Sexual and reproductive health in Myanmar

Myanmar is in a time of unique political and social transition; however, sexual and reproductive health (SRH) outcomes remain among the poorest in the region. The pregnancy-related mortality ratio was 282 deaths per 100,000 live births in 2014, and 10 percent of all deaths among women were maternal deaths.\(^1\) In 2016, only 60 percent of births were attended by a skilled provider and only 37 percent occurred in a health facility.\(^2\)

While just more than half of married women in Myanmar use a modern contraceptive,\(^3\) it is estimated that only 32 percent of all women use modern contraception.\(^4\) There are no official data available on contraceptive use among unmarried women and little documentation exists on the sexual behaviors of youth.

An updated policy framework

From 2017 to 2018, PATH supported Myanmar’s Ministry of Health and Sports (MOHS) in reviewing and expanding on the 2002 Reproductive Health Policy to reprioritize areas of need based on emerging global normative guidance. The new National Sexual and Reproductive Health and Rights (SRHR) Policy aims to provide an inclusive framework for fulfilling SRHR and access to high-quality SRH services for people of all ages. Six key thematic areas have been prioritized: (1) maternal, newborn, and child health; (2) family planning; (3) adolescent SRHR; (4) gender and gender-based violence; (5) special groups and inclusion; and (6) reproductive health morbidities.

Reflecting local needs

PATH drew from global guidance and other country experiences in developing the SRHR Policy. To reflect local needs and capture Myanmar’s local context, PATH and the MOHS collaborated with local experts to conduct an analysis of current Myanmar legislation and relevant policies to provide context for the new National SRHR Policy. To ensure the Policy is rooted in the current needs of Myanmar’s population, PATH also supported the implementation of a reproductive health needs assessment (Figure 1).

Figure 1. Six key thematic areas prioritized in the Myanmar National Sexual and Reproductive Health and Rights Policy.

The National SRHR Policy will establish an overarching framework that will guide the development of subsequent strategic plans, clinical guidelines, care pathways, service standards, and data collection that take a rights-based approach to SRH service delivery. By clearly outlining fundamental principles of SRHR in such a critical time in its democratic transition, Myanmar is making a bold commitment to improve the health of people of all ages and genders for generations to come.
Translating policy into practice: STRONG+

Since 2019, PATH, Marie Stopes International (MSI), and Local Resources Centre (LRC) have worked to sensitize CSOs, communities, and individuals on the rights and services guaranteed by the policy. Their joint project, starting from January 2019 through December 2020, is funded by the Access to Health Fund.

The project, SRHR STRONG+ (Strengthening the Realization of National Guidelines, Policies, and Plans), coordinates between three levels—decision-makers, service providers, and community members—to improve availability, access, understanding, and uptake of SRH services and rights. Working across all levels ensure that each stakeholder knows their roles and responsibilities in implementing the policy – it also enables communities to hold policymakers and service providers accountable.

Advocating change to policymakers

SRHR STRONG+ works closely with the MOHS to strengthen the knowledge, capacity, and coordination of policymakers on SRHR issues. In addition, the project is developing guidelines and strategic plans related to SRHR, such as operational plans to improve cervical cancer screening and treatment.

PATH and MSI will disseminate the National SRHR Policy in all regions of Myanmar and advocate to local decision-makers to implement necessary changes. A policy forum will provide a platform to discuss the progress of the Policy’s implementation. The project will also gather stakeholders, such as CSOs, local and international organizations, donors, and government, through a virtual community of practice that will be established to share knowledge and best practices on SRHR.

Supporting health facilities and providers to administer high-quality services

The project will build capacity and accountability of service providers, such as MSI-run clinics, to provide high-quality SRHR services that are accessible to communities. MSI hosts trainings for service and non-service providers on client-centered care and inclusion of disabled people in SRH service provision. MSI staff are also being deployed as advocates – 26 program implementers were trained in policy advocacy strategy development.

Engaging communities in feedback and accountability

Finally, SRHR STRONG+ will leverage and mobilize a network of community-based partners throughout the country, under the umbrella of LRC, to raise awareness about the National SRHR Policy and hold decision-makers accountable for implementation. To build capacity, LRC has hosted SRHR/Advocacy and Spokesperson Training (training of trainers for staff) in Yangon; cross-cutting themes multiplier trainings for 125 participants from 97 civil society organizations in Kachin, Mon, Mandalay, and Yangon; SRHR media advocacy workshops for journalists and other media representatives in Yangon and Mandalay; an SRHR consultation with Disabled People’s Development Organization in Yangon; and community consultations for SRHR policy brief translation in Mandalay, Northern Shan, Southern Shan, Mon, Rakhine, and Kachin.

Feedback on available SRHR information and services is gathered during community engagement meetings and addressed with support from different stakeholders in their respective geographic areas. This feedback will inform development of the strategic plan and revision of policy/guidelines and plans for relevant SRHR thematic areas.

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References