

MCHIP Country Brief: Burma



Health Areas:

- Maternal Health
- Newborn Health

Selected Health and Demographic Data for Burma	
Maternal mortality ratio (deaths/100,000 live births)	200
Neonatal mortality rate (deaths/1,000 live births)	33
Under-5 mortality rate (deaths/1,000 live births)	52
Infant mortality rate (deaths/1,000 live births)	41
Contraceptive prevalence rate	41
Total fertility rate	1.96
Skilled birth attendant coverage	64%
Antenatal care, 4+ visits	22%

Sources: Health in Myanmar 2012; Ministry of Health; Government of Myanmar, 2012; UNICEF; The World Bank, 2010; Republic of the Union of Myanmar "Millennium Development Goals Report" 2013.



Program Dates	January 2013–March 2014					
Total Mission Funding	Redacted					
Total Core Funding to Date by Area	Redacted					
Geographic Coverage	No. (%) of provinces	National TA	No. of districts	N/A	No. of facilities	N/A
Country and HQ Contacts	Hnin Wai Hlaing, Kyaw Kyaw Cho, Kyi Kyi Ohn, Alyssa Davis, Jeffrey Smith, Joseph de Graft Johnson, Neena Khadka, Mandy Hovland, Jen Shindeldecker					

INTRODUCTION

Under the umbrella of the Survive & Thrive (S&T) Global Development Alliance, the Maternal and Child Health Integrated Program (MCHIP) provided national technical assistance for maternal and newborn health in Burma, with a special focus on improving midwifery. *Survive and Thrive: Professional Associations, Private Sector and Global Health Scholars Saving Mothers, Newborns and Children* is a global development alliance to improve survival rates for women and children around the world. The alliance mobilizes U.S. obstetric, pediatric, and midwifery professional associations alongside the United States Agency for International Development (USAID), private sector, and civil society organizations in partnership to improve the quality of maternal, newborn, and child health to reduce preventable deaths.



In Burma, S&T partners (The American Academy of Pediatrics, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, Johnson & Johnson, Laerdal Global Health, Jhpiego and Save the Children) worked under the mechanism of MCHIP to implement the program. MCHIP/S&T worked with the Ministry of Health (MOH) and national professional associations in laying the foundations for improving maternal and newborn health outcomes by reviewing the existing landscape of health care policy and practice; providing support for strengthening professional associations; and facilitating central-level discussions on proven, evidence-based, lifesaving interventions.

KEY ACHIEVEMENTS

PROGRAM OBJECTIVE	MAJOR ACCOMPLISHMENTS
Collaborate with the MOH to provide national technical assistance for maternal and newborn health	Gained a documented understanding of maternal and newborn health care in Burma to inform programming for better health outcomes
	Partnered with Myanmar professional associations for midwifery, obstetrics, and pediatrics to strengthen their capacity
	Achieved national-level consensus for the adoption of a high-impact, evidence-based intervention for newborn asphyxia

This program was USAID Burma's first investment in MCHIP; the program began in Year 5 and concluded in Year 6 of MCHIP. The 14-month program was designed to both capitalize on the recent commitment of the MOH to improve maternal and newborn health (MNH) outcomes and expand an understanding of working within the limitations of a country finding its footing as an emerging democracy.

WAY FORWARD

The accomplishments made during this program were important in contributing to the initial steps toward improved MNH outcomes in Burma. Building on this groundwork will require further investment and the coordination of implementing partners and the MOH.