สำนักงานวิทยทรัพยากร
จุฬาลงกรณ์มหาวิทยาลัย

Chapter II

Country Profile of Myanmar

2.1 Geographical and Demographic Background

Myanmar, one of the countries of South-East Asia, is located in the western edge of Indo-China Peninsular. It is bounded by Thailand in the east and south-east, Laos in the east, China in the north and north-east, India in the north-west, Bangladesh in the west and by the Indian Ocean in the south and south-west (see Appendix 1). Geographically the country can be divided to 5 regions: hilly, coastal, dry areas, plain areas and delta. Administratively, the country is divided into 7 States and 7 Divisions (i.e. 14 Regions) and occupies 676,578 square kilometers. There are 52 districts, 320 townships, 13,762 village tracts and 65,235 villages in the whole country (DOH, 1995).

In 1994, the country had an estimated population of 43.92 million. The population density of the country is 64 persons per square kilometer. 75% of the population reside in the rural areas while the remaining 25% are urban dwellers. Yangon is the capital city and has a population of 4.66 million (Ministry of National Planning and Economic Development, MONPED, 1995). Total fertility rate was 3.5 in 1992 and life expectancy at birth for males is 60.5 years and 64.7 years for females in 1990. Sex ratio for the whole country shows that for every 100 females, there are only 98.3 males. Crude Birth Rate (CBR) is 28.1 per 1,000 population and Crude Death Rate (CDR) is 8.7 per 1,000 population according to 1993 data. The estimates of population and growth and by age group and sex are shown in the following tables.

Table 2.1 : Estimates on Population and Growth Rate in Myanmar

Year	Population (in million)	Growth rate (%)
1991-1992	41.55	1.88
1992-1993	42.33	1.88
1993-1994	43.12	1.87
1994-1995	43.92	1.87

Source : Ministry of Planning and Economic Development, Myanmar

Table 2.2 : Estimates on Population by Age-Group and Sex in Myanmar

Age (years)	Male (in million)	Female (in million)	Total	%
0-14	7.63	7.22	14.85	33.81
15-59	12.72	13.09	25.81	58.77
60+	1.48	1.78	3.26	7.42
Total	21.83	22.09	43.92	100.00

Source: Ministry of Planning and Economic Development, Myanmar

2.2 Key Economic Indicators

Until 1989-90, Myanmar managed her economy by means of formulating and implementing a series of 4 years plans within the frame work of the 20 years long term plan. Starting from 1989-90, the government has introduced a market oriented economic policy which encourages private and joint venture enterprises and the involvement of the private sector in national development activities.

The Gross Domestic Product (GDP) was 61,949.8 million kyats in 1994-95. Per capita GDP is 1,410 kyats, per capita consumption is 1,130 kyats, per capita national income was 1,335 kyats and the government budget is 44,099.8 million kyats. The total health expenditure was 2,064.6 million kyats. The health expenditure was 3.33% of GDP and 4.7% of total government expenditure, per capita expenditure on health was 47.0 kyats in 1994-95. (Official exchange rate is US $ 1 to 5.6 kyats on 13 September 1994 and it can change over time, even over days.)

The following five are the main economically productive sectors: (MONPED, Myanmar)

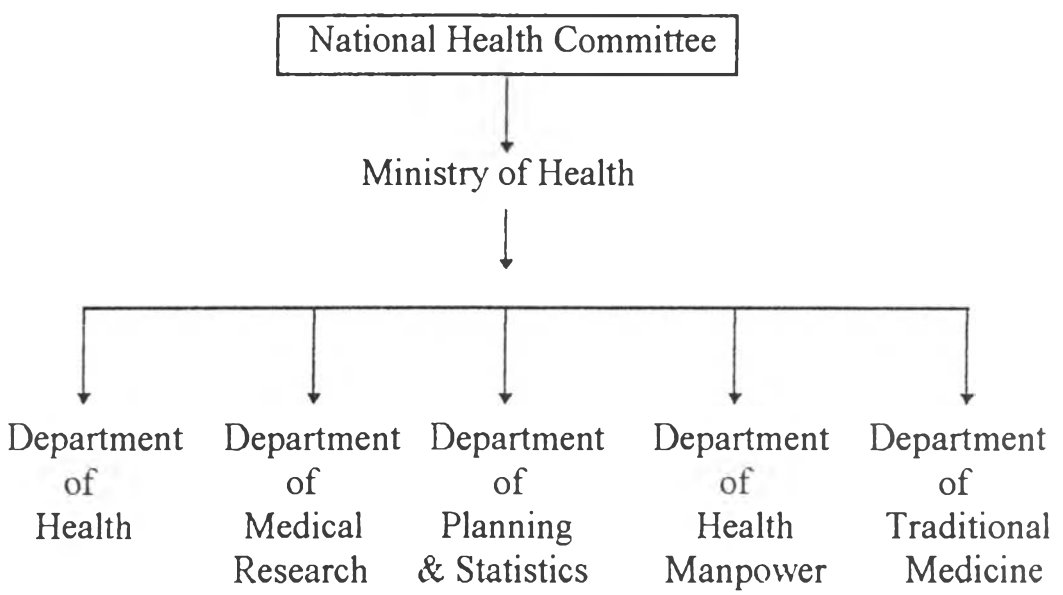
(1) Agriculture
(2) Live Stock and Fishery
(3) Forestry
(4) Mining
(5) Processing and Manufacturing

2.3 Health Care Delivery System

The organization of health services delivery system in Myanmar consists of three levels: Central, Intermediate and Peripheral.

The central level comprises of the National Health Committee (NHC), the Ministry of Health (MOH) and five main departments under the MOH. DOH is responsible for health care service delivery of the whole country. The central level is responsible for overall formulation of policy, planning, technical training, supporting, monitoring and evaluation of health services in the country.

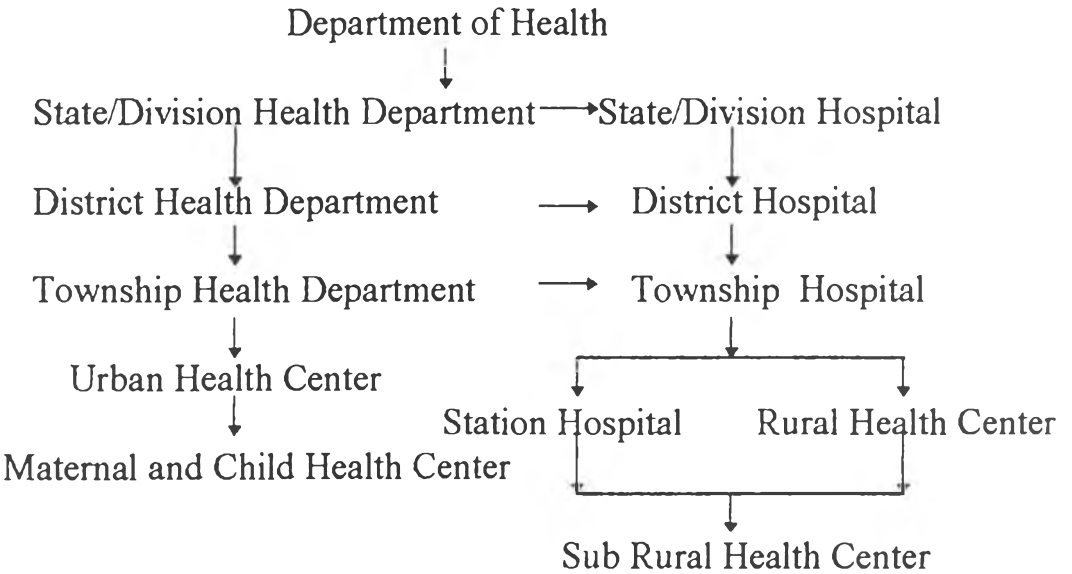
Figure 2.1
Organization of Ministry of Health



The intermediate level comprises 14 state and divisional health departments. The intermediate level undertakes planning, training, co-ordination, supervision, monitoring and evaluation of health services delivery system of the townships within the districts of states and divisions.

The peripheral level consists of township health departments (township hospitals), station health units (station hospitals), rural health centers, and sub-rural health centers etc. At this level, the township health departments being the basic administrative units of the DOH, are responsible for actual implementation of the health service activities including prevention and control of HIV/AIDS. Every HIV/AIDS patient can get the medical care at any level and if necessary, he or she will be referred to the appropriate health centers or hospitals (see Figure 2.2).

Figure 2.2
Organization of Department of Health



2.4 National Health Plan and HIV/AIDS Prevention and Control

With the "Health for All by the Year 2000" objectives in mind, the MOH has formulated National Health Plan (NHP) (1993-1996). The first People's Health Plan I (PHP I) was from 1978 to 1982, PHP II was from 1982 to 1986 and PHP III was from 1986 to 1990. This was followed by a two year National Health Plan covering 1990-1991 and 1991-1992 fiscal years (MOH, 1993).

The following 6 broad programs were identified in NHP (1993-1996).

1. Community Health Care
2. Disease Control
3. Hospital
4. Environmental Health
5. Health System Development
6. Organization and Management

The following are the 5 priority ranking diseases based on the scoring system in NHP (1993-1996).

1. Malaria
2. Tuberculosis
3. AIDS
4. Diarrhea and Dysentery
5. Protein Energy Malnutrition

The government of Myanmar has declared the 3 top ranking diseases as the diseases of national concern. The fight against AIDS has been given top priority by the government. Participation of Non-Governmental Organizations (NGOs) in AIDS control activities is being encouraged and in the coming years it is hoped that they will play an important role in the fight against this disease. At present, AIDS prevention and control activities are being carried out by some NGOs. The government, through National AIDS prevention and control program, is providing both technical as well as monetary support to these NGOs.

National HIV/AIDS Prevention and Control Committee chaired by the Minister for Health takes the responsibility for policy and decision making and intersectoral coordination for the prevention and control program. At the central level DOH, Disease Control Division, the HIV/AIDS and STD control section takes the responsibility for planning, training, monitoring, supervision, evaluation, health education, counseling and technical support to the regional and township level health staff. At the state/division, district and township levels the responsible health departments take all the responsibilities for the program. AIDS prevention activities are being implemented at the village level by primary health care (PHC) workers or basic health service workers from the various rural health centers and township health departments. STD control activities are being carried out by 35 STD teams throughout the country and the PHC workers are trained to provide treatment for STD patients. These health care workers are at present taking major responsibilities for implementing AIDS preventive activities. All of these health personnel are the government employees. It means that the government is bearing the burden of HIV/AIDS in both prevention and treatment.

2.5 Leading Diseases

The leading causes of morbidity and mortality have been processed by gender based on the data obtained from the medical records of all the civil hospitals in Myanmar. Hospital morbidity and mortality data are systematically recorded and maintained through proper institution of medical record systems throughout the country. Malaria is found to be the leading cause in both morbidity and mortality followed by pulmonary tuberculosis in mortality. The followings are five leading causes of morbidity and mortality in Myanmar in 1992 (DOH, 1995).

Five leading causes of morbidity:
1. Malaria
2. Ill-defined Intestinal Infections
3. Unspecified Abortion
4. Pulmonary Tuberculosis
5. Other Symptoms and Ill-defined Conditions

Five leading causes of mortality:
1. Malaria
2. Pulmonary Tuberculosis
3. Ill-defined Intestinal Infections
4. Pneumonia
5. Other Symptoms and Ill-defined Conditions

Although HIV/AIDS is not included in the above lists, because of its socio-economic impacts on the government, the patients and the society, it has been accorded a high priority and declared to be a disease of grave national concern.

2.6 Interventions/Activities for HIV/AIDS Prevention

The following broad activities have been laid down for the prevention and control of HIV/AIDS in the country (DOH, 1993).

(1) Health education
 a. Health education for the general public
 b. AIDS education in schools
 c. Individual educational talks
 d. Peer education programs for youths, IDUs and CSWs
 e. Condom promotion and distribution
(2) Ensuring safe blood supply
 a. Screening of blood donors
 b. Recruiting voluntary, non-remunerated regular blood donors
 c. Screening of blood
 d. Rational use of blood
(3) Prevention of HIV infection through needles, syringes, surgical equipment and other skin piercing equipment
 a. Universal infection control measures
 b. Information on sterilization
(4) Sentinel surveillance
(5) Management of HIV/AIDS cases and provision of counseling services at various health centers
(6) Early diagnosis and treatment of STDs

(7) Training of health care workers and community leaders
(8) Research

All these interventions and activities, which are crucially important in the prevention and control of HIV/AIDS, are already being carried out in the country according to the available resources. Given the resource constraints faced by the health care systems, an evaluation of which activity or activities is or are worthwhile will be very useful for the overall prevention and control program.