HEALTH SITUATION

Myanmar is currently in demographic transition, moving slowly towards an ageing population. The crude birth rate declined from 50 to 29 births per 1000 population in rural areas between 1988 and 2009, and the crude death rate plunged in rural areas from 9.9 to 5.8 per 1000 population in the same period. Population is expected to reach 66 million by 2020.

Country is consistently endeavoring, with its limited resources, to attain its health objectives and maintain its trends in key health indicators. According to official sources, IMR, U5MR, and MMR all declined between 1988 and 2007. Over the same period, life expectancy increased for both men and women. In 1988, life expectancy at birth was 56.2 years for males and 60.4 years for females in rural area and in urban areas was 59.0 and 63.2 years, respectively. In 2007, life expectancy was 63.2 years for males and 67.1 years for females in rural areas, and 64 and 69 years, respectively, for urban areas. Myanmar has made progress towards Millennium Development Goals (MDGs), but reducing maternal mortality under MDGs represents a major challenge and will require significant efforts to meet the goal.

Among specific diseases, the leading causes of death and illness are TB, malaria and HIV/AIDS. The TB prevalence rate is three times higher than the global average and one of the highest in Asia. HIV/AIDS epidemic is considered to have stabilized nationally since 2000, with “hot spots” of high transmission in several locations. The country is currently facing the double burden of communicable and noncommunicable diseases (NCDs). Chronic NCDs with shared modifiable risk factors—tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol include cardiovascular disease, diabetes mellitus, cancer and chronic respiratory disorders. Poverty is the principle constraint to improving health status. To address poverty, efforts are being made in building community capacity for self-reliance and moving towards socioeconomic growth of the country with the support of increased ODA.

HEALTH POLICIES AND SYSTEMS

‘Myanmar Health Vision 2030’ was drawn up in 2000 to meet future health challenges. Supporting this ambitious, long-term health development plan, Ministry of Health has formulated the National Health Plan (NHP) 2011–2016, which is aligned with the latest five-year National Development Plan, the Rural Health Development Plan, the Project for Upgrading Hospitals, and the National Plan for Promoting National Education.

As such, the NHP is an integral part of the national economic and development blueprint. It takes account of the prevailing health problems in the country, the need to realize the health-related goals of the MDG, the significance of strengthening the health system and the growing importance of social, economic and environmental determinants of health.

Myanmar’s Universal Health Coverage strategy is geared to securing access for all to appropriate promotive, preventive, curative and rehabilitative services at an affordable cost. The CCS follows the guidance of the Twelfth General Programme of Work and regional orientations and priorities. During its elaboration, the social developments emerging from the national reform process and key health challenges confronting the country were carefully synthesized to feed into the strategic agendas and priorities. Close consideration was given to the contributions by other external partners in identifying challenges and gaps in health sector cooperation, as well as to lessons learnt from a review of WHO’s cooperation over the last CCS cycle.

COOPERATION FOR HEALTH

The Nay Pyi Taw Accord for Effective Development Cooperation has been developed in collaboration between the Government and partners in a spirit of mutual benefit and accountability. It reflects the conclusions of the international dialogue on aid effectiveness, including the Paris Declaration and Accra Agenda for Action. The Accord commits the Government to create systems for regular, national-led dialogue with development partners and to establish active working groups to support manageable, Ministry-led, sectoral and thematic coordination mechanisms to achieve efficient and effective aid coordination for mutual accountability.
### WHO COUNTRY COOPERATION STRATEGIC AGENDA (2013-2017)

<table>
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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Strengthening the health system | • Improve access to quality care  
• Strengthen implementation of the National Health Plan  
• Support Government efforts to promote traditional and herbal medicine |
| **STRATEGIC PRIORITY 2:** Enhancing the achievement of communicable disease control targets | • Attain 80% coverage of people needing antiretroviral therapy (ART) under national guidelines and minimize HIV transmission from infected mothers  
• Further reduce TB prevalence and mortality to achieve the TB impact targets  
• Intensify control of malaria in high transmission areas and along international borders; and control and eliminate neglected tropical diseases  
• Strengthen immunization systems to achieve at least 90% DTP coverage nationally and 80% in all townships; and expand planning and implementation of other VPD programmes |
| **STRATEGIC PRIORITY 3:** Controlling the growth of noncommunicable disease burden | • Support the Government to expand activities for promoting practices of healthy lifestyles in the community, including tobacco control  
• Support the Government to expand national efforts for prevention of injury, violence and disability  
• Support the Government to strengthen the prevention and control of NCDs |
| **STRATEGIC PRIORITY 4:** Promoting health throughout the life course | • Develop a comprehensive, integrated package of interventions for birth spacing and MNCH, particularly child nutrition and growth monitoring  
• Improve sexual and reproductive health including adolescent and women’s health and health care for elderly  
• Support the Government to enhance safe water supply, water quality control, improved sanitation and personal hygiene, and health education promotion |
| **STRATEGIC PRIORITY 5:** Strengthening capacity for emergency risk management and surveillance systems against various health threats | • Enhance preparedness, surveillance and response |