

2018

Myanmar: Malaria

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Grevengoed, Michelle. "Myanmar: Malaria" (2018). *Global Public Health*.
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MYANMAR

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MALARIA

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PUBH-101

MYANMAR

- Located on the continent of Asia
- Bordered between India and Bangladesh to the west and Thailand and Laos to the east.
- 40th largest nation in the world
- Population: 51,410,000 (Latt et. al, 2016)
- Poor country
- Bamar is the predominant ethnic group (Latt et. al, 2016)

Government

Myanmar just transitioned to a civilian government in March, 2011 (Latt et. al, 2016). Myanmar has a parliamentary republic which is divided into three branches: Legislative, Executive, and Judicial. The citizens of Myanmar elect the government officials, however, many problems with this still take place. Myanmar has been in a state of conflict for nearly 70 years. The central government launched an offensive in 1994 and set off a series of civil wars with the Kachin Independence Army (Latt et. al, 2016). This has jeopardized economic development and brought international rebuke. The government is working to increase their spending to provide better healthcare.

(Myanmar, 2014)



Challenges/Health Issues

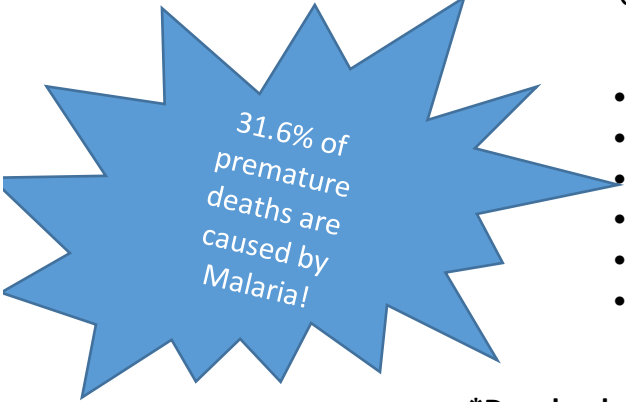
- Lagging healthcare
- Lack of medical facilities
- Highest rate of out-of-pocket health expense in Asia (Latt et. al, 2016)
- People cannot afford healthcare
- High mortality rate
- Medical industry lacks infrastructure



(Skeat, 2012)

MALARIA: The Facts


Malaria threatens 60% of Myanmar with morbidity and mortality (Ejov et. al, 1999). Malaria affects two-thirds of the population. Lower income families that cannot afford vaccinations, health insurance, or insecticide treated nets are especially high risk.



31.6% of premature deaths are caused by Malaria!

Symptoms

- Fever
- Headache
- Vomiting
- Diarrhea
- Chills
- Acute renal failure
- Swollen spleen
- Circulatory collapse
- General convulsions
- Coma and DEATH




Can be fatal after 24 hours of clinical symptoms!

***Develop less than one week after exposure (Seppa, 2009)!**

***P. falciparum* Parasite**

P. falciparum is responsible for 75% of clinical malaria in Myanmar. This parasite is transmitted to people through the bites of mosquitos that are present at night (Ghinai et. al, 2107) This parasite is resistant to artemisinin which is the world's front-line anti-malarial vaccine (Carrara et. al, 2013).



Malaria is caused by a single-celled parasite that infects the blood (Seppa, 2009)!

SOLUTION

Myanmar needs to be provided with more insecticide treated nets to help prevent Malaria, especially in remote areas where not many people have access to. The *P. falciparum* parasite also needs to be contained from continuing to spread across the country. The government needs to increase population coverage to provide citizens with better access to healthcare. The village health workers also need to be trained in providing better healthcare for their country.

W.H.O has estimated 200 MILLION cases of Malaria occur each year (Ejov et. al 1999)!!

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