

Myanmar's healthcare system in critical condition

Challenges facing reformers include poor supervision of limited budgets, woeful service outside cities, plus corruption and tea money demands.

By Samantha Carter and Naw Htoo Htoo

While the recent political reforms in Myanmar hold promise for the country's future, its long-neglected healthcare system faces a number of challenges before it can deliver effective and affordable care to the people.

Although the government increased spending on healthcare in 2013, the rise brought healthcare spending to 3.9% of the country's total budget. While the increase is promising, Myanmar remains one of the world's lowest countries in terms of total money allocated to healthcare.

In comparison, spending on the military remains high, representing 20.1% of the country's total budget. A recent Reuters report noted that Myanmar was the only developing country in Southeast Asia where spending on the military is higher than combined spending on healthcare and education.

According to a study by the UK medical publication The Lancet, Myanmar has some of the worst health indicators in the world. Life expectancy is 56 years, 40% of all children under the age of 5 are moderately stunted, and Myanmar has more than 50% of all malaria-related deaths in Southeast Asia. This is in part due to poor diagnosis and treatment, but also to the widespread prevalence of counterfeit anti-malarial medication.

Although the majority of Myanmar's population lives in rural areas, most health services continue to be concentrated in larger towns and cities. For example, according to a 2012 annual report published by the Myanmar Ministry of Health, rural health centres have only increased from 1,337 to 1,565 since 1988.

Patients claim many of these centres lack basic supplies, medication and equipment. Patients with complex medical conditions frequently travel great distances, often to a larger city like Yangon, in the hope of finding treatment that is unaffordable or unavailable in their village or town. There are few hospitals that are able to provide treatment for complex cases, and even at those facilities in Yangon that do offer care, treatment continues to be cost-prohibitive.

Even with increased investment in the healthcare sector, Myanmar faces a long list of challenges when it comes to improving healthcare in the country. Widespread corruption can mean that the government's increased spending on the healthcare system may disappear before it reaches its intended target.

According to the World Bank, Myanmar is in the lowest percentile for government effectiveness, regulatory quality, and control of corruption—all key factors when it comes to ensuring that the increased spending on healthcare reaches intended targets.

At the other end of the spectrum, patients are frequently expected to make under-the-table payments to ensure they receive quality care. Patients seeking care on the Thai-Myanmar border report that bribery is a common and a widely accepted aspect of getting healthcare in Myanmar.

In addition to the upfront costs of doctor visits, medication, and supplies, patients report having to pay for everything from extra blankets to using the washroom.

Families also say that if they want to ensure their loved one receives quality care from hospital staff, they must be prepared to pay extra. Those that are not prepared to pay bribes can expect longer wait times, poor quality care, and some patients report that hospital staff may simply ignore them altogether.

Another key challenge is the lack of reliable health indicators as data collection was difficult during the junta years. The lack of reliable data is likely to change as more health and humanitarian organisations start working within the country. However, it is important that the government also play a role in contributing to reliable, consistent, and long-term data collection and analysis that can help identify priorities in healthcare delivery and investment.

Because Myanmar faces a long road in rebuilding its ailing healthcare system, a strategic and measured approach must be employed. In addition to continuing to increase spending, the government must address the needs of resource-starved rural health clinics and hospitals.

Additionally, tackling corruption will be essential. Without better monitoring and oversight at the local level, there are few guarantees that funds allocated to healthcare will be used as intended and in the most efficient and effective way possible.

Finally, it is essential to have a better understanding of the challenges facing the country. Better data collection and reporting are necessary to get an accurate picture of rates of disease, current healthcare outcomes, and the true resource constraints facing local clinics and hospitals.

While there is a long list of challenges facing the country's healthcare system, attempting to address these issues are important first steps in the right direction.

On the Thai-Myanmar border, the Burma Children Medical Fund (BCMF) helps to coordinate treatment for patients with a variety of complex medical conditions. In particular, BCMF serves a large number of patients with heart disease; the majority of these patients came to Thailand in search of treatment after they ran out of options in Myanmar.

Many patients report first seeking treatment at their local clinic or hospital where they received an inaccurate diagnosis and were sent home with TB medication or nothing more than a multivitamin. For those patients who do receive an accurate diagnosis, they are typically referred

to a larger hospital in Yangon as local hospitals and clinics do not have the capacity to treat cardiac patients.

A common story involves patients and their families having to sell precious belongings or borrow from a local money lender to make the trip to Yangon, only to find out that the only viable treatment is surgery, which costs more than they can hope to earn in a lifetime. Out of options and hope, they return back home in debt and without treatment.

A few patients may hear about the Mae Tao Clinic on the Thai-Myanmar border from a friend or neighbour. They make the trip to Thailand in a last-ditch effort to get treatment that remains out of reach in Myanmar. After arriving at Mae Tao, patients with complex conditions such as cardiac disease are referred to BCMF staff who coordinate and fund their surgery in Chiang Mai.

About the authors

Samantha Carter has worked as an auditor for the U.S. Government Accountability Office and now works for the Burma Children Medical Fund (BCMF) as a management and programme analyst. Naw Htoo Htoo is a programme administrator with BCMF.