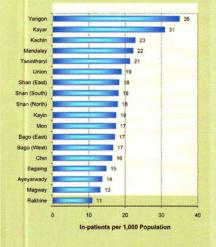
MINISTRY OF HEALTH



MYANMAR HEALTH STATISTICS 2010







Foreword by Professor Dr. Kyaw Myint, Minister for Health

Ministry of Health of the Union of Myanmar is pleased to present this publication, "Myanmar Health Statistics 2010", a product of the collaborative efforts of the Departments under the Ministry. Being one of the examples of the close partnership among these departments, this publication attempts to provide, in a simple and userfriendly way, the most sought-after health and health related information to a wide-ranging array of audience, both in-country and abroad.

It is well recognized that policies and actions in public health need to be based on a sound information base, and that health and health related decisions are made with a profound understanding of the health status, trends and health determinants. It is expected that this publication will fulfill this need to certain extent. It could also serve as an important benchmark for a monitoring and evaluation of the Millennium Development Goals related health activities. The graphic presentations will also highlight the existing geographical differentials that require policy level attention.

I would like to thank the dedicated staff of the Departments concerned for their determined efforts in making this publication a reality and encourage them to keep on sustaining this tradition and milieu of collaboration.

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Professor Dr. Kyaw Myint Minister for Health

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Technical Notes

1. Demography

Population

The population of Myanmar in 2008-2009 is estimated at 58.377 million with the growth rate of 1.52 percent. About 70 percent of the population resides in the rural areas, whereas the remaining are urban dwellers.

In 2008, the population density for the whole country is 86 persons per square kilometers and ranges from 666 persons per square kilometers in Yangon Division to 15 persons per square kilometers in Chin State, the western part of the country.

Population Structure	1980-81		1990-91		2000-01		2007-08		2008-09	
(in million)	No.	%								
0-14 years	13.03	38.77	14.70	36.05	16.43	32.77	18.57	32.30	18.87	32.32
15-59 years	18.44	54.86	23.47	57.55	29.72	59.29	33.87	58.90	34.38	58.89
60 + years	2.14	6.37	2.61	6.4	3.98	7.94	5.06	8.80	5.13	8.79
Total	33.61	100	40.78	100	50.13	100	57.50	100	58.38	100
Female	16.93	50.37	20.57	50.28	25.22	50.31	28.92	50.29	29.35	50.27
Male	16.68	49.63	20.21	49.72	24.91	49.69	28.58	49.71	29.03	49.73
Sex Ratio (M /100 F)	98.52		98.25		98.77		98.82		98.91	

Estimates of population and it's structure (1980-2008)

Source: 2008-09 data : Department of Planning, Ministry of National Planning and Economic Development 1980-81 to 2008-09 data: Statistical YearBook 2008, Central Statistical Organization, Ministry of National Planning and Economic Development

Age Pyramid

The age-sex structure of the population is shown by a population pyramid. Comparison is made between data from 1983 Census and 2007 Population data. The 1983 (Census) age pyramid shows a high proportion of infants and children. This pattern is typical of a high-fertility. The changes of the age pattern that appeared as a result of the demographic transition is well depicted in the age pyramid of 2007 with an increasing working age group and elderly population.

Percentage of population under five years

In 2007, the under five year old population as a percent of the total population ranges from 10.2 to 14.2 percent. Yangon Division shows the lowest percentage (10.2%), while Kayah State shows the highest percentage of 14.2%. Tanintharyi Division and Mon State from Southern part of Myanmar shows the second highest percentage of about 13%.

Percentage of population 65 years and above

In 2007, variation of the population of 65 years and above by state and division is 4.2 percent in Kayah State and 6.9 percent in Yangon Division. Ayeyarwady, Bago (East) and Bago (West) Divisions have the second highest percentage of elderly population (6.3% each) and Shan State (North, East & South) has the third highest percentage of elderly population (6.1% each). Those aged 65 years and above comprise 5.9 percent of the whole population.

Life Expectancy at Birth

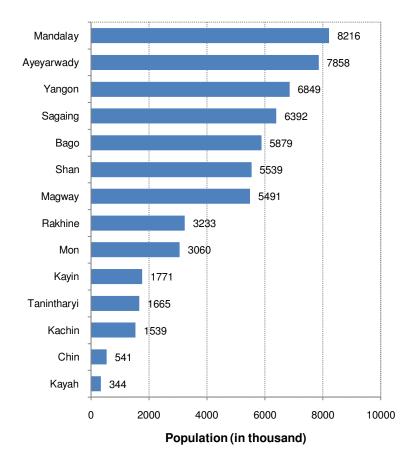
As the country is striving to attain its health objectives, positive trends in various health indicators are observed including Life Expectancy at Birth. A remarkable progress was observed in life expectancy following the period of 1988 to 2007. In 1988, life expectancy at birth was 56.2 years for males and 60.4 years for females in rural area and in urban area life expectancy at birth for males and females were 59 years and 63.2 years respectively. In 2007, life expectancy at birth was 64 years for males and 69 years for females in urban area and in rural area life expectancy at birth for males area life expectancy at birth for males expectancy at birth for males 64 years for males and 69 years for females in urban area and in rural area life expectancy at birth for males and females were 63.2 years and 67.1 years respectively.

Crude Death Rate and Crude Birth Rate

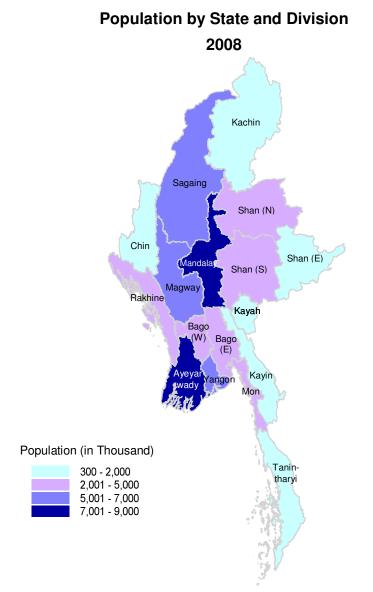
One of the health sector achievements is reduction in crude death rate. In 1988, crude death rate was recorded as 9.9 per thousand population in rural area and 8.9 per thousand in urban area. In 2007, the rates fall to 5.3 and 5.9 per thousand populations respectively.

A steady reduction in crude birth rate is seen during the period of 1988 and 2007. The crude birth rate was 28.6 for urban and 30.5 for rural in 1988 and the rates decrease to 18.4 for urban and 21.2 for rural in 2007.

Population by State and Division 2008

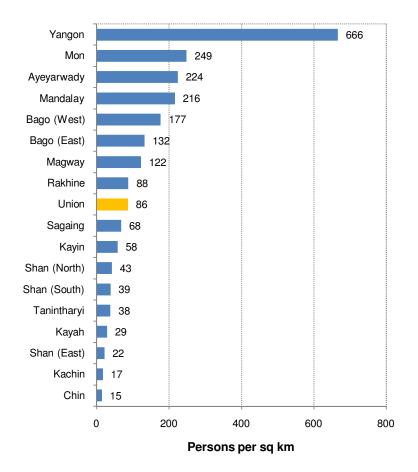


Source: Department of Population, Ministry of Immigration and Population cited by Department of Planning, Ministry of National Planning and Economic Development



Source: Department of Population, Ministry of Immigration and Population cited by Department of Planning, Ministry of National Planning and Economic Development

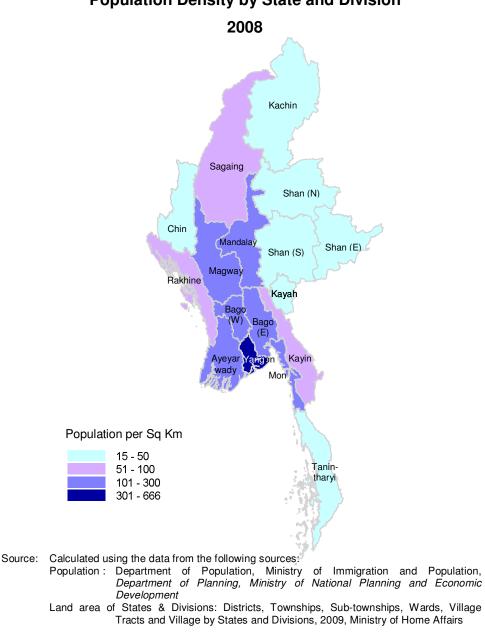
Population Density by State and Division 2008



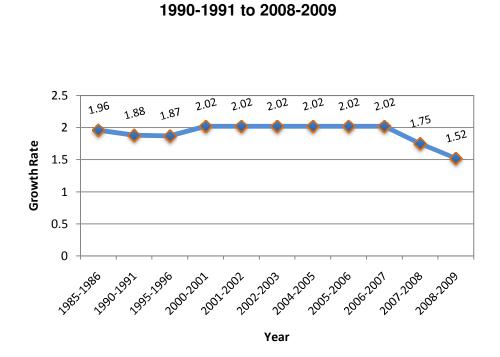
Source: Calculated using the data from the following sources:

Population : Department of Population, Ministry of Immigration and Population, Department of Planning, Ministry of National Planning and Economic Development

Land area of States & Divisions: Districts, Townships, Sub-townships, Wards, Village Tracts and Village by States and Divisions, 2009, Ministry of Home Affairs



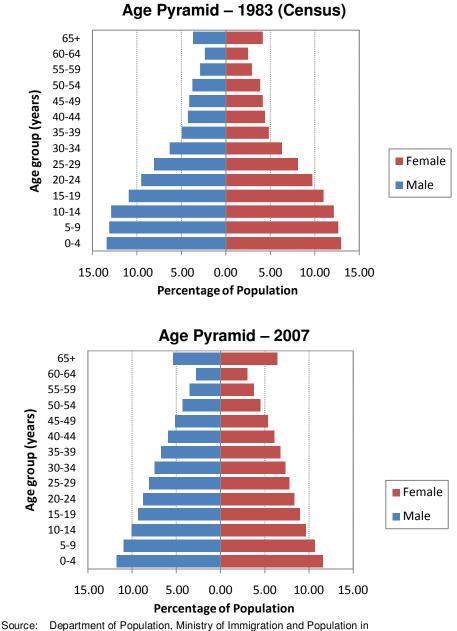
Population Density by State and Division



Annual Population Growth Rate

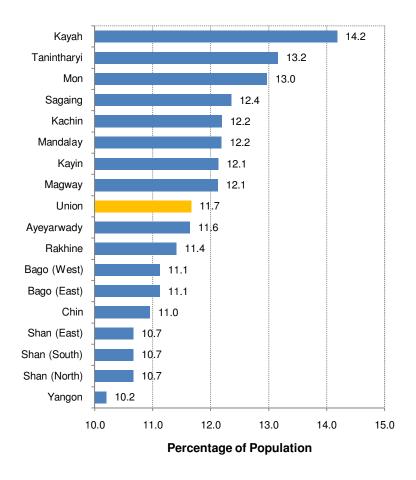
Source: Department of Population, Ministry of Immigration and Population in Statistical YearBook 2008, Central Statistical Organization (CSO), Ministry of National Planning and Economic Development

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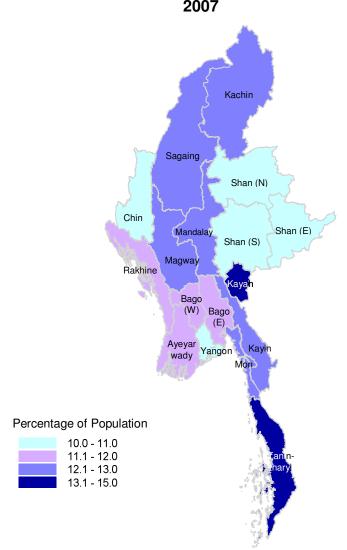


Statistical YearBook 2000 & 2008, Central Statistical Organization (CSO), Ministry of National Planning and Economic Development

Percentage of Population Under 5 Years by State and Division 2007

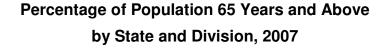


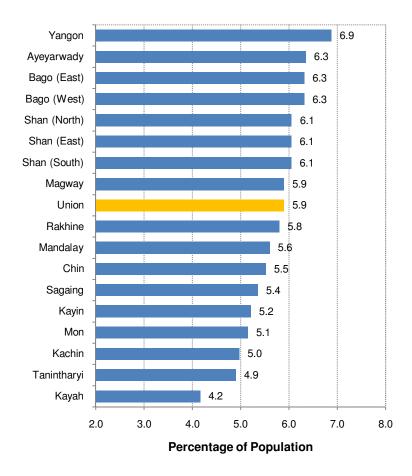
Source: Population Department, Ministry of Immigration and Population, 2007



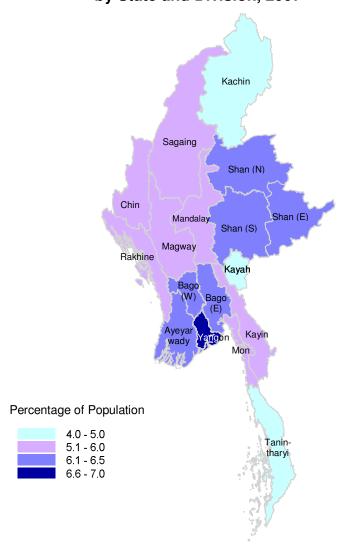
Percentage of Population Under 5 Years by State and Division 2007

Source: Population Department, Ministry of Immigration and Population, 2007

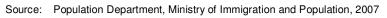


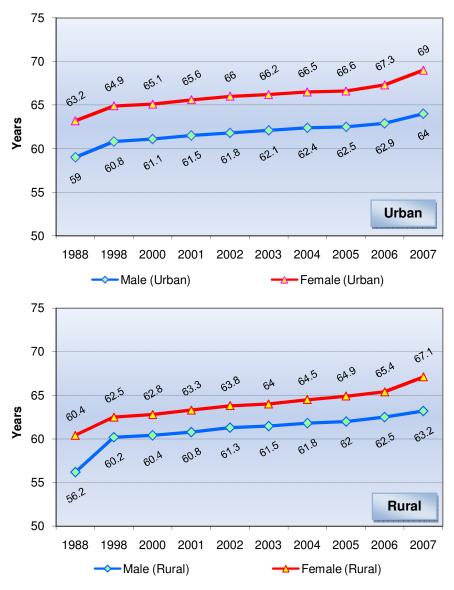


Source: Population Department, Ministry of Immigration and Population, 2007



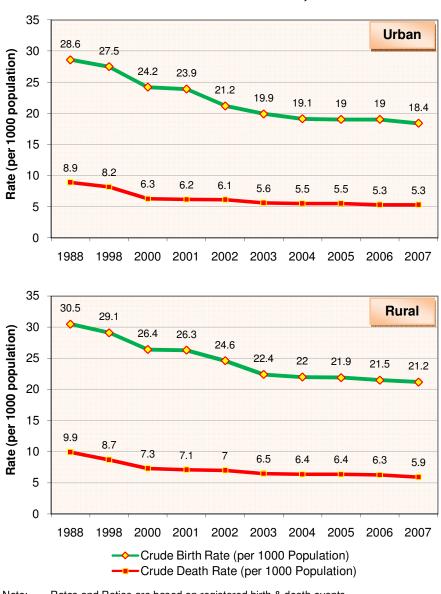
Percentage of Population 65 Years and Above by State and Division, 2007



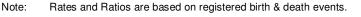


Life Expectancy at Birth, 1988 - 2007

Source: Statistical YearBook 2000 & 2008, Central Statistical Organization (CSO), Ministry of National Planning and Economic Development



Crude Birth Rate and Death Rate, 1988 – 2007



Source: Statistical YearBook 2000 & 2008, Central Statistical Organization (CSO), Ministry of National Planning and Economic Development

2. Health Expenditures

A more efficient use of resources has been becoming more important and essential in the wake of technology advances, demographic transitions and rapidly changing patterns of morbidity and mortality. The emergence of public health problems brought about by newly emerging infectious diseases and changing climatic pattern even make stronger call for more resources and their efficient uses. Health care is provided by a complex and shifting combination of government and private sector. In such an environment, policy makers need reliable national information on the sources and uses of funds for health, preferably comparable across countries in order to enhance health system performance. By depicting the current use of resources in the health system National Health Accounts (NHA) help provide that information. Through a systematic compilation and display of health system. With the approval and under the guidance of the Ministry of Health, NHA Myanmar has been constructed in 2004, covering the period 1998 to 2001. After that series of reports were prepared for years covering 2002 to 2007.

Trend of Total Health Expenditures

Time series analysis of total health expenditure in current prices for the years 1998 to 2007 revealed that total health spending is increasing throughout the period with varying proportions by component. Private health spending still constitutes the major share of total health spending.

Per Capita Health Expenditures and Per Capita Gross Domestic Product

Per Capita Total Health Expenditures at current prices for the year 1998 was estimated at 613 kyat and for the year 2007 was estimated at 7,890 kyat. Per capita Government Health Expenditures at current prices were estimated at 65 kyat in 1998 and 928 kyat in 2007. Per Capita Gross Domestic Product at current prices for the year 1998 was 33,426 kyat and as of 2007 was 394,496 kyat.

Health Expenditures as percentage of Gross Domestic Product

Total Health Expenditures as percentage of Gross Domestic Product was ranging around 2 percent during the period of 1998 to 2007.

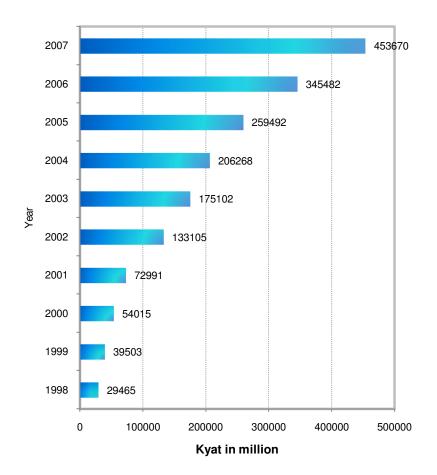
External Sources on Health as percentage of Total Health Expenditures

External Sources on Health as percentage of Total Health Expenditures was increasing throughout the year 1998 to 2007. External financial sources comprised 1.2 and 5.38 percent of Total Health Expenditures in the year 1998 and 2007 respectively.

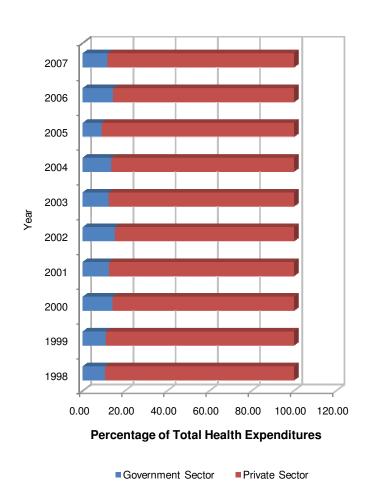
Trust Fund in Hospitals

Based on religious and social customs Myanmar people are eager to provide assistance for social works. Public hospitals throughout the country are stipulated to raise and establish trust fund and interest earned from these funds are used for supporting poor in accessing needed medicinal supply and diagnostic services where user charges are practiced.

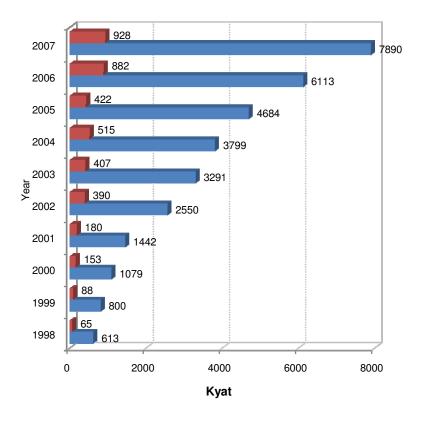
The cumulated amount of trust fund established in the hospitals was 1,516 kyat in million in 2005 and 5,494 kyat in million in 2009 October.



Total Health Expenditures in Current Prices 1998 - 2007

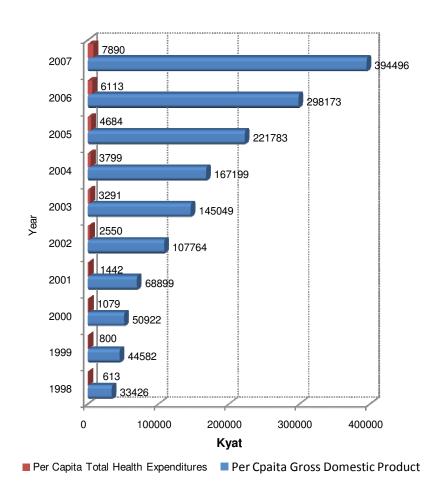


Total Health Expenditures by Agents 1998 - 2007

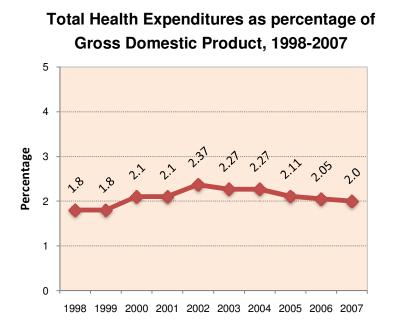


Per Capita Health Expenditures 1998 - 2007

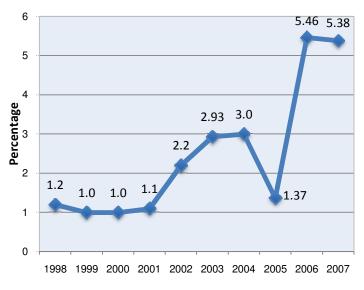
Per-capita Government Health ExpendituresPer-capita Total Health Expenditures



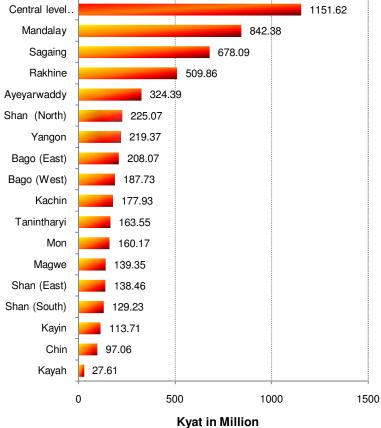
Per Capita Total Health Expenditures and Per Capita GDP 1998 - 2007



External Sources on Health as Percentage of Total Health Expenditures, 1998-2007







Source: Department of Health, October 2009

3. Health Resources

With the aim to develop and strengthen the human resources for health, Ministry of Health is training and producing all categories of health personnel. There are a total of 14 medical and health related universities under the management of the Department of Medical Science. It also has 46 nursing and midwifery and related training schools across the country. In addition post graduate training courses have been conducted for higher learning and there are 31 doctorate courses, 7 Ph.D courses, 29 Master courses and 6 Diploma courses conducted under the Department of Medical Science.

Specialists have been appointed for the first time in district hospitals in 1997. Number of specialties available in the State and Divisional Hospitals has increased and more specialists are appointed. Specialist services are available at the district hospitals and more advanced secondary and tertiary care services are provided at the State and Divisional Hospitals, Central and Teaching Hospitals. Modern diagnostic and therapeutic facilities have been installed in the central and teaching hospitals, state/divisional hospitals and district hospitals.

Distribution of Government Medical Doctors

Distribution of Government Medical Doctors across states and divisions vary from 6 (Mon State) to 59 (Chin State) per 100,000 population. Yangon and Mandalay divisions, where major teaching hospitals are located, have high concentration of medical doctors. A Chin state, as comparatively less populated, has a high number of doctors sanctioned given the nature of terrain and difficulty in travel.

Distribution of Government Dental Surgeons

The distribution of Dental Surgeons ranges from 1 to 4 per 100,000 population. Union wise, the coverage is one Dental Surgeon per 100,000 population.

Distribution of Nurses

The distribution of Nurses among states and divisions were also related to the distribution of Medical Officers. The number of nurses per 100,000 population ranges from 10 in Mon State to 160 in Chin State.

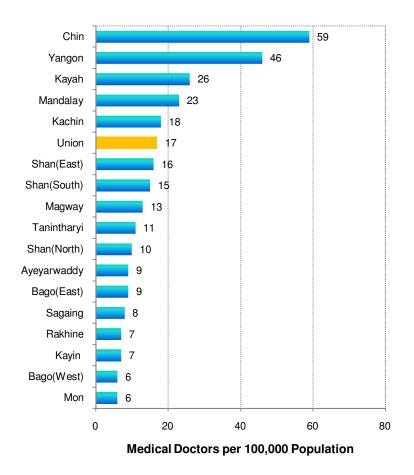
Distribution of Midwives

Midwives are basic health front line workers in the practicing of primary health care system in Myanmar for successful implementation of rural health development programme. The distribution of Midwives is highest in Chin State with 89 per 100,000 rural population and followed by 65 in Kayar State, 32 in Kachin State, 31 in Shan (South), 27 in Rakhine State and 25 each in Shan (East) State and Bago (West) Division.

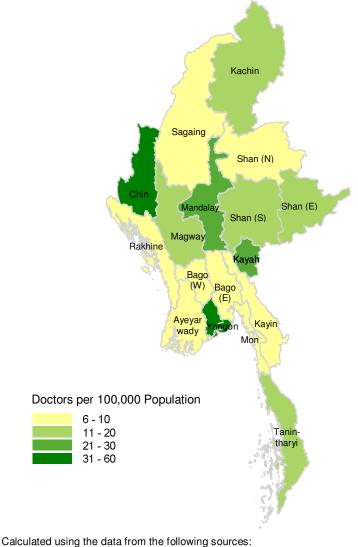
Government Hospital Bed Strength

To ensure adequate coverage of hospital services in every state and division, new hospitals were being established and existing hospitals were upgraded. By the end of December 2009, total number of hospital beds in government hospitals are 39060. On an average there are 67 hospital beds per 100,000 population in government medical institutions in Myanmar.

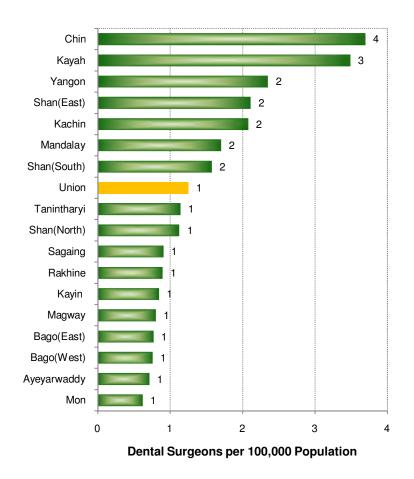
Distribution of Medical Doctors (Government) by State and Division, 2009



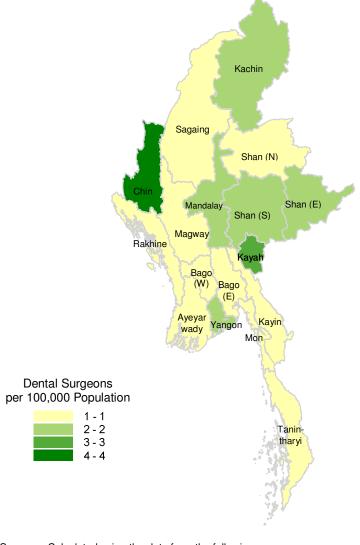
Distribution of Medical Doctors (Government) by State and Division, 2009



Distribution of Dental Surgeons (Government) by State and Division, 2009

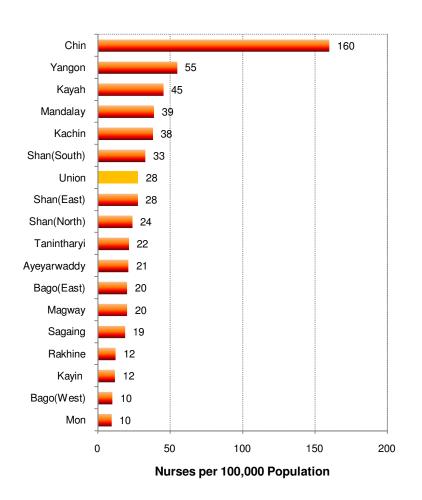


Distribution of Dental Surgeons (Government) by State and Division, 2009



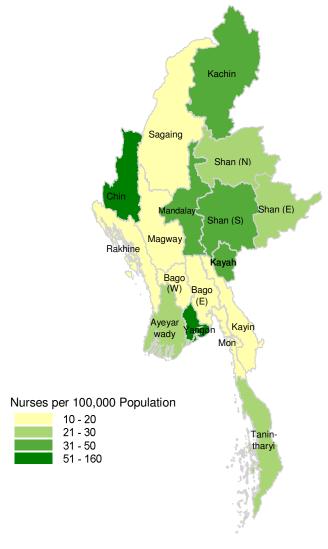
Source: Calculated using the data from the following sources: Health Manpower: Ministry of Health Population: Department of Population, Ministry of In cited by Department of Planning Ministry

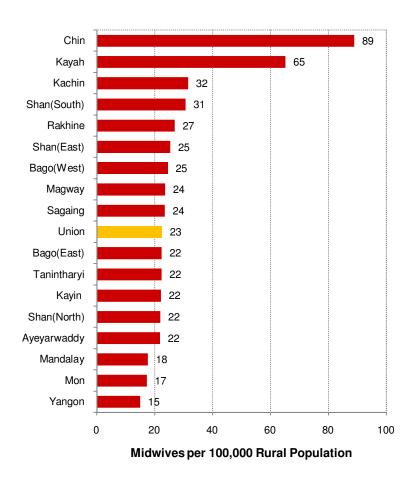
Department of Population, Ministry of Immigration and Population cited by *Department of Planning, Ministry of National Planning and Economic Development*



Distribution of Nurses (Government) by State and Division, 2009

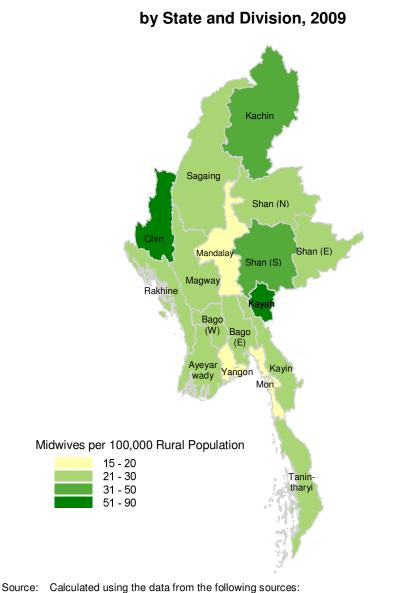
Distribution of Nurses (Government) by State and Division, 2009





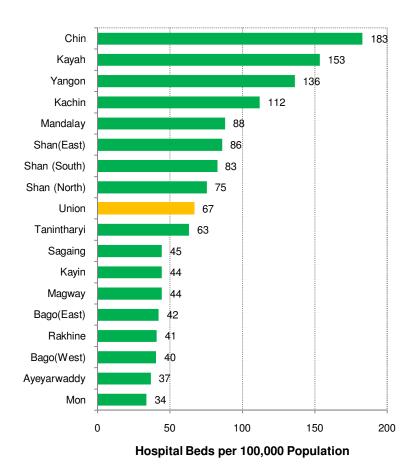
Distribution of Midwives (Government) by State and Division, 2009

Source: Calculated using the data from the following sources: Health Manpower : Ministry of Health Population : Department of Population, Ministry of Immigration and Population cited by Department of Planning, Ministry of National Planning and Economic Development



Distribution of Midwives (Government)

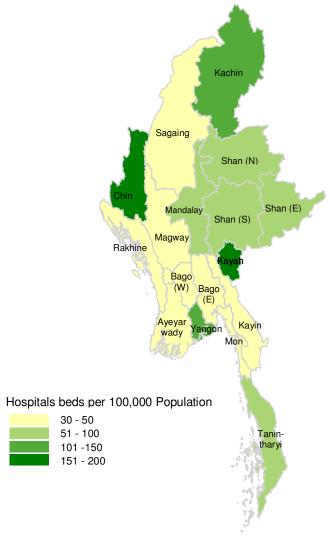
Source: Calculated using the data from the following sources: Health Manpower : Ministry of Health Population : Department of Population, Ministry of Immigration and Population cited by Department of Planning, Ministry of National Planning and Economic Development



Government Hospital Bed Strength by State and Division, 2009

Source: Calculated using the data from the following sources: No. of hospital beds : Ministry of Health Population : Department of Population, Ministry of Immigration and Population cited by Department of Planning, Ministry of National Planning and Economic Development

Government Hospital Bed Strength by State and Division, 2009



Source: Calculated using the data from the following sources: No. of hospital beds : Ministry of Health Population : Department of Population, Ministr cited by Department of Planning,

Department of Population, Ministry of Immigration and Population cited by Department of Planning, Ministry of National Planning and Economic Development

4. Health Service Utilization

General clinic attendance in Government Health Centers

As a whole country, 20.6 out-patients visit to government health centers were made by 100 population in 2008. The lowest out-patient attendance was seen in Shan (North) State (13.5%), the highest visit was in Mon State (37.2%) and the second highest visit was in Chin State (26.9%). Some states and divisions such as Yangon and Mandalay have reported below 20% of outpatient attendance and it might be due to growing private health centers.

In-patients attendance in Government Hospitals

Based on cases admitted to government hospitals during the year 2008, in-patient care for that year was calculated. On an average 19 patients per 1000 population seek inpatient care at government hospitals in 2008. However geographical variations were seen ranging from 11 patients in Rakhine State to 35 patients per 1000 population in Yangon Division and followed by 31 patients in Kayar State. The high figure in Yangon Division could be due to good quality care and availability of medical care facilities.

Antenatal care coverage

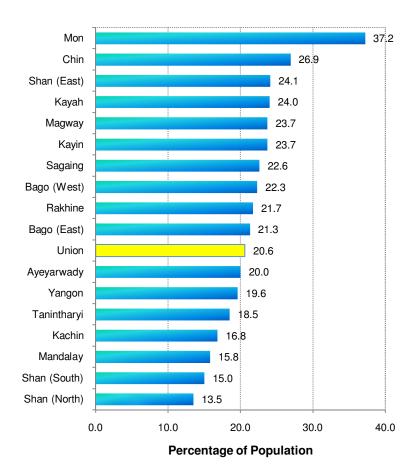
In 2008, on an average 68.2% of pregnant women were seeking antenatal care for at least one visit. Over 70% of antenatal care coverage has been reported by six states and divisions. About 60 to 70% of pregnancies received antenatal care in eight states/divisions out of seventeen. Only three states Chin, Shan (North) and Shan (East) reported antenatal care coverage below 60%.

Immunization coverage of children

BCG coverage is highest among child immunization. On average immunization coverage was BCG 90.3%, Polio 87.4%, DPT3 87.2% and measles 85.5% in 2008. Immunization coverage is lowest in Shan (East) and second lowest in Chin State.

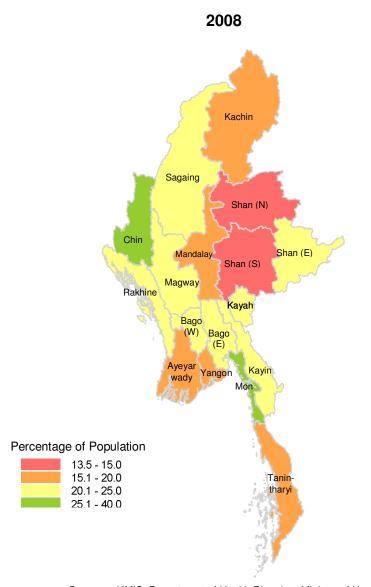
Tetanus immunization coverage of pregnant mothers

The tetanus immunization coverage for the union was 84.6% ranging from 44.5% in Shan (East) to 94.1% in Bago (West) in 2008. Out of seventeen states/divisions, ten states/divisions have reported that over 80% of pregnant women had received second dose of tetanus immunization. The coverage of pregnant mothers from three states/divisions receiving tetanus immunization were 70 to 80% and remaining four states/divisions had reported 45 to 70%.



General Clinic Attendance by State and Division 2008

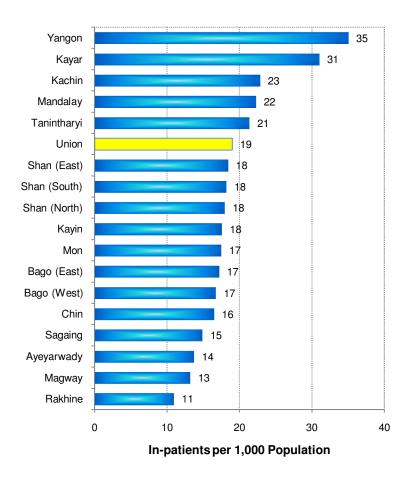
Source: HMIS, Department of Health Planning, Ministry of Health



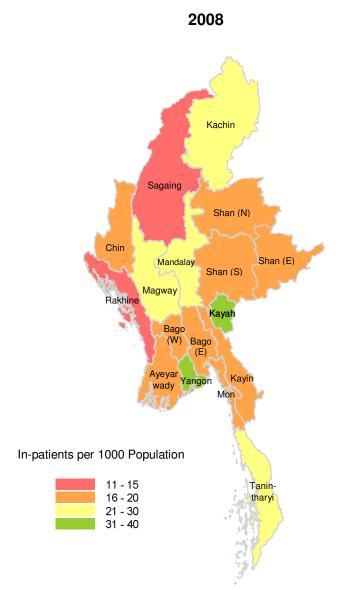
General Clinic Attendance by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health

In-patients Attendance in Government Hospitals 2008

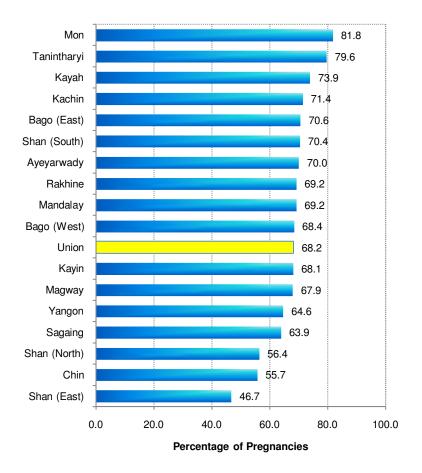






In-patients Attendance in Government Hospitals

Source: HMIS, Department of Health Planning, Ministry of Health



AN Coverage by State and Division 2008

Source: HMIS, Department of Health Planning, Ministry of Health



AN Coverage by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health



Immunization Coverage of DPT3 by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health



Immunization Coverage of Polio3 by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health



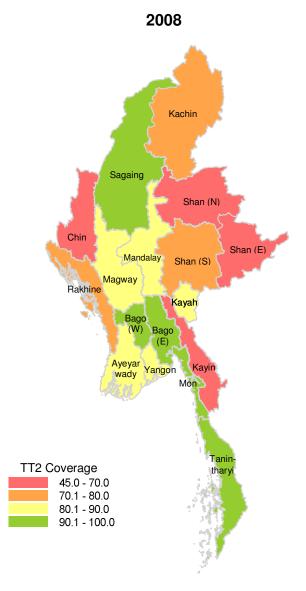
Immunization Coverage of BCG by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health



Immunization Coverage of Measles by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health



Immunization Coverage of TT2 by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health



Coverage of Sanitary Latrines by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health

5. Morbidity and Mortality

Malaria

Malaria is one of the priority diseases in Myanmar. Malaria prevalence is found to be falling from 24.53 per 1000 populations in 1988 to 9 per 1000 populations and 10.75 per 1000 populations in 2007 and 2008 respectively. Similarly deaths from malarial fall from 10.44 per 100,000 populations in 1988 to 2.91 per 100,000 populations and 1.84 per 100,000 populations for the same periods respectively. Number of epidemics became reduced during last five years. Chin, Rakhine, Kachin and Kayah states show higher incidence rates 48, 41, 39 and 31 per 1000 population respectively. The highest mortality rate was seen in Kachin state (8.64 per 100,000 population) and followed by Chin state (6.7 per 100,000 population).

Tuberculosis

Tuberculosis (TB) is also one of the major public health problems in Myanmar. DOTS (Directly Observed Treatment Short Course) strategy was introduced in 1997 and it covered all the townships since November, 2003. NTP achieved case detection rate 90%, cure rate 77% (treatment success rate 85%) and has reached the global TB control targets since 2006 and maintained.

HIV/AIDS

The results from the Estimation and Projection of HIV/AIDS (2009) revealed that approximately 238,000 adults and children are living with HIV in Myanmar at the end of 2009. An estimated adult HIV prevalence among 15 to 49 years age group is 0.61%. The adult HIV prevalence peaked around 2000-2001 and since then there is a steady decline.

AIDS Case reporting

In 2008, a total of 1,067 AIDS cases, including 39 paediatric AIDS cases, were reported from the hospitals all over the country. Out of them, 32.3% (345/1067) were females and 67.7% (722/1067) were males. Based on these reported cases, it has been found that 72.8% of the cases were attributed to sexual transmission, 3% to injecting drug use, 1.7% to blood transfusion, 2.8% to mother to child transmission and the remaining 19.7% to other causes.

HIV Sentinel Sero-Surveillance Survey

To determine the extent of HIV and AIDS situation in the country, active surveillance of HIV and AIDS has been conducted in Myanmar since 1985. The first comprehensive surveillance system was developed in 1992 and HIV sentinel sero-surveillance survey among target groups has been carried out since then. The sentinel groups included are population at low risk: pregnant women attending antenatal clinics, new military recruits, blood donors; and those at high risk: injecting drug users, men who have sex with men, female sex workers and male patients attending sexually transmitted infection (STI) clinics.

Trends analysis of the HIV sentinel surveillance data revealed that HIV prevalence levels among low risk populations in 2008 show continuation of the general decline observed since their peak in the late 1990s; however, a slight rise was observed among new military recruits from 1.3% in 2007 to 2.5% in 2008.

Among most at risk population, a decline was observed among female sex workers and injecting drug users, a slight rebound was observed in male clients of STI clinics from 4.9% in 2006 to 5.4% in 2008.

Leprosy

Myanmar has achieved Leprosy Elimination Goal several years back since 2003. The national prevalence rate was 0.48 in 2008 0.47 per 10,000 population in 2009. Bago Division has reported the highest rate of 0.65 per 10,000 population and followed by Mandalay Division and Magway Division with the prevalence rate of 0.63 and 0.61 per 10,000 population respectively.

Diarrhoea

In 2008, high diarrhoea morbidity was seen in Chin, Kayah, Rakhine, Shan (East) and Mon States where sanitary latrines coverage was moderate except in Mon State. Yangon, Mandalay, Bago (West) and Magway Divisions had low diarrhea morbidity with high sanitary latrine coverage. Overall, it was found that all states and divisions which had higher sanitary latrines coverage experience low diarrhea morbidity.

The highest number of deaths due to diarrhea has reported in Kayah State (4.11 per 100,000 population) and Yangon Division has reported the lowest mortality rate (0.15 per 100,000 population).

Leading Causes of Morbidity and Mortality

Leading grouped causes of morbidity based on hospital records and classified under ICD 10 coding for 2008 are certain infectious and parasitic diseases (20.5%), preganancy, childbirth and puerperium (16.1%), injury, poisoning and certain other consequences of external causes (14.3%), diseases of the digestive system (8.3%) and diseases of the respiratory system (5.7%).

Similarly, leading grouped causes of mortality for 2008 are certain infectious and parasitic diseases (26.7%), diseases of the circulatory system (16.2%), injury, poisoning and certain other consequences of external causes (10.5%) and certain conditions originating in the perinatal period (10.3%) and diseases of the digestive system (7.3%).

Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)

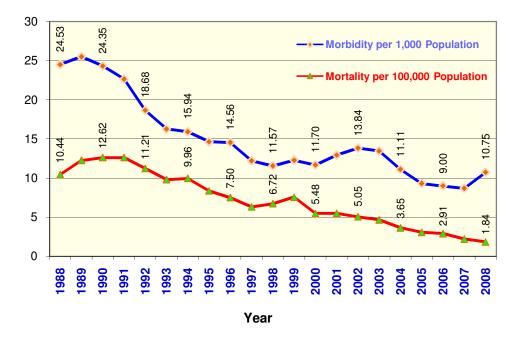
The Infant Mortality Rate and Maternal Mortality Ratio have been calculated based on registration of birth and death events.

Infant mortality rate is on the descending trend and it declines from 50.7 per1000 livebirths in 2002 to 46.3 per 1000 live-births in 2007 in rural area and 48.4 in 2002 and 43.4 per 1000 live-births in 2007 in urban area.

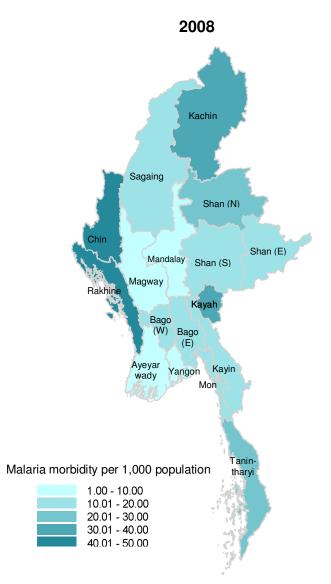
Maternal mortality ratio also revealed a decline. The Maternal Mortality Ratio per 100,000 live-births in rural area was 190 in 2002 and 136 in 2007 and 110 and 94 in urban area for the years 2002 and 2007 respectively.

Malaria Morbidity and Mortality Rate in Myanmar



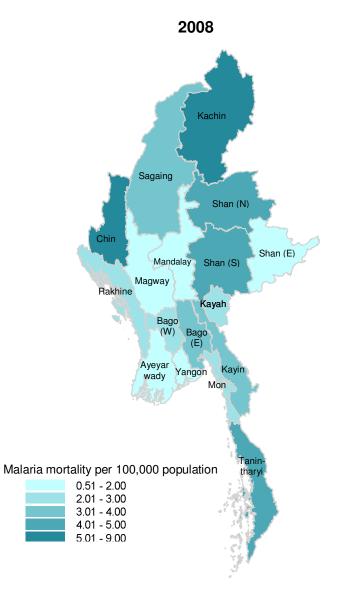






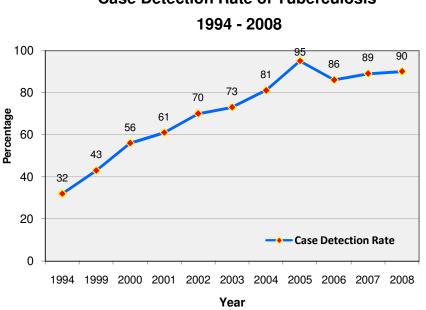
Malaria Morbidity Rate by State and Division





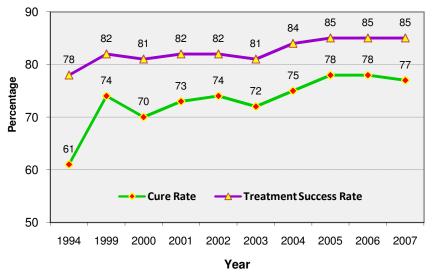
Malaria Mortality Rate by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health

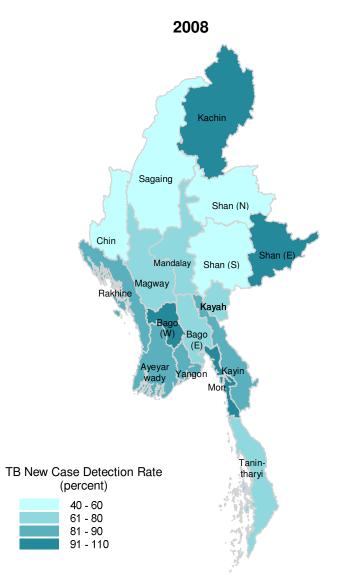


Case Detection Rate of Tuberculosis

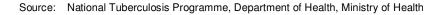
Cure Rate and Treatment Success Rate of Tuberculosis 1994 - 2007

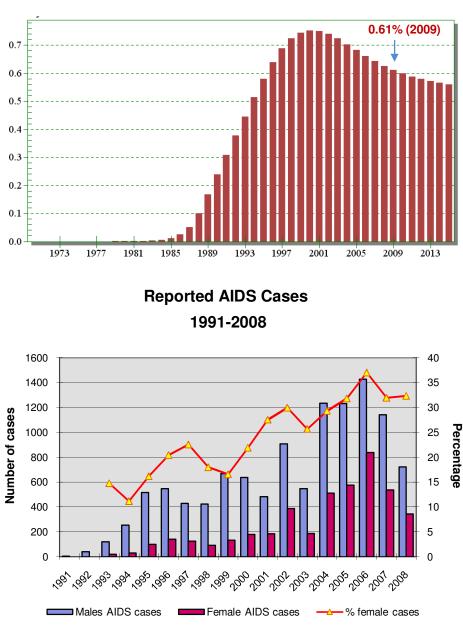


Source: National Tuberculosis Programme, Department of Health, Ministry of Health



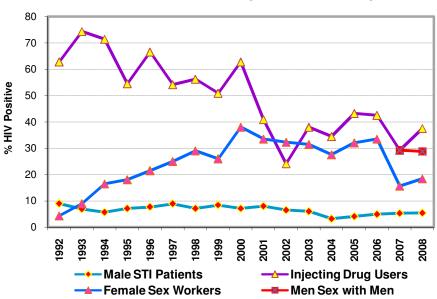
Tuberculosis Case Detection Rate by State and Division





Estimation and Projection of HIV Prevalence Adult (15-49 years)

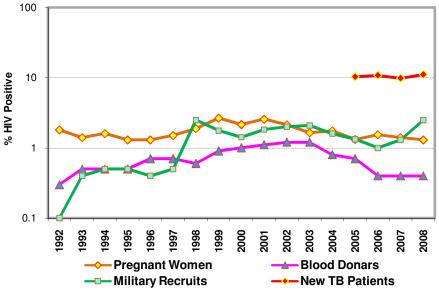
Source: National AIDS Programme, Department of Health, Ministry of Health



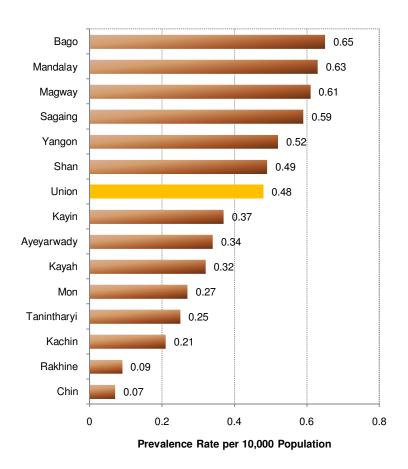
HIV Sentinel Sero-Surveillance Survey, 1992-2008

Trends in HIV Prevalence among Most at Risk Populations

Trends in HIV Prevalence among Low Risk Populations

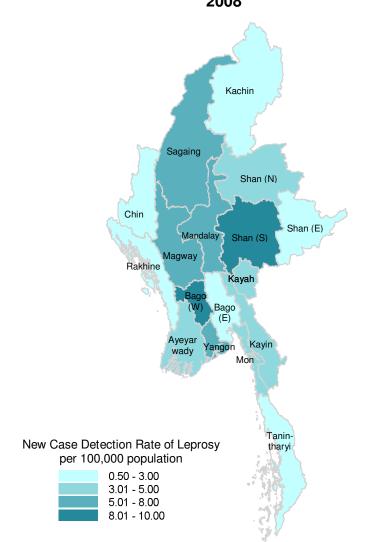


Source: National AIDS Programme, Department of Health, Ministry of Health



Prevalence of Leprosy by State and Division 2008

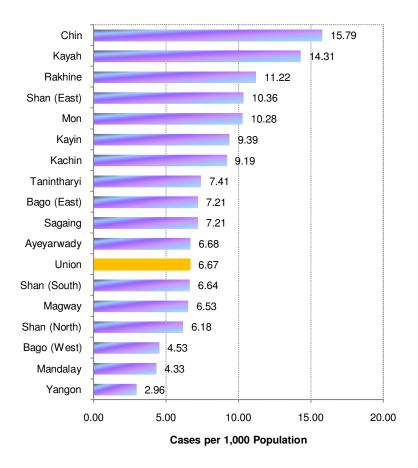




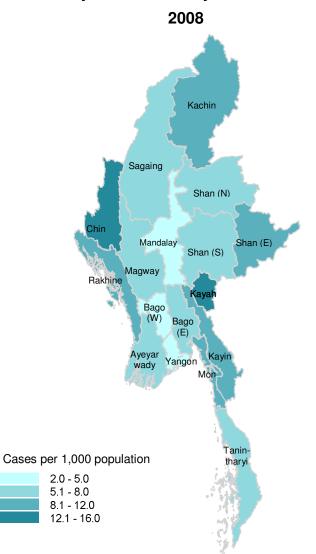
New Case Detection Rate of Leprosy by State and Division 2008



Morbidity of Diarrhoea by State and Division 2008



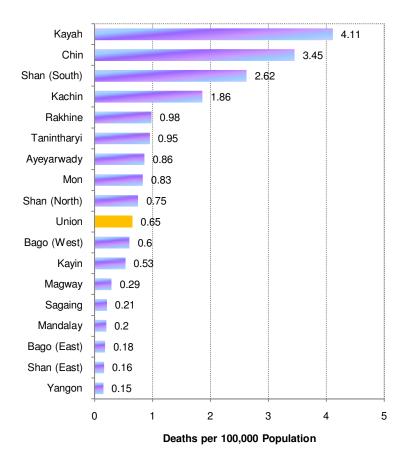
Source: HMIS, Department of Health Planning, Ministry of Health



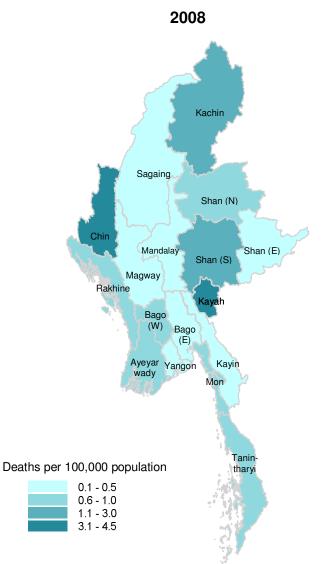
Morbidity of Diarrhoea by State and Division

Source: HMIS, Department of Health Planning, Ministry of Health

Mortality of Diarrhoea by State and Division 2008



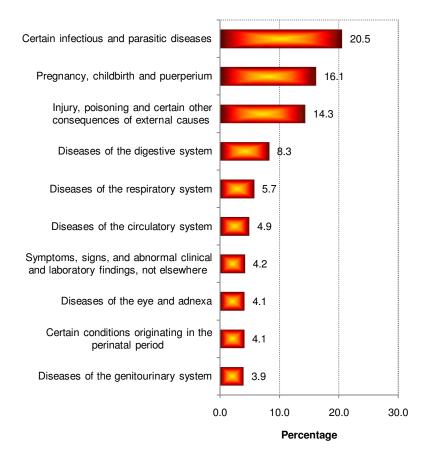
Source: HMIS, Department of Health Planning, Ministry of Health



Mortality of Diarrhoea by State and Division

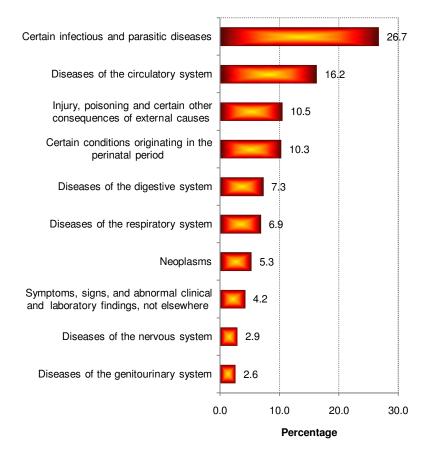
Source: HMIS, Department of Health Planning, Ministry of Health

Ten Leading Causes of Morbidity 2008

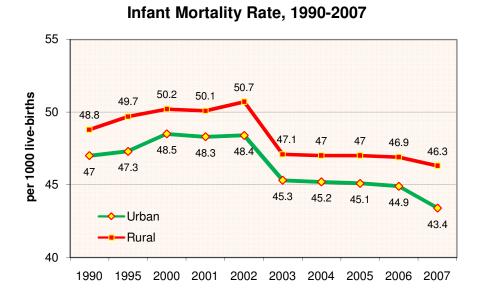


Source: HMIS, Department of Health Planning, Ministry of Health

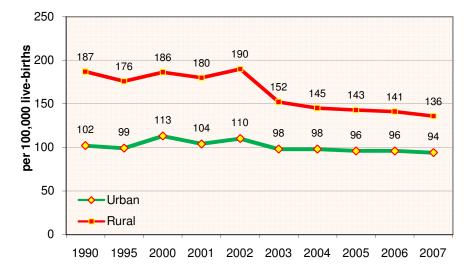
Ten Leading Causes of Mortality 2008



Source: HMIS, Department of Health Planning, Ministry of Health

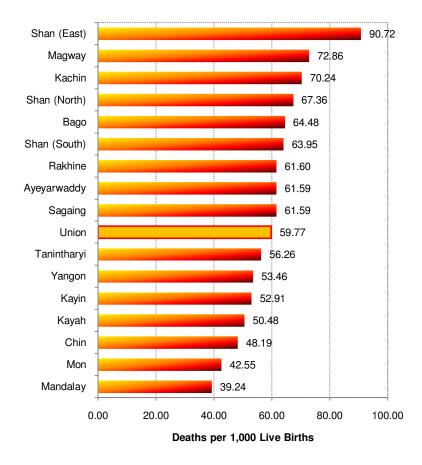


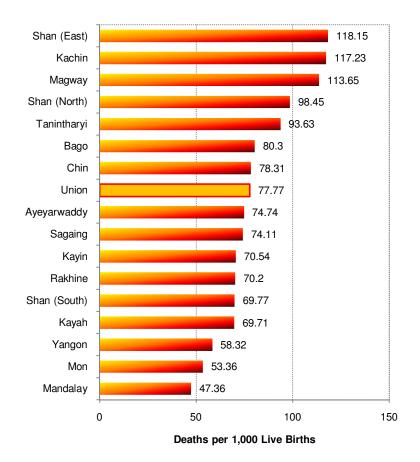
Maternal Mortality Ratio, 1990-2007



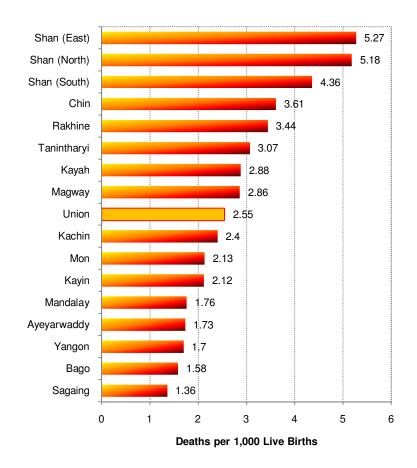
Note: Rates and Ratios are based on registered birth death events.

Infant Mortality Rate by State and Division National Mortality Survey, 1999





Under Five Mortality Rate by State and Division National Mortality Survey, 1999



Maternal Mortality Ratio by State and Division National Mortality Survey, 1999

Technical Notes

This publication contains basic health related statistics of the country, also disaggregated by regions (17 States and Divisions). The disaggregated data cover the key aspects of health and its determinants. Emphasis has also been paid to focus on health related Millennium Development Goals. The data have been categorized under five domains, namely Demography, Health Expenditure, Health Resources, Health Service Utilization and Morbidity and Mortality. Most of the data are pertaining to the years 2008 and 2009 unless stated otherwise.

Multiple data sources have been used in deriving the information and described along with each graphic presentation. The readers are advised to keep in mind the data limitations such as unavailability of data from the private health sector and some under-reporting from the government health sector when interpretations are attempted.

Every attempt has been made to ensure the accuracy of the information contained in the publication, with an indication of the actual sources. It is still possible that there are a few errors of commission and omission in the data presented. It is our constant endeavour to improve quality of data and the readers are encouraged and welcome to provide feedback on the ways in which the content and the presentation of the information could be further improved.