The Permanent Mission of the Republic of the Union of Myanmar to the United Nations Office and other International Organizations in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights in Geneva and has the honour to refer to the latter's Note dated 22 November 2011, regarding the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity.

The Permanent Mission is pleased to forward herewith information provided by the Ministry of Health of the Government of Myanmar on the human rights-based approach to policies and programs for maternal health.

The Permanent Mission of the Republic of the Union of Myanmar to the United Nations Office and other International Organizations in Geneva avails itself of this opportunity to renew to the Office of the United Nation High Commissioner for Human Rights in Geneva the assurances of its highest consideration.

Geneva, 30th December 2011

Office of the United Nation High Commissioner for Human Rights

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Human right-based Approaches to policies and programs for Maternal Health

In the Republic of the Union of Myanmar, nearly 70% of population is residing at rural areas and 60% of population is contributed by mother and children. Myanmar government had prioritized maternal and child health as an important component of health care delivery system. Maternal and Child Health issues are one of the top issues in all National Health Plans since 1978. After the ICPD, Ministry of Health had transformed its Maternal and Child Health program into reproductive health programs after realization of importance of Reproductive Health. Being regarded Reproductive Health as the crucial component in improvement of health status of the nation, Myanmar Population Policy was developed in (1992) and Myanmar Reproductive Health Policy could be laid down in (2002) under the guidance of National Health Policy which is mainly focusing on primary health care approach.

Department of Health has been focusing health care services especially to the vulnerable and under served population and people with barriers (both economical and social). As duty bearers of health care services, Department of Health under the guidance of Ministry of Health has been implementing comprehensive health care services to prevent maternal and child mortality and morbidity with available resources. Community participation and multi-sectoral collaboration are the key strategies for successful implementation of the reproductive health care services. To achieve the MDG goal (5), in collaboration with multiple partners such as UN agencies, International and local Non-governmental Organizations, Community Based Organizations, related Departments and Ministries, reproductive health program has been finding out and implementing the innovative and effective interventions to reduce maternal mortality.

One of the best practices is the utilization of volunteers in the underserved and under privileged communities to involve them in the maternal and child health activities. Community Health Volunteers and Auxiliary Midwives were been selected from hard to reach villages and villages which were located far from health facilities to increase the health care service coverage. Community Health Volunteers who were chosen from every village to treat minor ailments occurs in these villages and arrange for emergency referrals to health facilities. Auxiliary midwives were also selected from the villages in which Midwives were not resided and were far away from health care facilities to increase the coverage of ante-natal, delivery, post-natal and newborn care services for the people living in these remote and hard to reach communities. World Health Organization and National Non-governmental Organizations (mainly Myanmar
Maternal and Child Welfare Association) are the main responsible supporters for recruitment, training and equipping these volunteers.

Another type of volunteers is Community Support Groups. Community Support Groups are organized by Health Education Section of Department of Health in collaboration with Maternal and Child Health section and UNFPA. These volunteers are selected one person from 30 households to help mother and children accessible to health education information, immunization, ante-natal care services, delivery services, post-natal services and referral services for emergencies during pregnancy, childbirth, postnatal and newborn periods of life. Their main responsibility is to health expecting mothers and mothers with babies to basic maternal and child health services irrespective of their race and religion, social status.

Newly recruited volunteers during last year are Maternal and Child Health Promoters (MCHP). These volunteers are also selected as one person from every household. Their main responsible is to disseminate health information to pregnant mother, mother with babies and their families. They also support in immunization sessions done by basic health staffs (especially midwives) in every village. This activity has been implemented in 34 townships of the Republic of the Union of Myanmar. A total number of nearly (28000) volunteers has been working hard to facilitate and promote Maternal and Child Health care activities.

Concentrating on those who are living in remote and border areas, Department of Health has been promoting service delivery facilities such as hospitals and health centers. Nearly (100) hospitals, (99) border clinics, (123) rural health centers and (291) rural health sub-centers has been established to deliver Maternal and Child Health services. Cost sharing scheme was introduced during (1989) to provide free health care services for very poor people. Trust funds to support hospitalized patients were also established since (1998) for reduction of financial burden of the hospitalized patients.

Through above mentioned activities Department of Health has been trying to provide quality health care services to reach rural and remote communities for prevention of preventable maternal mortality and morbidity in accord with human right-based approach. As a result, Maternal Mortality has been reduced from 420/100,000 live births in 1990 to 240/100,000 live births during 2008 according to UN Estimates.