

**All Party Parliamentary Group on Population, Development and
Reproductive Health Myanmar Study Tour
17th – 25th July 2013**



*Craig Whittaker MP, Baroness Jenkin, Meg Munn MP, Heather Wheeler MP and John Mann MP
at Myanmar Pagoda, Yangon*

**Sexual and Reproductive Health and Rights
and International Development
in a Fragile State**

Executive Summary



MPs visiting government poly-clinic delivery suite, Bagan



MPs observing MSI family planning workshop, Mandalay

From 17th – 25th July 2013 the UK All Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PD&RH) organised a study tour to Myanmar for a cross party UK delegation including Meg Munn MP, John Mann MP, Heather Wheeler MP, Craig Whittaker MP and Baroness Jenkin.

The study tour was hosted by Marie Stopes International (MSI) with the aim of introducing UK Members of Parliament to Sexual and Reproductive Health and Rights (SRHR), family planning (FP) and International Development in the context of a fragile state. The study tour was intended to deepen understanding of core issues, strengthening the MPs' knowledge and enhancing the membership of the UK APPG on PD&RH.

Parliamentarians were briefed by representatives from the UK Embassy and Department for International Development (DFID) in Myanmar; the Deputy Minister of Health and officials, four Myanmar Health Committee members, Government Hospital Directors and staff; health post workers; UN and NGO representatives (United Nations Population Fund (UNFPA), United Nations Office of Project Services (UNOPS), MSI, Myanmar Maternal and Child Welfare Association (MMCWA) – International Planned Parenthood Federation (IPPF) affiliate, representatives from the Myanmar Nurse and Midwifery Association (MNMA); community leaders and volunteers; sex workers and trainers, public and private GPs as well as clients and Myanmar populations and communities in and around Yangon, Mandalay, Nay Pyi Taw and Bagan.

The UK MP delegation visited the Government's largest Women's Hospital in Yangon in addition to government urban and rural hospitals and health centres, MSI semi-urban clinics, MMCWA central and semi-rural maternity homes, MNMA head-office and GP health centres and practices.

MPs were exposed to an array of family planning and maternal health care services, including ante-natal, intra-partum and post-partum care, un-safe abortion and its consequences, emergency obstetric care, reproductive cancers, gender based violence, HIV/AIDS and minority groups' needs, as well as health system strengthening together with broader International Development issues.

Additional topics included DFID's Official Development Assistance priorities and initiatives undertaken in a fragile state to reduce maternal mortality and morbidity.

Also covered were the political, economic, cultural and social challenges facing Myanmar as the country works towards strengthening its health system.

Participants felt that the study tour was informative, educational and successful stimulating plans to engage in SRHR/FP Parliamentary Advocacy to further the International Conference on Population and Development Programme of Action and the Millennium Development Goals.

MPs expressed their gratitude to the European Parliamentary Forum on Population and Development for its financial support to the study tour, MSI and its staff particular Dr Sid Naing for his in-depth knowledge and expertise, as well as Mette Kjaerby, Parliamentary and Policy Advisor APPG on PD&RH for her advice and organisational skills.

Introduction to Myanmar Sexual and Reproductive Health and Rights (SRHR) and International Development study tour and delegation

The UK All Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PD&RH) in collaboration with Marie Stopes International (MSI) organised a study tour to Myanmar on Sexual and Reproductive Health and Rights (SRHR), family planning (FP) and International Development, from the 17th to the 25th July 2013. The study tour was funded by the European Parliamentary Forum on Population and Development.



MPs outside MSI clinic, Mandalay

The aim of the study tour was to introduce UK MPs to SRHR/FP and International Development in the context of a fragile state and to increase knowledge on topics related to the All Party Parliamentary Group on Population and Development and Reproductive Health. Invitations were sent to all UK MPs in February 2013. Members expressing an interest were then contacted and briefing meetings were held in conjunction with MSI in June 2013.

The study tour delegation consisted of UK APPG on PD&RH Vice-chair Heather Wheeler MP (Conservative) and Officer Baroness Jenkin (Conservative) and three non APPG on PD&RH members Meg Munn MP (Labour), John Mann MP (Labour) and Craig Whittaker MP (Conservative). Meg Munn MP led the delegation.



Heather Wheeler MP

Heather was elected as the Conservative MP for South Derbyshire in 2010 having been leader of South Derbyshire District Council since 2007. In Parliament she is a member of both the Communities and Local Government Select Committee, and is Co-Vice Chairman of the APPG on PD&RH and Chairman of the Local Government All Party Parliamentary Group.

Heather Wheeler MP is also a member of the Standards and Privileges Select Committee which oversees the work of the Parliamentary Commissioner for Standards and recommends changes to the MP Code of Conduct. In May 2012 Heather Wheeler MP was voted onto the Executive of the prestigious 1922 Committee on a turnout of 95% of the voting members of the party, showing that she has the strong support of her fellow backbenchers.

Prior to the study tour Heather Wheeler MP said: *“My perception of life in Myanmar was based on ideas of how life was a long while ago, so I was very interested to see how it really was after years under the Generals and now with the opening up of Democracy and in particular what that meant for women.”*



Meg Munn MP

Meg Munn MP was elected in 2001 as Labour MP for Sheffield Heeley constituency. She was Minister for Women and Equality (2005-2007), then Foreign Office Minister until October 2008. Since 2008 she has been Chair of the Kurdish Region in Iraq APPG and has visited the region a number of times, including leading the UKTI/Middle East Association trade delegation to the Erbil

International Trade Fair in October 2011. Meg Munn MP has led numerous training/mentoring sessions and is currently engaged in a long-term project supporting development in the Iraqi Parliament. She was Chair of the Westminster Foundation for Democracy (2008-2010), and Vice-Chair (2010-2012).

Prior to the study tour Meg Munn MP said: *“As a former Foreign Office Minister with responsibility for Britain’s relationships with South East Asian countries, I was very familiar with the political situation in Myanmar. I was keen to visit the country to understand how the recent political changes and developments are affecting the population. I was particularly interested in the situation of women and understanding how the new situation offers opportunities to improve reproductive health.”*



Craig Whittaker MP

Craig Whittaker MP was elected conservative MP for Calder Valley at the 2010 General Elections. He serves on the Education Select Committee and has a special interest in enhancing the educational achievements of looked after children and is Chairman of a local charity called TLC (Together for Looked-After Children). He is also the Chairman of the APPG on ‘Looked After Children & Care Leavers,’ Chairman of the APPG on ‘Adoption and Fostering’ and Co-Chairman of the APPG on Street Children.

Prior to the study tour Craig Whittaker MP said: *“This study tour fits in well with my area of interest within Parliament around children and young people, so I was looking forward to seeing how an emerging Country which has the lowest Health spend in the world deals with maternal health and the health and well being of young people.”*



John Mann MP

John Mann MP was elected as Labour MP for Bassetlaw in June 2001. He has run high profile campaigns on consumer debt, heroin and treatment for addiction. In 2003 he ran a successful campaign to keep Bassetlaw Hospital 'Accident and Emergencies' department open and in 2006 he won the campaign to stop Bassetlaw Primary Care Trust from being merged into a wider county-wide primary care trust. John Mann MP sits on the influential Treasury Committee and previously served as Parliamentary Private Secretary to Minister for the Olympics Tessa Jowell MP, and for Richard Caborn MP, then Minister for Sport. He is a former Chairman of Labour Students.

Prior to the study tour John Mann MP said: *"I am fascinated about visiting Myanmar – I am particularly interested to know how they run their health service with \$2 per person per year and how they manage to keep their fertility so low."*



Baroness Jenkin

Baroness Jenkin became a member of the House of Lords in 2011 in recognition of her charity work. She is the Chairwoman of both the Conservative Friends of International Development and the Sustainable Resource APPG. She is founder and co-Chairwoman of Women2Win, an organisation which aims to encourage more women to become Conservative MPs. Baroness Jenkin has worked with numerous charities including the Prince's Trust and UNICEF. As a member of the Lords, she has asked questions recently on AIDS and HIV, Millennium Development Goals, and development both related to health and poverty. In May 2011, she took part in the 'Live below the line' campaign, living on £1 per day for a week. She joined the APPG on PD&RH soon after entering the HoL and was elected an office in 2012.

Prior to the study tour Baroness Jenkin said: *"With the Government and DFID's emphasis on supporting women and girls I was anxious to see how this was being delivered on the ground and to ensure that the British tax payer was getting value for money."*

Background information to the Myanmar study tour

Prior to the study tour coordination and the programme agenda were discussed and agreed upon by the UK APPG on PD&RH, MSI London and Myanmar Country Office, relevant Myanmar Government officials, DFID UK and Myanmar offices, UK Foreign Office in London and Myanmar and members of the delegation.

Delegates received background reading material prior to departure including: The Foreign and Commonwealth Travel Advice available here: <https://www.gov.uk/foreign-travel-dvice/burma>; DFID Myanmar Summary Operational Plan available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67322/burma-2011-summary.pdf; UNFPA country profile on Myanmar available here: http://countryoffice.unfpa.org/myanmar/2009/11/11/1545/country_profile/; UNFPA midwifery report available here: http://www.unfpa.org/sowmy/resources/docs/country_info/profile/en_Myanmar_SoWMy_Profile.pdf; UN Myanmar data available here: <http://data.un.org/CountryProfile.aspx?cname=Myanmar>; Myanmar statement at UN commission on population and development available here: <http://www.un.org/en/development/desa/population/pdf/commission/2011/country/agendaitem4/myanmar.pdf>; Human Rights Watch Burma briefing available here: http://www.hrw.org/sites/default/files/related_material/burma_2012.pdf.pdf; 25th May Economist article on Myanmar; Burma Campaign UK briefing on President Thein Sein and BBC world news article on Asia Pacific available here: <http://www.bbc.co.uk/news/world-asia-pacific-12990563>

Background briefing meetings:

Background briefing meetings were held on 1st and 8th July 2013 by MSI, giving delegates an overview of what to expect alongside practical information in preparation for the study tour. Participants were briefed by Bethan Cobley, Policy Advisor, Catherine Slater, Programme Director; Emma Griffiths, Press and Public Relations Officer as well as Ann Mette Kjaerby, APPG on PD&RH Parliamentary and Policy Advisor.

At the briefing meetings MPs were:

- Welcomed and given background information to the UK APPG on PD&RH Myanmar study tour by Heather Wheeler MP, Vice-Chairman of the APPG on PD&RH;
- Introduced to MSI and its work in Myanmar;
- Provided with an overview of Myanmar's political, cultural and social situation;
- Introduced to Myanmar study tour programme;
- Discussed ideas for communicating the study tour via social media/interviews (before, during and after);
- AOB – Questions.

Some delegates attended other relevant parliamentary briefing meetings prior to departure, including the 'senior delegation of Burma's '88 Generation' as part of their historic visit to UK on Tuesday 25th June 2013. The delegation consisted of former political prisoners, including some of Burma's most senior political activists.

Other delegates met with the Burma campaign on Wednesday 19th June and one delegate set up a meeting with the ambassador designate Andrew Patrick who was due to take up his post shortly.

Myanmar at a glance



Myanmar is located in Southeast Asia bordering China, Thailand, India, Laos and Bangladesh. Its population of over 60 million makes it the world's 24th most populous country and, at 676,578 square kilometres, it is the world's 40th largest country and the second largest in Southeast Asia. Population growth rate is 1.01%. About 70% of the population resides in the rural areas and the population density for the whole country is 89 per square kilometres.

Myanmar is made up of 135 national races speaking over 100 languages and dialects. 35 – 40% of Myanmar's population are ethnic minorities. Based on the 1983 population census, about (89.4%) of the population mainly Bamar, Shan, Mon, Rakhine and some Kayin are Buddhists. The rest are Christians (4.9%), Muslims (3.9%), Hindus (0.5%) and Animists (1.2%).



Bagan temple area

Myanmar is a country rich in precious stones, oil, natural gas and other mineral resources and it has highly fertile soil. In 2011, its GDP stood at US\$82.7 billion and was estimated as growing at an annual rate of 5.5%.

The country was under military control from 1962 until 2011.

The first general election in 20 years was held in 2010 giving way to an army-led transition government. The new Government is led by President Thein Sein - who served as a general and then prime minister under the junta – he was installed in March 2011.

A quarter of seats in both parliamentary chambers are reserved for the military, and three key ministerial posts - interior, defence and border affairs - must be held by serving generals.

Since the military began relinquishing its control over the government, and following the release of Burma's most prominent human rights activist in 2010, Aung San Suu Kyi – the country's diplomatic relations have dramatically improved, especially with regards to the European Union, Japan, and the USA. Myanmar however, remains a fragile and conflict affected country despite democratic elections and signed cease fire agreements between its Government and a majority of the country's minority groups. A series of reforms since the new government took up office increased hope that decades of international isolation will soon come to an end.

Indeed, the EU followed the US lead, lifting all non-military sanctions in April 2012 and offering Myanmar more than \$100m in development aid later that year.

Despite considerable political progress, Myanmar remains economically under-developed and remains one of the poorest countries in Asia. A quarter of the population do not have enough money to meet their basic food and living needs and the country is off track to reach many of the Millennium Development Goals (MDGs).

Its health care is organised and provided by public and private providers. Its record on health expenditure is among the worst in Asia with only \$2 spent on health care per person per year. It suffers amongst the highest rates of malaria, malnutrition (especially amongst children) and tuberculosis in the world. The leading cause of death and disability for women is pregnancy and child birth.

In the border areas of eastern Myanmar, more than six decades of political unrest and armed conflict has displaced an estimated 500,000 people, severely disrupting their livelihoods. Rights groups continue to report that Burmese authorities are persecuting the Rohingya minority in western Burma, resulting in hundreds of thousands of refugees fleeing across the border into Bangladesh, Thailand and Malaysia.

The UK is now one of the largest donors to Myanmar and committed £187 million to support the people of the country over four years (2011-2015). The aid is not provided through central government, but through United Nations organisations, trusted international & local NGOs and, where circumstances allow, at the township level.

Myanmar Health Management Information (MIS) System remains poor and fragmented. Below are some family planning and maternal health figures of interest presented to delegates at the briefing meetings:



HDI - 2010



	Adolescent fertility rate (women aged 15-19 years) (births per 1,000 women aged 15-19)	Adult literacy rate, both sexes (% aged 15 and above)	Expenditure on health, public (% of GDP) (%)	Infant mortality rate (per 1,000 live births)	Life expectancy at birth (years)	Maternal mortality ratio (deaths of women per 100,000 live births)
Bangladesh	78.9	56.8	1.2	38	68.6	240
Cambodia	41.8	77.6	2.1	43	62.7	250
Malaysia	14.2	93.1	2.4	5	74	29
Myanmar	16.3	92.3	0.2	50	64.7	200
Thailand	43.3	93.5	2.9	11	74	48
United Kingdom	29.6	...	8.1	5	80	12
Viet Nam	26.8	93.2	2.6	19	75	59

PRESENTATION TITLE

SLIDE 8

Abortion is restricted in Myanmar and permitted only to save woman's life; at least 60% of abortions are unsafe and between 10-50% of maternal deaths are related to unsafe abortion.

- Proportion of births attended by skilled health personnel - 57%
- Contraceptive prevalence rate (modern methods) - 37%
- Adolescent birth rate (births per 1,000 women age 15-19) - 17%
- Antenatal care coverage (at least one visit; at least four visits) - 76%/22%
- Unmet need for family planning - 19%
- Under-5 mortality rate (per 1,000 live births) – 73

Source: http://www.unfpa.org/sowmy/resources/docs/country_info/profile/en_Myanmar_SoWMy_Profile.pdf

Reason for choosing Myanmar as the UK MP study tour destination and MSI as the co-organiser:

Myanmar was selected as the study tour destination for a variety of reasons including:

- 30% of UK Official Development Assistance (ODA) is channelled to fragile/conflict affected states such as Myanmar;
- The UK is now one of the largest donors to Myanmar and committed £187 million to support the people of the country over four years (2011-2015);
- Myanmar is politically, economically, socially and culturally of interest to UK MPs/Peer;
- Myanmar is a fairly secure fragile/conflict affected country to visit;
- Myanmar has very poor but also some very interesting maternal health indicators including low adolescent teenage pregnancy rates as well as low fertility rates;
- UNFPA, MSI and IPPF (APPG on PD&RH donors) all work in Myanmar and MSI has good working relations with the Myanmar Government and
- MSI is now receiving core funding from DFID via Programme Partnership Agreement.

It was felt that Myanmar would offer MPs a good insight into FP/SRHR, Maternal Health and International Development in a fragile and conflict affected country which is supported by UK Government via large SRHR NGOs and UNFPA.

In Myanmar, delegates would be exposed to:

- DFID support to an active FP/SRHR NGO in a poor and fragile/conflict affected country;
- NGO as well as Government FP/MH/SRHR services and activities at all levels i.e. central, district and community;
- A variety of services including, family planning, maternal health care including ante-natal, intra-partum and post-partum, un-safe abortion and its consequences, emergency obstetric care including exposure to reproductive cancers, gender based violence and HIV/AIDS and minor groups needs;
- General Health Care services as well as procurement and logistical issues in a fragile and conflict affected country;
- National Parliamentary advocacy activities.

Stakeholders met

During the study tour MPs were briefed and met with representatives from: UK Embassy and DFID; The Deputy Minister of Health and officials from the Health Ministry, MPs from Myanmar Health Committee, UN and NGO representatives (United Nations Population Fund (UNFPA), United Nations Office of Project Services (UNOPS), MSI, Myanmar Maternal and Child Welfare Association's (MMCWA) – IPPF affiliate, Myanmar Nurse and Midwifery Association (MNMA), Government Hospital directors and staff; community leaders and volunteers; sex workers and trainers, hospital and health post workers, public and private GPs as well as clients and Myanmar populations in Yangon, Mandalay, Nay Pyi Taw and communities around Bagan (*please find enclosed Nepal study tour programme enclosed as appendix 1*).

Detailed study tour programme and findings

Thursday 18th July

Immediately after the House of Commons Parliamentary recess, Wednesday evening, Members flew London to Yangon via Bangkok.

Welcome dinner with DFID and host organisation MSI, Yangon

Upon arrival in Yangon MPs were invited to a welcome dinner, where they were introduced to Myanmar cuisine and the final study tour programme by Dr Sid Naing, MSI Country Director.

Numerous questions and discussions arose, as the final detailed programme was presented, relating to DFID and MSI activities in Myanmar, Myanmar history and culture and of course the current political situation.

Following the dinner delegates said: "Despite an 18 hr flight in an upright position, this was a good introduction to Myanmar, its cuisine, people and the study tour as a whole - a memorable experience".

Friday 19th July:

UK Myanmar Embassy, Yangon

As the UK Myanmar Ambassador was abroad on duty, MPs were welcomed by Gavin McGillivray, Head of DFID Office; Dr Mya Thet Su Maw, Health Programme Manager, DFID; Mr Wayne Ives, First

Secretary, Head of Political Section, British Embassy Rangoon and Mr Joe Fisher, Second Secretary Political, British Embassy Rangoon.

Staff presented an overview of Myanmar's past, current and future political situation, reform processes and UK Embassy involvement since 2004 until date followed by DFID activities in country. Ethnic groups, state tensions and ceasefires were discussed at length, as was the release of Myanmar prisoners, in country media and freedom of speech, the scale of the country and capacity issues in country due to brain-drain, numbers, quality and infrastructure.

Future elections, education, mistrust, natural resources in ethnic areas, Rohingya vs. Banglor, citizenship, anticorruption activities and trade, health and drugs were also discussed.

DFID staff presented Myanmar's Health Programme with specific reference to family planning and maternal health activities (*please find presentations enclosed as appendix 2*).

Myanmar was presented as unlikely to meet the MDGs. The political unrest, particularly in certain boarder areas and persistent inequalities between socio-economic groups and between urban and rural locations were of concern, as was the low health care expenditure.

Many other health system challenges were listed, as was the country's pro-natalist approach despite being a signatory to international reproductive health conventions and having a good reproductive health policy in place.

The problem of a poor Health Management Information System (MIS) was highlighted and available data only focussing on married women and the public sector. The gap in family planning supplies was of great concern, as was the high rate of home deliveries and severe restrictions on abortion and limited capacity for management of unsafe abortion.

Certain drugs being disseminated to Government facilities free of charge was discussed. The openness and willingness to collaborate from many within Government was presented as a very positive step forward. Gender based violence and rape in war zones were discussed briefly as remains of great concern and combating it, is supported by DFID.

A delegate raised the issue of UK Official Development Assistance (ODA) rising, where as many other UK budgets shrinking - looking for answers to constituents concern surrounding this. DFID representative suggested a moral argument, as well as, self interest regarding trade and national security.

MPs thanked Embassy and DFID staff for their time and thorough briefing on Myanmar's history and political, social, cultural and security situation.

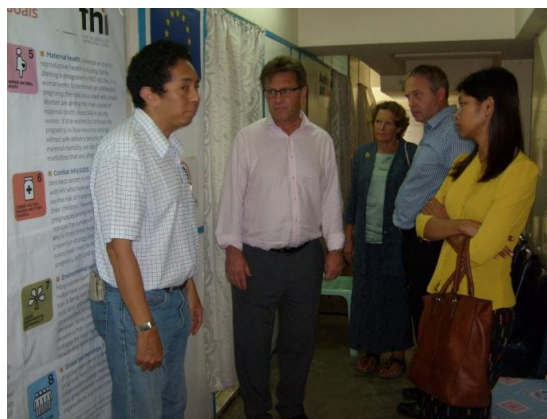
MSI Thyn Gin Gyun Clinic and Training Centre in semi-urban area, Yangon



MPs outside MSI clinic with waiting clients, Yangon

MPs were driven to MSI Thyn Gin Gyun semi-urban clinic outside Yangon.

They were welcomed by MSI staff and escorted around a typical semi-urban MSI clinic, which had numerous clients waiting for consultations on family planning, ante-natal and post-natal check-ups, vaccinations, gynaecological and STI/HIV tests and STI treatment.



Dr Sid Naing, MSI Country Director, Craig Whittaker MP, Baroness Jenkin, John Mann MP and Mya Maw, DFID rep.

The clinic had a large waiting area and reception, a laboratory, individual counselling rooms and an operating theatre. The clinic was situated along a busy road, clean and noticeable via its typical blue and white MSI clinic colours.



MPs were then shown upstairs to meet with sex workers, who were involved in a training session on safe sex practices. A demonstration of condom use with clients was being carried out as MPs walked in.



MPs with sex workers, MSI clinic, Yangon

A round table discussion and questions followed, where it became evident that in this particular area sex workers picked up clients from both bars and the streets. Two out of three girls were managed by “pimps” who would claim a majority of the sex workers’ earnings (approximately \$4 per client). Half of the sex workers were married and half had children with ages ranging from late teens to women in their thirties. The majority of the girls had other day jobs and supplemented their earnings via sex work. Many started at a very young age due to poverty and migration – in some cases women were trafficked with promises of domestic work. Drug and alcohol abuse did not appear to be an issue. Two of the women present were HIV positive.

When asked what changes they would like the Government to make to their lives, one answered: *“Legalise prostitution as police will often catch us and either demand sex and all our earnings or if lucky just sex to prevent imprisonment!”*

All sex workers expressed their thanks to MSI for their support and ability to access contraceptives and sexual health care in a safe environment. Most sex workers attended MSI clinics and the classes as a result of recommendations from a friend.

MPs were then shown a short PowerPoint presentation of MSI’s activities in Myanmar (*please find full presentation enclosed as appendix 3*).

MSI in Myanmar was established in 1997 and operates within a Memorandum of Understanding with the Ministry of Health. It is a member of the national health sector coordinating mechanism, the technical and strategic group on Maternal, Newborn and Children Health as well as a member of the national reproductive working committee representing international NGOs.

MSI focus on family planning, maternal health and SRHR including HIV/AIDS prevention, emergency obstetric care and psychosocial support. MSI will refer to other service providers if needed and builds capacity of civil society partners.

MSI is currently operating in 28 townships in 7 states/regions out of the Myanmar’s’ 14 regions.

On route to the next visit delegates made the following comments:

Heather Wheeler MP said: "This was an impressive session providing both practical help but also emotional support to women working as prostitutes. The fact that women encouraged others to join the sessions shows that they find MSI's support valuable."

Baroness Jenkin said: "I was impressed that the sex workers engaged with us so openly."

Craig Whittaker MP said: "It was encouraging to see the variety of work which MSI carry out. Family Planning, HIV/AIDS prevention, safe sex education and anti-natal care. Without this work of our NGO and UKAID, many of these families and sex workers would without question be at much higher risk. Whilst MSI are very much a focal point in these urban and semi-rural communities, I can't help but think what facilities those communities in the warring and Rural areas do where MSI and other NGO's have no access."

Myanmar Nursing and Midwifery Association, Yangon

Upon arrival to the Myanmar Nursing and Midwifery Association (MMNMA) head-office outside Yangon, MPs were greeted by a group of older midwives.



MP roundtable meeting with MMNMA patrons

MPs had a brief introduction to the Nursing and Midwifery training in the country. Nursing training is a 3 or 4 year course and midwifery training a 4 year course.

A law relating to the Nurse and Midwife was revised in 2002, which provides a basis for registration, licensing and regulation of nursing and midwifery practices and describes organisational duties and powers of the nurse and midwifery council.

The constitution of Myanmar Article 32 reads: The Union shall: care for mothers and children, orphans, fallen Defence Services personnel's children, the aged and the disabled:

- Article 351 reads: Mothers, children and expectant women shall enjoy equal rights as prescribed by law.
- Article 367 reads: Every citizen shall, in accord with the health policy laid down by the Union, have the right to health care.

A leaflet and PowerPoint presentation was handed out (*please find presentation enclosed as appendix 4*).

A short round table discussion focussing on health worker training, breastfeeding and home delivery vs. clinic/hospital deliveries. A large proportion of home births were reported as of concern by the elderly midwives present.



Student midwives tending to a labouring woman, MNMA, Yangon

MPs then visited the MNMA building, with one building for ante-natal and post-natal care alongside a delivery room with minimal obstetric equipment and supplies. Numerous student midwives were working in the building with numerous nursing/midwifery supervisors.

They spoke to a woman who had a normal delivery the previous day. In the bed opposite was a young girl in labour expecting her first child. Numerous student midwives were in attendance in the shared open style 'Nightingale' ward.

Blood Pressure machines were noted as were pinnards to listen to foetal heart beats.



John Mann MP, Meg Munn MP, Heather Wheeler MP and midwife in hallway outside delivery room, MNMA, Yangon

The delivery suite had a number of old fashioned metal delivery bed with stirrups, drip stands and a bucket next to them. It was also a communal delivery room.

On route back to the delegates made the following comment:

Heather Wheeler MP said: *"Although the centre may have been somewhat old fashioned the staff were so enthusiastic and well trained that it gave me great confidence in their skills."*

Craig Whittaker MP said: *"It was heartening to see that despite the archaic conditions and practices the staff are very enthusiastic, well trained and have the patient very much at the fore of their care."*

Saturday 20th July 2013

The UK delegation took a very early morning flight from Yangon to Nyaung Oo Saturday morning.

They were met by Dr Theingi Myint, Deputy Director, Maternal and Child Health and Dr Myint Moh Soe, Maternal and Child Health official, Myanmar Ministry of Health in Yangon airport, as requested by Government officials prior to the study tour visits to Government District, semi-rural and rural health facilities in and around Bagan that day.

Government Nyaung Oo District Hospital, Bagan



MPs with Government staff, Bagan District Hospital

The delegation arrived in Nyaung Oo airport just before 7am and was driven to the District Hospital. The Hospital director and a very large team of staff welcomed the delegation and were given an overview of Hospital activities and statistics via a PowerPoint presentation (*please find presentation enclosed as appendix 5*).



Baroness Jenkin with Government Health staff, Bagan District Hospital

Of particular interest were statistics on the out of pocket health care expenditure, which was 85%.



Meg Munn MP, John Mann MP, Government official and Hospital staff, District Hospital, Bagan



MPs with District Hospital staff, Delivery Suit, Bagan



Heather Wheeler MP speaking to post-natal woman, Bagan



Craig Whittaker MP and Government official speaking to post-natal woman, Bagan



Meg Munn MP and Baroness Jenkin in delivery suite, Bagan



MPs speaking to staff, Bagan

MPs were subsequently escorted around the District hospital -paediatric ward, -post-natal and labour room and neonatal room and were given the opportunity to gain impressions of a general Myanmar District Hospital. They met with children their parents and relatives as well as staff.

Facilities were simple, open-plan and basic.

MPs asked question around general health service provisions, the most common problems including reproductive health care provisions and breastfeeding.

Running water was noted in many of the wards and the majority of children either had a drip running or drip stand next to their beds. Some basic equipment was available as were some essential drugs received free from central Government supplies.

The neonatal unit had a couple of incubators and phototherapy was observed.

Family members were bringing in food to their relatives and provided general care to their family members.



Craig Whittaker MP on paediatric ward speaking to client, Bagan

On route to the semi-rural clinic delegates said: *“Given resources available they did a good job. The unit was clean and patients well cared for.”*

Craig Whittaker MP said: *“It was interesting to see all the newborn children with drips being fed antibiotics which seemed to be an ‘overkill’. It would also be interesting to see what level of support maternal health is given away from the urban towns where there are additional problems with physically getting pregnant mothers to the clinic. We were later to find out that Ox and Cart is still the main mode of transport to the clinic which probably explains why so many home births happen.”*

Government semi-rural clinic between Bagan and Popa



MPs sleeping between clinic visits following 5am wake-up call!



MPs with community leaders and Government Staff including Dr Theingi Myint, Deputy Director, Maternal and Child Health, Ministry of Health Myanmar (front row 3rd right)



MPs greeted by Government clinic staff, Bagan

MPs continued their drive for another 2 hours and stopped at the semi-rural government health centre where they were met by community leaders and health staff from the clinic and surrounding area.

The clinic had a couple of consultation rooms and a large reception area.

The community leaders were notably all male with the majority of nurses and midwives and clients sitting at the back of the room being women.



MPs meeting with community leaders, Government clinic, Bagan

Members were given the opportunity to discuss community health priorities and outreach activities.

Surprisingly when MPs asked about family planning methods availability, a woman at the back stood up and spoke proudly about her personal chosen method of family planning namely an Intra Uterine Contraceptive Device (IUCD) and her personal menstrual problems.

The response to a question regarding gender based violence received a less surprising response in that the community leaders said there was no gender based violence in their village, where as the women at the back were nodding and indicating that this was indeed a problem also in their community.

A question regarding teenage pregnancy prevalence received the reply that teenage pregnancies were not an issue as unmarried teenage girls should not be sexually active.



MPs, MSI staff and Government official discussing government health system, Bagan

On route to the rural centre Craig Whittaker MP made the following comment: *"It is clear that the more rural facilities face many more issues with regards to providing even the most basic of services. My concern is for those areas where they face not only harsh rural conditions but also sectarian fighting. This as well as the state not recognising certain people's in the country make health in general almost not accessible for many."*

Government Popa rural centre

MPs were driving further into the community and received another PowerPoint with a glowing pointer i.e. this rural/semi-rural clinic had electricity, high-tech electronics and running water and three staff members who proudly presented their clinic activities and statistics (*please find presentation enclosed as appendix 6*).

The clinic statistics were impressive including family planning uptake particularly considering the limited supplies noted. A few family planning methods were available alongside some free essential drugs from the Government's central stores. Staff explained that the clinic provided health education and counselling as well as outreach activities but the majority of supplies including family planning were purchased by clients from local pharmacies.

During the round table discussions MPs asked health staff about their main concerns which included clients not attending appointments, staff shortage and transport.



Government health staff, Bagan clinic

Of particular interest were the community outreach activities and survey conducted by the clinic which showed 120% latrines in the village. It transpired that some houses had more than one toilet!

Health staff salary and health expenditure were also discussed at this meeting and revealed a monthly salary of around \$80 per month per health worker and health care expenditure being \$2 per person in contrast to the UK, where it is above £2000 per person.



*Heather Wheeler MP, Dr Sid Naing and Bethan Cobley, MSI
Speaking to women waiting for post-natal care.*

Health centre staffing included (generally) one Health Assistant, one female Health Visitor, five Public Health Supervisors and five Midwives.

Baroness Jenkin said: *“It is amazing what can be achieved for \$2 per person per year in the Myanmar Health system.”*

Craig Whittaker MP said: *“The government of Myanmar are currently opening up the country for tourism but as we saw in Bagan, the uniqueness and beauty of seeing over 3,000 temples rivals either Angkor Wat or Machu Picchu and without the level of tourists. Tourism could be a huge income revenue for the government which could be passed on for improved health care.”*

Bagan communities and temples



Heather Wheeler MP, Meg Munn MP and Dr Sid Naing, MSI Country Director discussing Government health facility visits, Bagan



MPs visiting Bagan communities and temple area



Saturday evening and Sunday early morning MPs were given the opportunity to visit communities and observe and experience Myanmar history, culture and tourism via guided tours around the famous Bagan temple area.

Coincidentally the delegation noticed a busy local health clinic and stopped to speak to clients waiting to be seen. There were around 100 people of all ages waiting for consultation by a regular doctor providing free services. Clients had travelled up to 2 hours to see the doctor with a huge variety of complaints and ailments.



Baroness Jenkin with clients waiting to see visiting GP, Bagan



John Mann MP, Meg Munn MP, Baroness Jenkin
Heather Wheeler MP and Craig Whittaker MP

Interestingly men were seen to be cooking in many households around Bagan and men and women were noticeably working together in the fields on the bull carts transporting local produce.

MPs said: *"We felt so privileged to see amazing places – particularly Bagan before the West has really discovered it. Having it to ourselves was a real treat."* *"Myanmar has great potential for tourism."*

Sunday 21st July

Sunday morning delegates travelled by road from Bagan to Mandalay (5 hours) and visited various communities and sites on route including the famous but controversial China highway from Yangon to China boarder via Nay Pyi Taw and Mandalay, traditional workshops, the wooden bridge and the world's biggest book UNESCO Heritage Site in Mandalay.



Gold leaf workshop, Mandalay



UNESCO Heritage Site, World's biggest books, Mandalay



Wooden Bridge, Mandalay

Whilst on route members were updated on the political, social and economic changes in Myanmar by Sid, MSI Country Director and Ann Mette Kjaerby, Advisor APPG on PD&RH instigated a question and answer session on family planning, population and SRHR.

Public GP in Mandalay



Buddhist Government GP, Mandalay



MPs in GP clinic, Mandalay

Early evening MPs visited a local Government GP on the outskirts of Mandalay City. The GP clinic was a Franchisee of the American NGO Population Service International.



John Mann MP picking No to see GP, Mandalay



Craig Whittaker MP speaking with pharmacist next to GP clinic, Mandalay

The Buddhist Myanmar GP worked next to a pharmacy in a very small space with one assistant.

Clients of all ages were waiting patiently outside for their consultation. The clinic had basic medical equipment and medical supplies. Consultations appeared thorough with history taking, examination followed by a diagnosis and treatment or referral.

A nominal fee was paid per consultation and the majority of medication was purchased by clients at the neighbouring pharmacy. The GP offered counselling and family planning services when requested.

John Mann MP said: *"The am impressed with the efficiency and thorough examination of clients at this GP clinic. Clients appeared content and satisfied with the service provided."*

Private GP in Mandalay



John Mann MP and Craig Whittaker MP in Hindi Private GP waiting area, Mandalay



Meg Munn MP, Dr Sid Naing, GP, Baroness Jenkin and Heather Wheeler MP in Hindi Private GP treatment area, Mandalay

The MPs also visited a private GP in the centre of Mandalay this evening. This was a family run business i.e. son and mother who lived on the premises. MPs were invited into the waiting area and had a look around the consultation and medication room. A round table question and answer session followed between the young GP and MPs. The GP notably said that he had gone into private practice as there was too much competition and not enough government hospital positions. He was a generalist but did specialise in TB. Clients however had to go to the hospital for x-rays, blood and sputum tests and bring back results for his consultations.

The private GP provided family planning services when requested with the youngest client consulted being a 16 year old girl who had been prescribed Depo-Provera. When working in the government hospital he used to insert IUCDs and had treated unsafe abortions. He confirmed that he had seen numerous unsafe abortions including amongst young girls in Mandalay but a quick Dilatation&Curettage and antibiotics had ensured no deaths.

Following the GP visits, MPs had a quick walk around the local market. Noteworthy was the side market which had numerous stalls selling a variety of condoms displayed on both sides of the road.

Monday 22nd July
MSI semi-urban clinic



MPs outside MSI clinic, Mandalay

Members travelled by road from Mandalay to Nay Pyi Taw Monday morning and stopped at a semi-urban MSI clinic on route which provided integrated FP/SRHR and HIV/AIDS services.

The clinic was busy with numerous consultation and operation rooms, as well as a teaching room and a laboratory.



MPs, Dr Sid Naing and Ann Mette Kjaerby inside MSI clinic waiting area, Mandalay

MPs were shown around the clinic and a question and answer session followed in the upstairs training room with the medical officer in charge of the clinic.



MPs discussing HIV/AIDS prevention, treatment and care in MSI clinic, Mandalay

The following HIV/AIDS transmission stats were presented and discussed: 30% husband to wife, 20% intravenous drug users, 20% sex workers to clients and vice versa, 16% Men who have Sex with Men, 4% mother to child.

HIV/AIDS treatment and aftercare were discussed at length. Clients were offered HIV/AIDS counselling and testing free of charge at MSI clinics however if found positive, they would be referred to the central hospital for follow up treatment and care. The Global Fund on HIV/AIDS, TB and Malaria supports Anti Retro Viral treatment in Myanmar.

Other general MSI services and charges were discussed. Around 20% of MSI clients are provided free services, remaining pay a nominal fee for tests, consultation and treatment. Prices were available to clients upon entry to the clinic. Clients' records were also discussed and the following data appeared routinely on records: name, address, phone number, parents name, age, marital status. Around 30% of MSI cliental are under 25.

After the roundtable discussion, MPs spoke to clients waiting to be seen outside the clinic.



Dr Sid Naing helping John Mann MP with translation, MSI clinic, Mandalay



MSI clients, MSI clinic, Mandalay



MPs observing family planning class and speaking with MSI client, MSI clinic, Mandalay





Family planning supplies and props

Under the tree there was a large congregation of people, mostly young women but also some men, teenagers and children partaking in a family planning training session. Plastic bananas and condoms as well as other contraceptives were noticed on display and used for demonstration.

Interestingly some young boys about 8-10 years of age were waiting to have their blood tested. It transpired that in order to obtain Government ID cards, blood group and rhesus status must be recorded; hence the young boys visit for blood tests.

John Mann MP said: *"I am impressed with the variety of services available at MSI clinics, as well as the variety of clients visiting their clinics – I have seen young women, old women, middle aged men as well as babies, infants and young boys and girls queuing"*.

Myanmar MP dinner



*UK MPs and Members of Myanmar Health and Development Committee.
Prof. Kyaw Myint MP, Chair, Health Development Parliamentary Committee in the middle.*

Monday evening a dinner was organised with members of the Myanmar Health Development Committee.

The following Myanmar MPs attended: Prof. Kyaw Myint MP, Chair, Health Development Parliamentary Committee; Dr. Nay Lin MP, Secretary, Health Development Parliamentary Committee; U Kha Maing Mon MP, Member, Health Development Parliamentary Committee and U Mya Thein MP, Member, Health Development Parliamentary Committee.

Meg Munn MP, the UK delegation representative introduced UK MPs and thanked committee members for accepting the dinner invitation. She gave a quick overview of the background and reason for the APPG on PD&RH study tour with information on where and what FP/SRHR facilities the delegation had visited and observed.

Prof. Kyaw Myint MP, Chair, Health Development Parliamentary Committee thanked MPs for the dinner invitation and introduced his delegation. He informed the Group that his committee look after the Health needs of the Myanmar people and is responsible for “check and balances” of the Ministry of Health activities.

A round table discussion followed with a wide range of questions and answers as well as individual discussions, some via interpreters.

The following points raised were of particular interest:

Department of Health vision on future health for Myanmar population; family planning and Myanmar pro-natalist policy, health data and smart cards; internally displaced people and Kachin State; cyclone, regeneration and resettlement; rape and torture in conflict zones; economic problems and taxes; fish and marine life; FP2020 and Myanmar Health Committee visit to the UK.

Prof. Kyaw Myint MP reiterated the fact that the Ministry of Health is trying to raise the health status of the people of Myanmar but insufficient funding is hindering progress. JICA is currently one of the main bilateral donors to the Myanmar health system where quality of care alongside health supplies is addressed.

Some of the MPs discussed the possibility of collecting taxes to support local health systems; however central government would not allow this.

Family planning was highlighted as being rolled out in the country but reaching remote areas remained a challenge.

Rape in conflict zones was discussed briefly with the remark that the UN is helping in this area.

Prof. Kyaw Myint MP finally mentioned the Health Committee’s forthcoming visit to the UK, 2nd week of September. The visit was by invitation of Lord Darzi – 5 members – two being medical doctors. UK MPs promised to liaise with Lord Darzi prior to the committee’s arrival to determine if they could be of any assistance. MSI suggested and recommended visits to their clinics in the UK.

The UK delegation finished the meeting by making reference to the many positive observations made in the country including the extensive network of health facilities noticed in-country, good staffing levels, cleanliness of facilities, good family planning uptake and relative low teenage pregnancy rate.

Tuesday 23rd July

DFID Nay Pyi Taw office



MPs with DFID representatives.

On route to the Myanmar Maternal and Child Welfare Association's (MMCWA) offices (government supported NGO and IPPF affiliate organisation) MPs made a courtesy call to the joint DFID and USAID office in Nay Pyi Taw.

As the UK Embassy and DFID are situated in Yangon and Myanmar Ministries are in the new capital Nay Pyi Taw this office was established in January 2013 to ensure UK representation at important meetings when called at short notice.

MMCWA head office



MMCWS President Dr Mon Mon Aung speaking with volunteers



Dr Ko Ko Maw, MMCWA Executive Director with volunteers

MPs were welcomed at the MMCWA head office by their President Dr Mon Mon Aung, around 20 volunteers and Dr Ko Ko Maw, their Executive Director and presented with an overview of MMCWA staff, mission and activities (*please find leaflet, presentation and booklets handed out enclosed as appendix 7*).

This large government affiliated NGO was founded in 1991 to improve the health and wellbeing of mothers and children. The association is extensive with 133 maternity homes across the country delivering ante-natal, safe and clean deliveries by skilled birth attendants, post-natal care, and promotion of breastfeeding, birth spacing, counselling and immunizations. It currently employs about 14 million volunteers; many are wives of Ministers and VIPs.

A discussion followed the presentations regarding funding, training and capacity building, advocacy, family planning and unmet need, quality of care, partnerships and the MDGs. The MMCWA Executive Director was particularly progressive in his replies surrounding advocacy for safe abortion and family planning in Myanmar.



MPs and APPG Advisor travelling by road, Nay Pyi Taw

Following discussions, MPs were driven around the corner to the central MMCWA Head Quarters, Diagnostic Centre and Maternity Clinic, Myittar Sanyay – this was the clinic where the 7 billionth baby boy “Kan Htoo Maung” was born on 31st October 2010.



*MPs with MMCWA volunteers and staff in 'showcase' clinic, Nay Pyi Taw –
MMCWA President Dr Mon Mon Aung next to Craig Whittaker MP and Chief Executive Dr Ko Ko Maw far right.*

MPs were shown around the head-office clinic by the numerous volunteers and medical staff. The building had a high tech ultrasound scanning, x-ray room and laboratory alongside the traditional ante-natal, delivery and post-natal rooms.



John Mann MP handing out eggs and milk to ante-natal women, MMCWA clinic, Nay Pyi Taw

Women were waiting for consultations and MPs were encouraged to hand out eggs and milk to women which were donated free of charge to all women at the clinic. The building was large and clean with numerous staff, essential supplies and equipment and some 'non functioning high-tech' apparatus.

The staff kindly went through the blood test register which showed dates, names, occupation, age, marital status, previous pregnancies and blood test result including HIV/AIDS status. There were around 10 – 20 blood tests per day and some showed HIV/AIDS positive results. The majority of registered people were first time mothers or women expecting their 2nd child. A few women were expecting their 6th child.

The staff kindly explained that women found to be HIV/AIDS positive would have their partner and child tested and be referred to a large Government hospital for treatment and care. Entries showing HIV positive results were discussed in details. It was difficult to establish what action would be taken if any if woman were HIV negative but the husband positive and vice versa.

MMCWA Pyinmanor semi-urban maternity home



John Mann MP with MMCWA volunteers at semi-urban maternity home, Nay Pyi Taw

MPs were then driven to the MMCWA semi-urban Nay Pyi Taw maternity home which was basic, clean and had basic midwifery/obstetric supplies and equipment. This clinic had numerous deliveries throughout the month and was the only clinic to date which produced a partogram showing the close monitoring of a woman in labour by a skilled birth attendant. The midwife on duty proudly presented and explained the partogram to MPs.

Ministry of Health



Dr Sid Naing, Ann Mette Kjaerby, Craig Whittaker MP, Meg Munn MP, John Mann MP, Heather Wheeler MP and Baroness Jenkin outside Ministry of Health, Nay Pyi Taw

In the afternoon the UK delegation met with Prof Thien Thein Htay, Deputy Minister for Health at the Ministry of Health. She had just returned from the Myanmar President's visit to the UK and France. Alongside her were three MoH civil servants including Dr Theingi Myint, Deputy Director, Maternal and Child Health and Dr Myint Moh Soe who had escorted the delegation to the Began Government Health facilities.

There was an initial thank you and introduction to the UK delegation by Meg Munn MP. This was followed up by reference to DFID being a long term key supporter of health in Myanmar and questions relating to what kind of health system the Deputy Minister of Health envisaged for the future and what kind of FP/SRHR services in particular. Other questions included health expenditure,

transport and access, health workforce, MDGs, collaboration, Myanmar Reproductive Health Strategy, adolescents and the unmet need for family planning and FP2020.



MPs with Prof Thien Thein Htay, Deputy Health Minister, Myanmar

Prof Thien Thein Htay welcomed the delegation and made the following comments:

- Myanmar has a need for a long term health service vision. The previously systematic approach where the infrastructure was supported by volunteers is no longer acceptable.
- The UK health system has been inherited in Myanmar with the foundations of this system being good discipline, guidelines, regulations and free at the point of delivery – similar to Singapore. However due to financial constraints, Myanmar is unable to sustain this system at present. People had previously benefitted from free health care but the government currently is unable to afford this due to an existing poor taxation system. The Director of Public Health is working to remedy this.
- Due to past sanctions and the current tense political situation, Myanmar has received little external financial assistance and only a small percentage for health (i.e. health budget is still very low and actual expenditure available remains low compared to the needs of the community). The health budget will however increase four fold.
- Myanmar manpower is available to roll out throughout the country when the government is ready to support and provide salaries for the personnel needed. Salaries are approximately \$80 per month depending on the function. Manpower must be effectively utilised and results based.
- The government is ready to increase funding to personnel however costing is currently being discussed. There will be significant expansion of public health facilities
- Prof Thien Thein Htay unfortunately did not attend the London Family Planning Summit in June 2012, but attended the Women Deliver conference in Kuala Lumpur recently where FP2020 was presented and discussed. She spoke personally with Valeri DePhilipa the new Director of FP2020. Myanmar is currently preparing to submit a FP2020 plan to the Ministry to commit.

- Myanmar is committed to the Global UN Strategy on Women and Girls which includes a commitment to reduce the unmet need for family planning. Myanmar currently has an inadequate supply of commodities and is relies upon outside markets for family planning supplies.
- At present there is no budget line for contraception but permission has been granted for the department to submit whatever is needed regarding contraceptive commodities.
- UNFPA is providing substantial assistance. In 40 townships they are providing staff training for free.
- New health issues are growing in the country resulting from changes in lifestyle, particularly among young people, including non-communicable diseases such as hypertension.
- DFID have shown Myanmar the importance of results based and value for money programmes - (financial audits, financial reviews etc). UKAid brings simple and valuable models for how to track and monitor aid and has brought Myanmar technical and financial support.
- Partnerships between government and NGOs are working well – Myanmar must ensure coordination to avoid duplication and existing gaps need to be identified.
- Myanmar is some way from reaching the MDGs due to financial restraints and lack of professional capacity. However, there is some progress including reducing the Maternal Mortality Rate (in part due to the hard work of midwives). Basic midwifery supplies and equipment needs to be increased and the Health Management Information System needs to be improved.
- The government has agreed to a budget line for contraception and essential medicines. Nevertheless, poor warehouse storage, lack of electricity, training and lack of computer systems remain a constraint. Outside technical assistance and capacity building for sustainability is urgently needed in this area.
- Women are better able to be economically active with access to FP – the role of women in Myanmar society is now quite high.
- Universal health coverage is important to reduce out of pocket expenditure. If MSI is capable of working at primary level this might encourage the Government to match activities elsewhere.
- Services in rural/conflict areas remain difficult since independence. The peace process is advancing but the situation is still very sensitive in Rakhine and Kachin States. People in these areas remain mistrustful of the Government and services provided by the Central Government.

Meg Munn MP thanked the Minister for her time, information and support to FP/SRHR services and congratulated her on the achievements made despite constraints especially the low health expenditure.

Wednesday 24th July

MPs flew from Nay Pyi Taw to Yangon Tuesday evening and over dinner that evening discussed the study tour, their observations and impressions.

Delegates said: *“This trip is excellent. Well balanced and informative and made special by the MSI country director – our host, Dr Sid Naing, who is outstanding. MSI are lucky to have him.”*

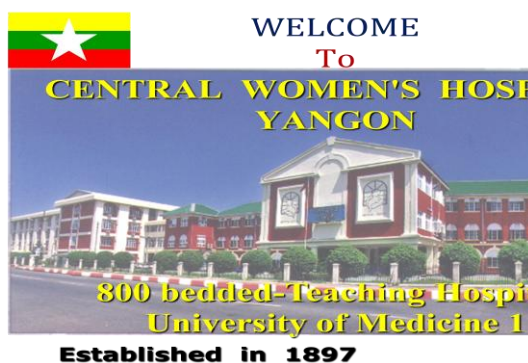
Women’s Maternity Hospital, Yangon



MPs, Dr Sid Naing and Ann Mette Kjaerby with Prof. Mya Thida, Head of Obstetrics and Gynaecology (in the centre) outside Intensive Care Unit, Yangon Maternity Hospital, Yangon

The UK delegation was welcomed by Prof. Mya Thida, Head of Obstetrics and Gynaecology and her team at the entrance to the main Government Women’s Maternity Hospital Wednesday morning and was escorted to the training room where they were introduced to the Hospital via a PowerPoint presentation.

The hospital history, size and increased capacity, departments and services including training capacity and links to universities, were presented with thought provoking facts and figures. Below are extracts of particular interest from the presentation (*please find full presentation enclosed as appendix 8*):



Central Women’s Hospital, YANGON

Out-patient Clinics Time Table, 2013

Day	8:00 am-12:00 noon	2:00pm-4:00 pm
Mon	Antenatal Clinic (Unit 2, Unit 3) Gynae OPD (Unit 2, Unit 3)	Cervical Cancer Screening Clinic (Unit 1)
Tue	Antenatal Clinic (Unit 1) Gynae OPD (Unit 1)	Family Planning Clinic (Unit 1) Well Baby Follow-up Clinic (Neonate) / Postnatal Follow-up Clinic, (Unit 1, Unit 2, Unit 3)
Wed	Antenatal Clinic (Unit 3) Gynae OPD (Unit 3)	Cervical Cancer Screening Clinic (Unit 3) Family Planning Clinic (Unit 3)
Thurs	Antenatal Clinic (Unit 2) Gynae OPD (Unit 2)	Cervical Cancer Screening Clinic (Unit 2) Family Planning Clinic (Unit 2)
Fri	Antenatal Clinic (Unit 1) Gynae OPD (Unit 1)	Infertility Clinic (Unit 1, Unit 2, Unit 3) Menopausal Clinic (Unit 1, Unit 2, Unit 3)

HOSPITAL PERFORMANCES (2007 - 2012)

ADMISSIONS						
	2007	2008	2009	2010	2011	2012
OBSTETRICAL	9099	8912	8841	9129	8535	11533
GYNAECOLOGICAL	3010	3298	3343	3245	3658	2686
NEW BORN						
SICK BABY	1423	1330	1427	1243	1103	1270
WELL BABY	6667	6549	6345	6712	6406	7381
OTHERS	40	48	70	50	28	24
DEATHS ONLY						
OBSTETRICAL	11	20	13	27	27	18
GYNAECOLOGICAL	21	12	6	8	8	14
SICK BABY	87	88	105	90	86	122

	2007	2008	2009	2010	2011	2012
BIRTH						
LIVE BIRTH	8090	7879	7772	7955	7509	8651
STILL BIRTH	123	136	136	144	92	185
TOTAL	8213	8015	7908	8099	7601	8836
LOW BIRTH WEIGHT	1073	1051	1088	1064	1012	1331
ABORTIONS						
INCOMPLETE	552	630	435	506	512	560
SEPTIC	296	284	300	324	325	340
THREATENED	163	202	278	267	215	210
MISSED	186	220	81	231	275	308
INEVITABLE	87	102	42	35	49	49
TOTAL	1284	1438	1136	1363	1376	1467

TREND IN HOSPITAL SERVICES (2007 - 2012)

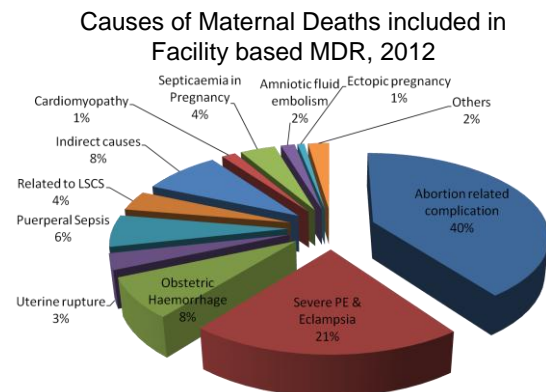
	2007	2008	2009	2010	2011	2012
AVERAGE NO.OF IN-PATIENT/DAY	407	398	399	418	383	448
AVERAGE NUMBER OF OUT-PATIENT/DAY	158	146	145	153	188	198
AVERAGE NO.OF DELIVERY / DAY	22	22	21	22	21	24
AVERAGE DURATION OF STAY (DAYS)	7.4	7.3	7.4	7.6	7.2	7.3
% OF OCCUPANCY (SANCTIONED BED)	51	50	50	52	48	56
LOW BIRTH WEIGHT RATE	13.3	13.3	13.99	13.37	13.47	15.39
L.S.C.S RATE	51.7	49.5	44	42.1	36.0	37.0
INSTRUMENTAL DELIVERY RATE	4	4.9	5.5	6.2	6.6	6.3

2012 STATISTICAL DATA

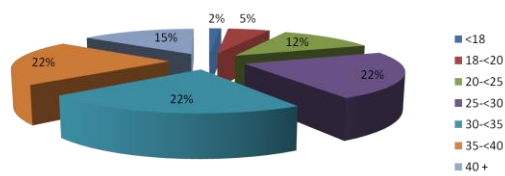
TOP TEN SINGLE LEADING CAUSES OF MORBIDITY				
NO	ICD	CAUSES	CASES	%OF TOTAL
1	O80.0	SPONTANEOUS VERTEX DELIVERY	4858	34.2
2	O34.2	CAESAREAN SECTION SCAR PREVIOUS	907	6.4
3	O06.4	INCOMPLETE ABORTION	560	3.9
4	O68.9	LABOUR & DELIVERY COMPLICATED BY FETAL STRESS	394	2.8
5	O32.1	BREECH PRESENTATION	366	2.6
6	O08.0	SEPTIC ABORTION	340	2.4
7	C53.9	CA CERVIX	338	2.3
8	O02.1	MISSED ABORTION	308	2.2
9	O48.X	POST DATE	276	1.9
10	O42.9	PREMATURE RUPTURE OF MEMBRANES	265	1.8
		OTHERS	5607	39.5

HOSPITAL PERFORMANCES (2007 - 2012)

	2007	2008	2009	2010	2011	2012
DELIVERIES						
SINGLE	7948	7789	7665	7846	7297	8457
TWIN	122	107	120	122	146	182
TRIPLETS	7	4	1	3	4	5
QUADRUPLET	-	-	-	-	-	-
TOTAL	8077	7900	7786	7971	7510	8644
MODE OF DELIVERY						
N.S.V.D	3571	3568	3841	4056	4203	4851
BREECH	37	34	98	56	56	50
FORCEPS	158	240	224	178	129	170
VACUUM	133	145	199	319	365	376
L.S.C.S	4178	3913	3424	3362	2694	3197

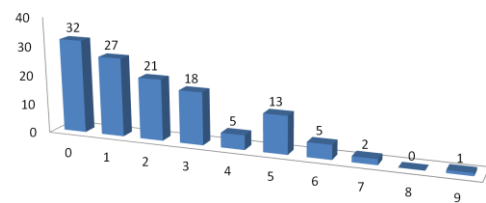


Age-groups of Maternal Deaths



Mean age \pm SD = 31.17 \pm 7.16, Range 16-50 years

Distribution of maternal death according to parity



A question and answer session followed the presentation with below points of particular interest:

Cervical Cancer was recorded as the second most common cause of cancer in women and only 1% of women were currently screened. MPs were requesting an elaboration on this high figure.

It transpired that at present cervical cancer screening is not routinely carried out in country, but where it is available it is done via the cheap and easy vinegar application and direct visual inspection for abnormalities. Treatment is difficult as equipment is often not available so clients are unable to receive treatment when diagnosed. Organised national screening is urgently needed with equipment to treat the cancer successfully.

Breast cancer was also discussed due to the high prevalence. Screening is planned to start in 2014/15 at the hospital. Staff training was then discussed with particular reference to quality of care being a concern.

Out of pocket expenditure for clients followed with the point that the Government is trying to remove the cost sharing where the Government pay for infrastructure and patients cover medicines etc. However for the moment cost sharing remains in place due to lack of tax revenues.

Unsafe abortion was subsequently discussed which was noted as the main cause of maternal deaths in the hospital. This was in part due to referrals from lower level. This hospital was currently treating unsafe abortion with D&C and antibiotics as Manual Vacuum Aspirators were no longer available.

Emergency contraception was debated which was available over the counter at pharmacies, however quality control was a problem so the drugs were not always effective or successful.



MPs observing neonatal resuscitation workshop in hospital corridor, Yangon Maternity Hospital, Yangon



Woman showing her foetal USS in antenatal outpatient, Yangon Maternity Hospital

After the interesting presentation and discussion MPs were shown the Neonatal Intensive Care Unit, Gynaecological Oncology high dependency area, obstetric unit and passed through the outpatient department.



MPs visiting Neonatal Unit, Yangon Maternity Hospital, Yangon

The Neonatal Unit was busy and well-staffed with around 12 neonates in incubators with basic equipment. There were no ventilators or respiratory apparatus. The premature babies appeared to be from around 26 weeks gestation upwards. All incubators had cards on them with date of birth, sex, weight and blood group.

Many women were sitting immediately outside expressing milk for their babies. Delegates were invited into the Neonatal unit after changing footwear and hand washing.

The Obstetric High dependency unit was occupied by a young unconscious girl who had been admitted a couple of days ago with Pre – eclampsia. She had been admitted with fits and had sadly lost her firstborn child. She was monitored closely for further fits and had a catheter and IV drip attached.



Midwives in hospital corridor, Yangon Maternity Hospital, Yangon

The Gynaecological ward visited was occupied by three young women diagnosed with late stage cervical cancer.



Meg Munn MP visiting ante-natal outpatient clinic, Yangon Maternity Hospital, Yangon

The outpatient clinic was overcrowded and extremely busy with numerous staff and students tending to the clients.

Prof. Mya Thida, Head of Obstetrics and Gynaecology who was trained in the UK said at the end of the visit that she was delighted to show MPs her hospital units, but had been surprised by the Government's request for her support with the visit - as this had never happened before!

MPs thanked Prof Mya Thida for her informative presentation and tour of her departments which had provided MPs with a real insight into tertiary care in Myanmar.

On route to the Embassy debriefing MPs made the following comments:

Meg Munn MP said: *"The doctors and nurses are very impressive, well trained and with great commitment to their work. It is heart breaking to see them unable to provide all the care they would wish through insufficient funding."*

Baroness Jenkin said: *"It was interesting that many of the top medics we met, especially in the Central Women's Hospital in Yangon, had been trained in the UK. This obviously made it easier for us to communicate with them, but also to realise that the Royal College of Obstetricians and Gynaecologists is still the gold standard."*

Craig Whittaker MP said: *"It was incredibly pleasing to hear as part of our study tour that the government had doubled the amount of money they will be spending on maternal health. Whilst this is very much welcomed and needed it is still far too little. There still seems to lack a long term vision and strategy but this could be an excellent opportunity for British NGO's and British training to fill a void."*

UK Embassy, Yangon



UK MP delegation, Mya Maw, Dr Sid Naing and Ann Mette Kjaerby
UK Embassy Residency, Yangon, Myanmar



A debriefing lunch was held at the UK Embassy with representation from UK Embassy (Matthew Hedges, Deputy Head of Mission); DFID (Mr Chris Hindley, Head of Programme Delivery and Dr Mya Thet Su Maw, Health Programme Manager; UNFPA (Dr Janet Jackson, UNFPA Myanmar rep.); UNOPS (Dr Paul Sender, Fund Manager, 3MDG Fund), MMCWA (Dr Ko Ko Maw, MMCWS Executive Director) and MSI (Dr Sid Naing, MSI country representative and Bethan Cobley, MSI Policy Advisor).

Matthew Hedges, Deputy Head of Mission, The British Embassy Myanmar welcomed guests with remarks relating to the importance of MPs parliamentary activities, FP/SRHR being critical issues in Myanmar and asked MPs to present their views and observations to be followed by an informal roundtable discussion.

Summary highlights and comments were:

Meg Munn MP thanked Matthew Hedges for the luncheon invitation to discuss the delegations study tour with interested stakeholders. She made it clear that a week's study tour gives only partial and sometimes false impressions, however real opportunities to improve the health of the nation had been noted by the delegation. Nevertheless, with a lack of coherent vision on how to build and improve the health system and capacity, this will prove challenging.

Innovative cheap practices had been noted with a vision to reach the hardest to reach populations.

She followed by saying that Myanmar opening up for trade was encouraging, however country priorities may be skewed towards investment in arguably non-essential large-scale projects such as the empty new airports noted in the capital Nay Pyi Taw.

A discussion followed on the peace building process and the absence of minority representation in important fora and discussions. The Embassy was looking to Government for ownership.

The importance of the next elections was discussed together with the current rush at policy level to open up and the importance of ensuring social sector and especially health sector keeping up with the economic growth sector.

Voters, religion and oversight were then mentioned along with the importance of the next Myanmar census being held in 2014 - which is the first in 30 years. Dr Janet Jackson, UNFPA representative said that this census would be particularly challenging but extremely important for future planning and investment as well as votes at the next election. UNFPA is heavily involved in the census made possible through UK financial support (\$10 million).

The many recent changes in Myanmar were highlighted with particular reference to the future health strategy. Dr Paul Sender, Fund Manager of the 3MDG Fund, said that Myanmar is signatory to the 1978 Alma Arta declaration and the country will have real gains for investing in primary healthcare services.

The difficulties in reaching the MDGs was discussed and noted to be particularly difficult in part due to a lack of local capacity, commodities and a lack of qualified health workers employed in remote rural areas.

Dr Paul Sender, Fund Manager for the 3MDG Fund said that the UK support to the 3MDG Fund amounted to 300 million over 5 years. Contributions from the UK, EC, AUSAID, USAID, NORAD, SIDA were vital as 2/3 of funding is directed towards service delivery and 14% to general health service strengthening. Improving the Myanmar Health Management Information System will be part of the work of the Fund.

The Myanmar pro-natalist approach was mentioned as was MSI's support and innovative activities in country. Dr Ko Ko Maw, MMCWA representative made reference to the large unmet need for family planning in Myanmar and the huge maternal mortality and morbidity due to unsafe abortion. A

discussion surrounding legislative and policy changes on abortion were discussed along with abortion being a key issue for rape, incest etc.

Dr Janet Jackson, UNFPA representatives reported a 44% family planning uptake for 15 – 49 year olds. It was noted that family planning is promoted as birth spacing in Myanmar as opposed to contraception.

The issue of young people and access to family planning was touched upon as was quality of care and standardisation of health workers and practices. FP2020 and partnerships were discussed along with consumer associations. Cervical cancer, Hep B and IV drug abuse were also referenced and discussed.

The current four-fold increase in Myanmar health budget was mentioned and suggested to benefit family planning services, but regulatory standards would have to keep up.

Matthew Hedges, Deputy Head of Mission said that it was importance to give Myanmar Government '*breathing time*' with the many changes.

Gender was discussed with reference to the number of men in Government positions as opposed to women.

Myanmar taxation was raised and the importance of increasing taxation highlighted in order to promote sustainability.

The importance of NGO involvement and in particular SRHR NGOs such as MSI and the IPPF affiliate was discussed. Matthew Hedges, Deputy Head of Mission further said that NGOs need to be seen as collaborating partners and not competitors. MMCWA was mentioned and thought to be influential at government and policy level, in particular due to its board members and volunteers being well connected to Ministers. The luncheon finished with a discussion around the importance of ODA with particular reference to MPs passing this message on to their voters.

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Written PQs tabled following Myanmar study tour:

John Mann: To ask the Secretary of State for International Development if she will promote the rational use of antibiotics in obstetrics in Burma's health system.

Mr Duncan: DFID programmes, including in Burma, follow international guidelines for antibiotic use. Guidelines for antibiotic use in maternal health services follow international best practice.

Meg Munn: To ask the Secretary of State for International Development what support she is providing to Burma to ensure that family planning and reproductive health services are being offered to all communities.

Mr Duncan: The UK supports the Three Millennium Development Goal Trust Fund in Burma and has allocated £80 million over four financial years (2012 to 2016) in support of the fund. 70% of this is allocated to support access to essential health services for maternal and child health as well as sexual and reproductive health rights and family planning. The fund operates across the whole country, with a particular focus on seven vulnerable states and divisions.

Meg Munn: To ask the Secretary of State for International Development what support she is providing to Burma to develop its health system.

Mr Duncan: The UK supports the Three Millennium Development Goal Fund—the major health trust fund in Burma. So far the UK has allocated £80 million over four financial years (2012 to 2016) in support of the fund. One of its objectives is to help the Burmese Ministry of Health provide more equitable, affordable and quality health services to the most vulnerable populations within Burma.

John Mann: To ask the Secretary of State for International Development if she will take steps to ensure the dissemination and training of health personnel in essential medicine treatment guidelines and supervision in projects supported by her Department.

Mr Duncan: The World Health Organization advises national governments on essential drug lists in the countries in which DFID works. In addition it provides support for the development of guidelines on the use of essential medicines and generic drugs. DFID emphasises the importance of the appropriate use of medicines, and management of prescribing practice in its policy dialogue with Ministries of Health.

Heather Wheeler: To ask the Secretary of State for International Development (1) what proportion of her Department's Burma budget will be allocated to (a) sexual and reproductive health and rights and (b) family planning services; (2) how she plans to support the Burmese Government in its future provision of (a) family planning, (b) sexual and reproductive health and rights, (c) maternal health and (d) other health services in that country.

Mr Duncan: On current projections, we estimate that nearly a quarter of the bilateral allocation for DFID's work in Burma between 2011 and 2015 will support access to essential health services for maternal and child health, sexual and reproductive health and rights, and family planning. This is based on our work through the 3 millennium development goal (3MDG) fund, to which the UK has allocated up to £80 million. The 3MDG fund also supports the national response to TB and malaria in Burma and works to strengthen important systems for the delivery of health services. The UK also supports a regional project to help prevent maternal death from unwanted pregnancy, which is active in 14 countries, including Burma.

Craig Whittaker: To ask the Secretary of State for International Development what the principal anticipated health implications are of the findings of Burma's new census.

Mr Duncan: Improved census data and its analysis can help support more effective financing, planning, human resourcing, and infrastructure for social sectors, such as the health sector. It will enable accurate calculation of important indicators, such as maternal mortality. This information can help more effective planning of aid programmes.

Craig Whittaker: To ask the Secretary of State for International Development what plans her Department has to make the contribution of UKAid more visible in Burma.

Mr Duncan: We ensure that all implementing partners are aware of our requirements to use the UKaid logo on programme communications, including letters, documents, websites, project signs, and at workshops. We will continue to issue press releases on high level visits and when launching major programmes, and to use the British embassy's internet communications channels to highlight our work.

Craig Whittaker: To ask the Secretary of State for International Development how her Department measures the effectiveness of UK Official Development Assistance for health in Burma.

Mr Duncan: All DFID projects are formally reviewed each year and on completion. Our funding for 3MDG, the main multi-donor trust fund for health in Burma, includes an independent evaluation of effectiveness UK development programmes are also independently scrutinised by the Independent Commission for Aid Impact (ICAI). ICAI recently gave DFID's health programmes in Burma an overall green (positive) rating.

Craig Whittaker: To ask the Secretary of State for International Development what policy objectives her Department aims to achieve by supporting Myanmar's forthcoming census.

Mr Duncan: A census is an essential tool that enables effective government. DFID judges it sensible to support Burma's census including to advise on the content of the questions. This will help ensure it provides the most accurate and useful data possible to inform development policy.

Baroness Jenkin of Kennington: To ask Her Majesty's Government whether the government of Burma agreed to support the United Kingdom initiative on sexual violence in conflict when requested to do so by Hugo Swire, the United Kingdom Minister of State with responsibility for Burma, during his visit to that country in December 2012.

The Senior Minister of State, Department for Communities and Local Government & Foreign and Commonwealth Office (Baroness Warsi) (Con): During his visit in December 2012 to Burma, the Minister of State for Foreign and Commonwealth Affairs, my right hon. Friend the Member for East Devon (Mr Swire), called for action to tackle sexual violence.

President Thein Sein welcomed the Preventing Sexual Violence Initiative (PSVI) during his visit to London in July. Mr Swire pressed the Burmese Foreign Minister for his government to endorse the PSVI Declaration at the UN General Assembly in September. We will continue lobbying to strengthen accountability systems and eliminate impunity for rape in Burma.

At its outset, the Initiative identified countries, in consultation with the UN and other partners, for initial deployments. Over recent months the Initiative has extended to a number of other countries—including Burma. Our Embassy in Rangoon is looking to incorporate PSVI activities in to new and existing work—for example, funding a new project to improve access to justice for victims, develop community-based preventive mechanisms and promote wider legal and policy reforms.

Baroness Jenkin of Kennington: To ask Her Majesty's Government what steps they will take to encourage Burma's involvement in Family Planning 2020.

Baroness Northover (LD): The UK Government will continue to support Burma's efforts in engaging with Family Planning 2020, including through dialogue with the relevant ministry.

Baroness Jenkin of Kennington: To ask Her Majesty's Government whether they intend to take steps to assist Burma in improving the quality of its maternity services.

Baroness Northover: The UK has allocated £80 million over four financial years (2012 to 2016) in support of the Three Millennium Development Goal Trust Fund in Burma. This fund supports access to essential health services for maternal and child health and family planning.