POLICY ENVIRONMENT FOR ADOLESCENT HEALTH IN MYANMAR

Myanmar, also known as Burma, is in South East Asia. It neighbours Thailand, Laos, Bangladesh, China and India.
It has a population of about 54 million, most of whom are Burmese speakers, although other languages are also spoken.
The biggest city is Yangon (Rangoon), but the capital is Nay Pyi Taw. The main religion is Buddhism. There are many ethnic groups in the country, including Rohingya Muslims.The country gained independence from Britain in 1948. It was ruled by the armed forces from 1962 until 2011, when a new government began ushering in a return to civilian rule. Myanmar operates de jure as a unitary assembly-independent republic under its 2008 constitution. On 1 February 2021, Myanmar's military took over the government in a coup. Anti-coup protests are ongoing as of 24 February 2021.

Risks to adolescents health

The 2014 Myanmar Population and Housing Census enumerated 14.4 million children aged 0 to 14 years (29 per cent of the total population) and 9 million youth aged 15 to 24 years (18 per cent of the total population). The total population of children and youth combined was recorded at 23.4 million persons or 46.5 per cent of the total 50.3 million people enumerated in the 2014 Census.

- The 2014 Census shows that between a quarter and a half of children and youth live in a household that needs the basic requirements for good health and prosperity.
- 41 per cent of rural children and 15 per cent of urban children need access to safe source of drinking water.
- 38 per cent of rural children and 10 per cent of urban children live in a household that requires access to improved sanitation.
- 94 per cent of rural children aged 0-4 live in a household using solid fuels or kerosene for cooking. The use of these fuels put children at risk of respiratory diseases, poisoning and fire.
- 45.6 per cent of children and 38.5 per cent of youth in need of housing that entails less frequent maintenance.
- Some 9.5 million children and youth are living in poor quality housing units such as huts, houses made of bamboo, and other types of housing units which are constructed from poor quality materials or impermanent structures. Ample protection, especially for the children, living in these types of dwelling requires serious consideration.
  Overall health has improved for adolescents in Myanmar since 1990, however adolescent mortality remains high, particularly so for older adolescent males; all-cause mortality rate for 10–24 years was 70 per 100,000 for females and 149 per 100,000 for males (16,095 adolescent deaths in 2017). Overall, the dominant health problems were injuries for males and non-communicable disease for females in a context of ongoing burden of communicable and nutritional diseases for both sexes, and reproductive health needs for females. Health risks relating to undernutrition (thinness and anaemia) remain prevalent, with other health risks (overweight, binge alcohol use, and substance use) relatively low by global and regional standards but increasing. Gains have been made in social determinants such as adolescent fertility and modern contraception use; however, advances have been more limited in secondary education completion and engagement in employment and post education training.Long-standing threats to learning,even before the COVID-19, children in Myanmar already faced huge barriers to learning.

COVID-19 pandemic and social crisis

Across the country, children's learning is being hampered by conflict, the COVID-19 pandemic, and the social and political crisis which has displaced more than 200,000 adults and children. As a result, almost 12 million school aged children and young people have had their education disrupted. The consequences of missed learning for their development, mental health and future prospects are profound and growing. Meanwhile the health risks associated with COVID-19 remain high. The provision of safe and continuous learning opportunities is still threatened. Reports continue of attacks on places of learning and their staff, and military use of education facilities. Myanmar has undergone rapid socioeconomic and political development over the past decade and mental health has emerged as a particular issue of policy relevance (Parmar et al., 2015). This is particularly so for adolescents (10–24-year-olds account for a third of Myanmar's population), with the Myanmar government recognising adolescent mental health as a specific focus of its Five-year National Strategic Plan for Young People's Health (2016–2020) (Ministry of Health Myanmar, 2016).In Myanmar adolescents constitute 20% of the total population but their health are not prioritized.
Their main reproductive health problems are unintended pregnancy and complications, STI/HIV. There is lack of reproductive health knowledge and low utilization of services among Myanmar adolescents.

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National Policies and Programs

Under the newly enacted Child Rights Law, a child is defined as anyone under the age of 18. Today, all children born in Myanmar are guaranteed to the fundamental and unconditional right to register at birth. Birth registration is the first right of the child and a stepping stone to enjoying other rights such as the right to health, education and protection.With the establishment of a minimum age of marriage (18 years) and to employment (14 years), the value of childhood is recognised and helps allow children be children. The new chapter on proper regulation of care arrangements puts importance for children's welfare wherever they reside. Stability and certainty regarding who provides for a child's basic needs is a necessity to make children feel safe.

All forms of violence against children are prohibited. The introduction of diversion and alternative mechanisms for children in conflict with the law demonstrates a significant departure from a punitive-focused juvenile justice system to a more child-centred, restorative and rehabilitation-oriented one. It also includes a chapter on the protection and assistance of child victims and witnesses who come into contact with the law.

The law also recognizes that children affected by armed conflict need special protection by criminalizing grave violations against children and providing stronger legal protection for children in the context of armed conflict.

The United Nations Population Fund (UNFPA) has supported the Government of Myanmar in formulating the Myanmar Youth Policy Strategic Plan - through a youth-led process. This Youth Policy Strategic Plan represents not only a collaborative effort of thousands of young people for the development of Myanmar but also an important step that will guide the implementation of the Myanmar Youth Policy.

The National Strategic Plan for Young People's Health (2016- 2020) objectives and targets are :

- Improve sexual and reproductive health
- Prevent and effectively manage HIV
- Improve nutrition
- Decrease substance use
- Prevent unintentional injuries.
- Prevent infectious diseases
- Improve mental health

Access to Health Benefits/Information

The strategies identified to implement intervention plan could be broadly grouped in following manner:

A. Community based interventions
- Adolescent clubs (AC):

B. Facility based interventions
- Adolescent friendly clinic (AFC):

C. Convergence within health sector and with other sector
- National steering committee for adolescent health (NSCAH):
- Township steering committee for adolescent health (TSCAH):

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Implementational capacity

Implementation Gaps

- Health has been a low priority
- Health services function poorly
- Primary care takes second place to hospital services
- Access to services remains highly inequitable
- The poor rely on private providers
- User charges discriminate against the poor
- Deployment and retention of staff are major challenges
- Scarce resources are allocated inefficiently
- New graduates cannot find jobs in the health service

Other partnerships and programs

COVID-19 pandemic and social crisis

The World Food Programme (WFP) has supported the government of Myanmar and coordinates the implementation of the activities at the township level alongside the Ministry of Education (MoE), particularly social protection programmes for children. Since 1996, WFP has established school feeding in the northern part of Rakhine. This WFP school feeding programme, under the on-going Protracted Relief and Recovery Operation, covers the entire school year of early childhood care development (ECCD) centres and primary schools with high energy biscuits (HEB) and the daily snack. As by 2016, WFP School Feeding Programme has reached 6 states/regions; Chin, Kachin, Magway, Rakhine, Shan, and Wa.The goal of this feeding programme is to increase school enrolment rates, attendance, and to reduce retention rates. It also aims to minimise malnutrition and micronutrient deficiencies (WFP, 2019). Myanmar government has also set to start school feeding as a social safety net in order to reach the transformational goal of Middle-Income Country status by 2030 (WFP, 2016). The government and WFP plan to increase the school feeding operation to reach 1 million school children by 2021.The Legacy Maternal and Child Cash Transfer (MCCT), another child-focused programme, was funded from January 2016 till April 2019 by the Livelihoods and Food Security Fund. To improve the nutritional outcomes, this mother and child cash transfer programme provides MMK15,000 per month (approximately 9.81 USD) for every mother and child throughout the critical first 1,000 days of life.

The right nutrition and care during the 1,000 days would not only help the child to survive, but also to learn, grow and rise out of poverty towards long-term health and stability (UNICEF, 2017).It also aimed to enhance knowledge and change crucial behaviours on hygiene and nutrition by having regular Social and Behaviour Change Communication (SBCC) sessions with pregnant women, their family members, and influential stakeholders. The MCCT has reached 11,588 women from three Townships (Pakokku, Yesagyo, and Mahlaing) in Mandalay and Magway regions, in which 26% of children under 5 are stunted (Save the Children, 2019).UNICEF is another institution supporting children activities in the country, such as the Public Finance for Children (PF4C), which aims equitable results for children, impacts the allocation, mobilisation, and utilisation of domestic public resources. Therefore, PF4C could contribute to the realisation children's rights by assisting the best possible use of public budgets through trainings aiming to provide a framework for a better understanding of the links between central agencies of finance and line ministries, the allocation of resources, and the budget execution in Myanmar. This PF4C training aspires to develop the work capacity with the government's systems and to advocate the public investments for children effectively and efficiently. For instance, the growth of expenditure on education has improved the earning capacity of households and could reduce child labour in Myanmar. They have PF4C training various professionals from diverse backgrounds with varied interests that included sector specialists (health, nutrition, WASH) based in Yangon and field officers based in states and regions (Oxford Policy Management, n.d.).

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Essential Health Services Access Project

The objective of the project is to increase coverage of essential health services of adequate quality, with a focus on maternal, newborn and child health (MNCH).

Multi-sectoral approach

The Ministry of Health and Sports introduced the Maternal and Child Health Voucher Scheme, a financial incentive for the use of maternal and child health services, in 2013. However, motivation to use the voucher is low, especially among pregnant women living in remote areas and those living far from health facilities. Similarly, in Bangladesh, use of maternal health services remains low despite the introduction of a cash benefits system in the form of a maternal health voucher scheme because of the insufficient availability of health facilities. Our findings suggest that a maternal, neonatal, and child health coverage gap still exists, and 80% coverage is unlikely to be reached by 2030 without focused efforts to expand services and increase coverage.

The Reproductive Health Policy and Strategic Plans on Reproductive Health (2004-2008 and 2009-2013) of the Ministry of Health are a national response to the Programme of Action of the International Conference on Population and Development and the United Nations Millennium Development Goals.

The specific objectives of the Strategic Plan on RH are:

- To reduce rates of maternal, perinatal and neonatal morbidity and mortality by increasing inequitable access to maternal and new born services, improving quality, efficiency and effectiveness of service delivery at all levels and improving responsiveness to the clinet needs
- To reduce unmet needs for contraception, unplanned births as well as socio-economic disparities in access to and use of contraception
- To strenghten management of miscarriage and post abortion care as an intregal component of comprehensive reproductive health services.
- To expand access to RTI/STI/HIV services with RH Programmes, reduce transimision of RTI/STI/HIV including prevention of mother to child transmission of syphilllis and HIV
- To expand reproductive health information and services for adolescents and youth
- To increase services for screening and treatment of cervical cancer and
- To support access to investigation and management of the infertile couple

The Republic of the Union of Myanmar's National Strategic Plan on HIV/AIDS 2016– 2020 is the strategic guide for the country's response to HIV at national, state/regional and local levels. The framework describes the current dynamics of the HIV epidemic and articulates a strategy to optimize investments through a fast track approach with the vision of ending HIV as a public health threat by 2030. To achieve this goal, three objectives and five strategic milestones were identified.

Objective 1:
Reduce incidence among priority populations and their partners

Objective 2:
Facilitate and ensure viral suppression for all PLHIV

Objective 3:
Improve the enabling environment to support the response.

Strategic Direction 1: Reducing new HIV infections

Strategic Direction 2: Improving health outcomes for all people living with HIV

Strategic Direction 3: Strengthening integration of community and health systems and promoting a human rights based approach

Strategic Direction 4: Strengthening strategic information and research to guide service delivery, management and policy

Strategic Direction 5: Promoting accountable leadership for the delivery of results and financing a sustainable response

Sources/Links

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