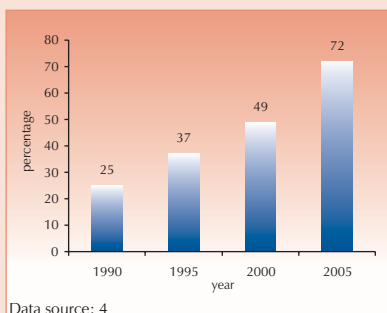




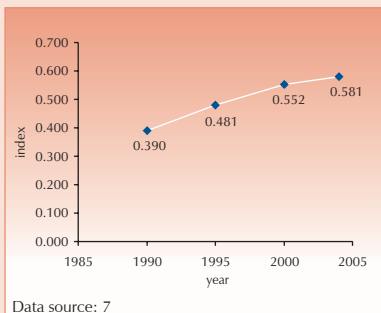
Myanmar

Basic information	Latest available value	Year	Source
Total population (million)	55.4	2005-2006	{1}
Area (sq.km.)	676,578		{1}
Density of population (per sq.km.)	82	2005	{C}
Administrative divisions	14 states/divisions, 65 districts and 325 townships		
Development	Latest available value	Year	Source
Gross national income (GNI) per capita (US\$)	≤ 875	2005	{3}
Highest in the world (GNI) – Norway	59590	2005	{3}
Highest in the Region – Thailand (GNI)	2750	2005	
Poverty gap ratio (%)	6.8	2004	{3}
Population below national poverty line (%)	26.6	2001	{4}
Lowest in the Region – Maldives	8	2004	
Adult literacy rate >15 years (%)	92	2003	C
Highest in the Region – DPR Korea	100	2003	
Net enrolment ratio – primary (%)	85	2005	{4}
Highest in the Region – DPR Korea	100	2003	
Human Development Index	0.581	2004	{5}
Highest in the Region – Thailand	0.784	2004	
Human Poverty Index (%)	21.6	2006	{5}
Lowest in the Region – Thailand	9.3	2006	
Gender-Related Development Index	0.548	2002	{6}
Highest in the Region – Thailand	0.781	2006	

Percentage of children starting grade 1 and reaching grade 5



Human Development Index



Salient basics

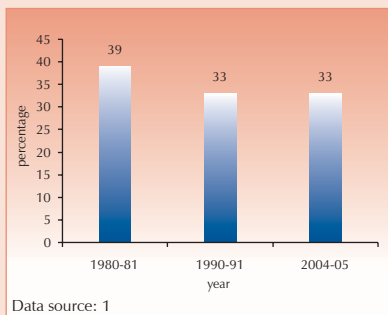
- Improving health, fitness and education standards of the entire nation are among the explicit national objectives.
- Myanmar is undergoing a transition to a market-oriented system.
- Primary education is compulsory and plans are underway to reduce dropout rates. Enrolment in primary schools (5-9 years) is 85%.

Q1

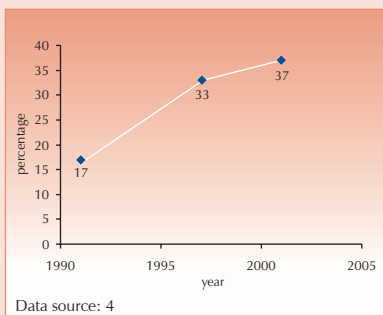
What are the basic demographic features?

Indicators	Latest available value	Year	Source
Population			
Total population (million)	55.4	2005-2006	{1}
Population growth rate per year (%)	2.02	2005-2006	{1}
Urban population (%)	30	2005-2006	{1}
Age-sex structure			
Sex ratio (F/1000M)	1011	2004-2005	{1}
Children <15 years (%)	33	2004-2005	{1}
Elderly >60 years (%)	8	2004-2005	{1}
Highest in the world – Italy, Japan	26	2005	{8}
Highest in the Region – DPR Korea	12.0	2002	
Dependency ratio (%)	55	2005	{23}
Fertility			
Birth rate (per 1000 population)			
Urban	19.9	2003	{1}
Rural	22.4	2003	{1}
Lowest in the world – Germany, Ukraine	8.0	2004	{10}
Lowest in the Region – Thailand	12.7	2002	
Total fertility rate (TFR) (per woman)	2.3	2005	{15}
Lowest in the world – Ukraine	1.1	2004	{11}
Lowest in the Region – Thailand	1.6	2000	
Contraceptive prevalence (%)	37	2001	{4}
Gross mortality			
Crude death rate (per 1000 population)			
Urban	5.6	2003	{1}
Rural	6.5	2003	{1}
Lowest in the world – UAE	1.0	2004	{10}
Lowest in the Region – Maldives	3.0	2005	

Percentage of population 0-14 years



Percentage of contraceptive prevalence



Salient demographic features

- The birth rate has declined substantially.
- The population is still predominantly young with 33% less than 15 years old.
- Contraceptive prevalence has increased considerably.

2

What is the progress regarding some health-related MDGs?

Indicators	1990	2000	2005	2015 (Target)
Poverty and hunger				
Population below minimum level of dietary energy consumption (%)	N/A	31 (1997)	N/A	15
Under-weight (<-2SD) children (%)	39 (1997)	35	32 (2003)	19
Child mortality				
Infant mortality rate (per 1000 live births)	98	55 (1999)	50 (2003)	28
Under-five mortality rate (per 1000 live births)	130	78	67 (2003)	39
One year olds immunized against measles (%)	68	87 (1998)	81	>90
Maternal health				
Maternal mortality ratio (per 100,000 live births)	232 (1994)	255 (1999)	380 (2002-03)	63
Deliveries attended by health staff (%)	51	57 (2001)	68 (2003)	
HIV/Malaria/Tuberculosis				
HIV prevalence (per 100,000 pregnant women of age 15-24 years)	271 (1992)	278	131 (2004)	
Malaria prevalence (per 100,000 population at risk)	2440	1180	930	
Tuberculosis prevalence – (per 100,000 population)	419	182	180	
Tuberculosis cases detected (%)	38	55	95	
Water and sanitation				
Population with access to improved water source (%)				
Combined	32	72	79 (2003)	66
Rural	30	66	74 (2003)	65
Urban	38	89	92 (2003)	69
Population with access to improved sanitation (%)				
Combined	36	83	83 (2003)	68
Rural	35	82	81 (2003)	68
Urban	40	87	88 (2003)	70

MDG progress

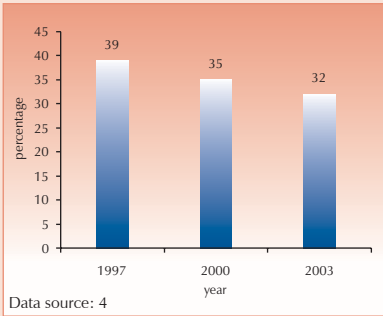
- Targets for improved water and sanitation have been achieved.
- Child mortality has been halved in the period 1990 to 2003. This is on track for achieving MDG targets.
- There is progress regarding control of major diseases such as HIV, malaria and tuberculosis.
- There is progress in some disease-related indicators, in water and sanitation and child mortality. Maternal health and nutrition may require scaling-up.

3

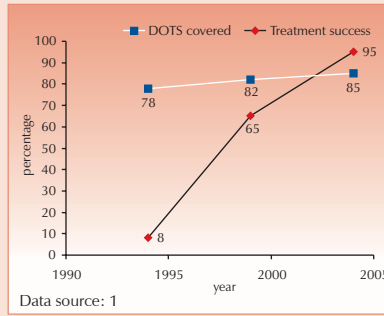
What are the major health problems?

Indicators	Latest available value	Year	Source
In children under-five years			
Low birth weight (%)	10	2004	{24}
Lowest in the Region – Indonesia	6	2002	
Stunted children (%)	32	1996-2004	{10}
Lowest in the world – Croatia	1	1998-2004	{10}
Lowest in the Region – Sri Lanka	14	2000	
Under-weight children (%)	32	2003	{4}
Lowest in the world – Chile, Croatia, Ukraine	1	1998-2004	{10}
Lowest in the Region – Thailand	9	2003	
Childhood diseases			
Acute respiratory infections prevalence (% in <5 years children)	2	1998-2004	{10}
Other diseases			
Tuberculosis prevalence (per 100,000 population)	180	2005	{CC}
Malaria prevalence (per 100,000 population)	930	2005	{CC}
HIV prevalence (per 100,000 population) – Total population	624	2004	{1}
15-49 years	1300	2005	{19}
Diabetes prevalence (per 100,000 population)	1108	2000	{18}
Cancer prevalence (per 100,000 population)	117	1994	{13}
Goitre prevalence (per 100,000 population)	5500	2004	{4}
Blindness prevalence (per 100,000 population)	600	1998	{1}
Comprehensive indices			
Expectation of healthy years lost (years)			
Male	6.3	2002	{14}
Female	8.4	2002	{14}
As % of expected life at birth (ELB) lost			
Male	11.2	2002	{14}
Female	13.5	2002	{14}

Percentage of under-weight children



Percentage of population covered by DOTS and treatment success



Major health problems

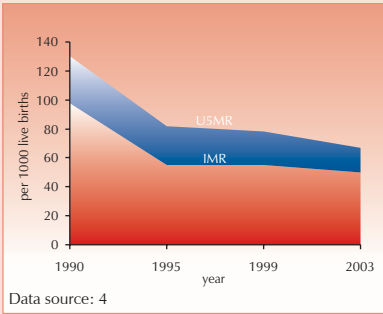
- Diarrhoeas and acute respiratory infection may be common during childhood but national data are limited. For children, the major focus is on deworming.
- Major causes of morbidity according to hospital statistics are injuries and malaria.
- There is a steep increase in DOTS coverage and some increase in treatment success rate for tuberculosis.

4

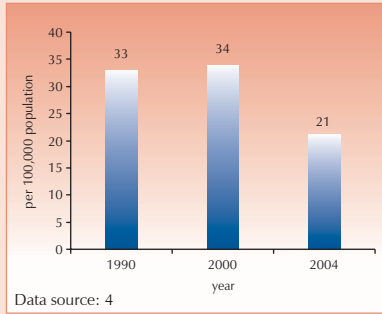
What is the mortality profile?

Indicators	Latest available value	Year	Source
Mortality rates			
Neonatal mortality rate (NMR) (per 1000 live births)	40	2000	{11}
Lowest in the world – Singapore	1	2000	{11}
Lowest in the Region – Maldives	8	2005	
Infant mortality rate (IMR) (per 1000 live births)	50	2003	{4}
Lowest in the Region – Sri Lanka	11	2003	
Under-five mortality rate (U5MR) (per 1000 live births)	67	2003	{4}
Lowest in the world – Iceland, Singapore	3	2004	{10}
Lowest in the Region – Maldives, Sri Lanka	16	2005	
Maternal mortality ratio (per 100,000 live births)	380	2002-2003	{4}
Lowest in the Region – Thailand	14	2003	
Age at death			
Expectation of life at birth (ELB) (years)	60-64	2001-2002	{1}
Highest in the world – Japan	82	2004	{15}
Highest in the Region – Maldives, Sri Lanka	73	1996-2001	
Deaths under-five years (% of total deaths)	25	2004	{C}
Lowest in the Region – Thailand	4	2002	
Causes of death (percentage of total deaths)			
Three major causes of deaths (% of total deaths in hospitals)			
Malaria	8	2004	{1}
Cerebrovascular disease deaths	6	2002	{20}
Diseases of the respiratory system	4	2004	{1}
Tuberculosis death rate (per 100,000 population)	21	2004	{1}
Malaria death rate (per 100,000 population)	3	2004	{1}
Tuberculosis deaths (% of total deaths)	2	2002	{20}
Injuries	4	2004	{1}

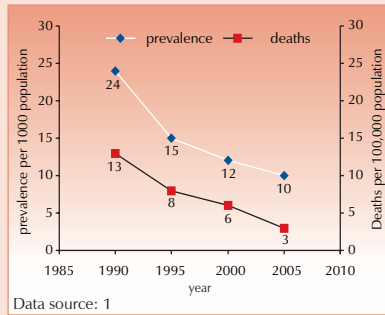
Infant and under-five mortality



Tuberculosis death rate



Prevalence and deaths from malaria



Mortality profile

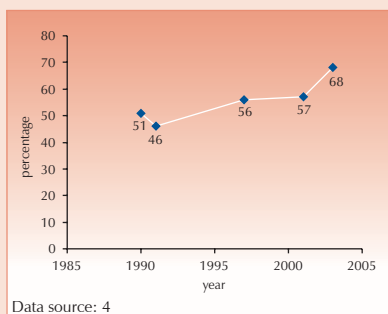
- Nearly one-fourth of all deaths occur before the age of 5 years.
- Population-based data are not available but hospital statistics show that communicable diseases continue to be predominant. Cardiovascular diseases caused 2.4% of all hospital deaths and cerebrovascular diseases 6%.

5

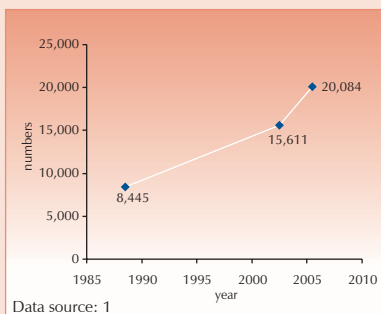
What resources are available for the health sector?

Indicators	Latest available value	Year	Source
Expenditure on health			
Percent of GDP	2.8	2003	{15}
Highest in the world – USA	15.2	2003	{15}
Highest in the Region – Timor-Leste	9.6	2003	
Per capita (US\$)	394	2003	{15}
Per capita (Intl.\$)	51	2003	{15}
Highest in the world – USA (Intl.\$)	5711	2003	{15}
Highest in the Region – Maldives (Intl.\$)	364	2003	
Food			
Average dietary energy consumption (kcal/day/person)	2900	2001-2003	{16}
Services			
Health centres (per 100,000 population)	3	2005-2006	{1}
Antenatal care coverage (four visits) (%)	66	2004	{24}
Deliveries by qualified attendant (%)	68	2003	{4}
Children immunized(%)			
BCG	76	2005	{25}
DPT-3	73	2005	{25}
Polio-3	73	2005	{25}
Measles	72	2005	{25}
Beds (per 10,000 population)	6.0	2005-2006	{1}
Highest in the world – Monaco	196	1995	{11}
Highest in the Region – DPR Korea	132	2002	
Human resources			
Doctors of modern system (per 10,000 population)	3.0	2005-2006	{1}
Highest in the world – Cuba	59	2002	{15}
Highest in the Region – DPR Korea	32	2003	
Doctors of alternative systems (per 10,000 population)	0.2	2005-2006	{1}
Nurses (per 10,000 population)	4.0	2005-2006	{1}
Highest in the Region – DPR Korea	37	2003	{15}
Midwives (per 10,000 population)	6.0	2004	{15}
Dentists (per 10,000 population)	0.3	2004	{15}
Public and Environmental Health Workers (per 10,000 population)	0.4	2004	{15}
Community Health Workers (per 10,000 population)	9.9	2004	{15}
Lab Technicians (per 10,000 population)	0.4	2004	{15}
Other Health workers (per 10,000 population)	0.4	2004	{15}

Percentage of deliveries attended



Number of nurses



Health resources

- Although malnutrition in children persists, the average dietary energy consumption is adequate.
- Percentage of GDP spent on health is lower compared to other countries of the Region.
- Immunization coverage and ANC coverage has been increasing.

6

What is the system of health governance?

Organization

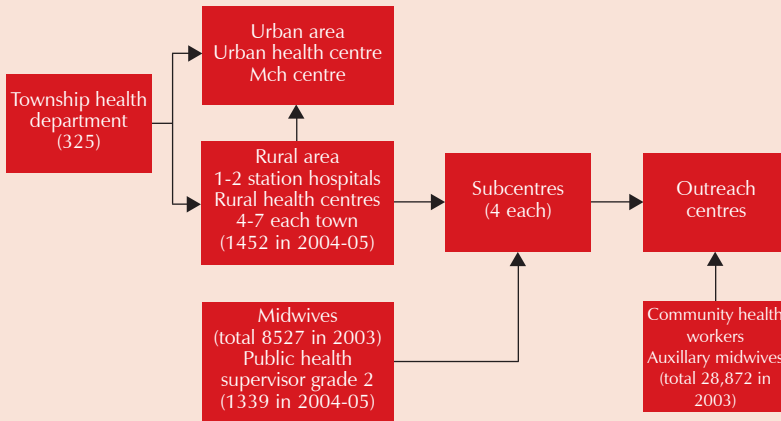
The Ministry of Health guided by the National Health Committee has seven departments. These are:

- Department of Health Planning
- Department of Health
- Department of Medical Sciences
- Department of Medical Research (Lower Myanmar)
- Department of Medical Research (Upper Myanmar)
- Department of Medical Research (Central Myanmar)
- Department of Traditional Medicine

Besides planning, the Department of Health Planning compiles and disseminates health information. This also has a Health Education Division.

The Department of Health is headed by a Director-General. The Public Health Division of this department manages primary health care, nutrition promotion and research, environmental sanitation, maternal and child health services, and school health services. The backbone of primary and secondary health care is the Township Health Department covering 100,000 to 200,000 people.

Urban areas are served by township hospitals (16-50 bedded), urban health centres, school health teams and MCH centres. For rural areas, each Township Health Department has 1-2 Station Hospitals, 4-7 Rural Health Centres, (RHC). Each RHC has 4 subcentres and many outreach centres. Each subcentre is served by a Midwife and Public Health Supervisor Grade 2, and outreach centres by Community Health Workers and Auxillary Midwives. Together, they are called Voluntary Health Workers.



As of 2004-05, Myanmar has a total of 824 government hospitals. In addition, 442 dispensaries, 86 primary and secondary health teams serve urban areas.

Private sector

The private sector mainly provides ambulatory care. Some facilities in the private sector provide institutional care in large cities such as Yangon and Mandalay. They are regulated by the Myanmar Medical Council Law.

Traditional system

Traditional medicine co-exists with the allopath system. There are 14 hospitals of traditional medicine in the state sector and 194 township clinics. An Institute of Traditional Medicine and a University of Traditional Medicine provide training.

The Department of Traditional Medicine of the Ministry of Health reviews and explores safe and efficacious therapeutic agents.

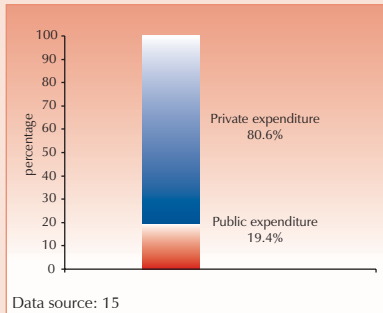
Quite a number (nearly 5000 as of 2000) of private traditional medicine practitioners exist. They are licensed and regulated in accordance with the law in this respect.

7

Who pays for health care?

Indicators	Latest available value	Year	Source
Government expenditure on health			
Out of total health expenditure (%)	19	2003	{15}
Per capita (US\$)	77	2003	{15}
Per capita (Intl.\$)	10	2003	{15}
Highest in the world – Monaco (Intl.\$)	3403	2003	{15}
Highest in the Region – Maldives (Intl.\$)	324	2003	
Private expenditure on health			
Out of total health expenditure (%)	81	2003	{15}
Per capita (US\$)	318	2003	{C}
Per capita (Intl.\$)	41	2003	{C}
Lowest in the Region – DPR Korea	0.4	2004	
Out-of-pocket expenditure (% of private expenditure on health)	99.7	2003	{15}
Per capita (US\$)	317	2003	{C}
Per capita (Intl.\$)	41	2003	{C}
Lowest in the world – Tuvalu	13	2003	{15}
Lowest in the Region – Timor-Leste	26	2004	
Insurance coverage			
Social security expenditure on health out of general government expenditure on health (%)	1.3	2003	{15}

Health expenditure



Health expenditure

- Government health expenditure as a proportion of the total is low in Myanmar compared to some other countries in the Region.
- Social security expenditure on health out of general government expenditure on health is 1.3%.

8

What are the recent reforms and achievements of the health system?

Health sector reforms

- The national health plans are designed to pay more attention to primary health care for the people and to ensure equity in access to health care. Community participation is encouraged to enable the community to take responsibility for their own health and to enable them to adopt healthy lifestyles.
- The role of indigenous medicine is recognized and has been given an important role in health care delivery system. The people now have access to alternative choices.
- Since 70% of the population is rural, priority has been accorded to rural health development.
- Myanmar has placed special emphasis on the Making Pregnancy Safer initiative. Collaboration between the reproductive health programme and other key programmes such as immunization and nutrition is being strengthened.
- The government is upgrading the state and division hospitals, opening new hospitals and clinics with the intention of improving the health status of the population.
- Many policies relating to the health sector such as population policy and environment policy have been formulated. A new national health policy has been developed.

Achievements

- Human resources for health have been augmented to ensure the provision of adequate and efficient health personnel for delivery of quality health care.

- Extensive research in health has been conducted although there is a need to utilize the results to improve the health system.
- All townships are being covered by the health promoting school programme.
- Community-based feeding centres (Village Food Banks) have been set up in villages for malnourished children.
- The DOTS programme covers all (100%) townships.
- Iodine deficiency disorders are on the verge of virtual elimination.
- Leprosy was eliminated in 2003.

Legislation

- The Myanmar Medical Council Law 2000 enables people to enjoy qualified and effective health care assistance. The law helps in improving the standard of health care.
- The Traditional Medicine Council Law 2000 provides a mechanism to supervise practitioners of traditional medicine and helps in its modernization.
- The Blood and Blood Products Law 2003 ensures availability of safe blood and blood products to the people.
- The Body Organ Donation Law 2004 helps in rehabilitation of persons who are disabled due to dysfunction of body organs.
- Tobacco advertisements were banned from the electronic media in 1997, from billboards in 2002, and from print media in 2003.

9

What are the constraints and challenges of the health system?

Financial constraints

- The total health expenditure in 2003 was 2.8% of GDP and nearly three-fourths of this was by private households. Government expenditure was less than 20% and there was substantial international assistance. Health has received greater priority recently but the financial constraints continue to be still severe.
- Financial constraints are affecting implementation of national health policy that encourages community participation in health activities, such as health improvement at village level by village health committees. Health education and promotion programme are also affected due to inadequate financial resources.

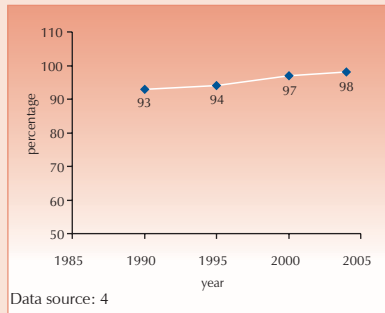
Expertise and other physical constraints

- Myanmar is facing a shortage of primary health care workers. The country needs to produce more nurses, midwives and basic health personnel to improve the current skill mix which is currently in favour of medical doctors.

Social constraints

Indicators	Latest available value	Year	Source
Inequalities – Gender			
Expectation of life at birth F:M			
Urban	1.07	2003	{1}
Rural	1.04	2003	{1}
Female share in employment (non-agricultural sector) (%)	38.2	2002	{4}
Seats held in National Convention – F (%)	6.0	2005	{4}
Ratio of girls to boys in primary schools (%)	98.4	2004	{4}

Ratio of girls to boys in primary education



- Social and cultural barriers inhibit reproductive health programmes including expansion of birth spacing.

Health sector constraints

- As indicated in the national health policy, community participation in health activities is encouraged and the cooperation of NGOs promoted. The main constraints are lack of IEC material beside financial resources. For emergency preparedness, intersectoral coordination is to be strengthened beside additional trained personnel.
- There is a significant gap between the provision of drugs to the public health sector and the requirements resulting in a continuous shortage at the facility level. Local production is insufficient and foreign exchange is scarce for importing raw material.
- For prevention and control of locally endemic diseases, the main constraints are a low level of awareness, poor environmental sanitation, overload of work for peripheral health workers, and inadequate availability of transport for supervision.

Challenges

Nutrition

- Food production is more than what is required to meet the country's needs. Nevertheless, food and nutrition surveillance shows that malnutrition is still common.

Health services

- The health system has the potential to perform better.
- There is a need to adopt modern management methods for health system and services in accordance with best practices to improve the quality of health care and optimize the use of scarce resources.
- With an increasing trend towards privatization and a market-oriented economy, the poor are at a greater disadvantage. Inequities have increased and the safety net for the poor is not sufficient to protect their health. The key issue for the public sector is to protect the interests of the poor and the other vulnerable sections of society.
- The private sector is expected to make an increasing contribution to the health sector and alternative public health financing may be explored to reach the un-reached areas such as those close to the border.

10

What does the country hope to achieve in the near future in health?

- The main objectives of the Health Ministry are to enable every citizen to attain full life expectancy and enjoy longevity of life, and to ensure that every citizen is free from disease. The strategies to achieve these objectives are (i) widespread dissemination of health information and education, (ii) enhancing disease prevention activities, and (iii) providing effective treatment for prevailing diseases.
- Myanmar's Health Vision 2030 encompasses the long-term objectives. This includes: eradication and elimination of communicable diseases; universal coverage of health services; anticipating emerging diseases and arranging for their control; modernize Myanmar Traditional Medicine and help its extensive utilization by the people; indigenously produce all categories of human resources for health; and ensure sufficient availability of essential medicines and traditional medicines.
- The Five-year Reproductive Health Strategic Plan (2004-08) is designed to prevent maternal illness and address deficiencies in the system inhibiting essential and comprehensive obstetric care.
- The National Health Plan (2001-2006) expects improved health care coverage; reduced morbidity and improved health of the people; improved medical education; development of health research; development of traditional medicine; and improved health knowledge of the people through effective information, education and communication (IEC) activities.

How is WHO collaborating with the country?

Policy development and planning

- WHO has been a long-standing and an intimate partner in health sector development. The Ministry of Health accepts WHO as the technical lead agency and deeply appreciates the support provided.
- Technical backstopping is provided to the processes such as for coordination of aid by health development partners.
- Collaborative programmes include integrating health and human development in public policies, equitable access to health services, promoting and protecting health, and preventing and controlling specific health problems.
- WHO helped to develop the strategy for 'Vision 2020, The Right to Sight: Elimination of Avoidable Blindness'.

Health system management

- Technical support is provided to the process of national health plan and to strengthen national capacities for strategic planning and aid coordination.
- Technical support is provided to Health Management Information System development and coordination, including various systems such as for surveillance. This system would establish computer networking in all states and divisions.
- Strengthened National capacity in health systems research has been strengthened.
- Support was provided to develop a referral system for the country.
- Support was provided to evidence-based evaluation of traditional medicine.

Promotion of healthy lifestyles and settings

- Technical assistance in transforming the traditional maternal and child health concept to the comprehensive reproductive health approach was provided. Priority was given to capacity building

for need assessment in essential reproductive health needs and development of a plan of action.

- Technical assistance in capacity building for rural water supply development programme, water analysis and laboratory facilities, environmental engineering in sanitation and pollution control was provided.
- The Health Care Project for Adolescent Youth is being implemented as a WHO-funded programme.
- Smoking is among the most serious lifestyle problems in Myanmar, particularly in the young population. WHO support is provided in developing an information system base on tobacco issues of production, consumption and health status.

Prevention and control of priority diseases

- Support is being provided to the Ministry of Health in implementing effective communicable disease control programmes to reduce excess mortality, morbidity and disability, especially in populations with limited access to health services and to the poor in border areas.
- Assistance is provided in implementation of the multi-drug therapy strategy for elimination of leprosy.
- Efforts are being made to reduce case-fatality of dengue/DHF by establishing training wards with a standard set of equipment provided by WHO.
- Technical assistance is being provided to malaria control, including facilitating inter-country collaborative programmes for border areas using a bilateral and multi-lateral approach.
- Technical assistance is being provided in terms of expertise, training and diagnostic tools and drugs for controlling tuberculosis. The DOTS programme has been extended with WHO assistance.
- Help in developing a national strategy for control and management of major noncommunicable diseases including a surveillance system and training of health personnel has been provided.

Others

- A postgraduate medical education seminar conducted in 2005 in collaboration with WHO contributed to human resources development in health, especially at the postgraduate level.

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