Resident and Tourist Health Care in Myanmar

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Resident and Tourist Health Care in Myanmar The Republic of Myanmar - former Burma - once the Asian pariah and long the target of economic embargo is now coming to the fore as a tourist destination. Governmental liberalisation is encouraging enterprising travel companies to add the country to itineraries. A long time focus for Indian and Chinese travellers, new hotels and improved communications are encouraging European and British visitors to this land of pagodas. The number of tourists has doubled this year and the first direct air flights from the UK started in the Spring.

Despite recent political repression and relative poverty, the Burmese are a friendly people who welcome visitors and their rich cultural heritage encourages extensive travel across the country. The communications and transportation structure is being developed and roads and air links are improving, but the health care system is still deficient for both the indigenous population and foreign visitors. Travellers should be aware that the quality and immediacy of good medical care may not be of a standard met in UK.

Myanmar quadrupled its health budget in 2012 and is focusing on hiring more doctors, securing sup-plies and renovating hospitals as it tries to modernise after decades of isolation, according to Health Minister Pe Thet Khin. The country needs to grow the number of doctors who graduate every year to more than 1,500. Recently, the four state-owned medical schools have started to train about 2,000 doctors annually ,but in a country with limited access to cadavers for medical students, the level of training new students receive may be inadequate. According to the UN World Health Organization (WHO), Myanmar is facing a critical shortage of medical staff, defined as fewer than 23 health workers per 10,000 people, the minimum needed to provide 80 %coverage for births and measles immunizations. It had an estimated 13 doctors and nurses/midwives per 10,000 residents.[1]
As of 2010, there were about 26,000 doctors, 23,800 nurses and 19,000 midwives nationwide, according to the government. The former military Government spent between 0.5 and 3% of the country's GDP on health care ranking it one of the lowest in the world.[2] The Mandalay region with a population of 7.6 million people had at one time 1000 doctors and 2000 nurses working in 44 hospitals and the same number of clinics. Many hospitals have less than 100 beds and many public hospitals lack basic facilities and equipment. Nationwide, there are 1,504 rural health centres covering more than 65,000 villages.

In rural areas - where 70 %of the country's 58 mil-lion people live - most villages lack basic healthcare. Patients travel hours - in some hilly regions nearly a day - to reach hospitals or clinics located only in towns. Due to remoteness between villages and towns, rural patients attend hospital only when they cannot cope with deteriorating health conditions.

There is no universal health service in Myanmar and the general state of health care is poor. Although health care is nominally free, in reality, patients have to pay for medicine and treatment. Those who can afford it pay for private health care. In rural areas, ill people depend upon herbal and traditional medicine and few can afford modern medications. Primary care in small clinics and in the cities is provided by private consulting doctors. Pharmacies carry a wide range of medicines, but there is a risk from counterfeit drugs. The rural poor and deprived city dwellers have no money to pay for modern medications. They will in extremis get hospital attention in government hospitals but resources are limited and drug prescriptions have to be paid for. In a land rich in vegetable produce, mineral and gem resources, little has been spent on the health care system. Many existing facilities are provided or maintained by foreign aid. European physicians and surgeons devote time and skill for short time slots on visits to improve the service.

Malaria is a leading cause of morbidity and mortality in the country. Many deaths occur from a drug-resistant form of the disease common along the country's border with Thailand. Government malarial eradication programmes have been successful and malaria has become a diminishing threat in all but forested areas and wetlands, however dengue fever remains a recurrent problem. TB rates in Myanmar are estimated to be three times the global rate, and the majority of cases are drug-resistant. AIDS cases had fallen to about 0.6 percent per 100,000 people from 1.9 percent five years ago.[2]

Roads are congested, poorly surfaced and occupied by cyclists, motor cyclists, horse and ox carts, cars and coaches, all driven with scant regard for other road users and pedestrians. Out of the cities unsurfaced roads become impassable in the wet and often can only be negotiated by four wheel drive vehicles. Road traffic accidents are common and the injured are carted off to the poorly resourced local A&E unit and transferred if necessary to a district hospital.[2] The country's trauma care capabilities, especially in rural areas, are inadequate and there are only 61 oncologists in the entire country and 3 radiation machines.[3] Chronic alcoholism is a problem in many rural communities.[2]

Myanmar although rich in resources is one of the poorest countries in the world, with one of the highest maternal and infant mortality rates in south-east Asia. There is limited access to qualified antenatal and post-natal assistance. In Myanmar, over 70 % of deliveries are home births and of those, 43 %are not attended by a skilled health worker. More remote villages do not
have any access to health facilities as antenatal clinics are predominantly located in towns.[4]

Tourist Health facilities

Most tourists will visit Yangon, Mandalay and the fabulous pagoda country round Bagan or the Inle Lake region with its stilted houses and reed-lined water-ways. Here there are a few district hospitals and primary care units with one two private clinics accessible to the traveller. Private Travel health insurance is a prerequisite for the visitor to ensure that in emergency the patient is transferred either directly to a private hospital or clinic and any time in a state institution is limited. Neither sector can provide state of the art sur-ical and medical interventions, but the latter will transfer patients requiring advanced care promptly to Thailand and surgical units in Bangkok, with good facilities.[5]

This will entail a 1½ hour air journey from Yangon and 2 ½ hours from Mandalay. Road transfer on poor roads can be prolonged and airline schedules subject to seasonal and climatic disruption. Mandalay has 10 public hospitals and one specialising in traditional Burmese medicine. Yangon has a privately owned hospital of reasonable standard in the township Hiang Thar Har and International SOS operate a clinic staffed by several doctors and nurses in the Inya Lake resort Hotel complex .Care is expensive and seriously ill cases are transferred to Thailand.

As in many developing countries gastro intestinal infection is a constant threat. The country produces fine vegetables and fruit ideal for salads, but their preparation often entails use of contaminated water. There are adequate water supplies for the local populace, but visitors should use bottled water. Ice, salads and uncooked foods are best avoided. Typhoid vaccination is recommended but yellow fever protection is only required if travelling from an infected country. Travellers to Myanmar should have conventional vaccinations, with elderly travellers having influenza and pneumococcal protection.[5]

Heat and humidity in the monsoon season brings problems with rabid dogs and vaccination should be considered for those living in the rural scene. Dengue fever is endemic and anti- mosquito protection is important by night and day. Mosquitos invade hotels, aircraft and coaches and skimpy tourist clothing should be replaced with leg and arm cover up apparel before sunset.

The risk of malarial infection in the big cities is low and is now becoming rare in tourist visited areas with risk highest in the wet season. In the popular Inle Lake region malaria seems to have been constrained with only one case reported in a local community in six months but visitors may be less resistant to infection. Bilharzia is a problem for lake users.

There are thousands of temples and pagodas in Myanmar which attract the tourist. It is mandatory to enter these barefoot with potential for injury and infection, In Bagan most ancient pagodas can be clam-bered upon to considerable height, with tourists intent upon seeing the sunrise over a myriad of shrines. Their crumbling brick structures, low doorways and dark interiors are traps for the unwary and visitors suffer lacerations and fractures from falls. In the absence of Health and safety regulations, tourists should visit with care. Bicycle, motorcycle and e-cycle hire is popular but hazardous, as road travel is shared with over-loaded pick-up buses, oxen and horse carts , trucks and coaches, on single track, poor road. Off road-travel on sandy racks requires skill not always possessed by the tourist. Riders should remember that emergency care may be delayed and evacuation protracted.

Recommendations

Travellers should be aware that there are limited health facilities available in Myanmar.Health insurers can only provide the best that is available and serious cases may have to be transferred to Thailand, several hours flight away.

- There is high risk from road traffic and trauma.

- Malaria risk in the main tourist season is low.
- Dengue fever infection occurs all year.
- Gastro intestinal infection is likely.
- Typhoid vaccination is recommended.
- There is a bilharzia risk in lake areas.
- Rabies vaccination should be considered for those who will be living in the rural scene.

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