school enrollment, the implementation of nationwide adult literacy programmes promotes literacy among young people of age 15-24. Myanmar Education Research Department (MERD), as a focal centre for Non-Formal Education (NFE), is contributing to the literacy 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 old increase from 80.9 percent in 1990 to 96.5 percent in 2004.

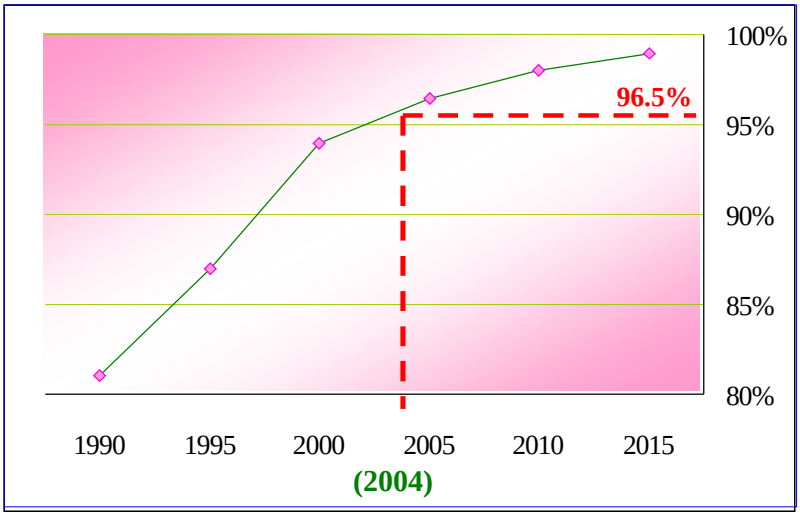
NET ENROLLMENT RATE I N PRIMARY EDUCATION (PERCENT)



PROPORTION OF PUPILS STARTING GRADE 1 WH O REACH GRADE 5



LITERACY RATE OF 15 - 24 YEARS OLD



Given the current rate of progress in net enrollment and retention rates in primary education, Myanmar will achieve universal access to primary education by 2015.

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 and implemented 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 2014/15), 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 educa tion 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

Indicators	*1990*	*1995*	*2000*	*2004*
*9. Ratio of girls to boys in - primary education**	*92.83*	*93.86*	*97.15*	*98.44*
*- secondary education **	*93.64*	*100.46*	*104.98*	*95.75*
- tertiary education #	*150.64*	*152.66*	*167.58*	*151.55*
*10. Ratio of literate females to males of 15-24 years old **	-	-	-	*101.4*

*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 to education as it has been guaranteed in the aims and 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 per cent are female students. In medicine, about 60 per cent of students are women. In the field of economics and technology, the number of girl students is on the rise.

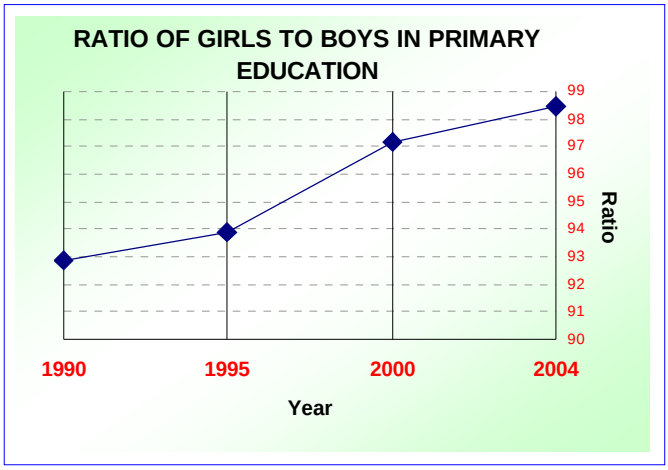
In Myanmar, there are many pioneer organizations headed by women. The womenfolk becomes a greater national force in nation-building tasks. One of the organizations, Myanmar Women's Affair Federation (MWAF) is an important organization. The MWAF has a membership strength of over 1.3 million. It was formed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

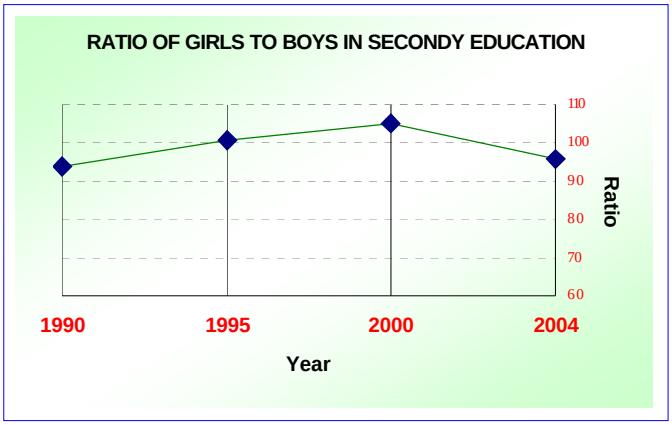
The State values and honors the spiritual ability and fine traditions of womenfolk.

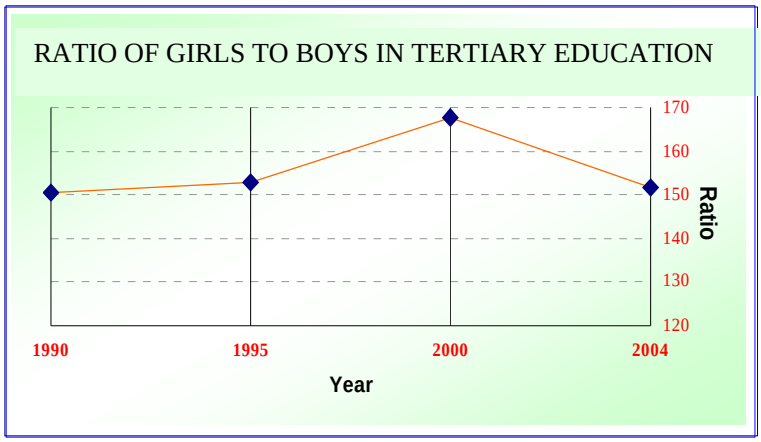
The government has been making systematic efforts for the progress and firmness of Myanmar Women's Sector. It is given to understand easily that women's spirit to love the nation, patriotism to preserve the race, the spirit to serve the well-being of the nation can not be described in words.

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.







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 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.

Long-Term Basic Education Development Plan

To achieve the MDGs target, programmes such as 'Pre-school Education', 'Observation of Enrollment Week' , 'Special Primary Education Programme for Over-age Children', '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 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 table shows the ratio of girls to boys at Colleges and Universities under the respective ministries.

Girls to boys ratio at Colleges and Universities under the respective Ministries

Sr. No	Ministries	Girls to boys ratio			
		1990/91	1994/95	2000/01	2004/05
1	2	3	4	5	6
1	Ministry of Education	163.16	163.16	174.84	157.73
2	Civil Service Selection & Training Board	55.45	44.43	101.65	145.28
3	Ministry of Progress of Border Areas& National Races &Development Affairs				
4	Ministry of Religious Affairs			57.58	55.56
5	Ministry of Culture		266.02	203.17	169.26
6	Ministry of Health	78.88	132.62	205.43	130.26
7	Ministry of Forestry			34.83	23.44
8	Ministry of Agriculture & Irrigation		99.48	55.43	67.76
9	Ministry of Livestock &Fishery	26.17	25.52	24.05	26.61
10	Ministry of Science &Technology	10.71	32.90	84.97	108.66
11	Ministry of Transport				
12	Ministry of Co-operative		329.66	563.45	332.43
	Total	150.64	152.66	167.58	151.55

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

As above mentioned, 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 used by the teacher.

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

Progress to date

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 per cent of the total wage employment in the non-agricultural sector. According to 2002 data, total labour force amounted to 24.93 million in which female labour force contributed 9.52 million or 38.18 per cent.

Since Myanmar has established (18) industrial zones over the whole country, it will lead to the creation of more opportunities for women to engage in industrial sector. With this trend, employment of women in industries will be increased accordingly. In line with the vision of the State to promote the industrial sector, the participation of women in the labour force in the non-agricultural sector will be sure to increase significantly before year 2015.

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.

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 1081 delegates attending the National Convention and of which 65 delegates are women.

Representatives in the National Convention

Sr No.	Social Strata	Men	Women	Total
1	Delegates of Political Parties	29	-	29
2	Delegates of Representatives –elect	13	-	13
3	Delegates of National Races	587	46	633
4	Delegates of Peasants	93	-	93
5	Delegates of Workers	45	3	48
6	Delegates of Intellectuals and Intelligentsia	47	9	56
7	Delegates of State Service Personnel	104	5	109
8	Other Invited Delegates	98	2	100
	Total	1016	65	1081

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[5] children immunized against measles

						MDG	target
	Indicators	***1990***	***1995***	***1998***	***1999***	***2003***	***2015***
13	***Under-five mortality rate (per 1,000 live births)***	***130[1]***	***82.4[3]***		***77.7[4]***	***66.6[3]***	***38.5***
14	***Infant mortality (per 1, 000 live births)***	***98[2]***	***55.4[3]***		***55.1[3]***	***49.7[3]***	***28.3***
15	***Proportion of 1-year old[5] children immunized against measles***	***67.7***		***87***			

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) 2002-03*
4. *National mortality survey (CSO) 1999*
5. *Ministry of Health*

Progress to date

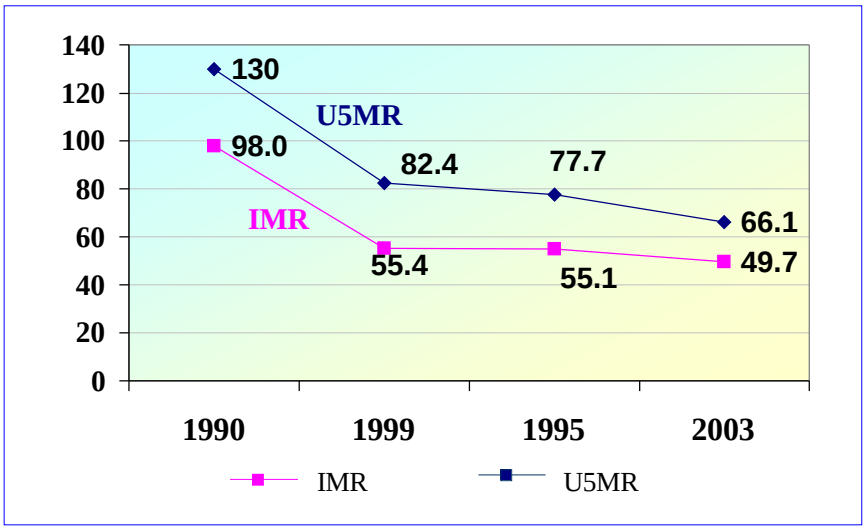
In Myanmar, according to National Health Plan, Ministry of Health (MOH) is implementing health programmes to promote the health status of the nation. For child health, the health projects, EPI, Nutrition, ARI and CDD were implemented in 1970s and 1980s. Starting from late 1980s, according to WHO concept of integration, ARI and CDD projects were integrated as Control of Diarrhea and Respiratory Infections (CDR) project. In 1998, IMCI strategy was adapted and introduced as Integrated Management of Maternal and Childhood Illness (IMMCI) strategy. Then, from 2001 onwards, in line with innovative life cycle approach, Women and Child Health Development project was launched by Department of Health.

For vital statistics, various departments and organizations such as Department of Population, Department of Health, UNFPA, UNICEF, Central Statistical Organization collected data by various methods. Although vital rates vary with study design, method of data collection and coverage, all sources agree that Under-Five Mortality Rate (U5MR) is on the descending trend. According to nation wide household survey by DOH it declines from

82.4 per 1000 live birth in 1995 to 66.6 per 1000 live birth in 2003. However, Infant Mortality Rate (IMR) is not markedly changed and it fluctuates between 49 and 55 per 1000 live births from 1990s to 2000s.

Reduction of U5MR is due to public health services such as improved access to primary health care services, EPI (BCG, DPT, Polio, Measles, recently hepatitis B is introduced), CDD, ARI and vitamin A supplementation etc.

U5MR and IMR



According to U5MR survey (2003), infant deaths contributes 73 per cent of total under five deaths and high IMR is attributable to high rate of young infants deaths about 70 per cent of infant deaths occurred in the first 3 months of life.

In the above study, it was also observed that U5MR varied among urban and rural area and also among different regions of the country.(urban 37.3 & rural 72.5 per 1, 000 live births; Delta 59.0 & Central Plain 76.8 per 1, 000 live births).
The leading causes of death for post neonatal children are:

SN	Diagnosis	(%)
1	ARI	27.6
2	Diarrhoea	17.6
3	Brain Infec.	17.1
4	Malaria	7.6
5	Beri Beri	7.1
6	Septicemia	5.7
7	Acci. and Poi	2.0
8	Unknown	8.4
9	Other	6.6
	Total	100

(n=590)

For neonates the main causes of death are:

SN	Diagnosis	(%)
1	Pre-maturity	30.6
2	Septicemia	25.5
3	Birth Asphyxia	24.5
4	Unknown	11.7
5	Brain Infections	4.3
6	Congenital Anomaly	2.7
7	Beri Beri	0.5
	Total	100.0

(n=188)

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

Rural development

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.

Key family practices

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, low Oral Rehydration Solution (ORS) use rate 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.

Environmental Health

Assess to safe water supply and sanitary latrines are still low in both peri-urban and rural areas leading to high morbidity and mortality from gastrointestinal diseases.

In future health programme cycle, the improvement of environmental health will be emphasized in collaboration with partner agencies.

Primary health care coverage

The target for primary health care coverage is to deploy one mid-wife in every village. Currently, a mid-wife has to cover 4 to 8 villages (5, 000 to 10, 000 population).

To solve the problem, a category of voluntary health worker, Auxiliary Mid-Wife has been trained with the objective of improving maternal and new born health in the rural community. They are trained for 6 months and the curriculum will be updated to allocate more time for essential new born care and management of common childhood diarrhoea.

Infectious Diseases

Pneumonia, brain infection and septicemia are still major contributors of death in children. From hospital data, H influenza is found to be the leading cause of meningitis in this country.

Introduction of Hib vaccine should be considered in routine EPI schedule.

In Myanmar, Measles vaccine was introduced in 1987, immunized at the age of 9 months and a concerted effort to improve coverage in border area has been made since 1993. Remarkable reduction of measles cases and deaths follows. Second opportunity of measles immunization (Mass Measles Campaign) for under 5 children done in 1995 and 1997. The vaccination coverage reached 67.7 per cent in 1990. It can immunize the 87 per cent of children under one year old in the year 1998. The strategies regarding reduction of measles mortality consist of improving routine immunization, second opportunity for measles immunization, integrated surveillance system and improve case management including vitamin A supplementation.

Second opportunity for 9 months to under 5 years children (5.4) million of the whole country are immunized with Phase I, II and III during the year 2002, 2003 and 2004. It achieved 88 per cent for year (I), 90 per cent for year (II) and 80 per cent for year (III). Extensive immunization on seven antigens of EPI in Myanmar is the best protection of the children under one year leading to decrease the IMR especially for the vaccine preventable disease mortality. The programme now reaches all 324 townships including hard-to-reach areas.

Reported measles cases in 1990 were 6,243 and case fatality rate was 1.2 per cent. As a result measles cases decreased to only 1259 and case fatality rate was 0.8 per cent in 2004. Most of the cases occurred in (5-9) age group. According to reported cases from 1996-2004 period of maximum transmission of measles appears to be from November to March. Mass Measles Campaigns should be conducted preferably during the period of low transmission. However this period in Myanmar coincides with the rainy season, which makes operational activities in the field difficult.

Integrated surveillance is an active surveillance together with AFP and NNT. Myanmar has established an integrated surveillance system that includes measles surveillance where information for measles and other vaccine preventable diseases is used for immediate local action for control measures. All children with measles should be treated with two doses of vitamin A and special attention is given to provide Vitamin A during measles outbreak investigations.

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)

Baseline	*Current situation*	*Target 2015*	*Remark*
2.0 (1996)	*1.5 (2003)*	*0.5*	*Routine HMIS*
Urban 1 (1990) *Rural 1.9 (1990)*	*1 (2001)* *1.8 (2001)*	*0.25* *0.48*	*CSO*
2.32 (1994)	*3.8 (2002-2003)*	*0.58*	*Survey MMS*
Urban – 1.78 *Rural – 2.81* *Total – 2.55* *(1999)*		*0.45* *0.7* *0.63*	*(National Mortality Survey, CSO-1999)*
1/1.9 (1990)	*2.55 (2001)*	*0.25/ 0.475*	*WHO*
2.3 (1995-2002)	*3.6 (2000 adjusted)*	*0.575*	*UNICEF*

Source: Ministry of Health

Indicator 17. Proportion of births attended by skilled health personnel

	Indicator	***1990***	***1991***	***1997***	***2001***	***2003***
17.	***Proportion of births attended by skilled health personnel***	***50.8***	***46.3***	***56.4***	***57.0***	***67.5***

Source : Fertility Reproductive Health Survey

Proportion of births attended by skilled health personnel is in increasing trend and also expected to achieve 2015 MDGs target.

Progress to date

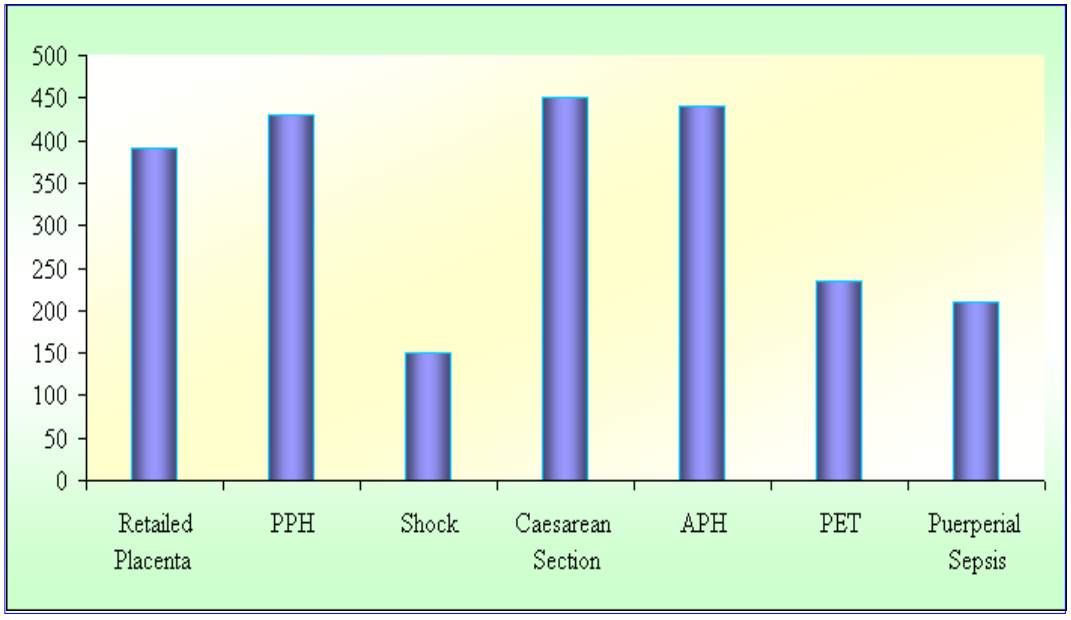
The Ministry of Health has put emphasis in achieving the MDG by 2015 in its own capacity with available resources. At the country level, national plan of actions and strategic plans were set out, together with national as well as the global partners. In Goal 4: Child Mortality was targeted to be reduced by two-thirds between 1990 and 2015; In Myanmar,

nearly 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) has been reduced to 50 in 2002 for every 1,000 born (Overall and Cause Specific Under Five Mortality Survey, WCHD). In the same target of reducing child mortality, the proportion of under one-year children immunized against measles was 72.6 per cent in 2001 and 76.0 per cent in 2003 (CEU-DOH).

Based upon the survey findings, the Maternal Mortality Ratio was 1.78 in urban and 2.81 in rural per 1,000 live births (National Mortality Survey, CSO-1999). Regarding the Proportion of births attended by skilled health personnel, HMIS reported as 40.1 per cent in 2001 and 60 per cent in 2004. As of 2003 December, 8,527 midwives and 28,872 Auxiliary Midwives (AMW) are 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. During 2004, around 500 new AMW were trained to increase the strength of skilled birth attendants. 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 attachment of labor rooms.

Causes of maternal death

MATERNAL DEATHS BY CAUSE OF DEATH



Source: Maternal mortality survey (1994)

According to the maternal mortality survey, conducted in 1994 it was shown that the maternal deaths by cause as above diagram, in which the highest cause of maternal deaths

showed to be operative deliveries but did not represent to all operative deliveries as the patients usually come to the hospital in moribund state.

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 MDG:- 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 Voluntary Counseling and Testing 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 anaemia in pregnancy, iron folic tablets, de worming in pregnancy), Malaria (prevention and management of malaria in pregnancy) has been strengthened. The five-year reproductive health 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. Because of the reasons of urgency, impact and accessibility, reproductive health has become a national concern.

At micro (sectoral) level, the causes of 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 obstetrical 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 anaemia for every pregnant mother. Active management of third stage of labor and the use of MgSO4 in management of severe PET and Eclampsia has been introduced at appropriate operational levels.

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. However, to certain extent cultural and policy may restraint some aspects of reproductive and sexual health services. These need to be executed tactfully. Financial and human resource constraints are also important issues requiring serious attention. Given the diversity of opinions among stakeholders, there is also a needs for better cooperation and coordination among partners.

Key lessons learned during the past decade provide sound foundation for further improvement of the programme. Some of the evidence based lessons 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 RH should be ensured
- Coordinated and sustained resource commitment, which support developing country-led policy making should be considered

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

Indicator	*1992*	*1995*	*2000*	*2003*
18. HIV prevalence among pregnant women aged 15-24 years (%)	*2.71*	*1.96*	*2.78*	*1.20*

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.

Indicator	*2002*	*2003*	*2004*
19. Contraceptive Prevalence Rate			
A. Condom use at last high-risk sex (%)	*45.1*	*55*	
B. Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)		*21*	*25*

Source : Ministry of Health

Indicator	*PCFS*	*FRHS*	
	1991	*1997*	*2001*
19 C. Contraceptive Prevalence Rate (%)	*16.8*	*32.6*	*37.0*

Proportion of male respondents of age 15-24 years who reported using condoms 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 misconceptions 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 guide lines for the effective and efficient implementation of national health programmes.

National AIDS Committee is formed to oversee and monitor the HIV/AIDS prevention and control activities over the whole country. The committee also gives necessary guidance to the capacity building as well as for undertaking research activities. There are 39 members, which comprises the Deputy Ministers, senior officials from the government side and chairperson from the selected NGOs.

Under the National AIDS committee, Working Committee is formed with the Directors-General from the concern departments, vice chairperson and secretaries from the same NGOs.

National AIDS committee is formed not only at the central level but also at the states / division/ township levels.

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.

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 per cent condom use programme started in 2001
- "ART for People Living with AIDS" started in the public sector in 2003

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 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.

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 per cent targeted condom promotion was an integral part (currently in 110 townships), prevention of HIV transmission among IDUs, prevention of mother to child transmission of HIV (PMCT) (currently in 36 townships), provision of care and support, screening of blood for HIV for the safe blood supply (currently in all hospitals up to township level), promotion of multisectoral collaboration and cooperation, special programmes activities, surveillance, supervision, monitoring and evaluation. Provision of care and support includes counselling, voluntary confidential counselling 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 Labour and UN Agencies, NGOs and INGOs.

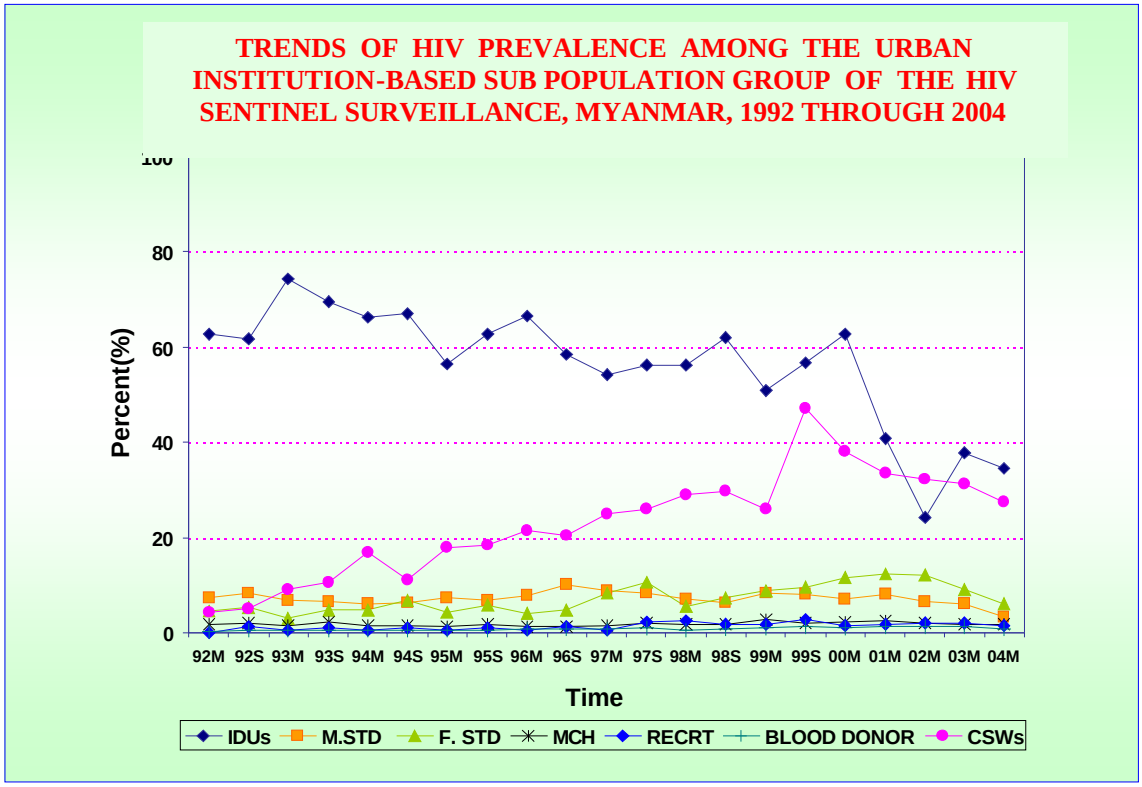
Challenges

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.

The following trends have been observed from the HIV sentinel surveillance covering the period between 1992 and 2004. The surveillance involved primarily urban populations. The rates of prevalence in the low-risk groups (women attending antenatal clinics, new military recruits, and blood donors) have remained low (Figure 1). The prevalence among men attending STD clinics has also remained steady, but at a higher level. A decreasing trend was observed among IDUs at detoxification centers, 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.

(Figure -1)



National AIDS Control programme

Strategic Areas of Prevention and Control of HIV/ AIDS in Myanmar

1. Advocacy to authorities and decision makers, implementing partners, private sectors and community leaders
2. HIV and STD prevention education
3. Targeted interventions
   - 3.1 Prevention of sexual transmission
   - 3.2 Prevention of HIV infection among injecting drug users

3.3 Prevention of mother to child transmission
3.4 Provision of safe blood and blood products
3.5 HIV prevention among health care setting

4. Care and Treatment of STD patients and PLWHA
5. Programme Management and Support including monitoring and supervision
6. Capacity building

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

Goal 6. Combat HIV/AIDS, malaria and other disease

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 (1990–2003)+

Malaria Indicator 21	*1990*	*1991*	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*	*2000*	*2001*	*2002*	*2003*
Deaths per 100,000 (0-4 yrs)	***na***	***na***	***na***	***na***	***na***	***na***	***5.90***	***5.65***	***7.46***	***7.68***	***5.14***	***5.68***	***5.36***	
Deaths per 100,000 (all age)	***12.6***	***12.6***	***11.2***	***9.8***	***9.9***	***8.4***	***7.5***	***6.3***	***6.7***	***7.6***	***5.5***	***5.5***	***5.1***	***4.7***
Prevalence per 1,000 (all age)	***24.4***	***22.7***	***18.7***	***16.3***	***15.9***	***14.7***	***14.6***	***12.2***	***11.6***	***12.3***	***11.8***	***12.9***	***13.8***	***13.5***

Source : Ministry of Health

na – not available

National targets for above indicators in year 2010 will be 2.6 deaths/100,000 in 0-4 years age group; 2.8 deaths per 100,000 in all age group and the prevalence rate of 5.9/1000 population.

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

Indicator	*Area*	*2000*	*2001*	*2002*	*2003*
% of pop. <5 year of age in all malaria risk areas using (ITN) (Insecticide Treated Nets)	*Union*	*0.11*	*0.91*	*6.56*	*11.98*
% of pop. <5 year of age in malaria risk areas with fever being treated with effective (T) (Antimalarial Drugs)	*Union*	*18.9*	*23.6*	*11.5*	*10.3*

Source : Ministry of Health

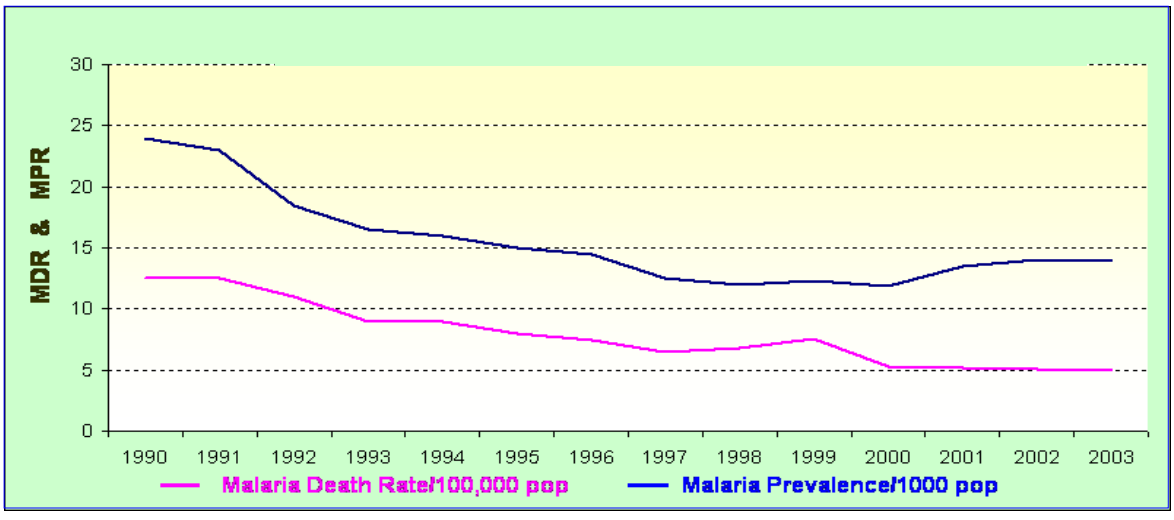
Progress to Date

National Malaria Control Programme has been started since 1950. Pilot townships such as Lashio, Taunggyi Townships from Shan State were selected in 1953 for feasibility study of Malaria Eradication Programme by using DDT for indoor residual spray. With the great achievement gained from that programme and with expectation of eradication, it was changed into Malaria Eradication Programme in 1957. Although technically sound, the programme faced with operational failures, reduction in resources and other factors, it was converted again into Malaria Control Programme in 1973. In 1978, the programme was integrated with other mosquito borne diseases such as dengue haemorrhagic fever, lymphatic filariasis, Japanese Encephalitis to form Vector Borne Diseases Control Programme. In 1993, "The Global Malaria Control Strategy", which was declared at the Ministerial Conference on Malaria held in Amsterderm in October 1992, was adopted. Roll Back Malaria concept has been accepted by the programme.

Malaria is one of the priority diseases in Myanmar. About 70 per cent of the populations are residing in malarious areas.

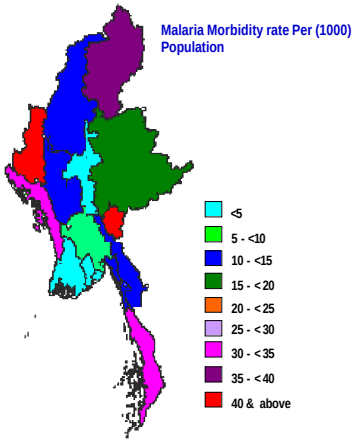
Malaria morbidity and mortality rate for 2 decades period were shown in graph. In the long-term trend, both malaria morbidity and mortality rates were declined. In 1988, morbidity rate and mortality rate were 24.5/1000 population and 10.4/100,000 population respectively. In year 2003 morbidity and mortality rate become 13/1000 population and 4.5/100,000 population respectively.

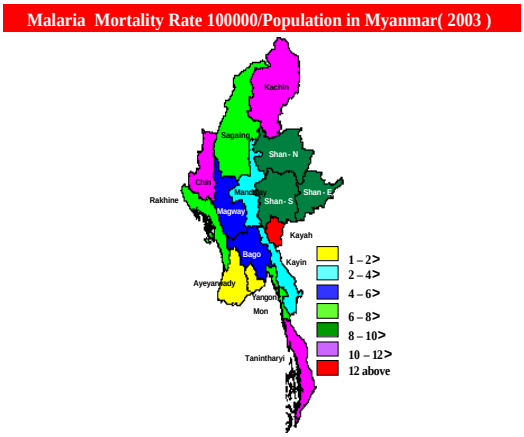
MALARIA DEATH RATE AND MALARIA PREVALENCE RATE IN MYANMAR (1990- 2003)



The highest malaria morbidity rate was seen in Chin State and Kayah State (> 40 cases/1000 population) and the lowest malaria morbidity rate was seen in Mandalay Division, Yangon Division and Ayeyarwaddy Division. (<5 cases/1000 population)

The highest malaria mortality rate was seen in Kayah State (>12 deaths/100,000 population) followed by Kachin, Chin States and Tanintharyi Division (10-12 deaths/100,000 population). The lowest malaria mortality rate was seen in Ayeyarwaddy and Yangon Divisions.





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.

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 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 behaviuor 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 Artemesinin-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.

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

Indicators	*Base line*	*2000*	*2003*
23. Prevalence and death rates associated with tuberculosis			
Tuberculosis Prevalence / 100,000*	***103 (1994) SS +***	***132***	***155***
Tuberculosis Death rate / 100,000*	***32.6 (1990) urban***	***34***	***18***
24. Proportion of tuberculosis cases detected and cured under directly observed treatment, short course			
Proportion of Tuberculosis cases detected *	***38 (1990)***	***51***	***83***
Proportion of Tuberculosis cases cured #	***61(1994)***	***70***	***72***
Proportion of Tuberculosis cases treated successfully #	***78 (1994)***	***81***	***82***

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

Progress to Date

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.

In the country there are two data sources for TB control. NTP has the regular quarterly reporting system in line with the recommendation from World Health Organization and the other is Health Management Information System (HMIS) collects report in monthly basis. All the information from both sources are validated at the central level.

The baseline indicators to be used in evaluation of Millenium Development Goal (MDG) are taken from the most reliable source.

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

To measure the progress of NTP, Myanmar towards WHO global targets after DOTS expansions. With high-level political commitment towards DOTS and external assistance, Myanmar is approaching WHO global targets despite of limited resources. Now that 100 per cent DOTS coverage is achieved, NTP and the partners have to focus an enhancing quality of TB services nation-wide.

Challenges

The materials and methods are –

Record review of annual NTP reports (1997 to 2003) and Cohort analysis for treatment outcomes of TB patients registered in NTP (1997 to 2003).

Case finding through direct sputum-smear microscopy are –

Quality assurance system started in 1999, LQAS is selected townships in 2002 and EQAS and panel testing in 2003.

Treatment guideline and DOT are –

Fully intermittent Regimen was introduced in 1999, GDF grant for anti-TB drugs (3 years) in 2001, Daily regimen using 4 FDC supported by GDF in 2004, DOT is flexible, convenient for the patients – either trained Basic Health Staff, Local NGOs or family member can be a DOT provider.

Planned key activities, 2004-2005 are –

Accelerate Human resource development, Upgrade Laboratory Network, strengthen Drug management (GDF Round 3), Increase supervision and Case management, TB/HIV ARV pilot project, GFATM round 5: TB/HIV, MDR-TB, BHO External Review, December 2005.

Constraints are –

Sustainability of anti-TB drugs, Increasing drug resistance problem, TB/HIV co-infection, Accessibility for regular supervision, Delivery of efficient laboratory network,

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

Over half of the land in Myanmar is forested. Forest covered area is 52.13 per cent of the total land area of the country as indicated by the forest resources assessment (FRA. 2000) conducted in 1997. The detailed status of forest-cover is as follows:

Forest Cover Area of Myanmar

FRA 2005 Class	Extent			
	1990		2000	
	(000 ha)	Percent	(000 ha)	Percent
Closed Forests	28,114.70	41.55	25,841.00	38.19
Open Forest	9,755.80	14.42	9,426.90	13.93
Total Forest	**37,870.50**	**55.97**	**35,267.90**	**52.13**
Other wooded Land	10,405.80	15.38	11,435.30	16.90
Other Land (including water bodies)	19,381.60	28.65	20,954.70	30.97
Total Land Area	**67,657.90**	**100.00**	**67,657.90**	**100.00**

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

According to the Myanmar Forest Policy of 1995, the area of Reserved and Protected Public Forests should be 30 per cent of the total land area of the country. Up to 2004, the total area already constituted as Reserved and Protected Public Forests is 59,428.73 square miles (153,919.69 km^2) or 22.75 per cent of the total land area. Continuous effort will be taken to attain the target of 30 per cent for reserved and protected public forest by the year 2009-10.

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 fuel-wood.

The remedial measures 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 per cent as stipulated in the forest policy, protection of the forests not only by legislative means but also through people participation, establishment of community fuel wood 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 ecosystems 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 3.77 per cent 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 or ecosystems and landscapes of outstanding beauty. As Myanmar Forest Policy (1995) stipulated to increase the PAS to 5 per cent of the total land area of the country, there are eight proposed protected areas totaling 24,398.45 sq km and representing 3.61 per cent of the total land area in Myanmar. The process to notify all proposed protected areas will be accomplished before 2010. By 2010, the coverage of protected areas already notified will be 7.37 per cent of the country's area.

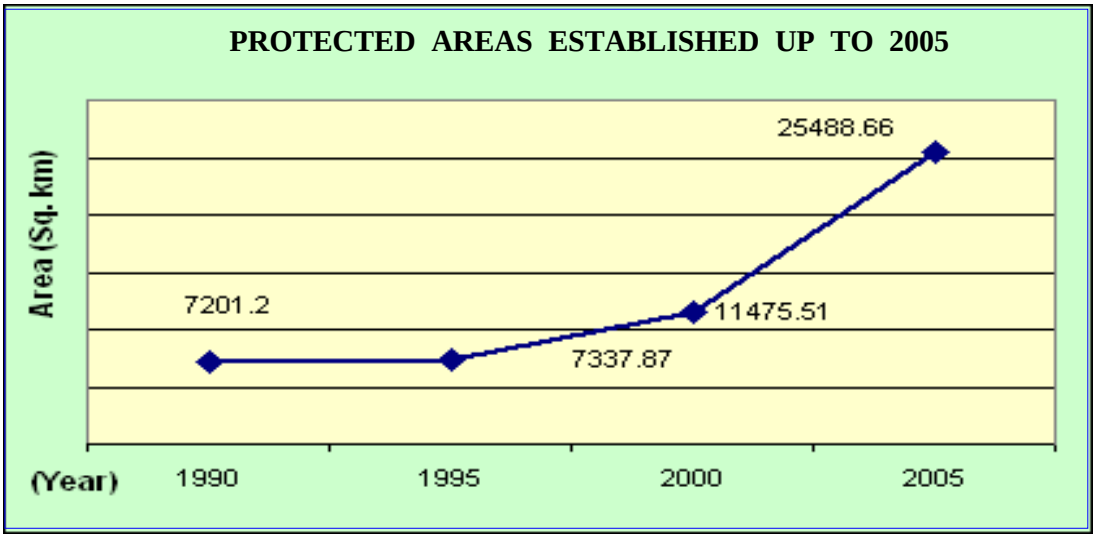
Realizing the importance of protected areas, Myanmar is making efforts to increase the percentage of Protected Areas System.

Programme for extension of the establishment of Protected Areas System is shown in the table below:-

Sr. No	Year	State/ Division	Proposed Protected Area	Area (1 mile)	% of the total land area of the country
1	2001-02	Taninthayi	Taninthayi National Park	1000	0.38
2	2002-03	Taninthayi	Lanya National Park	682	0.26
3	2003-04	Kachin	Hoonkanrazi Wildlife Sanctuary	1044	0.399
4	2004-05	Taninthayi	Myinmo Letkat Nature Reserve	1575.03	0.985
5	2005-06	Chin	Ngwe Taung Wildlife Sanctuary	500	0.191
6	2006-07	Magwe	Natyekan Natural Area	186.312	0.109
		Yangon	Paung Lin Reserve	5.164	0.04
7	2007-08	Shan	Goat Twin Natural Area	6.75	0.002
		Mandalay	Ye Pyaung Pyan Protected Public Forest	19	0.007
8	2008-09	Shan	Bunn Lon Reserve	2.2	0.0008
			Ye Aye Reserve	3.05	0.001
9	2009-10	Mandalay	Pait Chin Moyaung Natural Area	2.34	0.0008
			Dat Taw Gyaint Natural Area	2	0.0007
10	2010-11	Chin	Peletchaung Kyun Shwe Wai Natural Area	0.2	0.00007
		Shan	Aung Ban Reserve	19.17	0.007
11	2011-12	Magwe	Say Pin Gyi Protected Public Forest	52.39	0.020
		Shan	Kalaw Reserve	10.79	0.004
12	2012-13	Taninthayi	Ohwin Kyun Nature Reserve	15	0.0057
		Shan	Hte Thin Kan Reserve	1.34	0.0005
13	2013-14	Bago	Shin Ph Kyet Thauk Natural Area	33.487	0.0128
		Sagaing	Sar Lin Sar Kha Natural Area	8.75	0.0033
14	2014-15	Sagaing	Pho Win Taung Reserve	18.25	0.0069
		Sagaing	Twinn Taung Protected Area	7.14	0.0027
15	2015-16	Ayeyarwady	Dhe Pi Yon Taung Natural Area	1.25	0.0004
		Mandalay	Tu Yin Taung Protected Area	4.1	0.0015
16	2016-17	Sagaing	Shein Makar Tawya Kyaung W.S	0.52	0.0001

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.



Indicators	*1990*	*1995*	*2000*	*2005*
Ratio of area protected to maintain biological diversity to surface area (%)	*1.06*	*1.08*	*1.72*	*3.77*

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 1.4 million teak trees on 32,075 acres and 2.9 million hardwood trees on 63,845 acres inclusive of 20,700 acres of Greening of Arid Areas in Central Myanmar Project. Out of 63,845 acres of hard wood plantation, 5,480 acres are hard wood, 6,200 acres are industrial raw material plantation, 16,270 acres are village wood lots plantation, 27,270 acres are watershed plantation which is to ensure long-term utilization and perfect water flow of irrigation network and 2,500 acres are mangrove plantation in delta areas. In addition, 17.0 million saplings were planted by the public in 2003 under the supervision of Regional Forest Conservation Committees.

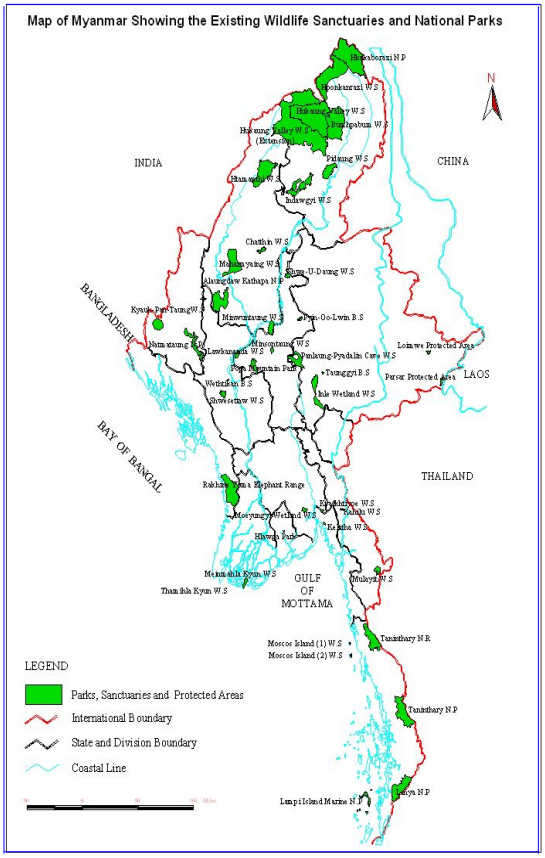
Moreover, to ensure protection of wild life and wild plants and conservation of natural areas, the State had established 13 nature and wild-life sanctuaries with an area of 2.0 million acres and seven national parks with an area of 1.6 million acres. The Sein-Yay Site (Bago Yoma) and the Mount Poppa 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.

Challenges

Like other developing countries, Myanmar faces many environmental issues as the result of sustainable land use practices, need of clear-cut land use policy, illegal wildlife trade along transboundary, weak law enforcement, inadequacy of trained staff and human resources, insufficient availability of fund and equipment, etc. However, Myanmar has exerted efforts to conserve her biological resources and to meet the 2010 target through the establishment of a network of PAS with active participation of local community and all stakeholders. Additional attention have been placed on an integration of all relevant institutions and organizations including non-governmental organizations.



Indicator 27. GDP per unit of energy use (as proxy for energy ef ficiency)

Progress to date

Total energy increased to 11,082 KTOE in 2003/04 (P.A) from 8,713 KTOE in 1990/91. 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	1995-96	2000-01	2002-03	2003-04 (P.A)
Petroleum Products	KTOE	553	1,020	1,648	1,738	1,721
Natural Gas	KTOE	216	264	381	414	465
Coal and Lignite	KTOE	17	21	85	77	127
Electricity	KTOE	131	176	255	365	382
Biomass (Wood and Charcoal)	KTOE	7,797	7,623	7,723	8,105	8,388
NET DOMESTIC CONSUMPTION PER SECTOR	KTOE	8,714	9,104	10,092	10,699	11,083
ENERGY CONSUMPTION PER GDP '1000 Kyat	KgOE	57.35	15.05	3.95	1.90	1.44

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 capi ta) [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_2 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_2 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:

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

* *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 s ustainable 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 programmme for safe drinking water supply for the water scarce rural areas. The programmme 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 52010 villages of which 28785 villages have access to safe drinking

water and 23,225 villages with lack of safe water supply. Out of 52,225 villages, 879 villages are without water supply, 9,166 villages have inadequate water supply and 13180 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.

Water Supply Programme for the plan period is as follows:

Sr No.	State/Division	Before the Water Supply Programme						Progress after the programme	
		Total Villages	Villages with access to safe water supply	Villages lack of safe water supply				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	Total		
1	2	3	4	5	6	7	8	9	10=4+9
1	Kachin State	1172	494	49	155	474	678	156	650
2	Kayah State	418	214	37	76	91	204	108	322
3	Kayin State	839	359	-	143	337	480	152	511
4	Chin State	987	371	168	268	180	616	170	541
5	Sagaing Division	5460	3006	18	837	1599	2454	2172	5178
6	Taninthayi State	1255	583	16	399	257	672	196	779
7	Bago State	2528	893	11	1088	536	1635	431	1324
8	-West Bago State	3559	2519	10	659	371	1040	501	3020
9	Magway State	4792	3323	220	740	509	1469	824	4147
10	Mandalay State	5550	1431	297	2100	1722	4119	3087	4518
11	Mon State	1127	343	-	69	715	784	312	655
12	Rakhine State	4172	3250	2	684	236	922	254	3504
13	Yangon Division	1752	732	-	253	767	1020	516	1248
14	East Shan State	2114	1115	-	416	583	999	67	1182
15	South Shan State	3373	2247	44	324	758	1126	603	2850
16	North Shan State	1565	910	2	262	391	655	154	1064
17	Ayeyarwaddy Division	11347	6995	5	693	3654	4352	1941	8956
	Total	**52010**	**28785**	**879**	**9166**	**13180**	**23225**	**11644**	**40429**

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.

Surface water is developed from Gyobyu Reservoir, Phugyi Reservoir and Hlawga Reservoir and 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.

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 %

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

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, costal, 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 are 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 83 per cent exceeding the year 2015 target of 68 per cent. Programme for access to improved sanitation 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
40 %	35 %	36 %	87 %	82 %	83 %	70 %	67.5 %	68.0 %

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 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. The numbers of project sites and projects undertaken up to Year 2000 are shown as follows:-

Sites and Services (Implemented between 1989 to 2000)

No.	Township	No. of Plots	Remarks
1	Shwepyithar	33,018	
2	Hlaingthayar	25,117	
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	
		247,649	

Low Cost Housing Projects Implemented between 1989 to 2000

No.	Project	Township	No.of Res. Units	Remarks
1	Kyansitthar	Hlaingthayar 1,2,3,4	1,248	
2	Bo Aung Kyaw	Hlaingthayar	184	
3	Aung Zeya	Dagon Myottthit (South)	784	
4	Ayeyawun (Kwaitma)	"	112	
5	North Okkalapa	North Okkalapa	128	
6	Danyingon	Shwepyithar	432	
	Total		**2,888**	

FROM HUT TO APARTMENT PROJECT IMPLEMENTED BETWEEN 1989 -2000

No.	Housing Poject	Township	No. of Residential Unit
1	Tharyarshwepyi	Yankin	120
2	Minyekyawswa	Tamwe	328
3	Myanmagonyaung	Tamwe	72
4	Shwemyittar (2)	Tamwe	16
5	Tamwegyi (kha)	Tamwe	252
6	Byineyeohsin	Tamwe	28
7	Myittarnyunt	Tamwe	1002
8	Bongyaung	Tamwe	42
9	Kyeetaw	Mingalataungnyunt	144
10	Yarzarderit	Botataung	165
11	Waizayantar Garden	Thingangyun	240
12	Minyekyawswa (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	Tamwe	144
20	Pazundaung Garden	Pazundaung	60
21	Nyaungdan	Pazundaung	59
22	Aung Zay Ya	Insein	268
23	Yadanamon	Hlaing	708
24	Ayeyeikmon	Hlaing	792
25	Myakanthar (1)	HIaing	420
26	Myakantha (2)	Hlaing	408
27	Bayintnaung	Hlaing	192
28	Shwewarmyaing	Hlaing	120
29	Thukhamyaing	Hlaing	72
30	Hlaingthiri	Hlaing	216
31	Parami	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	Thaketa	200
39	Hantharyeikmon	Kamayut	3091
40	Aungmyaythazi	Kamayut	504
41	Yadanarmyaing	Kamayut	48
	Total		**12671**

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

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

Goal 8. Develop a Global Partnership for Development

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

Indicator	*1997*	*1998*	*1999*	*2000*	*2001*
46. Proportion of population with access to affordable essential drugs on a sustainable basis	***17.5***	***17.1***	***64***	***64***	***62.7***

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 drug easily and cheaply. The percentage of people using affordable essential drugs on a sustainable basis is 17.5 in 1997 and it gradually increased up to 62.7 percent in 2001.

Nowadays, the Government has been taking effective measures for such community health care concerns as building or upgrading of hospitals, health care centres and specialist hospitals across the nation including far-flung areas. In so doing, research works and pharmaceutical production plays a vital role in raising the health standard of the people and enhancing the medical science. Accordingly, the government has opened the Development Centre for Pharmaceutical Technology and the Myanmar Pharmaceutical Factory under the Myanma Pharmaceutical Industries of the Ministry of Industry 1 in June 2004. The authorities concerned take good care of medicines produced by various units and industrial use micro-organism, 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 and is linked to achieve a key objective for Revolving Drug Fund. Within a decade the project has been implemented successfully and has been utilizing Revolving Drug Fund in all the townships in the whole country. All townships in the whole country have their own revolving drug funds and their circulation funds, are availability, safety and sustainability of essential medicines, are a key success indicators 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.

With the successful implementation of revolving drugs fund in all townships all over the country, the proportion of population with access to affordable essential drugs on sustainable basic is about 60 per cent in 2004.

Adapting the Millennium Development Goals (MDGs) within the con text 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.

Goal 8. Develop a global partnership for development

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*
47. Telephone lines per 1000 people	*2.12*	*3.91*	*6.18*	*6.89*	*8.56*	*8.83*	*9.4*
48. Personal computers per 1000 people							*10.6*

Source : Myanma 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 1331 and 482 respectively in 2005. The number of microwave stations is also in progress. In the past decade, there were 71 stations but as of to date, Myanmar has 223 microwave stations. Communication in the rural areas has remarkable progress. Rural telephone development programme has been implemented since 2001 and there are now 215 rural telephone exchanges. Telephone lines per one thousand people have increased from 2.12 in 1990 to 9.4 in 2004. Myanma Posts and Telecommunications is now serving about 500,000 telephones in the whole country.

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 Myanma Posts and Telecommunications under the guidance of 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 1,628 circuits to 11 countries by satellite communication as well as international optical fibre communication system. Myanmar is participating in the installation of fibre cable link with the member countries of Greater Mekong Sub-region.

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 the 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 country. 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	2001/02	2002/03	2003/04
1		2	3	4	5	6	7	8
1		**Agriculture**						
	1	Agricultural offices	No	0	31	31	31	31
	2	Agriculture Station		0	96	113	115	117
	3	Irrigation	`	24	57	57	57	60
	4	Canal	`	0	4	4	4	4
	5	Tractor Stations	`	4	11	11	11	11
		Completed Projects	`	23	39	40	40	43
2		**Livestock Breeding and Fish Culture**						
	1	Livestock Breeding Farms	Farm	14	19	19	19	19
	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
3		**Forestry**						
	1	Reserved Forest	No	0	4	4	4	4
	2	Reserved Forests (Under preparation)	`	0	4	4	4	4
	3	Forest Nursery Gardens	`	0	7	7	7	7
4		**Energy**						
	1	Generators	No	0	236	246	248	251
	2	Electrified Town and Village	`	31	172	182	184	186
	3	Electrified Town and Village by Hydels	`	6	8	8	8	8
5		**Transportation**						
	1	Earth Roads	Mile	340	2,410	2,654	2,748	2,918
	2	Gravel Roads	`	47	1,228	1,402	1,574	1,697
	3	Bituminous Roads	`	9	228	284	298	319
	4	Maintenance and Repair of Roads	`	0	2,574	2,599	2,744	3,095
	5	Large Bridges	No	0	40	40	42	43
	6	Small Bridges	`	21	585	633	640	662
	7	Suspension Bridges	`	0	15	16	16	16

Sr. No.		Development Works	A/U	1990/ 91	2000/ 01	2001/ 02	2002/ 03	2003/ 04
1		2	3	4	5	6	7	8
6		**Communication**						
	1	Post Offices	No	1	46	46	47	47
	2	Telephone	`	7	45	45	80	80
	3	Telegraph offices	`	0	35	35	35	42
7		**Information**						
	1	Television Sub- Stations	No	0	79	94	97	97
	2	TV Antenna Disk (TVRO)	`	0	4	3	3	3
8		**Education**						
	1	Primary Schools	No	78	366	472	627	644
	2	Middle Schools	`	0	48	55	61	58
	3	High Schools	`	0	19	32	62	65
	4	Women Domestic Vocational	`	0	12	12	13	13
		Training School						
	5	School for Orphanage	`	0	1	1	1	1
	6	Youth Training Schools	`	0	16	16	16	18
	7	Nationalities Youth Resources Development	`	0	2	2	2	2
		Degree College (Yangon/ Mandalay)						
9		**Health**						
	1	Hospitals	No	14	44	46	52	54
	2	Dispenseries	`	40	74	74	82	81
	3	Rural Health Centres	`	0	16	18	28	32
	4	Sub Rural Health Centres	`	0	30	30	41	52

Annex (2)
Progress in (24) Development Zones

(Number)

Sr No.	Development Zones	Location	Universities/Colleges			Hospitals		
			1990-91	1991-92	1992-93	1990-91	1991-92	1992-93
1	2	3	4	5	6	7	8	9
1	MyitKyina	Kachin	1	4	4	4	4	4
2	Bamoh			3	3	2	2	2
3	Loikaw	Kayah		3	3	3	3	3
4	Pa-an	Kayin	1	4	4	3	6	6
5	Monywa	Sagaing	1	5	5	2	2	2
6	Kalay			3	3	2	2	2
7	Myeik	Taninthayi		1	3	2	2	2
8	Dawei		1	4	4	1	1	1
9	Toungoo	Bago(East)		4	4	1	1	1
10	Pyay	Bago(West)	1	5	5	3	3	3
11	Magwe	Magwe	1	6	6	3	3	4
12	Pakokku		1	4	4	2	4	4
13	Mandalay	Mandalay	2	16	18	4	8	8
14	Meikhtila		1	6	6	3	3	3
15	Mawlamyine	Mon	1	4	4	2	2	2
16	Sittwe	Rakhine	1	3	3	2	2	2
17	Yangon	Yangon	10	32	32	23	27	27
18	Toungyi	Shan(South)	1	4	4	4	6	6
19	Panglong(Loilem)			3	3	3	3	3
20	Lashio	Shan(North)	1	3	3	3	3	3
21	Kyaington	Shan(East)		3	3	3	5	5
22	Pathein	Ayeyarwaddy	1	4	4	4	4	4
23	Hinthada		1	3	3	5	5	5
24	Maubin	Maubin		3	3	3	3	3
		Total	**26**	**130**	**134**	**87**	**104**	**105**

Annex (3)

The progress in rural development activities are as follows:

Sr. No	Particulars	2000/2001 (Base Year)	2004/2005	Increment
1	2	3	4	5
1	**Education**			
1	Primary Schools	32,679	32,924	245
2	Middle Schools	1,639	1,649	10
3	High Schools	377	413	36
	Total Schools	**34,695**	**34,986**	**291**
2	**Health**			
1	No of station hospital	395	451	56
2	No of rural health centres	1,402	1,450	48
3	**Transportation**			
1	Tarred road	590	1,144	554
2	Gravel road	2,444	5,446	3,002
3	Earth road	14,276	16,871	2,595
	Total road miles	17,310	23,461	6,151
4	**Rural water supply**			
1	Tube-wells	16,311	28,570	12,259
2	Village-served	15,201	26,563	11,362
3	Population-served (000)	8,598	12,561	3,963