DEVELOPMENT OF THE HEALTH SYSTEM

Myanmar’s traditional health system underwent profound change during the British colonial period: ‘indigenous practitioners trained in the Ayurvedic tradition were deprived of status and credibility and replaced by medicine from the colonial authorities’ (Than Tun Sein et al. 2014: 32). But under the British, the first medical facilities and hospitals were built, hygiene and sanitation standards were introduced and vaccination programmes were established to protect the population from epidemics. The measures focused mainly on the towns and cities: coverage rarely extended to rural areas. After independence in 1948, the Pyidawtha Plan therefore specifically targeted health care for all population groups; the emphasis was on tackling endemic and epidemic diseases and reducing maternal and child mortality. After 1962 wide-ranging reform of the health sector and nationalisation of the health care system – including the previously private hospitals – significantly reduced the regional disparities in provision. However, investment and service provision declined after 1988, resulting in increasing erosion of services. Fundamental improvement in health care services was not achieved until after 2011 (on the five phases of development of the health system: Than Tun Sein et al. 2014: 32-36). Myanmar currently spends between just 2.0% (2001) and 2.4% (2011) of GDP on health, which places it among the Southeast Asian countries with the lowest expenditure on health care; only 1% of the population is insured under the social security scheme (Than Tun Sein et al. 2014: 61).

LIFE EXPECTANCY, BIRTH AND FERTILITY RATES, MORBIDITY AND MORTALITY

Life expectancy has risen from 55.0 years (1980; 56.5 for women and 53.7 for men) to 61.9