years (2000; 63.3 for women, 60.5 for men; Than Tun Sein et al. 2014: 15). According to the 2014 census, the crude birth rate was 18.9 per 1,000 population, with annual population growth of 0.89% in the period between 2003 and 2014. The total fertility rate has fallen from 6.1 (1965) to 2.3 (2015); in 2015 regional differences ranged from 1.7 in Yangon Region and 1.9 in Mandalay Region, 2.1 in Magway Region and 2.3 in Sagaing Region to 3.4 in Kayin State and 4.4 in Chin State (2015; MoHS 2016: 9, Nyi Nyi Latt et al. 2016: 124).

Mortality rates – especially infant and child mortality – are declining (infant mortality rate: 1990 – 47.0 per 1,000 live births, 2005 – 45.1). Of all under-five deaths, 87% occur in rural areas; infant mortality constitutes 73% of child mortality, and 70% of the infants who die do so in the first three months of life (all figures from Than Tun Sein et al. 2014: 24). Undernutrition and malnutrition in children is widespread, especially in rural areas, as in anaemia in women and children (MoHS 2016: 21-27).

Smallpox, leprosy, trachoma, poliomyelitis and iodine deficiency disorders have been eradicated in recent decades (Than Tun Sein et al. 2014: 110). Non-communicable diseases (NCDs) – principally cardiovascular diseases, malignant neoplasms and respiratory diseases – are the cause of around 40% of deaths; this percentage has been rising for some years. Among infectious and parasitic diseases, tuberculosis, diarrheal diseases and HIV/AIDS are the main causes of death (Than Tun Sein et al. 2014: 16). Despite considerable success in tackling malaria in recent years, the disease is still a major problem as a cause of sickness and death (8.1% of total mortality): 71% of the population live in malaria risk areas, 29% of them in high-risk areas. Changes in land use, environmental change, migration (in connection with land development, mining and road construction in peripheral areas), artemisinin resistance and vector adaptation encourage the spread of the disease (2008; Than Tun Sein et al. 2016: 21). Plasmodium falciparum is responsible for 68% of malaria cases and Plasmodium vivax for 23% (WHO 2012). Arsenic contamination of groundwater occurs in some parts of the country, including a number of townships in the Ayeyarwady Region (Mukherjee et al. 2006: 152).

The top five causes of disability-adjusted life years (DALY) are lower respiratory tract infections, tuberculosis, diarrheal diseases, HIV/AIDS and stroke; the significance of ischaemic heart disease, road injury and cirrhosis of the liver is also increasing (Than Tun Sein et al. 2014: 16). The top five risk factors are dietary risks, tobacco smoking, household air pollution from solid fuels, high blood pressure and high blood sugar (IHME 2010, quoted after
Than Tun Sein et al. 2014: 18). The use of alcohol and drugs – including to an increasing extent amphetamine-type stimulants (ATS) – gives rise to significant problems, especially for the male population and in rural, peripheral and mining areas where the range of employment opportunities is limited; in addition, new, frequently young consumers in urban areas are turning to methamphetamines (Blickman 2011).

HEALTH-RELATED INFRASTRUCTURE

Health care is delivered via dual channels: there is a public and a private health system. Of the country’s 32,861 doctors, 14,050 work in the state service and 18,811 in the private service. In addition there are 3,413 dental surgeons, 32,609 nurses, 22,258 midwives, 1,033 indigenous medical practitioners and 4,980 veterinary doctors (2014/15; MoPF 2016: 38). Primary health care coverage is relatively comprehensive and is provided through regional and sub-regional health centres (RHCs/sub-RHCs), the majority of which were built between 1970 and 1990. Their availability, number and distribution in the parts of the country is based largely on the focal points of population. In the mountainous areas there is therefore a large number of facilities for a relatively small population, in order to ensure that the centres and sub-centres can be accessed even in areas with little transport infrastructure.

For the country as a whole, there are 61 doctors, 100 nurses and 7 midwives within the public health care system per 100,000 population, which places Myanmar below the ASEAN average (Nyi Nyi Latt et al. 2016: 128). The country has 1,056 public hospitals with a total of 56,748 beds, including two general hospitals with more than 2,000 beds, 55 regional/state/district hospitals with 200-500 beds and 330 township hospitals with 25-100 beds for curative and rehabilitative services. Facilities are distributed virtually countrywide, but the majority – including specialist clinics and by far the highest doctor-hospital ratios – are to be found in Yangon, Nay Pyi Taw, Mandalay and a few regional cities. The 2,199 facilities for preventive and public health services include 348 maternal and child health centres and 1,684 rural health centres. There are also 16 traditional medicine hospitals and 243 traditional medicine clinics (all figures: MoH 2014: 142-151). In the urban centres there is one midwife for more than 10,000 people; in the rural areas – especially in the more inaccessible parts of the country – the ratio is significantly higher. All the statistics quoted exclude the medical facilities operated by various ministries (such as the Ministry of Defence, the Ministry of Mines and the Ministry of Energy) for the use of employees and their families (Nyi Nyi Latt et al. 2016).