

BURMA

PREVENTING CHILD AND MATERNAL DEATHS

2024



USAID envisions a world where all women, newborns, and children survive, are healthy, and are able to develop and reach their full potential, contributing to the development of their communities and countries.

OVER THE LAST 20 YEARS, MORTALITY HAS FALLEN IN BURMA BY:

↓ **42%** NEWBORN mortality rate

↓ **53%** CHILD mortality rate

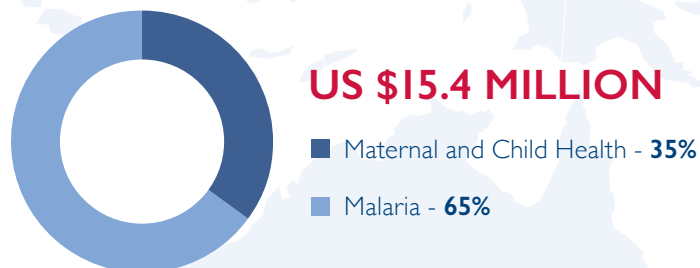
↓ **52%** MATERNAL mortality ratio

Source: Interagency Group for Child Mortality Estimation (IGME) and United Nations Maternal Mortality Estimation Inter-agency Group (MMEIG).

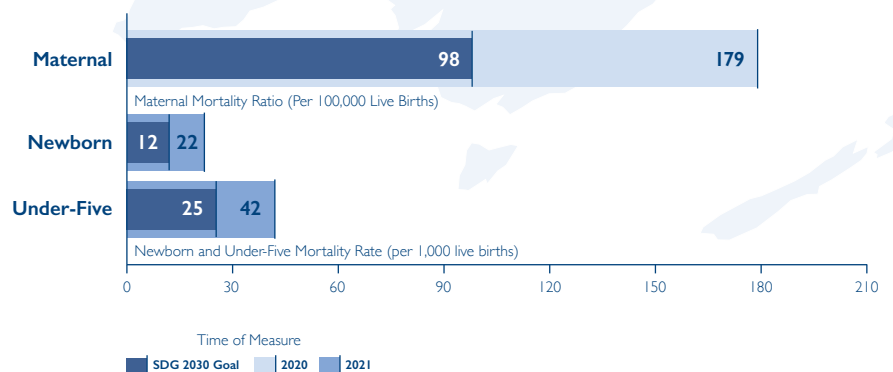
Total Population (2022):
54.2 MILLION PEOPLE

Total Fertility Rate (2022):
2.1 BIRTHS PER WOMAN

FISCAL YEAR 2022 USAID BUDGET ALLOCATION TO PREVENT CHILD AND MATERNAL DEATHS:



MORTALITY PROGRESS AND PROJECTIONS



USAID DELIVERS ESSENTIAL, LIFESAVING CARE FOR CHILDREN AND WOMEN

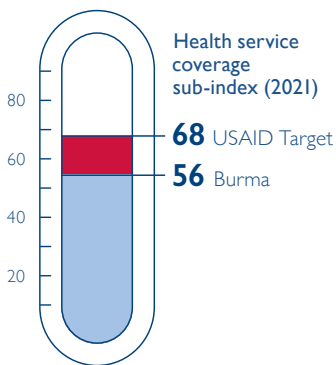
In Burma in 2022, USAID:

-  Vaccinated **15,000 children** against measles by age one.
-  Supported **15,600 newborns** with postnatal care within two days of birth.
-  Reached **900 children under age five** with nutrition programs.
-  Treated **13,000 cases** of diarrhea in children.
-  Procured **250,000 insecticide-treated mosquito nets**.
-  Helped **8,600 women** to deliver in health facilities receiving U.S. government support.

IN BURMA, 9% OF ALL DEATHS ARE PREVENTABLE CHILD AND MATERNAL DEATHS

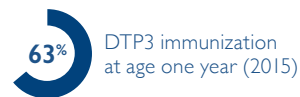
USAID is working with our partners to reduce preventable child and maternal deaths to **12% of total deaths, or lower**, across priority countries by 2030.

Source: United Nations World Population Prospects 2022.

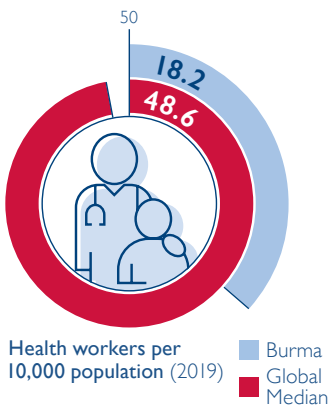


COVERAGE: Expanding coverage of lifesaving interventions is essential to save more lives.

Burma measures at 56 on the reproductive, maternal, neonatal, and child health service coverage sub-index from WHO (2021). This sub-index captures priority interventions proven to reduce mortality among mothers, newborns, or children, such as the demand for family planning satisfied with modern methods of family planning and proportion of infants who received DTP3 vaccination by one year of age. Interventions included in the sub-index are considered feasible for universal implementation in low-income countries. USAID is working with our partners to reach an average measure of 68 on the sub-index across our priority countries by 2030.



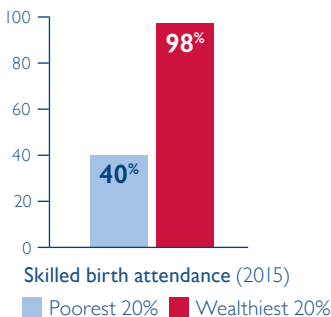
Source: WHO Universal Health Coverage Service Coverage Sub-Index on Reproductive, Maternal, Newborn, and Child Health and Countdown to 2030 Equity Profiles.



QUALITY: Increasing the number of healthcare workers can improve the quality of healthcare services.

The number of health workers in Burma falls well below the global median of 48.6 health workers per 10,000 people. This shortage of health workers limits the country's ability to reach its growing population with essential health care services. Sustained improvements in maternal and child survival require increasing the quantity and equitable distribution of health workers with the critical skills needed to provide quality, respectful care.

Source: WHO National Health Workforce Accounts Data Portal.



EQUITY: Reducing inequity in healthcare can help reach more women and children.

Many families in Burma do not have equitable access to health services, as illustrated by the income disparity in skilled attendance at birth. Beyond income inequality, social determinants including residence, ethnic or religious group, age, or disability can also lead to inequities in use of health services and in health outcomes. To increase child and maternal survival, there must be a concerted focus on interventions and strategies that reach poor, marginalized, or vulnerable women and children.

Source: Countdown to 2030 Equity Profiles.



[Learn more](#) about USAID's Maternal and Child Survival Programs

