

From ambulances to funerals, volunteers prop up Myanmar healthcare

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With lights flashing and sirens blaring, volunteer ambulance driver Myint Hein weaves through traffic-choked Yangon, a lifeline in Myanmar where healthcare was crippled by decades of chronic underfunding during junta rule.

Emergency services were one of the many casualties of meagre public spending and the retired bus driver is helping to plug gaps in a country still lacking a centralised ambulance system.

"I saw some people die before they could reach hospital because there was no timely transportation or ambulance," the 54-year-old said of accidents he frequently encountered on the lengthy Yangon-Mandalay highway.

Now a volunteer at Noble Heart, a local NGO providing free ambulance services in Yangon since January, he is trying to bolster the motley smattering of state and charity-run vehicles serving his fast-growing city where people normally turn to family or friends during medical emergencies.

This culture of self-reliance is partially a legacy of the military era where vast spending on defence came at the expense of health or education.

While budgets have increased since 2011's end of outright army rule, Myanmar—the world's fourth-fastest growing economy—is still one of the lowest spenders on healthcare as a share of GDP.

According to the latest World Bank figures health spending increased from 0.2 percent to just over 1 percent of GDP from 2009 to 2013.

In contrast 4.3 percent of GDP in 2014 went to the military, according to the Stockholm International Peace Research Institute.

Small groups like Noble Heart have their hands full.

But like most of the other ambulances on Myanmar's roads they are only basically equipped and trained, offering more a transport service than full-fledged emergency care.

Slow improvements

It's a hole the quasi-civilian government is finally paying attention to in a crucial election year where they face-off against Aung San Suu Kyi's opposition, who are expected to make vast gains if the November 8 polls are fair.

"We have ambulances but they are not fully equipped. People who use them are not trained, it's just transport. There's no system at all," Maw Maw Oo, associate professor at Yangon General Hospital's emergency medicine department, told AFP.

Until 2012 Myanmar "didn't have emergency care", he said, pointing to the launch of his own department as well as a new diploma in the subject and emergency medicine posts.

This year the country will welcome its first fleet of 230 emergency ambulances, aiming to roll out services starting with the main highway before expanding to Naypyidaw, Yangon and Mandalay, the doctor added, with plans also to launch a hotline and train-up its first-ever paramedics.

There have been substantial improvements to a system where patients used to arrive for operations armed with their own needles and medicines due to a controversial cost-sharing scheme that saw the sick pay more than the state.

As a result of increased government funding, since August 2014 [emergency care](#) has been free to all, and now other services including some blood tests are also without charge.

But patients still bear 54 percent of total healthcare spend, according to the country's WHO representative Jorge Luna.

The state "funding and provision of care is fragmented," he told AFP, with "inadequate spending" particularly in rural and conflict-wracked border regions.

Those who can leave

At an evening clinic run by the non-profit local group Better Burmese Health Care on the outskirts of Yangon volunteer doctor Win Than Naing is hungry for change.

"For decades we've been closed off from the world... medical education and innovation just stopped," said the 30-year-old, pinning his hopes on better policy in a country desperate to catch up with its neighbours.

But as campaigning enters full steam, parties—including Suu Kyi's NLD— have revealed little detail of what such policies may entail.

Surgeon Tin Myo Win, the NLD health chief who is also Suu Kyi's longtime personal doctor, told AFP he recommended the next government spend "more than 10 percent of GDP" on health.

But the party's recently-released manifesto contains no such commitment nor does it lay out concrete plans for improving the country's health.

For now the wealthy, and even lower-income families who can cobble together the cash, escape across the border to Thailand or Singapore for their healthcare needs, especially for harder-to-treat diseases such as cancer.

Adverts targeting this growing market dot the city and at Yangon airport posters shout of new packages from Thai hospitals offering free round-trip flights.

But these deals are out of the reach for most in the impoverished nation.

For the poor even death comes at a hefty price with families sometimes left in debt by funeral costs.

"Every day around 10 people are too poor to afford a service," said Hla Myint, vice-chairman of the Social Welfare Society, which has been providing free funerals in Yangon since 2012.

At a cremation site, his team of volunteers carry in the latest body, a 93-year-old man whose wife couldn't afford the expense.

"We cover gaps that would otherwise be neglected," he says.

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