

Burma: health and transition

"To be forgotten, too, is to die a little", said Nobel laureate Aung San Suu Kyi when she addressed the Nobel Prize Committee in Oslo, Norway, on June 16. Burma seems to be making the difficult and fragile transition from military dictatorship to fledgling democracy. But for the 800 000 Rohingya Muslims in Burma's Rakhine state, 30 000 of whom have been recently displaced because of ethnic violence, her words seem especially poignant. For over 30 years they have endured forced labour and abortion, rape, extra-judicial killings, lack of citizenship, and restrictions on marriage. Limitations on travel have restricted access to health services, and land confiscation has resulted in high rates of severe and moderate stunting (50%) in children. The 2011 *Lancet* Series on Health in southeast Asia highlighted the need for a rights-based approach to health. In Burma, human rights abuses by the military junta, economic sanctions, and natural disasters have resulted in internal conflict and the forced migration of an estimated 340 000 people within the country, and worldwide, millions of refugees. Population estimates should be treated with caution because of the difficulty of collecting accurate birth data; however, most minorities have not been included in a census since 1931. Although plans for a population-wide census are underway for 2014, it remains unclear whether the Rohingya will be included.

Burma has some of the worst health indicators in the world. Life expectancy is 56 years. The 2012 Countdown to Maternal and Child Health Report documents insufficient progress on child health—the mortality rate for children aged 5 years and younger is 56 per 1000 livebirths, and around 40% of all Burmese children younger than 5 years old are moderately stunted. This is unacceptable for a country exporting fish, rice, and pulses. There is an urgent need for better maternal health data. For the 30% of the 50 million population who live below the poverty line, and other ethnic minorities including the Shan, Mon, Karen, and Kachin, the known health and social indicators are worse still. In 2007, a study in eastern Burma reported mortality in children younger than 5 years of 218 per 1000 livebirths. In Mon state, 20% of children do not live with a biological parent, and are at increased risk of exploitation and neglect in a region with reported drug and sex trafficking.

HIV/AIDS, tuberculosis, and malaria cause substantial morbidity and mortality. Burma has more than 50% of all malaria-related deaths in southeast Asia, with reports of artemisinin-resistant malaria on the border with Thailand, attributed to lack of access to adequate diagnosis and treatment, the use of counterfeit anti-malarials, and conflict. An estimated 15 000 people die every year in Burma because of lack of access to antiretroviral treatment (ART) required by an estimated 120 000 people. Following a 5 year absence, the Global Fund for HIV/AIDS, Tuberculosis, and Malaria (GFATM) reinstigated funding to Burma in 2011. However, the cancellation of GFATM Round 11, which was expected to have treated an additional 46 500 Burmese HIV patients, has left a treatment gap according to Médecins Sans Frontières, who treat more than 60% of the patients on ART in the country.

International organisations report improved relations with Burma's Ministry of Health. However, Chris Beyrer of Johns Hopkins University, USA, an expert on health in Burma, says that the "health sector still fails to provide the most basic health services for patients". Out-of-pocket expenditure is 81% of the total expenditure on health. In 2008, total expenditure on health was US\$12 per head, far below the \$60 per head recommended by WHO for low-income countries to reach the health Millennium Development Goals by 2015. Although the national health budget has increased fourfold for 2012/2013, most of the new budget will pay for salaries. Health attracts less than 3% of overall government expenditure, and is dwarfed by the military budget.

Despite signs of political reform in Burma, the military retains a strong presence in regions of ethnic tension, and health and human rights abuses are certain to continue without adequate monitoring. Other members of the Association of Southeast Asian Nations (ASEAN) are complicit in their silence. Whether elements of the former military junta will eventually be brought to justice for crimes under international law remains to be seen. The government must begin to shift resources from the military back to the health of its people. As Aung San Suu Kyi completes her historic European visit this week, and the country opens to international investment, health and human rights must be protected for all of Burma's people. ■ *The Lancet*



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For the 2011 *Lancet* Series on Health in southeast Asia see <http://www.lancet.com/series/health-in-southeast-asia>

For Countdown 2012 see <http://www.countdown2015mch.org/reports-and-articles/2012-report>

For the east Burma 2007 study see http://www.burmalibrary.org/docs6/Mullany_PopulationBasedMethods_JECH.pdf