

# ETHNIC DEMOGRAPHIC AND HEALTH SURVEY (EDHS) 2024



## Key Findings

The 2024 EDHS presents the most comprehensive, population-based assessment of health, well-being, and service access across some of the country's most underserved and hard-to-reach regions since the 2021 military coup. Drawing on data from over 3,100 households and 15,000 individuals in ethnic administration areas, the survey provides a rare and critical view into how communities are coping with overlapping challenges—including economic hardship, service disruptions, and rising health needs.

## Impacts of the 2021 Military Coup



### Lives lost and livelihoods disrupted

Since the 2021 military coup, one in four (24%) households directly experienced death or injury due to conflict, and nearly half of households (49%) reported income loss.



### Mental health impacted

41% of respondents reported experiencing symptoms of depression, with 8% reporting symptoms of moderate or severe depression. 75% of respondents cited the post-coup conflict and political instability as a significant source of stress.



### Limited access to aid

Two-thirds (66%) of surveyed communities reported having no access to humanitarian assistance, despite growing needs.



### Widespread household food insecurity

40% of all households reported experiencing moderate or severe food security in the month prior to the survey.



### Youth migration

Approximately one in three (36%) households reported that family members had migrated in the 12 months prior to the survey. Two-thirds (68%) of these migrants were under the age of 25, with many fleeing forced conscription or economic collapse.

# Resilient Local Health Systems

The Covid-19 pandemic and 2021 military coup have severely disrupted access to essential services. In many areas, ethnic and community-based actors remain the frontline providers of health and humanitarian services. These networks - built over decades - have proven central to maintaining access, sustaining care, and anchoring communities.

## Increased access to vital maternal and child health services:

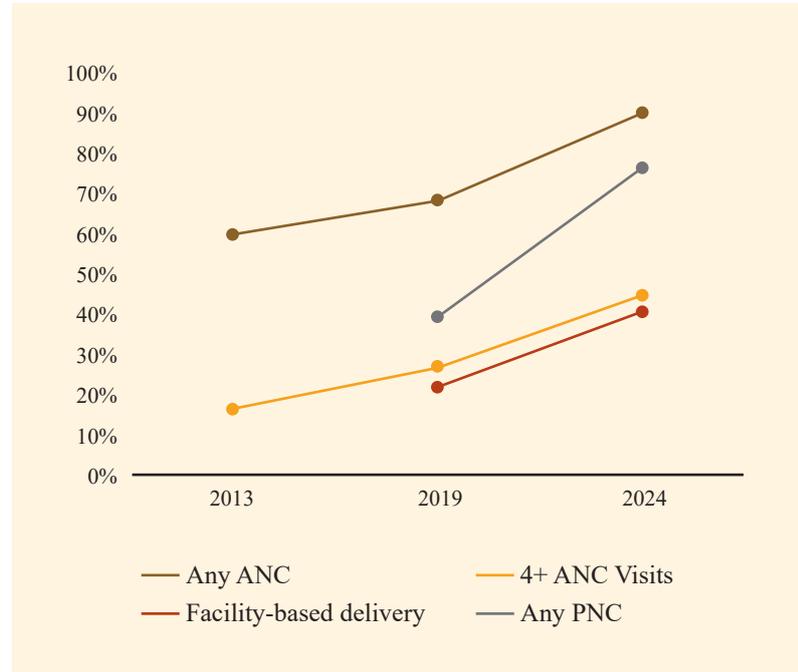
Access to antenatal care (ANC) continued to improve in surveyed areas, with 90% of women accessing at least one ANC visit and 45% of women reaching the WHO recommendation of four or more ANC visits. Most women (59%) continued to give birth at home, but facility-based deliveries were on the rise. Access to postnatal care (PNC) also improved, with 77% of women able to access at least one PNC visit.

## High infant and child mortality:

In the surveyed ethnic areas of Burma, infant mortality and under-five mortality rates were alarmingly high (62 and 85 per 1,000 live births, respectively) – about twice the national averages.

## Rising health challenges:

The survey found that hypertension affected over a third of both women (37%) and men (33%), but access to long-term treatment was low. Non-communicable diseases were the leading cause of death among older adults, reflecting a transition in disease burden and the need for both emergency and chronic care services.



# Local Governance and Community Resources

While many communities exhibit strong local governance structures, the survey found limited functionality of health and education services, poor infrastructure, and a persistent digital divide. These challenges highlight the importance of investing in resilient, locally grounded systems.

## Participatory local governance:

Nearly all (93%) surveyed communities were led by village administrative committees, with a strong presence of additional village-level structures like education, women, and youth committees, for community-led recovery and development.

## Access to health facilities and schools:

With many health posts and clinics under-resourced or non-functional due to ongoing conflict, 71% of surveyed communities reported facing difficulties in accessing health care. Primary school access was relatively widespread (91% of communities), but availability of middle and high schools dropped sharply (29% and 11%, respectively).

## Local resilience amid fragility:

Despite systemic challenges, communities are responding with resilience. Long-established ethnic health organizations, ethnic community-based organizations, and civil society organizations remain the frontline responders in most surveyed areas. Where these actors are strong, service access and outcomes tend to be more stable—highlighting the importance of local leadership, coordination, and trust-based programming.

## Strategic Implications

### Equity and inclusion must be prioritized:

Disparities in access and outcomes are stark, with the poorest and most remote communities left furthest behind. Addressing these inequities requires conflict-sensitive, gender-responsive, and geographically targeted interventions.

### Community-led health systems must be supported:

Ethnic and community-based providers are sustaining critical services amid extreme constraints. Strengthening their capacity, infrastructure, and coordination mechanisms is essential to meet rising needs.

### Mental health and social protection are urgent gaps:

The psychological and economic toll of conflict demands urgent investment in mental health care, disability support, and livelihood recovery.

### Assistance must be nimble and locally anchored:

Humanitarian and development programming must move beyond centralized models. It is essential to strengthen flexible border health collaborations, and community-embedded approaches are vital for reaching populations in crisis.



■ A family seeking shelter in a protective trench

The 2024 EDHS findings are a call to action. Burma's ethnic areas face overlapping health, economic, political, humanitarian, and environmental crises. Despite these challenges, communities continue to adapt and respond. By prioritizing equity, reinforcing community systems, and aligning aid with local realities, there remains an opportunity to protect hard-won health gains and build more resilient, inclusive systems for the future.



