Jhpiego in Myanmar

**Quick Facts**

Estimated total population: 53.7 million

Maternal mortality ratio: 380 per 100,000 live births

Infant mortality rate: 74 per 1,000 live births

Under-five mortality rate: 103 per 1,000 live births

Total fertility rate: 2.0

Contraceptive prevalence: 46% (modern methods)

HIV prevalence: 0.6%

Births with skilled provider: 57%

Sources:
2. UNICEF Myanmar Country Profile;

**Background**

Myanmar, also referred to as Burma, is a union of seven states and seven regions. From 1962 to 2011, the country was under military control, resulting in diplomatic isolation and economic and military sanctions from the international community. With the military recently relinquishing some of its control over the government, the U.S. relaxed curbs on foreign aid to Myanmar in November 2011 and resumed diplomatic relations in January 2012. While Myanmar’s rates of maternal and newborn mortality have declined over the last 20 years, they remain higher than other countries in the region. According to the United Nations Children’s Fund (UNICEF), 43% of live births in Myanmar are not attended by a skilled birth attendant, 3,700 women die annually in childbirth and the unmet need for family planning stands at 19%.

Despite these and other health challenges, the Government of Myanmar is making great efforts to address its health care needs. The 2011–2016 National Health Plan gives priority to maternal and newborn health (MNH), child health, communicable diseases and health systems strengthening. Other emerging policy priorities include rural health and improving access to high-quality family planning services. To assist the Government of Myanmar in addressing these priorities, Jhpiego has been working there since 2013 and is currently implementing the four initiatives described below.

**Current Program Highlights**

**Improving Midwifery for Maternal and Newborn Health Services**

The Three Millennium Development Goal Fund (3MDG) supports Jhpiego and partners to reduce maternal and newborn mortality and morbidity in Myanmar by strengthening the midwifery profession. This is being accomplished by measurably advancing the capacity of Myanmar’s midwifery cadre to improve the overall quality of services for those in need. By strengthening scalable midwifery education and training systems, Myanmar midwives will ensure consistent, competent and safe clinical performance for future mothers and newborns. To accomplish this goal, Jhpiego is collaborating with the Ministry of Health (MOH) to develop a policy and regulatory framework guiding high-quality pre-service education. Jhpiego is supporting improvements in both midwifery education and the midwifery education system by helping schools to update midwifery curricula, perform a task analysis and build the capacity of faculty to delivery skills-based training. Jhpiego is also strengthening the continuing professional education system, including in-service training, which leads to optimal performance by midwives and provides support structures for midwives in facilities and communities.
Improving Maternal Health in Myanmar: A Scalable Model

Under a three-year project funded by the GE Foundation, Jhpiego is collaborating with the MOH to improve the quality of MNH services at Myanmar’s Central Women’s Hospital in Yangon and two district hospitals that refer to the Central Hospital. Specifically, the project’s objectives are to: 1) improve the quality of MNH services, with a focus on the most common causes of maternal and newborn morbidity and mortality, at three hospitals (Central Women’s Hospital in Yangon, and Thanlyin and North Dagon Hospitals); and 2) lay the foundation for the Government of Myanmar to scale up its efforts to improve the quality of MNH services nationwide. For the first of these two objectives, Jhpiego is collaborating with the MOH to develop a scalable quality of care system using Jhpiego’s Standards-Based Management and Recognition (SBM-R®) approach. This approach, which is being implemented at the three hospitals to improve the quality of MNH services and strengthen the hospitals as clinical training sites, can also be further scaled up to other hospitals in Myanmar. Under the second objective, Jhpiego is working to improve the capacity of health workers in the three hospitals to provide labor, birth and immediate postpartum care that addresses the key causes of hospital-based maternal and newborn morbidity and mortality. This capacity building will be achieved through the development of an in-service training system that emphasizes competency-based training and skills-building of health care providers to provide high-quality MNH services.

Maternal and Child Survival Program (MCSP)

The overall goal of the program, funded by the U.S. Agency for International Development (USAID), is to reduce maternal and newborn mortality and morbidity in Myanmar by strengthening the midwifery profession. MCSP works with the MOH and other development partners to provide technical assistance on current selected best practices for MNH services that are agreed upon, owned and endorsed by the national level to ensure their adoption at lower levels of the health system. MCSP follows the perinatal approach, from pregnancy through the postpartum period and newborn care. The technical focus will include evidence-based, high-quality maternal interventions (i.e., uterotonic for postpartum hemorrhage, anticonvulsants for pre-eclampsia/eclampsia and antibiotics for sepsis) to reduce the leading drivers of maternal mortality in Burma, as well as high-impact newborn interventions (i.e., neonatal resuscitation, prevention and management of pre-term birth and improved care for preterm/low birth weight newborns through kangaroo mother care and the identification and management of newborn infections) that directly address the three major causes of newborn death.

The program focuses on the national, sub-national and facility levels in a multi-pronged approach. At the national level, MCSP provides technical leadership to the MOH and the Reproductive Health, Maternal, Neonatal, and Child Health Technical Strategic Group and other MOH-convened working groups and technical forums for the inclusion and dissemination of maternal and newborn care best practices as part of the National Strategic Plans and guidelines. The goal of the national-level work is to facilitate upgrades to midwifery regulatory processes and drive achievement and maintenance of quality standards for MNH care. MCSP also provides capacity-building support to the Myanmar Nurse and
Midwife Association (MNMA) and their membership to foster leadership and development of a more dynamic and collaborative association that can be the strong voice of and provide support to the midwifery profession in Myanmar. In addition, MCSP collaborates with the MOH to provide technical assistance for malaria in pregnancy and integrated community case management.

**Strengthening Effective Education for Health Workers**

With funding from the Global Giving Program of MSD for Mothers (also known as Merck for Mothers), Jhpiego is working on a two-year project to strengthen education for health workers with the ultimate goal of improving health outcomes for women and newborns in Myanmar. To realize this goal, Jhpiego is collaborating with the MOH to demonstrate a strengthened midwifery education and training model in Kayin State; the model can subsequently be replicated in other states. Under this project, Jhpiego is working to: 1) strengthen midwifery education in Kayin State by refreshing and updating the clinical and teaching skills of all midwifery tutors in the state; and 2) develop the capacity of Kayin State’s master trainers to train all of the state’s midwives and auxiliary midwives in lifesaving MNH skills. This project has been introducing into the country’s pre-service training system low-cost, innovative birthing simulators and training materials that have proven to reduce maternal and newborn deaths in other countries.

**Partners and Donors**

Jhpiego’s donors in Myanmar are 3MDG, GE Foundation, USAID and MSD for Mothers.

Partners include: the MOH, including state, regional and township health departments; Yangon Central Women’s Hospital, Thanlyin and North Dagon Hospitals in Yangon Division and Hpa An Midwifery School in Kayin State; MNMA and the Myanmar Nurse and Midwife Council; and Survive and Thrive Global Development Alliance Partners (American Academy of Pediatrics, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, Save the Children, Johnson & Johnson and Laerdal Global Health).

**References**


