BURMA

PAC-FP COUNTRY BRIEF

Postabortion care (PAC) provides a comprehensive approach to preventing morbidity and mortality caused by abortion complications (PAC Consortium, 2014). As per the U.S. Agency for International Development (USAID) PAC model, a critical component of PAC is providing access to family planning (FP) counseling and services. Providing these services helps meet the reproductive intentions of women who most clearly demonstrate an unmet need for FP, reduces unintended pregnancies, and prevents repeat abortions, thus reducing maternal deaths (Curtis, Huber, and Moss-Knight, 2010). The information below highlights the Burma's investment in providing PAC and FP services to women in need.

POLICIES, LEADERSHIP, AND GOVERNANCE

Burma's national policy on family planning (FP) and reproductive health (RH) is outlined in a number of documents, including the Strategic Plan for Reproductive Health 2014–2018, in which the country commits to ensuring an effective and coordinated response for women, adolescents, and men's RH needs. Specific guidelines related to postabortion care (PAC) are included in the Postabortion Care Reference Manual (2015), that the Ministry of Health (MOH), Department of Public Health, Maternal and Reproductive Health Division developed, and the Postabortion Care Guidelines for Public Sector Health Care Providers (2015).

Burma's commitment to FP and RH is growing. In collaboration with Jhpiego and guided by the country's commitments to FP2020, the Family Planning Guidelines aim to leverage best practices in FP to accelerate FP uptake in the country. FP and RH technical working groups meet quarterly in alignment with the RH Technical Working Committee to share recommendations from these working groups with the Maternal Newborn and Child Health Technical Strategic Group for stronger strategic integration (FP2020, 2016).

Legal Status on Abortion

Abortion in Burma is only permitted to save the life of the woman.

PAC TRAINING AND STANDARDS

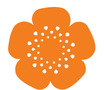
In collaboration with Ipas, the MOH, the Department of Public Health, the Obstetrical and Gynecological Society, and obstetrics and gynecology specialists at the country's main teaching hospitals developed PAC technical assistance trainings. These trainings support the implementation of the country's National Postabortion Care Guidelines and Reference Manuals, which align with World Health Organization standards and provide information on manual vacuum aspiration and misoprostol (Ipas, 2016). Ipas further assisted the Department of Public Health in revising PAC manuals for basic health staff and nurses to strengthen the provision of PAC as well as infection prevention (Ipas, 2016). The Ministry of Health approved and adopted the Ipas trainings as national guidelines in 2015.

Training on the provision of long-acting reversible contraceptive methods (especially implants, through the National Implant Training) began in 2016 and brought to scale nationally thereafter with the support of various organizations including Jhpiego, the Obstetrical and Gynaecological Society of Myanmar, Population Services International, and the United Nations Population Fund (UNFPA) (FP2020, 2016).

PAC·FP THE POSTABORTION CARE FAMILY PLANNING PROJECT

Expanding contraceptive methods and informed choice to PAC clients

USAID FROM THE AMERICAN PEOPLE



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STRENGTHENING SERVICE DELIVERY

Burma has increased service delivery of FP throughout the country by allowing trained skilled nurses, volunteers, and auxiliary midwives to provide contraceptive methods (FP2020, 2016). This task shifting approach allows auxiliary midwives to provide oral contraceptive pills and condoms at the community level.

The country is furthermore focused on strengthening its logistic management information system to ensure the secure distribution of RH commodities. Since 2014, the government has implemented the RH commodity logistics system in 12 of the country's townships. In 2016, John Snow, Inc. and UNFPA supported roll out of the system to an additional 55 townships in the Mandalay and Shan regions (FP2020, 2016).

Manual vacuum aspiration for PAC—provided by doctors, chief medical officers, and clinical officers—is only available at secondary and tertiary health facilities. However, misoprostol for PAC is available at primary health facilities and could be provided by lower-level health cadres through clinical officers and midwives.

BARRIERS TO PAC

Women in Burma face multiple barriers to accessing PAC and FP services. A challenging policy environment, limited funding for project sites, and the small number of organizations providing PAC are the main barriers. Together, these challenges result in the unavailability of essential medicines, supplies, and equipment for the provision of PAC and related care. In addition to service delivery challenges, women also face stigma from their peers, communities, and healthcare providers.

FINANCING MECHANISMS

Burma does not have a national health insurance plan to cover PAC or FP services and commodities, nor does it have a permanent financial mechanism for PAC or a way to subsidize or freely provide voluntary contraceptives to women who receive PAC. The MOH has nonetheless tried to commit budget lines to support FP and RH: in the 2015–2016 budget year, the MOH procured $0.56 million worth of contraceptives and spent $2.8 million for maternal health and RH logistics (FP2020, 2016).

BURMA		Year	Source
Demographic/background indicators			
Country population	53,370,000	2017	World Bank[1]
Total fertility rate	2.2	2016	
Age at first birth	24.7	2015–16	Demographic and Health Survey, 2015–16
Maternal mortality per 100,000 live births	227		
Newborn mortality per 1,000 live births	25		
Infant mortality per 1,000 live births	40		
Under-five child mortality per 1,000 live births	50		
Facility-based deliveries	37.1%		
Proportion of women of reproductive age (WRA) who attended at least four antenatal visits before a live birth	58.6%		
Proportion of women who received a postnatal check within two days of live delivery	71.2%		
Abortion and FP-related indicators			
Number of abortions	250,000	2015–16	International Campaign for Women's Right to Safe Abortion
Number of unintended pregnancies	292,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Proportion of maternal deaths caused by induced abortions	10%	2016–17	ASEAN Plus
Number of unintended pregnancies averted due to use of modern contraceptive methods	1,178,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of unsafe abortions averted due to use of modern contraceptive methods	419,000	2017–2018	
Number of maternal deaths averted due to use of modern contraceptive methods	1,400	2017–2018	
Modern method contraceptive prevalence rate, all WRA	32.4 %	2017–2018	
Knowledge of FP, all WRA	97%	2015–16	Demographic and Health Survey, 2015–16
Contraceptive use by type		2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Long-acting and permanent methods			
Sterilization (female)	9.3%		
Sterilization (male)	0.6%		
Intrauterine device	5.5%		
Implant	1.9%		
Short-acting methods			
Injection (intramuscular and subcutaneous)	53.7%		
Pill	26.7%		
Condom (male)	1.9%		
Condom (female)	0.0%		
Other modern methods (e.g., cycle beads, and lactational amenorrhea method)	0.3%		
Unmet need for FP[2] (2018)	16.0%	2015–16	Demographic and Health Survey, 2015–16
Unmet need for spacing	5.0%		
Unmet need for limiting	11.0%		

[1] https://data.worldbank.org/indicator/SP.DYN.TFRT.IN

[2] Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report either not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior.

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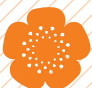

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