

# Burma

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## About Burma

- **Population:** 49 million (World Development Indicators (WDI), 2007).
- **Average life expectancy:** 62 years (WDI, 2006). UK: 78 years (UN Statistics Division (UNSD), 2007).
- **Average per capita income:** US\$230 (market exchange rate, 2008; the Burmese government does not accept this conversion). UK: US\$33,800 (purchasing power parity (PPP)) (WDI, 2007).
- **Gross national income (GNI):** US\$26.7 billion (purchasing power parity (PPP) rate) (WDI, 2000).
- **Average annual growth rate:** 5% (WDI, 2005).
- **Percentage of people not meeting daily food needs:** N/A.
- **Women dying in childbirth:** 380 per 100,000 live births (Millennium Development Goals Indicators (MDGI), 2005). UK: 13 per 100,000 (UNSD, 2007).
- **Children dying before age 5:** 104 per 1,000 (WDI, 2006). UK: 6 per 100,000 (UNSD, 2005).
- **Percentage of children receiving primary school education:** less than 50% complete primary school (est.).
- **Percentage of people aged 15-49 living with HIV/AIDS:** 1.3% (UN Development Programme, 2005). UK: 0.2% (UNSD, 2005).
- **Percentage of people with access to safe, clean water:** 80% (MDGI, 2004).

Data for Burma is difficult to get hold of and its quality is variable. The Burmese government has completed a Millennium Development Goal report (2005), but its presentation of the data is not entirely consistent.

## DFID: Working to reduce poverty in Burma

Burma's limited government expenditure on development tends to be spent on physical infrastructure rather than the delivery of essential services and reducing inequality.

DFID Burma works with the international development community to:

- address humanitarian needs – particularly in health, education and livelihoods
- help build the foundations for a transition to a democratic society and for long-term poverty reduction
- contribute to a scaling-up of the international aid effort.

DFID's budget for assistance to Burma is £12 million in 2008-09, and will increase to £15 million in 2009-10 and £18 million in 2010-11. This does not include support for relief and recovery following [Cyclone Nargis](#) (£45 million in 2008/09).

Our work in Burma is carried out within the framework of the [European Common Position](#). This limits the sectors in which we work and the ways in which we channel aid. However, it does not prevent us addressing the needs of the Burmese people or working effectively with other donors.

### Poverty and rural growth

Around 70% of the Burmese population depends on agriculture. The revival of rural markets and sustainable reductions in poverty are, we believe, dependent on changes in government policy and its implementation. However, it has been possible to make a difference to people's lives directly, through:

- £4 million funding (2005-08) to support UN Human Development Initiatives (UNHDI). Reaching 7% of Burma's rural population, this has introduced new technology and community infrastructure to poor villages and established a series of highly successful women's savings-and-loans groups.
- £300,000 support to International Development Enterprise (IDE) for work aimed at revitalising market mechanisms for agricultural supplies. Through this, at least 20,000 poor farmers have been able to buy high-quality, affordable foot pumps and increase their incomes by an average of £200 or more. This, in turn, has enabled them to buy extra food and keep their children in school.

### Education

Working through other organisations, DFID Burma has made substantial contributions towards primary education in the country, including:

- £2.7 million (2006-09) to support Save the Children's community-managed early childhood centres and transition-to-primary-school project
- £3.3 million to Unicef's basic education programme, which works with the Ministry of Education. This project - also funded by the European Community, Denmark, Norway and Australia - provides an essential learning package of textbooks and stationery to half a million children. Donor funding is structured so that supplies go directly to schools, not through the central ministry.

### Health and HIV/AIDS

Malaria, HIV/AIDS and tuberculosis (TB) are major causes of death and illness in Burma, but public health expenditure there is only 0.5% of the gross domestic product (GDP). Most poor people rely on informal, private health-care providers and, as a result, often receive poor-quality or ineffective treatment.

At present, DFID's health priority in Burma is communicable and vaccine-preventable diseases. To this end, we have allocated £20.1 million to the multi-donor [Three Diseases Fund](#) (3DF), which will provide support over five years to the work of the UN, non-governmental organisations (NGOs) and township-level public health staff on HIV/AIDS, malaria and TB.

#### HIV/AIDS

- In 2007, the 3DF distributed more than 8 million condoms and reached in excess of 93,000 people with other HIV- prevention activities.
- The 3DF reached up to 25% of female sex workers, 3% of their clients, 36% of men who have sex with men and 41% of intravenous drug users (population figures estimated).
- In 2007, the 3DF provided treatment for opportunistic infections for more than 12,000 people and anti-retroviral treatment for more than 10,000 individuals living with HIV. More than 90% of this medical care was provided in Burma itself.

#### Malaria

- The 3DF-supported programmes have been implemented in 137 of 325 townships nationwide, including most endemic areas.

- In 2007, the 3DF supported treatment of 31,000 malaria cases and distributed 25,000 long-lasting, insecticide-impregnated nets and 43,000 bednets.

## **TB**

- Our support, through the World Health Organisation (WHO), to the National TB Programme has resulted in TB 'DOTS' services to all 325 townships in the country.
- In 2007, the 3DF support to public/private mix TB projects reached around 30% of all TB cases in the country.
- Through a community-based TB treatment programme, the 3DF directly supported diagnosis and treatment for 15,000 people with TB.

## **Progress towards Millennium Development Goals**

Burma is one of the poorest countries in Asia and is unlikely to achieve the majority of the MDGs.

### **MDG 1: Eradicate extreme poverty and hunger**

No data is available to enable us to predict Burma's progress towards this MDG (or lack of it).

### **MDG 2: Achieve universal primary education**

Although more than 90% of children enrol in primary education, the best estimate is that only half of them complete it.

### **MDG 3: Promote gender equality and empower women**

Equal numbers of girls and boys attend and complete primary school.

### **MDG 4: Reduce child mortality**

More than 10% of children die before their fifth birthday.

### **MDG 5: Improve maternal health**

At least 380 women in every 100,000 giving birth die during or shortly after the delivery of their babies.

### **MDG 6: Combat HIV/AIDS, malaria and other diseases**

According to UNAIDS, some 240,000 people were living with HIV in Burma in 2007, a slight decrease from the previous year.

### **MDG 7: Ensure environmental sustainability**

Some 80% of the population has access to clean water and 87% to improved sanitation.

### **MDG 8: Develop a global partnership for development**

One element of this MDG is access to communications technology. Burma's rate of adoption of mobile phones has lagged behind that of many other developing countries, with only 0.42 people in every 100 having one.

For more information about DFID's work in Burma please visit [www.dfid.gov.uk](http://www.dfid.gov.uk). If you wish to know more about DFID and its work to reduce poverty in Burma please call DFID press office: 0207023 0600.

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