

SECTION 7: TRENDS IN HEALTH STATUS

7.1 Life Expectancy

For the period 1994-2001, the life expectancy at birth has increased in Myanmar from 60.2 years for males and 64.1 years for females (1994) to 61.5 years for males and 65.6 years for females (2001). It may be due to the result of expanding health care delivery infrastructure, improved MCH care and specific programs on immunization (EPI), DOTS in TB by National tuberculosis program and some poverty alleviation programs by NGOs (UNDP, MMCWA) etc.

7.2 Mortality

The Infant Mortality Rate for year 2001 was reported to be 48.3 per 1000 Live Births. The reported Maternal Mortality Ratio was 1 in urban and 1.8 in rural per 1000 Live Births and U5MR 77.77 per 1000 Live Births. The CDR is 6.2 per 1000 population. As all the responsible personnel in the health sector are taking systematic measures to be able to provide health care services on a wider scale and performing their duties energetically and with good will, the mortality of the Union of Myanmar is declining.

7.3 Morbidity

The leading causes of morbidity (2002) show malaria 11.5%, Diseases of Respiratory System 2.9%, Single spontaneous delivery 9.2% and Injuries 8.8%. The vaccine preventable diseases have declined significantly since implementation of the EPI. Due to multi drug therapy, leprosy has been eliminated in year 2003. As a result of introducing short term chemotherapy using DOTS, TB prevalence declined. Polio morbidity has reduced significantly after introducing NID including OPV every year for eight times. Protein energy malnutrition still remains a problem in the country but not a major problem.

7.4 Disability

The prevalence of blindness in Ocular Morbidity Survey 1998 was reported to be 0.6% and mostly due to cataract, glaucoma, trachoma and trauma. The main interventions are early detection and treatment.