MYANMAR HEALTH CARE SYSTEM

yanmar health care system evolves with changing political and administrative system and relative roles played by the key providers are also changing although the Ministry of Health remains the major provider of comprehensive health care. It has a pluralistic mix of public and private system both in the financing and provision. Health care is organized and provided by public and private providers.

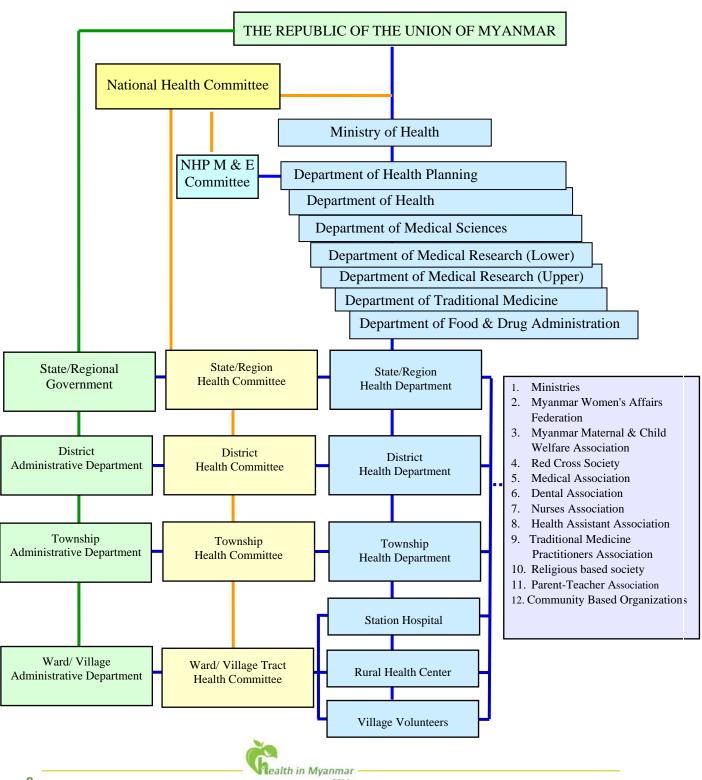
In implementing the objective of uplifting the health status of the entire nation, the Ministry of Health is taking the responsibility of providing comprehensive health care services covering activities for promoting health, preventing diseases, providing effective treatment and rehabilitation to raise the health status of the population. The Department of Health, one of (7) departments under the Ministry of Health plays a major role in providing comprehensive health care throughout the country including remote and hard to reach border areas. Some ministries are also providing health care for their employees and their families. They include Ministries of Defense, Railways, Mines, Industry, Energy, Home and Transport. Ministry of Labour has set up three general hospitals, two in Yangon and the other in Mandalay to render services to those entitled under the social security scheme. Ministry of Industry is running a Myanmar Pharmaceutical Factory and producing medicines and therapeutic agents to meet the domestic needs.

The private, for profit, sector is mainly providing ambulatory care though some providing institutional care has developed in Nay Pyi Taw, Yangon, Mandalay and some large cities in recent years. Funding and provision of care is fragmented. They are regulated in conformity with the provisions of the law relating to Private Health Care Services. General Practitioners' Section of the Myanmar Medical Association with its branches in townships provide these practitioners the opportunities to update and exchange their knowledge and experiences by holding seminars, talks and symposia on currently emerging issues and updated diagnostic and therapeutic measures. The Medical Association and its branches also provide a link between them and their counterparts in public sector so that private practitioners can also participate in public health care activities. The private, for non-profit, run by Community Based Organizations(CBOs) and Religious based society also provides ambulatory care though some providing institutional care and social health protection has developed in large cities and some townships.

One unique and important feature of Myanmar health system is the existence of traditional medicine along with allopathic medicine. Traditional medicine has been in existence since time immemorial and except for its waning period during colonial administration when allopathic medical practices had been introduced and flourishing it is well accepted and utilized by the people throughout the history. With encouragement of the State scientific ways of assessing the efficacy of therapeutic agents, nurturing of famous and rare medicinal plants, exploring, sustaining and propagation of treatises and practices can be accomplished. There are a total of 14 traditional hospitals run by the State in the country. Traditional medical practitioners have been trained at an Institute of Traditional Medicine and with the establishment of a new University of Traditional Medicine conferring a bachelor degree more competent practitioners can now be trained and utilized. As in the allopathic medicine there are quite a number of private traditional practitioners and they are licensed and regulated in accordance with the provisions of related laws.

In line with the National Health Policy NGOs such as Myanmar Maternal and Child Welfare Association, Myanmar Red Cross Society are also taking some share of service provision and their roles are also becoming important as the needs for collaboration in health become more prominent. Recognizing the growing importance of the needs to involve all relevant sectors at all administrative levels and to mobilize the community more effectively in health activities health committees had been established in various administrative levels down to the wards and village tracts.

Organization of Health Service Delivery



The Third Wave Reform Process

Since the present government was elected in March 2011, a series of far reaching reforms were introduced and undertaken. The First Wave Reform dealt with the introduction of a multiparty democratic system and the transition from the old to a new system, while the Second Wave Reform put emphasis on strategies for executive, economic, political and social reforms. The Third Wave reform, which is concerned with ensuring a solid foundation for a new democracy to take root and a higher living standard for people putting emphasis on things that will directly improve the wellbeing of the people.

The major instruments using for these reform processes are: Framework for Economic and Social Reform (FESR), National Comprehensive Development Plan (NCDP) including health sector and regular five years plans. FESR provided a reform bridge linking the ongoing programs of the government to the National Comprehensive Development Plan (Health Sector) (2011-2012 to 2030-2031), a 20-year long-term plan. This is not only the medium-term and longer-term plan, it also focuses on potential "quick wins" that will bring tangible and sustainable benefits to the population.

Health Care Reforms on Uplifting the Health Standards

The Government of Myanmar is committed to improving access and quality of health as part of its reform agenda aimed at raising the overall level of social and economic development in the country.

Meeting on uplifting the health standard was held at the President Office on 31st January 2014. On the occasion, President U Thein Sein stressed that health care services would be implemented in cooperation with local people residing in regions and states. The President has called for stepping up efforts in decreasing infant and maternal mortality rate by promotion of health, prevention of diseases, detection of diseases as early as possible, provision of prompt and accurate treatment and rehabilitation. The President has also urged Ministry of Health and region/ state governments to coordinate each other to be able to reduce the infant mortality rate and the maternal mortality ratio as part of efforts for meeting the United Nations



Millennium Development Goals. He also called for making efforts for fighting the HIV and TB in the country.

Regarding the reforms of health sector, the President has urged to expand the organizational setup, to encourage skills and performance of staff and to ensure transparency in reforms, to establish the health insurance system and to formulate necessary rules and regulations for the food safety in the country. He also urged the staff of the Ministry of Health to make efforts for reforming the hospitals to become reliable health care facilities for the poor people as the government has already committed. He also stressed the need for reviewing the Myanmar Health Vision 2030 and to draft the national health development plan and regional health plan in line with the National Comprehensive Development Plan. In accordance with the guidance of the President, the following twelve Task Forces were formed by the Ministry of Health for the health sector development.

- (1) Task Force on Improving the Quality of Medical Care and Diagnostics
- (2) Task Force on Disease Control
- (3) Task Force on Public Health and Maternal and Child Health
- (4) Task Force on Universal Health Coverage
- (5) Task Force on Food and Drug Administration
- (6) Task Force on Traditional Medicine
- (7) Task Force on Health Research
- (8) Task Force on Human Resource Development for Health
- (9) Task Force on Private Health Sector Development
- (10) Task Force on Review and Revise of Health Policies
- (11) Task Force on Strengthening of Health Information System
- (12) Task Force on Promotion of Health Education

Organized by the respective task force, series of the technical consultations and discussions were done. Participants included the responsible officials from relevant departments of the Ministry of Health, retired health professionals, responsible person from the related departments and ministries, organizations and private sectors.

The Chairman of the National Health Committee, Vice President Dr. Sai Mauk Kham has urged on uplifting the health standard of Myanmar as part of the efforts for health care reforms and achieving better health outcome through efficient functioning of health care delivery system at the National Health Committee Meeting which was held on 29 April 2014 at the Ministry of Health in Nay Pyi Taw.



The Chairman of the National Health Committee, Vice President Dr. Sai Mauk Kham, delivered an opening speech at National Health Committee Meeting (29-4-2014)

According to the guidance of the Vice President and recommendations made by the meeting, the following (5) workshops were conducted and organized by the Ministry of Health for the health sector development.

- (1) Workshop on development of human resources for health (2-3 June 2014)
- (2) Workshop on improving quality of medical care (5-6 June 2014)
- (3) Workshop on promoting primary health care services (9-10 June 2014)



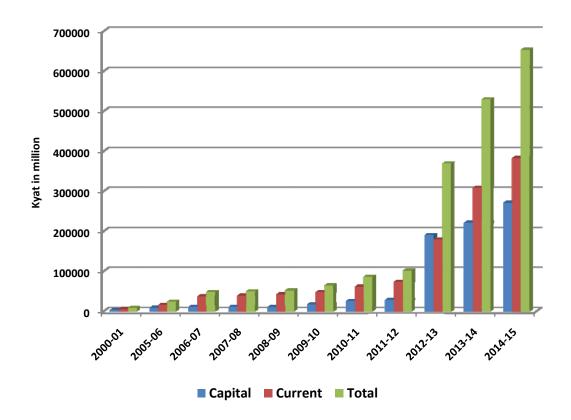
- (4) Workshop on health financing aiming towards universal health coverage (12-13 June 2014)
- (5) Workshop on restructuring and reorganization of health sector (30 June 2014 to 1 July 2014)

It is necessary to speed up the momentum in the health care sector in tandem with a rapid acceleration in political, economic and executive reforms without neglecting the promotion of the private sector. To strengthen the efficiency and equity in the health system, the health sector has being undertaken health sector reforms. Ministry of Health has conducted dissemination and coordination meetings for accelerating the third wave reform processes and measures that must be undertaken by health personnel at various levels of the ministry. Moreover, surveys on patient satisfactions and needs assessments were also conducted in States and Regions. The results of these studies will provide important inputs in the process of making a more responsive health system.

Health Financing in Myanmar

The major sources of finance for health care services are the government, though there are other minor sources such as external aids, community contributions etc. Government has increased health spending on both current and capital yearly. Total government health expenditure increased from kyat 7,688 million in 2000-01 to kyat 652,745million (BE) in 2014-2015.

Government Health Expenditures (2000-01 to 2014-15)



Financial allocation to the health and education sector was increased in the fiscal year 2012-2013. The government share to the health sector as a percentage of general government expenditures for last five financial years were indicated in the following table.

Government Health Expenditures as percentage of GDP and as percentage of General Government Expenditures

Financial Year	Government Health Expenditures	Government Health Expenditures
	as % of Gross Domestic Product	as % of General Government Expenditures
2010-11	0.20	1.03
2011-12	0.21	1.05
2012-13	0.76	2.82
2013-14	0.89	3.15
2014-15	0.99	3.38

Social security scheme was implemented in accordance with 1954 Social Security Act by the Ministry of Labour. According to the law, factories, workshops and enterprises that have over 5 employees whether State owned, private, foreign or joint ventures, must provide the insurance for their employees with social security cover. The contribution is tri-partite with 2.5% by the employer, 1.5% by the employee of the designated rate while the government contribution is in the form of capital investment. Insured workers under the scheme are provided free medical treatment, cash benefits and occupational injury benefit. To effectively implement this scheme, workers' hospitals, dispensaries, mobile medical units and branch offices have been established nation-wide. The 2012 Social Security Law was enacted on 31st August 2012. In this new Law, invalidity, old age pension benefit, survivors' benefit and unemployment benefit systems have been introduced based on international practice. In addition, social security housing plan for insured workers has also been introduced.

Path to Universal Health Coverage in Myanmar

Myanmar aspires to achieve Universal Health Coverage (UHC) as part of its Vision 2030 for a healthier and more productive population. UHC would help achieve the twin goals of any health sector, i.e., improved health outcomes and reduced financial burden on the poor and vulnerable, due to health expenditures.

To achieve the goals and targets of strengthening the health systems towards the provision of equitable universal coverage, it is vital to focus on ways to improving health outcomes, enhancing the financial protection and ensuring the consumer satisfaction. Realizing the current critical challenges and to achieve the aspirational goals, the following nine strategic areas have been identified.

- 1. Identify the Essential Health Package ensuring access to comprehensive quality health services for all;
- 2. Enhance HRH Management through implementation of the Health Workforce Strategic Plan to address the current challenges hindering the equitable access to quality services;
- 3. Ensure the availability of quality, efficacious and low cost essential medicines, equipment and technologies including supply chain management and infrastructure at all level;
- 4. Enhance the effectiveness of Public Private Partnerships;
- 5. Develop alternative health financing methods and risk pooling mechanisms to expand the fiscal space for health in order to alleviate the catastrophic health care expenditure of the community and enhance financial protection;
- 6. Strengthen the community engagement in health service delivery and promotion;
- 7. Strengthen the evidence based information and comprehensive management Information system including non-public sector;
- 8. Review the existing Health Policies and adopt the necessary polices to address the current challenges for UHC;
- 9. Intensify the Governance and stewardship for attainment of UHC.

