

MYANMAR HEALTH FORUM REPORT

Investing in Health: the Key to Achieving a
People-Centered Development

28-29 July 2015

Myanmar International Convention Center II

Naypyitaw, Myanmar



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ACRONYMS

Three Millennium Development Goal Fund	3MDG	Noncommunicable disease	NCD
Association of Southeast Asian Nations	ASEAN	Nongovernmental organization	NGO
Food and Drug Authority (Myanmar)	FDA	Out-of-pocket	OOP
Gross domestic product	GDP	Public-private partnerships	PPP
Japan International Cooperation Agency	JICA	Sustainable Development Goal	SDG
Millennium Development Goal	MDG	Universal health coverage	UHC
Ministry of Health	MOH	Joint United Nations Programme on HIV/AIDS	UNAIDS
Monitoring and evaluation	M&E	United Nations Development Programme	UNDP
Myanmar Health Sector Coordinating Committee	M-HSCC	United States Agency for International Development	USAID
Myanmar Medical Association	MMA	World Health Organization	WHO
Myanmar Medical Council	MMC		
Myanmar Nurses and Midwives Association	MNMA		

I. INTRODUCTION

The Myanmar Health Forum took place in Nay Pyi Taw on 28–29 July 2015. It was the first national gathering of all health sector players in Myanmar. Under the aegis of the Ministry of Health (MOH), the Forum included representatives of civil society (both national and international), state/regional and municipal health authorities, other ministries, bilateral and multilateral development partners, health worker associations, and academics and experts from Myanmar and abroad.

The purpose of this first-ever Forum was for the health sector as a whole to take stock, reflect and plan further action in achieving the ‘Health Vision 2030’ launched by the Union Government in 2000, the ultimate goal being for Myanmar to establish universal health coverage (UHC) in the next 15 years. The main theme of the two-day Forum was ‘Investing in health: the key to achieving a people-centred development’.

The Forum consisted of two days of intense knowledge-sharing, presentations and discussions in various formats. More than 700 participants met in plenary sessions and also divided into parallel groups for more specific subjects. In a communal space open to all throughout the event, the MOH displayed its work in all of Myanmar’s 15 states/

regions; civil society organizations, development partners and United Nations agencies also showcased their activities and achievements in the health sector.

The objective of the Forum, beyond sharing experiences, networking and debate, was to foster a closer collaboration between the many health sector players in Myanmar. It also aimed to put the country on the path towards realizing universal health coverage within a generation, so that the people of Myanmar can afford to remain healthier for longer—and therefore better contribute to Myanmar’s sustainable economic and social development.

The Myanmar Health Forum was organized by the MOH, with the technical support of UNAIDS Country Office, and with the financial support of the Three Millennium Development Goal Fund (3MDG).¹

Other partners involved in the organization of the Myanmar Health Forum in support of the MOH included members of the Myanmar Health Sector Coordinating Committee (M-HSCC), namely: JICA, Marie Stopes International, Pyi Gyi Khin, UNFPA, UNICEF, USAID, the World Bank and WHO.



With some minor alternations, the two-day programme took place as planned. [The Forum agenda](#) is presented at the end of the document.

¹ 3MDG is co-funded by Australia, Denmark, the European Union, Sweden, Switzerland, the United Kingdom and the United States of America, and managed by the United Nations Office of Project Services (UNOPS).

II. OBSERVATIONS AND RECOMMENDATIONS

Observations and Recommendations listed below have been extracted from in-session discussions for the reader's consideration. They represent a diversity of views on a wide range of issues pertaining to health and development, and should therefore not be regarded as formally endorsed by the participants in this first Myanmar Health Forum.

1. GOVERNANCE AND PARTNERSHIPS FOR HEALTH

In Myanmar, the 2012 Framework for Economic and Social Reforms provided guidance for cooperation and coordination with development partners while ensuring that reforms are actionable, effective and efficient. Support through global, regional and national partnerships has helped to significantly scale up reforms, which have impacted Myanmar's transition in the health arena. In spite of the progress made, leadership – including the institutional frameworks that support it – and effective partnerships need to be further strengthened. More inclusive synergies, and a clearer distribution of roles and responsibilities at all levels, are key areas of consideration on the path to universal health coverage (UHC).

Recommendations

- Strengthen stewardship and initiative from Ministry of Health, and across all relevant Ministries, to take action on policy and legal issues, within a framework that ensures human rights are respected.
- Promote peace as a prerequisite to UHC, so that an inclusive health system can be built by both state/regional authorities and other partners.
- Promote synergies between the Ministry of Health and other sectors such as water and sanitation, environment, transport, trade, education, agriculture and infrastructure, to ensure that policies and programmes complement, rather than duplicate, each other.
- Enhance civil society and grass-roots involvement as a means to increase and ensure accountability from decision-makers.

2. FINANCING HEALTH AND DEVELOPMENT

The high-level commitment to UHC is illustrating the Government's determination to take action, including considerations of increasing tax-based financing and social health insurance coverage to

support UHC. At present, health financing remains fragmented and inadequate: government spending on health currently amounts to 2% of the total general budget, or US\$ 20 per capita, which is far below required levels to cover health needs. Also, despite decreasing trends, out-of-pocket (OOP) expenditure remains high.

Recommendations

- Make an investment case for health with: data gathering (including cost estimates); evidence-based advocacy; the appeal of the political value of UHC to the executive; and highlight the involvement of the private sector in health as a good business opportunity.
- Ensure allocation of resources is based on need, through an evidence-based approach.
- Diversify government income sources through innovative financing schemes such as the creation of a 'sin tax' on tobacco and alcohol, implementing systems to prevent tax evasion, and through government-issued health bonds. Foreign aid will remain an important source of income.

3. HUMAN RESOURCES FOR HEALTH

The capacity of health workers in Myanmar, in terms of quantity and qualifications, is another area of focus, particularly as there are insufficient workers to meet the increasing demand for health



care services, especially for primary health care and in rural areas. Certain professions, such as nursing or midwifery, are not being trained and employed in adequate numbers. In addition, as a result of the staff shortage, the workload is very demanding, which is further negatively impacted by low pay and inadequate supervision.

Recommendations

- Improve and develop curricula and frameworks for health workforce training, and promote additional investment in training institutions and accreditation bodies.
- Ensure an efficient, equitable and increased deployment of health workers in rural health centres, including the training of community

health workers to provide basic health care to their community (i.e. task-shifting).

- Streamline the process to fill vacant positions, so that the health worker shortage can be alleviated with less time and public expenditure. Partner with the private sector to address the workforce gap issue, such as a health worker rotation or exchange programme to fill vacant positions, especially in remote areas.

4. HEALTH INFORMATION MANAGEMENT

Gaps in the present data-collection system undermine the evidence-base required to plan, finance, implement, monitor and evaluate health programmes effectively. An integrated health information management system that serves national, state and township levels is critical, as it would allow the Ministry of Health to have ready access to consolidated data that can be analysed to define priorities, detect health issues, identify innovative solutions, and allocate resources effectively to improve health outcomes. It would also enable managers at state/regional level to fine-tune their own work plans to the local situation, based on locally generated and analysed data.

Recommendations

- Strengthen data collection and information systems. Investment in information technology

(IT), decentralization of and training in data collection are critical aspects of addressing this issue.

- Define a national health research agenda to undertake area-specific in-depth assessments of health needs.

5. ACCESS TO HEALTH SERVICES

High cost of medicines for the public, poor infrastructure, insufficient equipment, and breaks in the supply chain, undermine access to health services and quality medication, especially in rural and remote areas. Urgent needs are yet unmet within the supply chain framework, such as inadequate procurement and storage capacity and conditions.

Social barriers to access also exist, such as the stigma and discrimination experienced by people living with HIV, and cultural and religious norms and practices that deter people from seeking health care. Awareness, sensitivity, and trust between and among the health workforce and the community need to be cultivated.

Recommendations

- Identify and implement an essential package of health services.
- Foster the creation of an enabling environment to improve health care access and utilization. Efforts in improving health management,

IT, financing and the legal framework, and reviewing the list of essential medicines in Myanmar are required to effectively address this issue.

- Ensure equitable coverage of health facilities and health workers across Myanmar, including rural, hard-to-reach and conflict areas.
- Undertake renovation of most-in-need health facilities and update medical equipment.

6. PLANNING FOR THE FUTURE

As Myanmar's current National Health Plan (2010–11 to 2015–16) is reaching the final stage of its five-year implementation term, it is now a critical period to review the achievements of the Plan and to take the lessons learned into account in the next Plan, including linkage between/among the national, state/regional and township health plans; policy consistency and local diversity of health plans; and reflection of community needs and voices of people. Health areas that require particular focus include the increasing burden of noncommunicable diseases (NCDs), which accounts for a significant portion of all deaths in Myanmar, as well as food safety and nutrition.

Recommendations

- Clearly define the roles and responsibilities within the Ministry of Health for health planning in light of the recent restructuring, and better define the role of the State Health Department

as an intermediary between the Ministry of Health and townships.

- Improve linkages with other sectors and promote inclusivity of more non-state health sector actors in designing, implementing and monitoring health plans.
- Involve the private sector in UHC planning and implementation, and define their role and responsibilities.
- Promote the inclusion of NCDs in health and primary health care plans at the national and local levels, ensuring to include a focus on mental health.
- Undertake further research, taking into account regional and international experience, on issues such as: the role of social determinants in NCD prevalence; illegal alcohol importation and production in Myanmar; the role of mental health in drug and alcohol abuse; and food quality and composition in Myanmar.
- Encourage the private sector to establish a food safety and quality testing laboratory to assure the safety of processed food.

III. FORUM PROCEEDINGS (DAY ONE)

III.1. OPENING

The Myanmar Health Forum was opened on the morning of 28 July 2015 by His Excellency [Dr Sai Mauk Kham](#), Vice-President of Myanmar.

In his address, the Vice-President welcomed this occasion for Myanmar's health and development sectors to learn from each other's experiences, as well as from that of other countries. The objectives of the Forum included discussing the implementation of universal health coverage (UHC), linking health and development, increasing public awareness and identifying areas in need of investment. The upcoming adoption by the United Nations General Assembly of the Sustainable Development Goals (SDGs) includes UHC as



Universal Health Coverage
will require solutions from
beyond and within the
health sector.”

H.E. Dr Sai Mauk Kham,
Vice-President of Myanmar

part of the 'Health SDG', which is welcomed by the Government of the Republic of the Union of Myanmar.

The initial steps towards UHC have been taken with much appreciated support from the World Bank, but the successful completion of the programme will require input from both within and beyond the health sector. Health promotion, particularly with regards to prevention, is a powerful tool that can help reduce health care demand. At the same time that Myanmar develops and increasingly opens its borders, both communicable diseases (CDs) and noncommunicable diseases (NCDs) keep posing challenges.

The Government's increase in health spending has enabled out-of-pocket (OOP) payments to decrease from 80% in 2011 to 60% in 2014. Health insurance is being developed further as a part of broader social protection, incorporating lessons learned from abroad. There are 15% more hospitals in 2015 than in 2011, and 25% more doctors and nurses. Teaching facilities and curricula are also being improved. However, despite the increase in public health spending, such as the health budget



being 8.7 times bigger in 2015 than it was in 2011, financing is still far from adequate.

Achieving UHC will require working across many sectors beyond health, including education, sanitation, nutrition, employment, agriculture, industry and the environment. This will also require ministries to work together within Government, but also for civil society, the private sector and international partners to be key players.

III.2. KEYNOTE ADDRESSES

The first keynote speech was delivered by [Prof. Dean Jamison](#), Professor Emeritus in Global Health at the University of Washington, United States, and Co-Chair and Study Director of the Lancet Commission on Investing in Health. In his speech, ‘The significance of health for development in an emerging Myanmar’, Prof. Jamison retraced the

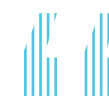


historical background of the field of investment for health from a global perspective and the latest work done under his supervision as part of the 2013 Lancet Commission on investing in

health (Global Health 2035). The new concepts introduced by the Lancet Commission include a re-evaluation of the disability-adjusted life years indicator from the 1990s to value life years (VLY), which is a more comprehensive measure of a population’s health and economic ability in time.

The two key findings Prof. Jamison shared with the Forum were that economic returns on investing in health are substantial and were previously underestimated. There is ample data and analysis from the past couple of decades to make this case. There are both direct economic benefits (such as income growth) and indirect ones (such as VLY gains). The other key finding is that countries do not need to wait for economic growth to start investing in and improving health. Investment in health can be seen as a way to kick-start development because of the returns on investment it brings. The economic dividends for Myanmar were calculated as a US\$ 4.3 return on every US\$ 1 invested in the health sector. To achieve this, Myanmar should investigate fiscal policies to increase its revenue. Taxes can be the best way to finance health and some have the added bonus of curbing the NCD burden (such as ‘sin taxes’).

The second keynote speech was delivered by His Excellency [Mr Derek J. Mitchell](#), the Ambassador of the United States of America to Myanmar. Ambassador Mitchell was addressing the Forum as a member of Myanmar’s development partner



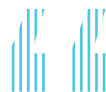
...health would remain one of the development partners’ top priorities, an indispensable pillar for development.”

H.E. Derek J. Mitchell, United States
Ambassador to Myanmar

community. In that capacity, in his speech, ‘Health as a foundation for socioeconomic growth and prosperity in Myanmar’, he reiterated the international community’s continuing strength of commitment to assist Myanmar in reaching its goals. Highlighting the crucial role UHC will play in eliminating extreme poverty, Ambassador Mitchell voiced the opinion that preventive actions, including health education, were the most cost-effective and should consequently be an area of greater focus.

Ambassador Mitchell acknowledged that development partners have a responsibility to better coordinate their plans and actions, in line with government priorities. He intimated that all sectors, not just health, would need to devise policies that would help enable UHC. In conclusion, he assured all stakeholders that health would remain one of the development partners’ top priorities, an indispensable pillar for development.

Prof. [Dr Recep Akdag](#), who was Turkey's Minister of Health for 11 years (2002–2013), delivered the third keynote address of the day, entitled 'Leadership for health' and focused on the implementation of Turkey's UHC policy since 2003. Prof. Akdag emphasized at the start that strong leadership was needed to deliver UHC. The ethical principle behind Turkey's adoption of UHC was that health is a human right. The specific goals that were set at the start were improvements in health status (using indicators such as life expectancy at birth and maternal mortality), public satisfaction (as measured by polls), financial protection and sustainability.



...public satisfaction was vital to the success of UHC reform. Bringing the public on board was achieved by a 'quick win' – drastic simplification of the administrative procedure for health care reimbursements."

Prof. Dr Recep Akdag, Turkey's Minister of Health (2002-2013)

The results of Turkey's UHC programme were significant: life expectancy at birth in Turkey reached 75 years in 2009, when WHO had predicted that Turkey would only achieve this by 2025; maternal mortality dropped by 77 points between 2000 and 2010; and the Turkish public's satisfaction rate regarding health services went from 39.5% in 2003 to 74.8% in 2012. Catastrophic health expenditures also sharply declined (by a factor of six) during that time. Sustainability was ensured by keeping the health budget in line with GDP growth, outsourcing and by keeping prices for medicines and medical procedures in check.

Prof. Akdag shared his view that public satisfaction was vital to the success of UHC reform. Bringing the public on board was achieved by a 'quick win' – drastic simplification of the administrative procedure for health care reimbursements. Another key element highlighted was the pivotal role of the Ministry (and the Minister) of Health, whose leadership is crucial to change the health system and should act as a bridge between central government and the regions.

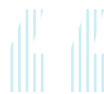
His Excellency [Dr Than Aung](#), the Minister of Health of Myanmar, was the final keynote speaker. In his address, 'Health sector reform priorities for Myanmar', he outlined the recent successes and challenges of Myanmar's health system. Health financing, in particular, remains fragmented and inadequate. This cannot be remedied by the

RESULTS OF TURKEY'S UHC PROGRAMME



reached in 2009, 16 years before WHO's forecast estimate





The country has a historic opportunity to develop integrated, comprehensive long-term health policies that are in tandem with the political, economic, and social reforms being implemented, which will enhance the lives of millions”.

H.E. Dr Than Aung, the Minister of Health of Myanmar

public sector alone, but the commitment to UHC is showing the Government’s determination to action, including recent decisions to increase tax-based financing and social health insurance coverage to support UHC.

Health infrastructure development, equitable access to health facilities and service quality are also identified as strategic areas for the MOH to focus on to achieve UHC. The private sector’s increasing presence in the health sector has given rise to promising public-private partnerships (PPP), but also to the need for better coordination

between public, private and other national and international partners.

The issue of medical supplies is a top priority for the MOH. The revised list of essential medicines and the strengthening of the Food and Drugs Administration (FDA) are balanced by the cost of medicines for the public (40% of OOP payments go to buying medicines) and breaks in the supply chain, especially in rural and remote areas. UHC will also require a stronger health information system, as gaps in the present data-collection system undermine the evidence-base required to plan, finance, implement, monitor and evaluate health programmes effectively. Investment in IT, decentralization of and training in data-collection are the most important aspects of addressing this issue.

The shortage of health workers in Myanmar is another area of focus, particularly for primary health care and in rural areas. More community health workers are being trained and deployed at the village level. Investment is needed to boost



training in universities and institutions, so that the deployment and skills-mix of the health workforce are meeting needs. H.E. Dr Than Aung concluded that the MOH is eager to continue working in closer collaboration with other ministries and all health sector stakeholders to improve the health system and thereby contribute to Myanmar’s economic and social development.

Investment in health can be seen as a way to kick-start development because of the returns on investment it brings. The economic dividends for Myanmar were calculated as a US\$ 4.3 return on every US\$ 1 invested in the health sector.

III.3. PANEL DISCUSSION 1

The first panel discussion on Health sector reform and development needs in Myanmar was moderated by [Mr Eamonn Murphy](#), Director of the UNAIDS Country Office in Myanmar. Panellists included the Deputy Minister of Health Her Excellency [Dr Thein Thein Htay](#), the Deputy Minister of Finance His Excellency [Dr Maung Maung Thein](#) and the Executive Director of the Pyi Gyi Khin civil society organization, [Daw Nwe Zin Win](#).

H.E. Dr Thein Thein Htay, discussed how Myanmar's health system should be reformed. She described the current system as a fragmented one, with a weak financial management system and limited government stewardship and capacity at the MOH level. Other areas that needed improvement were stakeholder coordination, inclusiveness and participation, including civil society, United Nations agencies and international NGOs. She hailed the restructuring of the MOH as the first step in the long road to reform and recognized the need for financing reforms to move away from the health system's over-reliance on user fees. As well, she stated that more rural health centres are needed to serve Myanmar's predominantly rural population, along with greater leadership to help the health system into the 21st century.



H.E. Dr Maung Maung Thein, provided the audience with a set of five types of financing that – alone or in combination – might be used to achieve UHC. First, financing for UHC could come from the Government's general budget, which can and is being achieved, but it is a gradual process. The second type of financing, social insurance, exists in Myanmar but is extremely limited; broadening it would require great effort in collecting contributions from employers and

employees. The third way, private health insurance (accident and hospital), was piloted from 1 July 2015 in Myanmar and will be reviewed in 12 months, attracting 500 subscribers so far. The fourth type of financing, user fees (or OOP), is currently the most widely used in Myanmar but is both unsustainable and inequitable. The last type, community financing, requires a higher capacity than is present today to have an impact.

Given these parameters, H.E. Dr Maung Maung Thein stated that only the first type of financing, the general budget, could be expanded relatively quickly and sustainably. Additional government income could be found through tax innovation (which may include the creation of a 'sin tax' on tobacco and alcohol), government-issued health bonds and foreign aid. In the end, a mix of all five forms of financing will provide for UHC, as is the case in most countries.²

² For example, in the United Kingdom, health expenditure is spread in the following manner: 76% government budget, 12% social insurance, 12% private insurance, and 2% OOP

...access to health is still a major issue. At the community level, there needs to be more clarity as to how UHC will be implemented. The health budget needs to be further increased and spent in a more efficient and equitable way, and more should be dedicated to maternal and child health, as well as primary health care.

Daw Nwe Zin Win, Executive Director of Pyi Gyi Khin, spoke for civil society organizations, 100 of which had met in previous weeks to prepare for the Forum. She stated that civil society was in full support of the Government's leadership in realizing UHC. The increase of health budget is also positive, as is the availability of essential drugs and the fact that civil society organizations are more included in the MOH's plans and policymaking. However, access to health is still a major issue. At the community level, there needs to be more clarity as to how UHC will be implemented. The health budget needs to be further increased and spent in a more efficient and equitable way, and more should be dedicated to maternal and child health, as well as primary health care. Resources should be allocated according to needs, including in conflict areas. Communities are not just beneficiaries- they can be actors in the health system. Civil society can help mobilize communities for action but there needs to be

more transparency within the health system. Civil society can act as a bridge between government health service providers and communities. It can also help communities understand the value of UHC, as well as provide user feedback on the quality of services, thereby helping ensure that UHC becomes a milestone in Myanmar's history.

Discussion points

The Forum participants commented that the MOH needed further reforms, as currently the two departments (Health Services and Public Health) overlap in some respects. Decentralization to township level could help alleviate central government's burden. Higher taxes and a broader tax base are both needed urgently to enable UHC, as is the prevention of tax evasion. The Government's spending on health is currently 2% of the total general budget. This will increase steadily, as health care is now given a higher priority, the Deputy Minister of Finance said.



2%

**Total spent on health by
Myanmar's government (from
total general budget)**



III.4. PANEL DISCUSSION 2

The second panel discussion, Learning from other countries – significance of investing in health for economic growth and social development, was moderated by [Dr Suwit Wibulpolprasert](#), the Chairman of the Asia Pacific Observatory on Health Systems and Policies. Panellists included the chairman of Sri Lanka's National Authority on Tobacco and Alcohol [Dr Palitha Abeykoon](#), [Prof. Jin Ma](#) of the Shanghai Jiao Tong University School of Public Health in China, Senior Health Specialist



as a broader means of measurement to capture the value of health from an economic point of view (instead of using indicators such as GDP). Myanmar's health spending compared to its

Myanmar's health spending compared to its ASEAN neighbours is low in absolute terms (total spending on health per population) as well as in terms of share of government spending dedicated to health, and more resources need to be allocated.

[Dr Eduardo Banzon](#) of the Asian Development Bank and Senior Consultant [Dr Helen Saxenian](#) of the Results for Development Institute.

Dr Helen Saxenian presented evidence of the effect of investment in health on the economy. In lower- and middle-income countries, 11% of GDP growth is attributable to lower mortality. She introduced the notion of 'full income', which is the intrinsic value of health for health's sake,

ASEAN neighbours is low in absolute terms (total spending on health per population) as well as in terms of share of government spending dedicated to health, and more resources need to be allocated.

Prof. Jin Ma presented China's experience in health financing. A decade ago, 55% of the overall population had health insurance from the Government. However, rural health care

CHINA'S HEALTH FINANCING

10 years ago

80%

of the rural population had no health insurance

The government of the People's Republic of China initiated a rural health insurance scheme

by the end of 2012

98%

of the rural population had health insurance

Source: Statistical report on health and family planning development. Beijing: National Health and Family Commission, 2013.



in particular was lagging behind with 80% of the rural population not covered by any health insurance. The Government initiated a rural health insurance scheme that now covers over 80% of the population in rural China. Through the implementation of complementary programmes, coverage in rural areas increased substantially over the past decade.

Dr Eduardo Banzon addressed health in the development agenda. Although health is not a government's only priority, there is a need to make it a higher one. The MOH needs to make an investment case for health with: data gathering (including cost estimates); evidence-informed advocacy (to endorse the direct link between investing in health and poverty alleviation); the appeal of the political value of UHC to the executive; and emphasis on the purchase of health from the private sector by the Government as a good business opportunity. Deliverables have to be clear and quantifiable, explicitly linking the amount requested to the expected effect in health and economic terms, so that the case can be made to the Ministry of Finance and donors.



Dr Palitha Abeykoon presented the experience of Sri Lanka in achieving UHC, where health improvements preceded economic development. Primary health care clinics opened in the 1920s and as democratization advanced, the demand for better and more health services rose. Health financing was originally strictly tax-based (no OOP), although the growth of the private sector has changed this somewhat. With UHC, health achievements were impressive and the resultant socioeconomic development was significant. Certain problems remain, including the lack of financing, an ageing population, the rise of NCDs and the cost of new technologies.

Discussion points

Forum participants asked what the panel thought might be the top priority among the health sector's many branches (human resources, infrastructure, technology, universities, etc.), what the role of copayments was in China, what rural

incentive schemes (for posting health workers in rural areas) might work, and whether the focus should be more on eradicating poverty than UHC.

The panel responded that prevention was the best value for money in a health system. Also, as 70% of Myanmar's population lives in rural areas, devising a priority service package for rural health centres was deemed of paramount importance. In China, copayments account for half of the total health financing, which is an acknowledged challenge, as it is too high.

Rural and hardship post incentive schemes exist, and in Sri Lanka and Thailand medical graduates are required to serve in rural or remote areas for a number of years. This is not the case in Myanmar. Poverty reduction and health should not be differentiated. Investing in health is a form of poverty alleviation and there is a large body of evidence to support it.



70%

**of Myanmar's population
lives in rural areas**

III.5. PARALLEL SESSIONS

The remainder of the afternoon was spent in five parallel sessions. Participants were left to pick whichever session they preferred until the room was at full capacity. Each parallel session was attended by around 100–120 participants, and included 3–6 panellists and one moderator.

Parallel session 1

What is needed to achieve universal health coverage? Financing health and development

This session was moderated by [Dr Paul Sender](#), 3MDG Fund Director. Panellists included [Ms Aparnaa Somanathan](#), Senior Economist at the World Bank; [Mr Jack Langenbrunner](#), a former Chief Economist at the World Bank and current Health Financing Consultant; [Dr Thant Sin Htoo](#), Deputy Director of the Office of the Minister of Health; and Dr Suwit Wibulpolprasert, Chairman of the Asia Pacific Observatory on Health Systems and Policies.

Ms Aparnaa Somanathan provided an overview of purchasing in health care. In achieving UHC, public spending on health will substantially increase; scarce resources need to be allocated and used equitably and efficiently. What services are bought, from whom, and how, can have marked effects. A poor purchasing decision would be providing an over-generous benefits package to

a small informal sector that mushrooms into an unaffordable cost as coverage is widened. It is best to start with a limited benefits package that can gradually expand with coverage. Primary care providers should act as referrals for higher (and more expensive) levels of care, and the share of the health budget for primary health care should never shrink (and increase if possible). Pitfalls to avoid include the precipitous adoption of new technologies without due care for costs and efficiency; fragmented medical supplies purchasing, which drives prices up; and paying medical staff on a fee-for-service basis without cost-control. Approaches such as competitive tendering, incentivizing providers to limit costs, and capping spending schemes are preferred.

Mr Jack Langenbrunner discussed the dimensions of health financing that should be entertained when designing the structure of UHC. Sources of health financing can include the Government's budget (both general taxation revenue and earmarked taxes), OOP and insurance premiums. Deciding what proportion of each source of

funding is appropriate to set as a target is crucial for the sustainability of health spending. Legislation and insurer demand for risk pooling is another key point. The service purchasing policy, which includes the benefits package, contracting and provider payment systems, will also require decisions as to its design and implementation in the near term. These health financing issues have a direct impact on health services, as well as health outcomes and health expenditure.

Dr Thant Sin Htoo delivered a detailed analysis of Myanmar's national health accounts from 1998 to 2013. Total health expenditure in Myanmar has more than quadrupled in 15 years. The share of the public sector within the total health expenditure is rising, from a low of 9% ten years ago to 40.1% in 2013. Trends seem to indicate that OOP is decreasing, although it is still very high. Dr Matthew Jowett of WHO headquarters also presented a poster on how health financing can support UHC: universal entitlements should be increased gradually; investing in better monitoring of financial protection will provide better data and

As Thailand's national security improved and its economy started growing, funding previously dedicated to the armed forces and servicing debt became available for health, which now accounts for a 14% share of the Thai Government's total budget.

MYANMAR'S HEALTH EXPENDITURE

Total health expenditure has quadrupled in the last 15 years

2005

9%

public sector spending

of total health expenditure

2013

40.1%

public sector spending

of total health expenditure

lead to more evidence-informed policymaking; and future financing reforms should focus on anything but charging patients. Ms Kaori Nakatani, in charge of Health at the Myanmar Office of JICA, made a short address to the session in which she highlighted the crucial importance of purchasing, as well as Japan's unique and extensive experience in this field, which could be shared with the MOH of Myanmar.

Dr Suwit Wibulpolprasert presented five lessons that can be learned from Thailand's experience in achieving UHC. The first lesson is that UHC can be achieved with relatively low income levels. Thailand started covering its poorer citizens in 1975 and reached full population coverage in 2002—shortly after a major economic crisis. The second lesson is that UHC means quality and accessible health services. In the 1980s,

investment was redirected towards primary health care facilities in rural areas, which strengthened the health system, broadened coverage and increased accessibility. The third lesson: peace, democratization and economic growth can increase funding for health. As Thailand's national security improved and its economy started growing, funding previously dedicated to the armed forces and servicing debt became available for health, which now accounts for a 14% share of the Thai Government's total budget. The fourth lesson is capable management and purchasing abilities, as well as good governance, are required to ensure sustainability and value for money. Cost-effectiveness is crucial and requires the Ministry of Public Health to build its capacity to assess health interventions, technologies and, in the arena of procurement, its bargaining power. Thailand's UHC Board comprises respected civil



society and local government representatives who protect the public interest. The final lesson is that innovative financing and inclusive institutions can ensure that UHC is better funded and fosters more social participation. When UHC was reached in 2002, a Health Promotion Fund, funded by an additional 'sin tax', was established with top-level stakeholders to tackle the social determinants of health. Community health development funds were also established and other innovative financing schemes are being developed.

Discussion points

The panel was asked by participants whether revenue dedicated to health financing could be isolated or separated from the general tax collection. Panellists replied that the issue is that the tax base in many countries is too small for this to be practicable (even in China or Thailand, the tax base would not be sufficient); demographic issues are also looming and will compound the problem in due course. Panellists were also questioned on how UHC could be 'sold' to donors given competing priorities and how decentralization and UHC could be implemented in parallel. With regard to development partners, Dr Wibulpolprasert stated that a country should define its priorities and stick to them even if there is no donor interest and that countries should avoid unwarranted and sometimes contradictory advice from certain partners. In terms of decentralization and UHC, the panellists

agreed that some experiences in South-East Asia (Indonesia, the Philippines) were an example of what to avoid, and that the most successful countries to enact decentralization and UHC in the region (Malaysia, Thailand) did so in very gradual steps.

Parallel session 2

Ensuring no one is left behind: improving access to medicines

This session was moderated by Independent Pharmacy Consultant [Dr Krisantha Weerasuriya](#). Panellists included [Dr Thida Hla](#), Director, Department of Medical Services, Ministry of Health; [Dr Theim Kyaw](#), Director, Department of Traditional Medicines, Ministry of Health; [Dr Douglas Ball](#), an Independent Pharmaceuticals Consultant; [Dr Netnaphis Suchonwanich](#), Assistant Secretary-General of the National Health Security

Office, Ministry of Public Health of Thailand; and [Dr Viroj Tangcharoensathien](#), Senior Advisor at the Ministry of Public Health of Thailand.

Dr Thida Hla presented the main findings of the situation analysis on access to medicines. This report, based on a study from October 2014 by the MOH with support from WHO Regional Office for South-East Asia, covers five areas: selection, supply, use, regulation and policy on access to medicines. The analysis included a prescription audit on 22 essential medicines among public and private health service providers in Mandalay and Yangon. Main findings and recommendations of the workshop that was held at the end of the analysis included:

- on selection, the current National Essential Medicines List of 341 items needs revision; a review is needed of all the nonessential

**GRADUATES FROM
THE INSTITUTE
OF TRADITIONAL
MEDICINE**

16 
Master Degree recipients

1000 
Graduates in 10 years

The Traditional Medicine Practitioners in Government service practise in the 50 district Traditional Medicine clinics and 17 hospitals.

medicines in the country;

- on supply, to change from a push to pull system; increase the availability of medicines from the current US\$ 0.2 to US\$ 3 per person; improve the procurement system; and apply the findings of an ongoing trial on computerized procurement;
- on use, there is little promotion on rational use of drugs and the per patient consumption of medicines, particularly from public health services, has risen since 2011;
- on regulation, there should be an FDA office in all states/regions and more inspectors; the testing capacity of the national laboratory needs to be enhanced; and
- on policy, a high level discussion involving other ministries is needed to arrive at a renewed policy on medicines; the capacity of the FDA needs strengthening; and the actual prescription and use of medicines needs ongoing monitoring.

Dr Theim Kyaw presented 'the integration of Myanmar Traditional Medicine into Primary Health Care'. Traditional Medicine can be used for a wide variety of chronic, acute and metabolic diseases and is part of Myanmar's primary health care strategy. The promotion of the Institute of Traditional Medicine to university level has produced 16 master's degree recipients so far and over 1000 graduates in 10 years. The Traditional Medicine Practitioners in government service



practise in the 50 district Traditional Medicine clinics and 17 hospitals, though some are also in teaching positions in institutions such as the University of Medicine in Mandalay.

Dr Douglas Ball provided an overview of the issues of supply chain management in Myanmar, including the supply cycle, procurement, forecasting, storage, distribution and monitoring. The areas that need urgent attention include unmet needs, procurement capacity, inadequate storage capacity and conditions, as well as outdated IT and data management. Following

a restricted Essential Medicines list could help Myanmar's health system, as would regulation in the use of medicines to maximize the potential of existing supply. This would require ministry-level guidelines and oversight in hospitals. Creating an enabling environment to improve the medical supply chain will include efforts in management, IT, financing and the legal framework.

Dr Netnaphis Suchonwanich delivered an introduction to the Thai experience of UHC. Health coverage was established in three stages: the Civil Servant Medical Benefit Scheme (1960s), the Social Health Insurance Scheme for private sector employees (1980s) and finally, in 2001, the Universal Coverage scheme. The benefit package was defined along with a National Essential Drug List. This list was established along several criteria, including cost-effectiveness, equity, efficacy, health needs and budget impact. Prices were negotiated with manufacturers through a specially appointed committee under the National Health Security Office of the Ministry of Public Health, saving the Thai taxpayer US\$ 768 million from 2010 to 2014.

Dr Viroj Tangcharoensathien presented advice on improving fiscal strength in the health sector. This covered generally accepted approaches and references to Myanmar specific issues (such as OOP contribution of all health costs decreased from 80% in 2010 but is still high at 68% in 2013,

and government expenditures on health increased from 16% in 2010 to 27% in 2013). However, health expenditure per capita has decreased from US\$ 20 in 2012 to US\$ 14 in 2013. The political aspect apart, the question is whether Myanmar could afford a policy of free essential medicines to all from a fiscal perspective.

Discussion points

The participants at this parallel session posed questions to the panel regarding the most cost-effective way to avoid poor quality medicines, as well as the impact of counterfeit medicines. The panel responded that the task of quality assurance falls to the FDA, which needs more laboratory resources. The education levels of pharmacists also need to be upgraded. The participants also queried whether traditional medicine would be rolled out to hard-to-reach areas. The panel stated that this was the plan, and that government-licensed Traditional Medicine Practitioners are now practising at all townships.

Parallel session 3

Bringing health services to the people – addressing the unfinished health agenda

This session was moderated by [Ms Janet Jackson](#), the UNFPA Representative in Myanmar. Panellists included [Prof. Richard Coker](#) of the London School of Hygiene and Tropical Medicine and Head of the Communicable Diseases Policy Research Group

for South-East Asia; [Prof. Mya Thida](#), President of the Obstetrics and Gynaecology Society at the Myanmar Medical Association; [Prof. Ne Win](#), President of the Myanmar Academy of Medical Science; and [Dr Sid Naing](#), Country Director of Marie Stopes International.

Prof. Ne Win presented the challenges encountered in Myanmar's health agenda. The impact of the decentralization process on Myanmar's health system is difficult to gauge, especially when

viewed in conjunction with the parallel health reform towards UHC. The health-related Millennium Development Goals (MDGs) set in 2000 will not be reached by Myanmar, but progress towards the MDGs will enable Myanmar to work towards the upcoming SDGs. Health expenditure should be seen as an investment in development, but governance issues within the health system are pointing towards the Government taking on a role of stewardship and bringing civil society into the decision-making process.

Prof. Mya Thida discussed the unfinished health agenda as pertaining to maternal health issues in particular. The overall needs for stronger data-collection and bringing health facilities closer to the client were emphasized. Many health facilities require renovation and updated medical equipment. The deployment of midwives is limited to one per rural health centre, when the ideal situation is to have at least one auxiliary midwife in every village. Midwifery curricula should be revised to cover more of the complications that can occur

Health expenditure should be seen as an investment in development, but governance issues within the health system are pointing towards the Government taking on a role of stewardship and bringing civil society into the decision-making process.

in births. The workload due to the staff shortage is very demanding, which is compounded by low pay and inadequate supervision.

Prof. Richard Coker presented an overview of the remaining burden of infectious diseases in Myanmar, using tuberculosis as an example. Myanmar is, after Cambodia, the ASEAN country with the largest burden of infectious diseases, which include tuberculosis, malaria, HIV and other sexually transmitted infections, diarrhoeal

The overall need for stronger data-collection and bringing health facilities closer to the client was emphasized.

diseases, respiratory infections, meningitis and other illnesses. The challenges remaining include lack of access to care, drug resistant strains emerging (for tuberculosis and malaria) and the continuum of care for chronic diseases.

Discussion points

The participants to this session were given ample time to voice their opinions and pose questions to the panel, which brought out several key discussion points. First, the unfinished health agenda will require Government action on legal issues, including the implementation of laws, by-laws and directives, within a framework that ensures human rights are respected. Data collection needs to be substantially improved to better identify and address gaps. Finally, bringing health to the people will require more grass-roots involvement and an increased measure of accountability from decision-makers.

Parallel session 4

Planning for the future: Meeting the future challenges to health and development – increasing burden of noncommunicable diseases

This session was moderated by [Dr Kan Tun](#), Senior Advisor for the Country Office of the Clinton Health Access Initiative. Panellists included Prof. Dr Recep Akdag, Former Minister of Health and current Member of Parliament of Turkey; Dr Palitha Abeykoon, Chairman of Sri Lanka's National Authority on Tobacco and Alcohol; [Prof. Dorairaj Prabhakaran](#), Executive Director of the Centre for Non-Communicable Diseases at the Public Health Foundation of India; and [Prof. Ko Ko](#), Head of Medicine at the University of Medicine 2 in Yangon.

Prof. Dorairaj Prabhakaran presented a set of nine voluntary global targets to reduce NCD-related mortality by 25% for 2025. These included reducing tobacco use, hypertension, diabetes, physical inactivity, alcohol abuse, salt intake, as well as increased coverage of NCD medicines, technology, therapy and counselling.

Dr Palitha Abeykoon discussed what scalable lessons could be drawn from Sri Lanka's experience in addressing NCDs. Financing of NCD prevention and treatment in Sri Lanka is shared between the private and public sectors. To fill the public financing gap, the Government raised taxes (as well as banned advertising) on tobacco and



CURBING TOBACCO USE IN TURKEY



2008-2012

2 million

TURKISH SMOKERS QUIT

Success through a multi-pronged strategy:

- **Public service broadcasting**
.....
- **Increased assistance for people
who wished to quit**
.....
- **Health warnings on cigarette
packaging**
.....
- **Increased tobacco tax (now
82% price of packet)**

alcohol. Promoting physical activity through media campaigns and legislating on the salt content of certain foodstuffs also proved successful and inexpensive.

Prof. Recep Akdag shared his experience in curbing tobacco use in Turkey. Between 2008 and 2012, 2 million Turkish smokers quit, resulting from a multipronged strategy of public service broadcasting, increased assistance for people who wished to quit, health warnings on cigarette packaging and increasing the tobacco tax (now



Myanmar ratified the WHO Framework Convention on Tobacco Control, increased its NCD surveillance capabilities and is providing essential medicine free of cost.

at 82% of the price of a packet). The success of Turkey's experience is due to top-level political commitment, close partnership with like-minded institutions (including WHO, the World Bank and civil society), and popular support.

Prof. Ko Ko presented an overview of the NCD burden in Myanmar and its response.³ The causes of most NCDs include tobacco use, alcohol abuse and dietary factors that cause obesity, high cholesterol, hypertension and diabetes. In

response, Myanmar ratified the WHO Framework Convention on Tobacco Control, increased its NCD surveillance capabilities and is providing essential medicine free of cost. Challenges remain: high OOP limits access; primary health care was not designed with NCDs in mind; NCD policies and plans have not been adequately implemented;

³ NCDs, including heart disease, cancer, respiratory diseases and diabetes, account for six out of ten deaths in Myanmar and is the leading cause of mortality. Heart disease accounts for 25% of all deaths by itself. Over half of all NCD-related deaths occur in people who are less than 70 years old.

and there is little available funding for NCD programmes.

Discussion points

Participants wanted to know about other countries' experience in resource mobilization for NCD programmes, how to use a multisectoral approach, the role of lifestyle and social determinants in NCD prevalence, illegal alcohol importation and production in Myanmar, and the role of mental health in drug and alcohol abuse. The panel agreed that mental health should be addressed more prominently, resource mobilization for NCD issues could be remedied by 'sin tax' and possibly income tax strategies, and alcohol smuggling was an issue that required more work with neighbouring countries. The panel also advocated a multisectoral approach to achieve the best results, albeit with the full commitment of the highest political authorities towards achieving a common goal.

Parallel session 5

Improving Myanmar's health situation through food and nutrition

The session was moderated by [Dr Aye Thwin](#), Principal Partner at the Nutrition for Development Initiative. Panellists included [Dr May Khin Than](#), Director, National Nutrition Centre, Department of Public Health, Ministry of Health; [Dr Kyaw Nyein Aye](#), Central Executive Committee Member,



Myanmar Food Processors and Exporters Association; [Dr Thein Gi Thwin](#), Director (Research), Department of Medical Research, Ministry of Health; and [Dr Win May Htway](#), Country Manager, PATH Myanmar.

Dr May Khin Than discussed using a nutrition-comprehensive approach to improve health and development. Good nutrition is the foundation for positive health and central to sustainable development. Malnutrition is declining in Myanmar but stunting is still high at 35.1% and wasting is 7.9%. Low body mass index was found for 20.5% of men and 21% of women, whereas 7.2% of men and 14.5 % of women were obese, according to Integrated Household Living Conditions Assessment (IHLCA) surveys. Myanmar's National Nutrition Centre and National Plan of Action for

Food and Nutrition constitute the institutional framework for nutrition. Progress is being made, such as an increasing government budget for nutrition activities, piloting plans and strategies to address malnutrition (particularly for at-risk groups such as infants) and longer maternity leave to encourage breastfeeding.

Dr Kyaw Nyein Aye presented on fostering food safety infrastructure development for Myanmar's food industries.⁴ With food safety a growing concern, the Myanmar Food Safety Framework was developed by Government, involving laboratories, research and development, international players, consumer groups and food inspectors. Food safety in Myanmar is far

⁴ The food processing industry represents 60% of the 43 000 small and medium enterprises in Myanmar.



from optimal: standards are underdeveloped; agrochemicals, chemical food-colouring and other additive use is high; hygiene is poor; substandard or hazardous food is smuggled across borders; raw materials, equipment, processing and packaging are inadequate; and laboratories do not provide reliable results. To tackle these issues, Dr Kyaw Nyein Aye recommended the drafting of more precise laws and guidelines, with stakeholder

input. These must be enforced rigorously, albeit with sufficient forewarning so that the sector can ready itself for new standards. The Government should encourage the private sector to establish a food safety and quality testing laboratory to assure the safety of processed food, as well as training programmes for food sanitation and food technology to increase workers' skills and awareness of food safety.

Dr Thein Gi Thwin talked about the promotion of food quality for the people of Myanmar. Carbohydrate consumption is higher than the daily requirement among both urban and rural populations (and regardless of socioeconomic status). High fat consumption was found among the higher socioeconomic status groups living in urban areas. Protein consumption is lower than daily requirements in all of Myanmar's populations, as are iron bioavailability and calcium intake. Food safety issues include aflatoxin B1 levels in chili

powder, lead contamination in foodstuffs prepared or stored in ceramic potteries, E. coli in street-vended grilled meat, formalin in condensed milk, and bacterial contamination in local brand milk and milk products.

To address this multifaceted issue and promote a better quality of diet in Myanmar, Dr Thein Gi Thwin advised that nutrition education and awareness should be mainstreamed, dietary diversity widened and nutritious foodstuffs be made more available and accessible. Food manufacturers and street vendors should be better informed on sanitation and food safety, and a food safety laboratory should be established. Data on food composition and nutritive value of popular food items should be gathered and food should be regularly monitored to ensure it is safe and abides by the law. Access to nutritionally adequate and safe food is a right of each individual and contributes to long-term development goals.

MYANMAR'S NUTRITIONAL STATUS

Stunting

35.1%

Wasting

7.9%

Low Body Mass index

20.5%

Men

21%

Women

Obesity

7.2%

Men

14.5%

Women



Dr Win May Htway discussed the issue of rice fortification as a means to combat micronutrient deficiencies, which place a heavy burden on the health and economy of developing countries.⁵ Staple food fortification is a proven, cost-effective strategy to improve micronutrient health. Rice fortification has been practised in many countries in the forms of commercial distribution, public distribution, or mandatory fortification. Given that Myanmar people are among the highest rice-consumers globally (>300 g/day/capita), this scheme can be seen as the most suitable for the country. PATH will implement rice fortification in Myanmar through three main activities: policy and advocacy, enable supply chain and distribution and promoting sustainable demand.

Discussion points

Questions were asked on micronutrient sources other than fortified rice, the issue of stunting in Myanmar and nutritional science research priorities. The panel emphasized that the stunting issue required a wider response than one limited to the health sector and that intervention should start at the level of maternal nutrition. Human resources constraints have so far prevented Myanmar from undertaking area-specific in-depth assessments of nutritional needs (for instance high levels of anaemia in the Delta region), which are a prerequisite to effective interventions. Research priorities include better knowledge (through testing) of food quality and composition. This will require an overhaul of the food laboratories system in Myanmar, as currently the data being used for

nutrition mostly come from other countries. Public education and communication on the work of the FDA are important to raise awareness on nutrition issues and food safety.

⁵ Chronic undernutrition is estimated to lower GDP by 2% on average.

IV. FORUM PROCEEDINGS (DAY TWO)

IV.1. OPENING AND KEYNOTE ADDRESS

The second day of the Myanmar Health Forum was opened by [Dr Soe Lwin Nyein](#), Director General of the Department of Public Health, who outlined a summary of the discussions from the previous day. This was followed by a keynote address by [Dr Nafsiah Mboi](#), former Minister of Health of Indonesia and Chair of the Global Fund Board and current Envoy for the Asia Pacific Leaders Malaria Alliance.

Dr Nafsiah Mboi presented the experience of UHC in Indonesia, which took the route of decentralization. Indonesia is the fourth largest country in the world by population and the largest island country with 255 million inhabitants over 6000 islands. Health services are provided by the Government, the private sector and civil society. Decentralization was initiated in 1999 and local authorities were required to set aside 10% of their budget to health. Some increased this share and disparities in the quality and outreach of health services became clear. Differences of health budget share at the provincial level also appeared.

A substantial amount of support from the central Government was needed to correct

the inadequacies in the health system that decentralization had created. In 2004, a law was passed to create a social security scheme, with the ultimate goal of UHC to be reached by 2019. New programmes targeted at poor populations and pregnant women soon followed. Service gaps, referral issues, health workforce shortages and infrastructure needs were identified through a set of national surveys in 2010, leading to a list of priority districts eligible for assistance from the MOH.

The decentralization of health services did have very positive impacts as well, such as for the results of malaria programmes in hard-to-

reach areas. In the West Papuan district of Teluk Bintuni, the primary health centre worked with village volunteers to improve outreach, diagnosis and treatment, mobilized corporate funding, distributed bed-nets and adapted antimalarial drugs to the local context. The annual parasite incidence decreased by over 96% between 2009 and 2013. In the Sikka District of Flores Island, health authorities taught over 1000 schoolchildren how to dispose of mosquito breeding areas and larvae, spread awareness through women's groups, as well as local radio stations and places of worship, and worked with police and military volunteers to undertake anti-malaria activities. These kinds of innovative approaches can be used in other health settings, such as immunization, nutrition, maternal health or hygiene.



**MALARIA
PROGRAMMES IN
WEST PAPUAN
DISTRICT OF
TELUK BINTUNI**

**Annual parasite incidence
decrease 2009-2013**

96%



In hard-to-reach areas the primary health centre worked with village volunteers to improve outreach, diagnosis and treatment, mobilized corporate funding, distributed Global Fund bed-nets and adapted anti-malarial drugs to the local context.



In conclusion, Dr Mboi stated that decentralization alone cannot ensure health services are accessible to all. Political will and community engagement are vital components of the successful implementation of UHC, as is partnership between all stakeholders within the health sector.



...decentralization alone cannot ensure health services are accessible to all. Political will and community engagement are vital components of the successful implementation of UHC, as is partnership between all stakeholders within the health sector.

IV.2. PANEL DISCUSSION 3

The final panel discussion, held in the plenary room, focused on governance and partnerships for health and development. The moderator for this session was Dr Than Sein, President of the People's Health Foundation. The panel was composed of Her Excellency [Daw Lei Lei Thein](#), Deputy Minister of National Planning and Economic Development; [Prof. Naoyuki Kobayashi](#) of Japan's National Graduate Institute for Policy Studies and JICA Senior Advisor on Development Policy and Governance for Health; and [Dr Andrew Cassels](#), Senior Fellow of the Global Health Programme at the Graduate Institute in Geneva, Switzerland.

H.E. Daw Lei Lei Thein emphasized the strong relationship between economic development and better health. She presented on the Government's



reforms to date and the instrumental role of the Framework for Economic Development. This framework has ten points and health is one of them: the twin goal of improving health outcomes while reducing the burden of health costs. In the push for decentralization, health committees have been established down to village level and there is an impulse for increased responsibility and autonomy on issues of health research and the organization of health services. Main challenges are the need to improve relations with international partners and monitoring and evaluation (M&E) capacity. Also, human resources for health in Myanmar are still too scarce in

supports it, a functioning health information system, and collaboration between the MOH and other ministries and partners at all levels. Lack of information at township level and below is a critical point that negatively affects the working environment for health workers. There is need for a good monitoring system and for a quality deployment system for health workers. Collaboration between agencies and a multisectoral approach at the local level are imperative.

Prof. Kobayashi presented the unique situation of Japan's health system where 80% of all hospitals

There are three related issues needed for UHC: leadership and an institutional framework that supports it, a functioning health information system, and collaboration between the MOH and other ministries and partners at all levels.

comparison with countries in the region. Priority-setting requires the availability of information on health, which needs strengthening as well.

As regards the health context in Myanmar, Dr Cassels mentioned the importance of three related issues that are needed for UHC: leadership and an institutional framework that

in Japan are privately-owned, but by law, the hospitals cannot make a profit. So in essence the same services are provided in both private and public hospitals, the difference being that private hospitals are autonomous. Japan's public hospitals are complementary to the private hospitals and fees for services are the same in both. The health system faces problems that are caused

by demographic changes and in particular, the increase in NCDs.

The third panelist, Dr Andrew Cassels, presented the new global development context and relevant governance and partnership issues. Whereas health was central in three of the eight MDGs, there is only one health goal among the 17 SDGs that were finalized by the United Nations General Assembly in September 2015. This new Health SDG aims to 'ensure healthy lives and promote wellbeing for all at all ages'. Yet this single health goal is more all-encompassing than all three of the health MDGs combined.⁶

As regards the health context in Myanmar, Dr Cassels mentioned four points that could enhance health development. The first was the importance of partnership between different actors like Government, the private sector and civil society. Partnership will make their respective contributions more sustainable; it will enable

different programmes to be developed at different levels, geared towards locally identified needs. In this setting, NGOs can play roles of initiator and mediator. Secondly, governance issues in health are not of a technical nature, but rather in issues of management and organization. A third element is that of actively constructing multisectoral collaboration by mapping out potential benefits of working with different ministries. The fourth point related to the value of a good health information system. As it is more difficult to demonstrate results of activities to combat NCDs than for CDs, and given the preference of funding activities for CDs by development partners for 'quick wins', a good health information system will enable the Government to make justified decisions in the distribution of scarce resources.

Discussion points

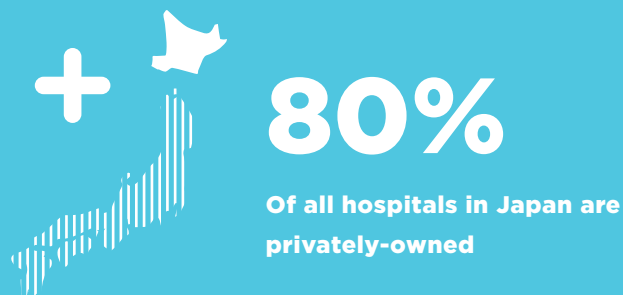
In the plenary discussion that followed these presentations, it became apparent that the current health budget can only cater for 20% of the total health costs. In Myanmar the working definition for good governance in the Constitution is: "good i.e. efficient and clean governance" and two levels are mentioned: national and state/region. There is not yet a body for representation at district and township levels.

With reference to the fact that duplication exists between activities of civil society and the development partners, the need was recognized

for better coordination and collaboration among all actors at these levels, including the Government, civil society and the private sector. It was pointed out that there are NGOs that work on similar topics and yet do not coordinate their activities. Although Community Health Initiatives (CHI) are seen as important, this is not solely the responsibility of the MOH and will also require inputs from other ministries; the debate is open on the role of the private sector in CHI.

The importance of a good health information system was further emphasized, as it would allow Myanmar to have its own ongoing database and therefore reduce reliance on data that are based on surveys undertaken by United Nations agencies, the World Bank or development partners. It would also enable managers at state/ regional level to fine-tune their own work plans to the local situation, based on locally generated and analysed data. Finally, the point was raised that in Myanmar people are often reluctant to be open about sensitive issues. This requires an atmosphere of confidence and the idea of an independent watchdog was mentioned. Here, civil society could act as a mediator between the population and official agencies.

⁶ The social determinants of health are further elaborated in other SDGs (such as water, sanitation, nutrition, education, clean air, reduced poverty, increased equity, and the empowerment of women and girls).



IV.3. PARALLEL SESSIONS

Parallel session 1

What is needed to achieve universal health coverage? Strengthening integrated service delivery systems

This session was moderated by Dr Andrew Cassels, Senior Fellow of the Global Health Programme at the Graduate Institute in Geneva, Switzerland. Panellists included [Dr Tin Tun](#), Director for HRH Management at the Department of Health Professional Resource Development and Management of the Ministry of Health; Dr Eduardo Banzon, Senior Health Specialist at the Asian Development Bank; Dr Viroj Tangcharoensathien, Senior Advisor, Ministry of Public Health, Thailand; [Dr Prastuti Soewondo Chusnun](#), Chairperson of the Health Working Group of the National Team for the Acceleration of Poverty Reduction at the Ministry of Health of Indonesia; and [Dr Myint Htwe](#), former Director of Programme Management at the WHO Regional Office for South-East Asia.

Dr Tin Tun gave an overview of the current health workforce situation in Myanmar while looking towards the goal of reaching UHC. The production of various types of health cadres is ongoing in Myanmar, although certain professions such as nursing or midwifery are not being trained and employed in adequate numbers, leading to a health workforce shortage. Gaps in Myanmar's



human resources for health management include a lack of oversight capacity at the MOH, data-gathering on the health workforce in the public sector and information about the workforce employed by the private sector. Deployment and development issues include low pay and incentives, heavy workloads, migration, and working and living conditions (particularly in rural areas). The training of health workers needs to be increased in quantity and improved in quality, which will require additional investment in training institutions and accreditation bodies. Recent initiatives to address these issues have included an increase in the number and geographical variety of students for health professions (especially for nursing and midwifery), the introduction of a hardship allowance and opportunities for study abroad for specialty training.

Dr Viroj Tangcharoensathien highlighted several issues in Myanmar's health workforce that needed

to be dealt with so that the health system could be strengthened at township level. Taking the macro approach, Myanmar's health system suffers from an inadequate skills mix, as shown by a doctor-to-nurse ratio of nearly 1:1, and total health expenditure is, at US\$ 20 per capita, still too low to cover health needs. At the township level, few rural health centres have been created compared with the growth in hospitals. The issues faced by township health centres include inadequate and overworked staff, high turnover, lack of medical supplies, and access for the poor. The decentralization drive should run in parallel with increased government funding for township health centres. A master plan to strengthen these facilities should be drawn up and could include bolstering staff training, retention and the introduction of task-shifting. Another recommendation was to start providing free essential medicines in hard-to-reach and rural areas, and gradually widen the scope as fiscal space increases.

1 : 1
Myanmar's
doctor-to-nurse ratio

60%

of doctors in Myanmar work
in the private sector

Dr Prastuti Soewondo Chusnun detailed the experience of Indonesia's gap estimation model, which was piloted in 2010. The gap analysis identified the number and geographical location of the supply-side issues throughout the country. Data-gathering took place to determine where demand was not being met, which cadre of health worker was missing, how many beneficiaries were not being treated and how provinces and districts compared with each other. The results showed that the lack of doctors was highest in primary health care centres, while the nurse shortage mainly affected hospitals, and midwives were in oversupply. The lesson of the Indonesian experience is that prior to taking any action, an extensive gap analysis should be undertaken. This enabled Indonesia to fill the supply side deficiencies through better health workforce deployment and training.

Dr Eduardo Banzon presented five points for consideration in thinking about the human

resources for health in Myanmar. First, the human resources for health planning needs to take into account the reality of decentralization. Second, given that 60% of doctors in Myanmar work in the private sector, the health information system needs to be improved so that the private sector is better monitored and can be better included within UHC. Third, to increase the value of health workers currently available, a reflection needs to happen on the extent of task-shifting, along with an increase in the number of nurses. Fourth, attention needs to be given to the mechanics of health insurance, so that health workers know how they are to be remunerated for their services by the Government's insurance system. Finally, as health demand and access increase, the issue of increased health workforce training will need to be addressed, including the role of Government, public and private hospitals, and universities or training institutions.

Dr Myint Htwe discussed the way to align Myanmar's health system and its workforce with people-centred development and UHC. The

current health system is skewed towards hospital care when primary health care should be given at least equal prominence. Human resources for health are vital to reach UHC, as is recognized by Myanmar's Health Workforce Strategic Plan (2012–2017), which focuses on strengthening health workforce management and leadership, quality, availability and equity. Major improvements need to take place in health workforce training, and the reality of the present quality of health workers should be acknowledged. Improving the quality of the health workforce will help to achieve UHC. All stakeholders need to be involved in health workforce planning and needs assessments. Health workforce management, deployment and support will also need to be revamped to ensure quality.

Discussion points

The participants in this parallel session were interested in getting more detail on health workforce training and skills mix. The panel reiterated that Myanmar has enough doctors but is classified by WHO as having a health workforce shortage due to a lack of nurses and auxiliary

Gaps in Myanmar's human resource for health management include a lack of oversight capacity at the MOH, data-gathering on the health workforce in the public sector and information about the workforce employed by the private sector.

staff. The panel advised that the role of the private sector in filling this gap could be increased so that the shortage can be alleviated in less time and with less public expenditure.

Parallel session 2

Ensuring no one is left behind: Partnerships for health and development with other health actors

The session was moderated by [Mr William Slater](#), Director of the Office of Public Health for USAID Myanmar. Panellists included [Dr Than Min Htut](#), Township Medical Officer of Pindaya (Shan State); [Dr Aung Tin Oo](#), General Practitioner and member of the Sun Quality Health Network; [Dr Khin Nyein Chan](#), Country Representative for the International Center for AIDS Care and Treatment Programs



(ICAP) at Columbia University (Myanmar); [Prof. Yin Mya](#), President of the Myanmar Nurses and Midwives Association; [Dr Ed Marta](#), Director of the Karen Department of Health and Welfare; [Prof. Rai Mra](#), President of the Myanmar Medical Association; and [Prof. Samuel Kyaw Hla](#), Chair of the Myanmar Medical Council.

Dr Than Min Htut described the health system at the township level. Initially, service utilization at Pindaya Township Hospital was low; few could afford transport costs to go to the facility and health workers did not leave the premises. This changed with the creation of mobile team visits, which now tour every village. Infrastructure needs are being provided by the Government and local donation. There are health workers posted in each village and increased health promotion efforts. The community assists with transport, funeral services and other facilities. Antenatal coverage is now 97% in the area covered by Pindaya Township Hospital, which has created an inclusive and widespread health and social network through ongoing community work.

Prof. Samuel Kyaw Hla discussed the administrative and institutional aspects of the Myanmar Medical Council (MMC), an independent regulatory body responsible for the medical profession. The MMC is concerned with all aspects of medical practice, including accreditation



97%

Antenatal care covered by
Pindaya Township Hospital

of doctors and facilities (including the private sector and foreign doctors wishing to practise in Myanmar), as well as related legal issues. The MMC works in partnership with the growing number of private sector health facilities and the regional regulatory body that oversees the medical profession.

Prof. Rai Mra presented the activities of the Myanmar Medical Association (MMA). Working in partnership with the World Medical Association and other global medical bodies, the MMA seeks to improve the capacity and upgrade the training of general practitioners (GPs), who are a vital part of the health system and public health programmes.

Prof. Yin Mya outlined the institutional attributes of the Myanmar Nurses and Midwives Association (MNMA). The MNMA is the professional association



Dr Ed Marta shared the perspective of the health system from Kayin State. One prerequisite to UHC is peace, so that an inclusive health system can be built by both state and private actors. Partnerships are necessary both within and beyond the health sector, and with other state/regional authorities. For example, Kayin State partners with three international NGOs to implement malaria programmes. Hard-to-reach and remote areas are an obstacle to UHC in Myanmar, but this can be overcome through partnership and the leadership and support of the MOH.

the health system. This can be done through PPP at all levels.

Dr Khin Nyein Chan focused on the work of the International Center for AIDS Care and Treatment Programs (ICAP) for the past two decades around the world. ICAP is an international NGO involved in direct health and HIV-related services for people who have limited access to health care. It also provides technical assistance in health system strengthening to both public and private health providers in Myanmar since 2014.

Discussion points

The participants attending the parallel session raised some gap areas: invisibility of mental health within the agenda, the challenges presented by community mobilization, and the question of ownership when working in partnership. The panel

⁷ Accreditation is the responsibility of the Myanmar Nurses and Midwives Council.



Dr Aung Tin Oo presented the point of view of a GP with over three decades of experience working in the private sector. Describing the GP as the frontline worker in health care, he then detailed working as part of the Sun Quality Health Network, which provides health care to low-income communities. As such, the Sun franchise is a means that can be used to reach UHC and improve



body of all licensed nurses, midwives and lady health visitors working in hospitals, clinics and rural health centres.⁷ The MNMA is planning to establish a teaching centre so that nursing and midwifery can be further expanded and nurses and midwives given access to continuing medical education.

Initially, service utilization at Pindaya Township Hospital was low; few could afford transport costs to go to the facility and health workers did not leave the premises. This changed with the creation of mobile team visits, which now tour every village. Infrastructure needs are being provided by the Government and local donation. There are health workers posted in each village and increased health promotion efforts. The community assists with transport, funeral services and other facilities

agreed with the point related to mental health. Regarding community mobilization, the panel felt that the biggest challenge was building trust between the health workforce and the community, as well as between partners. Subsequent challenges, including education, transport and financing, all hinge on the basis of the trust that is established.

Parallel session 3

Bringing health services to the people:
Multisectoral approaches for achieving UHC–
Ensuring synergies among key development actors
and economic sectors

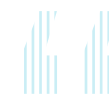
The session was moderated by [Dr Than Sein](#), President, People's Health Foundation. Panellists included Dr Nafsiah Mboi, former Minister of Health of Indonesia and Chair of the Global Fund Board and current Envoy for the Asia Pacific Leaders Malaria Alliance; Dr Soe Lwin Nyein, Director-General of the Department of Public Health, Ministry of Health; [Dr Nu Nu Tha](#), Health Sector Advisor to the President of Myanmar; [Dr Thida Kyu](#), Professor and Head, Department of Economics, Yangon University of Economics, Ministry of Education; and [Dr Ohnmar Khaing](#), Coordinator for the Food Security Working Group (Myanmar).

Dr Nafsiah Mboi started the session by reminding everyone that multisectoral work is essential and



only possible if common goal and processes are made clear. Indonesia developed a road map spanning 2009–2019, with specific working groups to develop regulation and provide recommendations to the Minister on issues such as health referrals, infrastructure, finance, transformation of institutions, regulation, human resources and capacity building, and pharmaceuticals. There was national collaboration, with discussion of operations at the local level including consultation with officials, engagement between different ministries (Health, Home Affairs, Finance, Law, Anti-corruption, Human Rights, Labour) and involvement of the National Bureau of Statistics, National Bureau of Science, professional organizations, health care providers and development partners.

The main lessons learnt by Indonesia were: 1) Strong political commitment is essential to the



...multi-sectoral work is essential and only possible if common goal and processes are made clear.”

Dr Nafsiah Mboi, former Minister of Health of Indonesia and Chair of the Global Fund Board and current Envoy for the Asia Pacific Leaders Malaria Alliance

enterprise. The President, Vice-President and Parliament all supported the development of a social health insurance scheme for the poor and near poor; 2) Indonesia worked on a basis of real needs, which resulted in making the national scheme stronger and more user-friendly; 3) Multisectoral cooperation should be horizontal and vertical, each partner bringing important inputs and perspectives; 4) Ongoing monitoring and assessment of the reform process to identify challenges is key to being responsive to people's needs. A task force was established to review, evaluate and take action if needed in response to feedback that people sent directly to the Ministry.

Dr Nu Nu Tha presented the plan for achieving UHC in Myanmar, as part of its Vision 2030 for a healthier and more productive population. Myanmar has made gains and its efforts will need to be long term and as identified in its nine

strategic goals. As seen from other countries' experience, Myanmar's health sector cannot achieve UHC alone but will require the cooperation and collaboration of other sectors. Main challenges currently include a shortage of human resources for health, poor infrastructure, insufficient equipment and drugs, cultural and language diversity, and remote and hard-to-reach areas. Moreover, the coverage of clinics and health care facilities has not been consistently distributed based on population density and needs.

for more effective coordination of departments within the Ministry itself and with relevant ministries, NGOs, civil society and United Nations agencies to support each other in a common approach so that implementation can be optimal.

Dr Thida Kyu elaborated on human resources development as the heart of economic, social and environmental development of a country. The concept has evolved from an individual focus to building institutional capacity at the national level. The relationship between health, educational

There is a need for more effective coordination of departments within the Ministry itself and with relevant ministries, NGOs, civil society and UN agencies to support each other in a common approach so that implementation can be optimal.

The National Health Plan aims to provide three station hospitals in every state and region, and 60 rural health clinics nationally every year. As the lead ministry, the MOH must identify the service package as the first step and identify, cost and review the package as needed – such as maternal and child health and essential medicines available to all – in the initial phase and other services added on in subsequent roll-out. There is a need

attainment, labour productivity and economic growth is integral to improving quality of life. Health and education are not only important and mutually reinforcing components of growth and development of a nation but also objectives of development. Greater health capital contributes to and improves the returns on investment in education and vice versa.

Dr Soe Lwin Nyein presented the work of the M-HSCC, a multisectoral coordination body for health whose purview includes planning for UHC. The objective of UHC is to reduce financial hardship for citizens, not to provide medical care in hospitals totally free of charge. Some patients are already paying reduced fees through support from international NGOs, charities and individuals, which is an example of collaboration across several sectors. The work of the National Natural Disaster Management Committee in regards to Ebola virus disease and MERS⁸ shows political commitment in tackling different potential health threats. Myanmar currently has a spatial development plan focused on townships for improvement in the health sector, in which factors such as population, geographical environment, economic zones, agricultural zones and health infrastructure needs are being considered. The MOH has been mapping the country to gain an overview of what is being done by implementing partners, for how long and with what resources, to develop a broader coordination model that can address issues in population coverage, service coverage, prevention activities and financing needs. Union-level coordination with development partners and civil society is key to achieving UHC.

Dr Ohnmar Khaing provided a vision of UHC from a nutrition perspective. Food security and nutrition are related to UHC as these impact upon the

⁸ Middle East respiratory syndrome, a viral respiratory disease.

health of the people and their resources to cope with social and economic shocks. Myanmar has shown political will and support for UHC; with the inclusive leadership of the MOH, there is increasing participation and commitment from line ministries, NGOs, donors and communities. Collecting reliable data and information sharing are challenges, and this is seen as a gap even for the food security sector, particularly in remote and difficult to reach areas. Strong monitoring and evaluation systems and follow-up mechanisms for action are needed to develop a more efficient health system. It is also important to increase public awareness regarding the implementation of UHC, focusing especially on women's groups and other disadvantaged groups.

Discussion points

Comments and questions from the floor included the need to cover transport costs to improve economically disadvantaged people's access to health services, state-of-the-art equipment that remains unused for want of regular electricity and training, and the link between poverty and malnutrition as part of Myanmar's approach to poverty reduction.

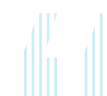
The panel acknowledged points made by the participants and informed them of the formation of a Nutritional Steering Committee chaired by the Vice-President and representatives from the Ministries of Agriculture, Planning and Health, as

well as related ministries and organizations. The Committee is developing a detailed plan on how to address the nutrition-related problems faced by the country. An initiative from the Food and Agriculture Organization (FAO), which brings together eight ministries and civil society, has been working towards issuing recommendations on nutrition, which will be delivered to the Food Security Working Group soon.

Parallel session 4

Planning for the Future – Strategic planning, implementation and monitoring and evaluation at national, state/region, district and township level

The session was moderated by [Dr Phone Myint](#), Secretary of the People's Health Foundation. Panellists included [Daw Aye Aye Sein](#), Deputy Director-General of Administration/Finance at the Department of Public Health, Ministry of Health; [Dr Tun Aung Kyi](#), Public Health Director of Kayah State; [Dr Myint Thein Tun](#), Township Medical Officer of Hlaingbwe (Kayin State); [Dr Wai Mar Mar Tun](#), Assistant Secretary of the Ministry Office, Ministry of Health; [Dr Makoto Tobe](#), JICA Senior Advisor on Health Financing and Health Systems; and [Mr Christopher Politis](#), Chief Technical Advisor for Public Administration at the UNDP Country Office.



The Kayah State Health Plan could be ameliorated by additional guidelines and support from the Ministry of Health, increased planning and costing capacity, and more collaboration within the sector. The role of the State Health Department, as an intermediary between the Ministry of Health and townships, should be better defined."

Dr Tun Aung Kyi, Public Health Director of Kayah State



Daw Aye Aye Sein presented an overview of past and current health development plans in Myanmar. The MOH has been drawing up health development plans based on primary health care principles since 1978. In 1991, these came to be known as National Health Plans (NHP), which are renewed every five years and cover all issues the health sector is to be concerned with.⁹ Development of these plans involves a Central Committee and a Working Committee under the aegis of the MOH, with limited nongovernment input. Areas for improvement include monitoring progress, quality and availability of data, and better costing methods. Linkages with other sector plans can also be improved, as should inclusivity of more non-state health sector actors

in designing, implementing and monitoring health plans.

Dr Tun Aung Kyi discussed state/regional health development planning. Kayah State is the smallest of Myanmar's states/regions, but its mountainous terrain makes certain populations very hard to reach. The Kayah State Health Plan includes action at all levels (township, district, state), capacity building strategies, health and outreach programmes, health facility and workforce management, and M&E tools and guidelines. Implementation is monitored by state health authorities, communities, civil society and health service providers at regular intervals and is reassessed and adjusted annually. The Kayah State Health Plan could be ameliorated by additional guidelines and support from the MOH, increased planning and costing capacity, and more collaboration within the sector. The role of the State Health Department, as an intermediary between the MOH and townships, should be better defined.

Dr Makoto Tobe presented his research findings on investment planning to increase facility-based deliveries in the Philippines, particularly in rural and remote areas. Midwives collected data about their catchment area, providing a solid evidence-base to identify where facility-based deliveries were occurring. Using this analysis, a plan to invest in underused facilities and in locations where

facility-based deliveries were lower was drawn up and implemented. The plan was constantly monitored, and ongoing data-gathering allowed for yearly target-setting and readjustments. The key to success of the plan was statistics: thanks to ample data, funding was secured, making the plan more effective in improving health outcomes (maternal mortality ratio decreased) and engaging health workers in data gathering.

Discussion points

The participants and the panellists expressed shared concern regarding human and financial resources for health, and decentralization when looking at the future. The need for better collaboration and coordination between stakeholders was also stressed, as was the more efficient use of the increased national health budget. The effective use of health statistics to mobilize available resources for better health investment was reemphasized, as was cross-sectoral planning and the importance of horizontal synchronization, not just a compilation of separate plans. The responsibility for health planning at the MOH should be better defined in light of the restructure (as there is no longer a Department of Health Planning).

⁹ The current NHP (2011–2016) is in its final year. Other health-related plans include Vision 2030 (2000–2030) and the health sector chapter of the National Comprehensive Development Plan (2011–2020).

IV.4. ADOPTION OF THE FORUM COMMUNIQUÉ

The Forum communiqué, which had been circulated among stakeholder representatives prior to the event, was read out by [Dr Jorge Luna](#), the WHO Representative in Myanmar and adopted by acclamation at the end of the second day of the Forum.

The communiqué reads as follows:

We, the participants in the first Myanmar Health Forum, Investing in health: the key to achieving a people-centred development, held in Nay Pyi Taw on 28–29 July 2015, representing the Government of the Republic of the Union of Myanmar, civil society organizations, the private sector, international organizations, associations of professional health workers, academia and health experts agree to the following:

- As Myanmar aims to provide universal health coverage (UHC) by 2030, it needs a multisectoral approach through inclusive, effective collaboration and coordination, as well as the involvement from all branches and levels of the Government to attain the goals of improving the health of the population, alleviating the crippling health care costs for the poorest citizens, bolstering Myanmar's economic and social developments

and ensuring the sustainability of health programmes across the country.

- Myanmar's health system needs urgent strengthening to meet the needs of its people and make UHC a pragmatic endeavour. The quality and efficiency of service delivery needs to be upgraded at all levels, in both the public and private sectors. Health service coverage needs to be expanded in an equitable way, starting with the basic package of essential services and reaching the poorest of the poor first. Public and private health facilities, as well as the corresponding human and medical resources, need to be made functional through substantial investment, especially in rural and hard-to-reach areas with a focus on equitable and affordable quality services irrespective of the level or location of the health facility, if goals are to be achieved in 15 years.
- Health financing must be further strengthened to ensure the system is more efficient, transparent, sustainable and equitable. Myanmar needs to mobilize more public and external resources, ensure these funds are allocated fairly and equitably while providing maximum value for money, and align incentives with the performance of the health workforce.
- Strengthening the health system will also require better oversight, transparent management and governance. The Ministry of Health not only needs more capacity to suitably manage the health system, but also



needs to decentralize some of its decision-making to the subnational level for a more responsive, nation-led, well-governed, proactive and needs-driven health system. Due to the cross-cutting nature of the health sector, other concerned departments/sectors should also play their proactive roles in furthering Myanmar's economic and social development to facilitate the improvement of the health and well-being of its people.

- The contributions of stakeholders, development actors and civil society, including international best practices as well as the lessons learned, need to be consolidated systematically for working toward the achievement of UHC. This requires a national health policy to clearly define priorities and strategies that are comprehensive and consistent across the functional areas and

programmes throughout all levels of the Government. Towards this goal, the Ministry of Health supports the establishment of the Centre of Excellence for Health Policy to enable policy dialogue among stakeholders.

Progress has been made in the health reforms and efforts initiated by the Government and other health development partners. Successfully attaining the objectives of the Myanmar Health Vision 2030 and the Sustainable Development Goals requires yet still a substantial amount of work, overcoming challenges and making use of opportunities ahead. In reference to the above, we, the participants of the first Myanmar Health Forum, trust that all health actors will strive to keep Myanmar's health agenda on track to achieve UHC, that progress will be monitored closely and be publicized by the Ministry of Health and key players working in the sector, and that health investments made will bolster the prosperity and well-being of the people of Myanmar, both for the present and future generations.

IV.5. CONCLUDING REMARKS

His Excellency Dr Than Aung, the Minister of Health of Myanmar, brought the meeting to a close with a short address in which he thanked all participants for their presence at the Myanmar Health Forum, which provided a platform for the Ministry of Health to present its achievements and emphasize the importance of health in the development agenda.

The Minister of Health also noted that his Ministry would ensure that the outputs of the Forum would feed into the Ministry of Health's planning efforts towards UHC. These outputs include a wealth of country experiences from abroad, as well as the recommendation that trust should be reinforced among the stakeholders of the health sector and beyond.

Finally, words of thanks were expressed to all those who made the Myanmar Health Forum take place, including the Secretariat, development partners, conference venue staff and volunteers.

SPEAKER BIOGRAPHIES



H.E. DR SAI MAUK KHAM

Vice-President of Myanmar

H.E. Dr Sai Mauk Kham was elected as Second Vice President of the Republic of the Union of Myanmar on 4 February 2011. H.E. Dr Sai Mauk Kham is also the Chairman of the Union Peace Making Work Committee. He is a physician by profession, and graduated from the Institute of Medicine, Mandalay (now the University of Medicine, Mandalay) in 1974. He used to be the chairman of the Shan Literature and Culture Association. He runs a private clinic and manages a private hospital in Lashio Township.



H.E. DR THAN AUNG

Minister of Health, Myanmar

H.E. Dr Than Aung is the incumbent Union Minister of Health of the Republic of the Union of Myanmar. He previously served as the Deputy Union Minister of Health and as a Member of the Nay Pyi Taw Council before being appointed minister in August 2014. He joined the military as a medical officer in 1978 and became the Director of Defense Medical Services, the military counterpart of the Minister of Health, in 2003, and served until 2011 as a Major General. H.E. Dr Than Aung holds a M.B, B.S. from the University of Medicine 1, Yangon, as well as a DGM (Yangon) and MA (Defense Studies).



H.E. U TIN NAING THEIN

Minister of the President's Office, Myanmar

H.E. U Tin Naing Thein is the incumbent Minister of the President's Office of Myanmar. His previous posts include Minister for National Planning and Economic Development, Minister for Livestock and Fisheries, Minister for Commerce, and Deputy Minister for Forestry. He is also a retired Brigadier General in the Myanmar Army.



H.E. DR THEIN THEIN HTAY

Deputy Minister, Ministry of Health, Myanmar

H.E. Dr Thein Thein Htay is the Deputy Minister of Health. She oversees medical education and health services delivery and leads the public health division to meet MDGs 4, 5 and 6. H.E. Dr Thein Thein Htay has served on the WHO Gender Advisory Panel, The Lancet's regional steering committee on health issues in South-East Asia, and was a country lead for the 2014 Lancet profile on Myanmar. She is currently on the International Steering Committee for the 8th Asia Pacific Conference on Reproductive and Sexual Health and Rights. H.E. Dr Thein Thein Htay is a medical doctor and holds a Master's of Public Health from the University of Medicine 1, Yangon. She also has a Master's of Health Science in Population Development and Reproductive Health from the John Hopkins Bloomberg School of Public Health.



H.E. DAW LEI LEI THEIN

Deputy Minister, Ministry of National Planning and Economic Development, Myanmar

H.E. Daw Lei Lei Thein is Deputy Minister for National Planning and Economic Development in Myanmar. She is also a Governing Board member of the Economic Research Institute of ASEAN and East Asia. She previously served as a Director-General of the Planning Department, as well as project director and chairman of the UNDP-funded Integrated Household Living Condition Assessment project. She is engaged in various training programmes, workshops, ASEAN meetings, and conferences. H.E. Daw Lei Lei Thein holds a Master's in Economics from the Institute of Economics, Yangon, and a Master's in Public Management from the National University of Singapore.



H.E. DR MAUNG MAUNG THEIN

Deputy Minister of Finance, Myanmar

H.E. Dr Maung Maung Thein is Deputy Minister of Finance and serves as Chairman of the Securities and Exchange Commission, Insurance Business Regulatory Board, Microfinance Regulatory Board, and other commissions and working groups. He is also Deputy Chair of the ASEAN Financial Inclusion Advisory Group. He was the architect of liberalising the insurance market and is now working on setting up the first-ever stock exchange in Myanmar. He also worked for Yangon University, the Housing Authority, and other national agencies. H.E. Dr Maung Maung Thein has a B.A. (Law), LL.B, LL.M, and PhD (International Economic Law). He is a Fellow of the Australian and New Zealand Institute of Finance and has numerous publications.



DR ANDREW CASSELS

Senior Fellow, Global Health Programme, Graduate Institute Switzerland

Dr Andrew Cassels is a Senior Fellow in the Global Health Programme at the Graduate Institute for International and Development Studies in Geneva. He also established GH Associates, a consultancy firm. He previously worked for WHO, including as the Director of Strategy in the office of the Director-General, focusing on reform, global health governance, and the post-2015 agenda. He also worked in executive and advisory roles for NGOs, governments, development agencies and in academia. He has published on health systems and sector reform and pioneered new methods for health development assistance. Dr Cassels graduated in medicine from St John's College (United Kingdom) and in public health from London School of Hygiene and Tropical Medicine (LSHTM).



MS APARNA SOMANATHAN

Senior Economist, World Bank

Ms Aparnaa Somanathan is a Senior Economist in the World Bank's Health, Nutrition and Population Global Practice and has worked on health financing and health systems strengthening issues in the East Asia-Pacific region. She has also worked extensively on the implications of population ageing on health financing and service delivery and has authored multiple World Bank publications. Prior to joining the World Bank, she co-led a 14 country study of equity in health care in the Asia-Pacific Region. Ms Somanathan holds a degree in Economics from Cambridge University and a PhD in International Health Economics and Policy from Harvard University.



DR AUNG TIN OO

General practitioner and member of the Sun Quality Health Network

Dr Aung Tin Oo is a general practitioner and received his medical degree in 1982. For over 30 years, he has operated his own private clinic in Mayan Gone township. As one of the first members, Dr Aung Tin Oo joined Population Services International/ Myanmar's Sun Quality Health Network in 2001 to provide reproductive health services, and later expanded to offer TB, pneumonia and HIV treatment. He has treated more than 1200 TB patients in his community and continues to offer more than 150 family planning consultations to women every month. As one of the first Network members, Dr Aung Tin Oo is well-regarded for his quality delivery of health services and commitment to serving people in need.



DAW AYE AYE SEIN

Deputy Director General of Administration and Finance, Department of Public Health, Ministry of Health, Myanmar

Daw Aye Aye Sein is Deputy Director General of Administration and Finance, Department of Public Health, Ministry of Health, Myanmar. Formerly, she was Deputy Director General of Department of Health Planning. She has been extensively involved in the formulation and evaluation of National Health Plans and Health Development Plans. She has also supported the strengthening of the Ministry's health information network and related e-Health services. Her work also involves health-related research, data analysis and data management. Daw Aye Aye Sein received her Master's in Primary Health Care Management from Mahidol University in 2000.



DR AYE THWIN

Principal Partner, Nutrition for Development Initiative,
Myanmar

Dr Aye Thwin is a Principal Partner with the Nutrition for Development Initiative and consultant on a number of projects related to food and nutrition, food security, HIV and nutrition, and emergency coordination with UNICEF, FAO, WFP and non-governmental organizations. He started his career with the Ministry of Health and also worked for several UN agencies on evaluations and nutrition assessments including WHO- SEARO, WFP in Myanmar and Cambodia, the FAO and the UN Oil for Food Programme in Iraq. Dr Aye Thwin has a M.B., B.S., Master's of Public Health (Nutrition), and PhD in Sociology.



MR CHRISTOPHER C. POLITIS

Chief Technical Advisor, Myanmar Country Office, UNDP

Christopher Politis is the Chief Technical Advisor for Public Administration at UNDP Myanmar and provides technical advisory services to the President's Office and other governmental stakeholders on public administration modernization policies and systems. Prior to his assignment in Myanmar, Mr Politis led the Public Sector Modernization Programme in Iraq to support the Government in Public Administration Reform at all levels. Before joining UNDP, he was in post at the UN Economic and Social Commission for Western Asia in Beirut. Mr Politis holds a Master's and a Diplôme d'Etudes Approfondies from the Saint-Joseph University (Lebanon) and the Université Catholique de Louvain (Belgium).



PROF. DEAN JAMISON

Professor Emeritus, Global Health, University of Washington,
Co-chair and Study Director of the Lancet Commission on
Investing in Health

Prof. Dean Jamison is a Senior Fellow in Global Health Sciences at UCSF and an Emeritus Professor of Global Health at the University of Washington. Prof. Jamison previously held academic appointments at Harvard and UCLA, and he was an economist on the staff of the World Bank where he was the lead author of the Bank's World Development Report 1993. He holds a Ph.D in economics from Harvard University and was elected to membership in the Institute of Medicine of the United States National Academy of Sciences. He recently served as the co-chair and study director of the Lancet Commission on Investing in Health.



H.E. MR DEREK J. MITCHELL

United States Ambassador to Myanmar

Ambassador Derek J. Mitchell was appointed as the United States Ambassador to the Republic of the Union of Myanmar in 2012, serving previously as the first Special Representative and Policy Coordinator. Past positions include Principal Deputy Assistant Secretary of Defense, Asian and Pacific Security Affairs, in the Office of the Secretary of Defense (OSD). He also served as senior fellow and director of the International Security Program (Asia) at the Center for Strategic and International Studies and was special assistant for Asian and Pacific affairs at OSD. Ambassador Mitchell holds a Master of Arts (Law and Diplomacy) from Tufts University and a Bachelor's degree from the University of Virginia.



PROF. DORAIRAJ PRABHAKARAN

Executive Director, Centre for Non-Communicable Diseases,
Public Health Foundation of India

Prof. Dorairaj Prabhakaran is Vice President of the Public Health Foundation of India. He holds professorship at LSHTM, Emory University and is a Member of the Royal College of Physicians (United Kingdom). He also heads the WHO-SEARO Collaborating Centre for Surveillance, Capacity Building and Translational Research in Cardio-Metabolic Diseases. His work spans from mechanistic research on cardiovascular diseases among South Asians to translational research for developing interventions. Prof. Prabhakaran is a cardiologist and epidemiologist by training, has mentored over 30 researchers, authored over 250 papers, and was the Lead Editor of the CVD volume of the latest Disease Control Priorities Project.



DR DOUGLAS BALL

Public Health Pharmacology Consultant

Dr Douglas Ball is a pharmacist with postgraduate qualifications in clinical pharmacology and clinical epidemiology, specializing in pharmacoepidemiology. He worked previously in academia in the Department of Pharmacy at the University of Zimbabwe and at the Faculty of Pharmacy at Kuwait University. He also has substantial international development consulting experience, working with Health Action International, WHO and other agencies, including on pharmaceutical systems assessments funded by Global Fund grants. Dr Ball has published widely in biomedical journals on topics that include pharmaceutical policy and access to medicines, the rational use of medicines and pharmacy practice research.



MR EAMONN MURPHY

Country Director, UNAIDS Country Office, Myanmar

Mr Eamonn Murphy is the UNAIDS Country Director in Myanmar. He leads and facilitates a joint UN response to support the national response to HIV, which includes strengthening the links between the UN system, the Government, donors, development partners, and civil society. His previous postings include Viet Nam as UNAIDS Country Director and Switzerland as Director of Governance and Donor Relations. Prior to joining UNAIDS, from 1988 to 2002, Mr Murphy held a number of positions including Director for Health with AusAID, as well as Assistant Secretary for Communicable Diseases and Director of the National AIDS Programme for the Commonwealth Health Department with the Australian Government.



DR ED MARTA

Director, Karen Department of Health and Welfare, Myanmar

Dr Ed Marta (Merdin Myat Kyaw) is the Director of the Karen Department of Health and Welfare. He graduated from the Rangoon Institute of Medicine 2 in 1969 and worked as a civil assistant surgeon at hospitals in Hpa-An and Myawaddy. He joined the Karen National Union (KNU) as a member (1978-2000), during which time he also led as the head of the KNU's Foreign Affairs Department and Health and Welfare Department. Following a stay in the United States, Dr Marta returned to Myanmar in 2014 to assist the KNU leaders in the peace process and to support the strengthening of the health and welfare systems in Karen State.



DR EDUARDO BANZON

Senior Health Specialist, Asian Development Bank

Dr Eduardo Banzon is a Senior Health Specialist in the Asian Development Bank. He was formerly President and CEO of the Philippine Health Insurance Corporation; Regional Adviser for Health Economics and Financing of WHO-EMRO; Health Economist in WHO-Bangladesh; and Senior Health Specialist for the World Bank. He also worked as a community health physician and community organizer with the Philippine Rural Reconstruction Movement and several institutes. He was also a Clinical Associate Professor at the University of the Philippines and faculty in other schools. Dr Banzon has a medical degree and holds a MSc in Health Policy, Planning and Financing (LSE-LSHTM).



DR HELEN SAXENIAN

Senior Consultant, Results for Development Institute

Dr Helen Saxenian works as an independent consultant to various organizations and is currently a senior consultant to the Results for Development Institute. She led the Institute's support to GAVI on the review and revision of several policies, including its eligibility and graduation, co-financing policy, and introduction grants and support to campaigns. She is also a member of the Commission on Investing in Health. Prior to her consultancies, she worked at the World Bank for 20 years in technical and managerial positions in the health area. Dr Saxenian holds a B.A. in Economics from Berkeley and Ph.D in Applied Economics from Stanford.



MR JACK LANGENBRUNNER

Health Financing Consultant, World Bank

Mr John (Jack) Langenbrunner is a Health Economist and is currently an Advisor for Social Health Insurance in Indonesia. Until 2013, he was a Lead Health Economist for the World Bank where he coordinated a Health Financing and Health Insurance Thematic Group and led the Global Expert Team for Health Financing and Health Systems. Mr Langenbrunner has worked extensively on health financing, insurance design and development issues, on which he has numerous publications, with a focus in the East Asia-Pacific region, Eastern Europe and the Middle East. Prior to the World Bank, he worked with the United States Health Care Financing Administration and served on the Clinton Health Care Reform Task Force.



MS JANET JACKSON

Representative, Myanmar Country Office, UNFPA

Ms Janet Jackson has been with UNFPA since 1999 and is now the Representative in Myanmar, having been five years in Uganda, four years in Bangladesh and five years in UNFPA HQ – as the senior advisor for Arab States and Central & Eastern Europe, then as Cluster Chief for West Africa Cluster. Before the UN, she was 13 years with the International Planned Parenthood Federation, in the Arab World and Eastern Europe (Albania, Moldova, Romania, Ukraine and Bosnia & Herzegovina), having had also a short stint as a journalist. Ms Jackson is a practiced midwife, has an honours degree in Classical Arabic from the School of Oriental and African Studies (UK) and a Master's in Gender and Society.

**PROF. JIN MA**

Shanghai Jiao Tong University School of Public Health, China

Prof. Jin Ma teaches at the Shanghai Jiao Tong University School of Public Health and is Vice Director of Shanghai Health Insurance Training Center in China. He is a national expert on health economics and policy and was appointed by the Ministry of Health and National Development and Reform Commission in China as a health system reform consultant. He has worked on many domestic and international projects, including the China Health Policy Support Project, Urban Health Poverty Project, Regional Health Planning, and Health Care Financing. Prof. Jin Ma graduated from the University of the Philippines School of Economics and has a Master's in Health Economics and Ph.D in Epidemiology.

**DR JORGE LUNA**

Representative, WHO Myanmar

Dr Jorge Luna is the WHO Representative in Myanmar. Prior to his current appointment, he was WHO Representative to Timor-Leste and the Republic of Maldives. Other roles with WHO included Regional Advisor on child and adolescent health (WHO-SEARO); Medical officer, Epidemiology in Nepal and National Operation Officer in the Polio Eradication Programme in Guatemala (WHO/PAHO). He also worked in the Pediatrics division at Hospital General San Juan de Dios in Guatemala and conducted short-term consultancies for polio eradication in Colombia, the Philippines, and Lao People's Democratic Republic. Dr Luna is a medical doctor, holds a Master's in Infectious Diseases and Parasitology (Brazil), and has several publications.

**DR KAN TUN**

Senior Adviser, Myanmar Country Office, Clinton Health Access Initiative

Dr Kan Tun is a Senior Adviser for the Clinton Health Access Initiative in Myanmar. His impactful work in public health started with the Ministry of Health, progressing from Township Health Officer to Chief of Foreign Relations Unit. He also worked for WHO as a Public Health Administrator in Mongolia and was the WHO Representative in Bhutan, Sri Lanka and Nepal, as well as Country Liaison Officer with WHO-SEARO. During this time, he supported health systems planning and programming, decentralization, rehabilitation, and implementation of the International Health Partnership initiative. Post-retirement, he has continued to provide programme management and support for health development.

**DR KHIN NYEIN CHAN**

Country Representative, ICAP, Columbia University, Myanmar

Dr Khin Nyein Chan is the Country Representative for ICAP at Columbia University, in Myanmar. She provides technical assistance and implementation support to the Ministry of Health to strengthen the health system for HIV prevention, care and support, targeting ART scale-up and decentralization. She has extensive experience in public health and expertise in clinical operation and management of HIV/TB/MDRTB, working closely with Myanmar National AIDS and TB programmes, WHO, UN agencies, INGO/NGO and CBO partners. She served previously as medical coordinator for MSF, the country's largest HIV treatment programme. Dr Khin Nyein Chan holds a medical degree from the University of Medicine 1, Yangon.

**PROF. DR KO KO**

Professor and Head of Medicine, University of Medicine 2, Yangon, Myanmar

Prof. Dr Ko Ko is an Associate Professor with the University of Medicine 2, Yangon and a project manager on the WHO Project for Prevention and Control of Diabetes in Myanmar. His previous roles include civil assistant surgeon, specialist assistant surgeon and endocrinologist. He is also involved in non-communicable diseases research and attends regional conferences as a national delegate. Prof. Dr Ko Ko has an M.B., B.S., and M.Med.Sc (Internal Medicine) from the Institute of Medicine 2, Yangon. As well, he is a member and fellow of the the Royal College of Physicians, Edinburgh and also holds a Dr.Med.Sc (General Medicine) from the University of Medicine 2, Yangon.

**DR KRISANTHA WEERASURIYA**

Expert in Essential Drugs and Medicines, Sri Lanka

Dr Krisantha Weerasuriya is a clinical pharmacologist and retired from the Essential Medicines section of the World Health Organization. He has extensive national (Sri Lanka), regional (WHO-SEARO) and global (WHO-HQ) experience in implementing and monitoring rational drug use, including as an educator (university professor), medicines regulator, policy advisor and as the Secretary of the WHO Expert Committee on Selection and Use of Essential Medicines. He has also worked in NGOs, civil society organizations and monitoring of clinical trials. Dr Weerasuriya continues to work in academia, medicines issues and health care financing, with a focus mainly on low and middle income countries.

**DR KYAW NYEIN AYE**

Central Executive Committee Member, Myanmar Food Processors and Exporters Association

Dr Kyaw Nyein Aye is currently a Central Executive Committee Member of the Myanmar Food Processors and Exporters Association (MFPEA), and an Environmental Management Specialist at ALARM (Advancing Life and Regenerating Motherland). He was appointed as visiting professor at Yangon and Mandalay Technological Universities. Dr Kyaw Nyein Aye has participated in a large numbers of research and published several papers on food science and bioprocess technology.

**DR MAKOTO TOBE**

JICA Senior Advisor on Health Financing and Health Systems, Japan

Dr Makoto Tobe is a Senior Advisor with the Japan International Cooperation Agency (JICA) and has 20 years' experience in health systems strengthening. As a health financing and health systems specialist, he provides technical advice on development assistance, especially in the Philippines, Cambodia, Myanmar, Kenya and Senegal, for their achievement of universal health coverage. He was conferred a doctorate in public health from the University of Tokyo for his study on catastrophic out-of-pocket health expenditure among beneficiaries of the national health insurance programme in the Philippines. Dr Tobe also holds a Master's in Public Health from Yale University.



DR MAY KHIN THAN

Director, National Nutrition Centre, Ministry of Health,
Myanmar

Dr May Khin Than is the Director of the National Nutrition Centre, Department of Public Health. She is also a board member of SEAMEO-RECFON and the Myanmar Food Advisory Committee. Working in public health nutrition for over 23 years, her previous roles include project manager of the Nutritional Anemia Initiative, a joint project between the Australian and Myanmar governments. She won the Best Paper for Applied Research award at the 41st Myanmar Health Research Congress (2013) for her research on the effects of multiple micronutrient powders on children in Myanmar. Dr May Khin Than is a medical doctor, has a diploma in food technology and holds a Master's in Food and Nutrition Planning.



PROF. DR MYA THIDA

President, The Obstetrics and Gynaecology Society
Myanmar Medical Association

Prof. Dr Mya Thida is the President of the Obstetrical and Gynaecological Society of the Myanmar Medical Association. She holds a M.B., B.S. (1980), M.Med.Sc in OB-GYN (1987) and Dr.Med.Sc (2002). She became a member of the Royal College of Obstetricians & Gynaecologists (RCOG) and of the Faculty of Family Planning and Sexual Health in 1996. She was then appointed as a Fellow of RCOG and of the Faculty of Sexual and Reproductive Health in 2007 and 2008 respectively. Prof. Dr Mya Thida served in Government service in various states and regions for 33 years and retired as the Professor and Head of the Department of Obstetrics and Gynaecology, University of Medicine 1, Yangon.



DR MYINT HTWE

Retired Director, Programme Management WHO-SEARO

Dr Myint Htwe is Chair of Prevention and Social Medicine Society, Myanmar Medical Association; Chair of Ethics Review Committee, Ministry of Health; and Executive Committee member of the Myanmar Academy of Medical Science. He worked previously with WHO-SEARO for over 16 years in medical research, health policy, and systems. He retired as the Director of Programme Management, overseeing and supervising all technical programmes. He also worked at the Ministry of Health in various technical roles, from vector borne diseases to global health. Dr Myint Htwe has a M.B., B.S, Master's in Public Health (Philippines), and DrPH (Johns Hopkins Bloomberg School of Public Health).



DR MYINT THEIN TUN

Township Medical Officer, Hlaingbwe, Kayin State, Myanmar

Dr Myint Thein Tun is currently a Township Medical Officer (TMO) of Hlaing Bwe Township, Kayin State and manages the GAVI Health System Strengthening (HSS) project. He has been working in the Ministry of Health for over 23 years, serving in various townships, as an Assistant Surgeon, Station Medical Officer, and TMO. He won the Asia-Pacific Action Alliance on Human Resource for Health (AAAH) award in 2012. As noted in the AAAH Newsletter, he "has devoted his knowledge and creativity to building up capacity in his organization to promote health through innovative measures". Dr Myint Thein Tun holds a Bachelor's in Medicine and a Bachelor's in Science.



DR NAFSIAH MBOI

Asia Pacific Leaders Malaria Alliance Envoy, Former Chair of the Global Fund Board and Former Minister of Health, Indonesia

Dr Nafsiah Mboi is the Asia Pacific Leaders Malaria Alliance (APLMA) Envoy and leads on strategic priority-setting to shape the regional malaria elimination and financing agendas. Dr Mboi has over 40 years' experience in national and global public health, including as Minister of Health for Indonesia, Chair of the Board of the Global Fund, and Secretary of Indonesia's National AIDS Commission. She also served as the Director of Department of Gender and Women's Health at the WHO. Originally trained as a paediatrician, Dr Mboi also holds a Master's in Public Health from Prince Leopold Institute of Tropical Medicine in Antwerp and was a Taro Takemi Fellow at the Harvard School of Public Health.



PROF. NAOYUKI KOBAYASHI

Professor, National Graduate Institute for Policy Studies and JICA Senior Advisor on Development Policy and Governance for Health, Japan

Prof. Naoyuki Kobayashi is Professor of the National Graduate Institute for Policy Studies (GRIPS) and Senior Advisor on Development Policy and Governance for Health at JICA. Previously, he served as Deputy Director General, Human Development Department, JICA and led JICA's assistance programmes in the health sector for the Asia-Pacific region, including Myanmar. He contributed to developing the current aid coordination mechanism called, "M-HSCC". Before that, he participated in discussions on aid effectiveness at OECD/DAC and the Busan High Level Forum in 2011 as Director for Development Partnership Division, and worked also for UNDP as Programme Adviser at one time in his professional career.



PROF. DR NE WIN

President, Myanmar Academy of Medical Science

Prof. Dr Ne Win is President of the Myanmar Academy of Medical Science and an Honorary Professor of the University of Medicine 1, Yangon. He joined Government service as a clinical demonstrator in the Physiology Department of Mandalay Medical University in 1982 and served various posts at different medical universities before being appointed Professor of Medicine at University of Medicine 1, Yangon, in 2003. Following retirement from government service, he became a consultant physician at private hospitals. He has published several books. Prof. Dr Ne Win has a M.B., B.S., Master's in Medicine, Doctorate of Medicine and is Fellow of the Royal College of Physicians (Edinburgh).



DR NETNAPHIS SUCHONWANICH

Deputy Secretary General, National Health Security Office, Thailand

Dr Netnaphis Suchonwanich is Deputy Secretary-General of National Health Security Office in Thailand, responsible for universal health care fund administration. She is also on the National Essential Drug Subcommittee and chairs the price negotiation working group. She has played a key role in UHC implementation in Thailand, with roles as Director of Bureau of Information and Technology Management and Director Manager of Medical and Vaccine Fund. She oversaw the establishment of multiple systems (health insurance, hospital registration, financial accounting, reimbursement, etc.) and central procurement. Dr Suchonwanich has a Bachelor's in Pharmacy and a Master's in IT Management.



DR NU NU THA

Advisor to the President, Health Sector, Myanmar

Dr Nu Nu Tha is the Health Sector Adviser to the President of the Republic of the Union of Myanmar. For 33 years, she worked in the Department of Health for the Ministry of Health, with her last designation before retirement as the Senior Medical Superintendent at Yangon General Hospital, the first female appointed to such a position. In recognition of her skillful hospital management, from providing subsidized and free medical care to supporting recovery efforts post-Cyclone Nargis, she received the award of “Outstanding in Management”. Dr Nu Nu Tha holds an M.B., B.S., diploma in Health Care Administration and Hospital Management, and a Master’s in Health Sector Management.



DAW NWE ZIN WIN

Executive Director, Pyi Gyi Khin, Myanmar

Daw Nwe Zin Win is Executive Director of Pyi Gyi Khin, a local NGO focused on civil society development and health in Myanmar. She is also Chair of the National NGO Network, which includes 130 local organizations around the country that advocates the involvement of local organizations in the national HIV/AIDS response, including on the issues of community systems strengthening and human rights. As well, she is a member of the Myanmar Health Sector Coordination Mechanism (M-HSCC) as the CSO representative. Daw Nwe Zin Win has a Master’s in Public Administration from the Yangon Institute of Economics and has received several fellowships and other academic distinctions.



DR OHNMAR KHAING

Coordinator, Food Security Working Group, Myanmar

Dr Ohnmar Khaing leads the Food Security Working Group (FSWG) Myanmar, focusing on food sovereignty for those affected by food insecurity. Her previous roles include Agriculture Extension Officer and Researcher at the Ministry of Agriculture and Irrigation in Myanmar, Senior Researcher at the Royal Thai Agricultural Research Center and Agricultural Specialist with WFP. She has many domestic and international publications. Dr Ohnmar Khaing studied at Cornell University, receiving a Hubert H. Humphrey Fellowship and the Women Advancement Award for her assistance to Karen and Myanmar Refugees. She obtained her Ph.D in Tropical Agriculture from Kasetsart University in Bangkok.



DR PALITHA ABEYKOON

Chairman, National Authority on Tobacco and Alcohol, Sri Lanka

Dr Palitha Abeykoon is an Advisor to the Ministry of Health, Sri Lanka and provides advice on health systems development and disease-related areas. He helped formulate the National Mental Health policy and National Medicinal Drugs Policy. He also serves as Chairman of the National Authority on Tobacco and Alcohol, and is President of the Sri Lanka Medical Association and AIDS Foundation of Lanka. He worked previously with WHO in Nepal and Indonesia and with WHO-SEARO in various roles including Director of Health Systems Development. Dr Abeykoon is a medical graduate with a Master’s of Public Health from the Harvard School of Public Health, of which he was a Taro Takemi Fellow.



DR PAUL SENDER

Director, 3MDG Fund

Dr Paul Sender joined the Three Millennium Development Goal Fund (3MDG Fund) in Myanmar as its Fund Director in February of 2013. Having initially trained in adult hospital medicine, he was subsequently accredited as a hospital Consultant Paediatrician in the United Kingdom in 2004. He has previously spent time working overseas in various countries, principally Afghanistan and South Africa, both in the fields of clinical and public health. In Myanmar, Dr Sender has served as the co-lead on the Health Cluster, operationalized in response to Cyclone Nargis, and as an Advisory Group Member to the ASEAN Humanitarian Task Force. Prior to joining the 3MDG Fund, he was the Country Director of a health INGO in Myanmar.



DR PHONE MYINT

Secretary, People's Health Foundation, Myanmar

Dr Phone Myint is the Secretary of the People's Health Foundation and teaches graduate courses at the University of Public Health, Yangon and the University of Medicine, Mandalay. He joined public service in 1980 and served in multiple roles, including as a National Service Medical Officer (Lieutenant), Station Medical Officer, Township Health Officer and Deputy Divisional Health Director before retiring from the role of Deputy Director General in 2012. Dr Phone Myint also had a leading role in formulating the National Health Plans (2006-2011 and 2011-2016). He has a number of publications, including contributions to a Health Systems in Transition profile for Myanmar.



DR PRASTUTI SOEWONDO CHUSNUN

Chairperson, Health Working Group of TNP2K Ministry of Health, Indonesia

Dr Prastuti Soewondo Chusnun is Chair of the Health Working Group at TNP2K, Vice President Office, Indonesia and sits on several other boards. She also lectures at the School of Public Health, University of Indonesia, of which she was previously Vice Dean. Other university roles included Financial Manager at the Center for Health Research and Program Coordinator. She has extensive experience as a technical consultant, working with ADB, AusAID, World Bank, WHO, USAID, among others. Dr Prastuti Soewondo Chusnun has a B.A. in Accounting (University of Indonesia) as well as a Master's in Health Administration and D.Phil in Health Administration, both from the University of California, Los Angeles.



PROF. DR RAI MRA

President, Myanmar Medical Association

Prof. Dr Rai Mra is the President of the Myanmar Medical Association and a member of the Myanmar Medical Council and the Myanmar Academy of Medical Science. He graduated from the University of Medicine 1, Yangon (1973) and obtained MRCP (United Kingdom) in 1986. He was also elected as Fellow of the Royal College of Physicians (Edinburgh) and trained in HIV at the University of Paris XII (1994). Prof. Dr Rai Mra founded the HIV unit at the Infectious Diseases Hospital in 1991 and the Department of Clinical Haematology at the Yangon General Hospital in 1994. In 1997, he was appointed as Professor of Clinical Haematology and also served as the NAP Manager. He retired from Government service in 2010.



PROF. DR RECEP AKDAG

Former Minister of Health, Member of Parliament, Grand National Assembly, Turkey

Prof. Dr Recep Akdag, a trained pediatrician, served as the Minister of Health (2002-2013) in Turkey and led the influential Health Transformation Program (HTP) towards Universal Health Coverage (UHC). By a comprehensive and two-pronged approach, HTP achieved: single-payer public health insurance coverage and strengthened public provision; established a new family medicine system; merged public hospitals and incorporated them in each province; utilized private resources in balance; produced high and quality access; and improved health status, higher public satisfaction and good financial protection. He is currently a board member of the Ministerial Leadership in Health Program at Harvard.



PROF. RICHARD COKER

Professor of Public Health, LSHTM, and Head of the Communicable Diseases Policy Research Group for South East Asia

Prof. Richard Coker is Professor of Public Health at the London School of Hygiene and Tropical Medicine, Visiting Professor to the Saw Swee Hock School of Public Health, National University of Singapore, and Visiting Professor to the Faculty of Public Health, Mahidol University, Bangkok. He heads the LSHTM's Communicable Diseases Policy Research Group, based in Bangkok, which provides a focus of expertise on health systems and the diverse public health problems associated with communicable disease control internationally.



PROF. DR SAMUEL KYAW HLA

Chair, Myanmar Medical Council

Prof. Dr Samuel Kyaw Hla is President of the Myanmar Medical Council and Vice Chairman of Myanmar Health Sector Coordinating Committee. He graduated from the University of Medicine 1, Yangon and further trained at the University of Birmingham (United Kingdom) and in France. He has extensive health development and academic work experience, including positions as the Vice President of the Myanmar Red Cross Society and Myanmar Medical Association, and as Professor Emeritus of the Department of Pediatrics at University of Medicine 2, Yangon. Prof. Dr Samuel Kyaw Hla is also involved in his community as a moderator in the Judson Church Council and the Honorary Treasurer of YMCA, Yangon.



U SEIN THAUNG OO

Myanmar Food, Processors and Exporters Association

U Sein Thaung Oo is Vice Chairman of the Myanmar Food Processors and Exporters Association (MFPEA) and leads on safe food production development, food sanitation training, and shelf life training in Myanmar, in collaboration with the Japanese Embassy and Japan External Trade Organization. He also chairs a number of other companies and participates as a member of the Myanmar Engineering Council, Standard Working Committee (MOST), and Institute of Asia Pacific Sugar and Integrated Technology. He was awarded the Technical Management Award (Third Grade) in 2006 by the Myanmar Government. U Sein Thaung Oo has a B.Sc. in Industrial Chemistry and a B.E. in Chemical Engineering.



DR SID NAING

Country Director, Marie Stopes International Myanmar

Dr Sid Naing is the Myanmar Country Director for Marie Stopes International and works on sexual and reproductive health. He has a medical degree and also studied public health, business, and public administration. He has worked in Government, the private sector, NGOs and the UN. One of the few national leaders of an INGO in Myanmar, he is a strong advocate of health-related needs and rights, and the inclusion of civil society. Dr Sid Naing sits on the Myanmar Health Sector Coordination Committee, is an executive member of the Myanmar Preventive and Social Medicine Society, and a member of the Joint Parliamentarians and Community Network Consortium Committee on HIV, Human Rights and Legal Reform.



DR SOE LWIN NYEIN

Director General, Department of Public Health, Ministry of Health, Myanmar

Dr Soe Lwin Nyein is the Director General of the Department of Public Health and an Honorary Professor at the University of Public Health, Yangon. He is also the Chairman of the executive working group that supports the Myanmar Health Sector Coordinating Committee, a governing body chaired by the Union Minister for Health. Dr Soe Lwin Nyein has a strong epidemiology background with national and international experiences in disease control for over 26 years. He is also the pioneer of the Myanmar Field Epidemiology Training Programme, which is focused on developing the epidemiological capacity of the nation. In recognition of his service in and contributions to health, Dr Soe Lwin Nyein received the Excellent Performance in Social Field award on two occasions.



DR SUWIT WIBULPOLPRASERT

Chairman, Asia Pacific Observatory on Health Systems and Policies

Dr Suwit Wibulpolprasert is a general practitioner, a public health specialist, a policy advisor and advocate. He has expertise in human resources for health, health economics, disease surveillance control and pharmaceuticals. Dr Suwit has represented Thailand in many forums such as WHO, UNAIDS, Asian Partnership on Avian Influenza Research, Global Health Workforce Alliance, and the Global Fund. Dr Suwit is the Chair of Institute for Development of Human Research Protections Foundation and the Vice-chair of International Health Policy Program Foundation and Health Intervention and Technology Assessment Foundation, the Chair of the Institute for the Development of Human Research Protections Foundation (IHRPF) and the Chair of the Health and Society Creation Foundation. Prior to these positions, he served the highest government official rank as Senior Advisor in Disease Control, Ministry of Public Health.



DR THAN MIN HTUT

Township Medical Officer, Pindaya, Shan State, Myanmar

Dr Than Min Htut is a Township Medical Officer of Pindaya Township in Shan State. His previous roles include House Surgeon at North Okkalapa General Hospital, Assistant Surgeon at Pyay General Hospital and Assistant Surgeon at Pauk Khaung Township Hospital. He received several awards for his work. He founded the Health Workers Network of Pindaya, which provides training to health workers and auxiliary midwives, and a larger social network that engages residents to contribute to a well-functioning health system. Dr Than Min Htut obtained a M.B., B.S. from the Institute of Medicine 2, Yangon and has a Diploma in Medical Science (Hospital Administration) from the University of Public Health.



DR THAN SEIN

President, People's Health Foundation, Myanmar

Dr Than Sein is President of the People's Health Foundation, Yangon. He is also Patron, Society of Preventive and Social Medicine, and Principal, Oxford Myanmar Medical College, Yangon. He started his career with the Ministry of Health and subsequently joined the WHO as a national programme officer. With WHO-SEARO, he held various positions including Regional Adviser for Community Health Services, Director of Department of Planning and Coordination, and retiring as Director of the Department of Noncommunicable Diseases and Mental Health. He has multiple publications and also conducts lectures. Dr Than Sein has an M.B., B.S. and holds a MSc Public Health from the National University of Singapore.



DR THANT SIN HTOO

Deputy Director, Office of the Minister, Ministry of Health, Myanmar

Dr Thant Sin Htoo is Deputy Director of the Planning and Statistics division in the Minister's office for the Ministry of Health. As a health economist and public health specialist, he has nearly 15 years of experience in teaching, research and planning of health policy and management, public health administration, health care financing and health economics. Before joining the Ministry of Health, he was a senior lecturer in the Department of Preventive and Social Medicine at University of Medicine, Mandalay, and trained students in many health-related areas. He has a medical degree from the University of Medicine, Mandalay and a Master's in Health Economics from Chulalongkorn University, Thailand.



DR THEIN GI THWIN

Director, Department of Medical Research, Ministry of Health, Myanmar

Dr Thein Gi Thwin is a Director at the Department of Medical Research and is a principal investigator on a project regarding nutrition-sensitive agriculture and changes in child body composition. She also oversees the Myanmar Food Composition Data. Her research career started in 1992 and progressed to include roles as the Deputy Director as well as the Head of the Nutrition Research Division. She has multiple publications in peer-review journals from her research, including national and international collaborative studies on maternal, infant and child nutrition. Dr Thein Gi Thwin graduated from the Institute of Medicine 1, Yangon and holds both a Master's in Medical Sciences and Ph.D in Biochemistry.



DR THEIM KYAW

Director, Department of Traditional Medicine, Ministry of Health, Myanmar

Dr Theim Kyaw is Director of the Department of Traditional Medicine, Ministry of Health. He is a focal point of Myanmar for the Mekong Basin Traditional Medicine Network and also contributes to ASEAN meetings for the harmonization of traditional medicine technical requirements. He was previously a Medical Superintendent at the Yangon Traditional Medicine Teaching Hospital and a Pro Rector at the University of Traditional Medicine, Mandalay. He has also worked on many collaborative programmes and publications with JICA and the University of Toyama. Dr Theim Kyaw is an allopathic medical doctor and a postgraduate Ayurvedic medicine diploma holder from the Gujarat Ayurved University (India).



PROF. DR THET KHAING WIN

Permanent Secretary, Ministry of Health, Myanmar

Prof. Dr Thet Khaing Win is Permanent Secretary of the Ministry of Health and oversees all sectors of health care service including hospital care, food and drug administration, and human resource management in the medical field, medical research and traditional medicine. He has been a Professor of Medicine at University of Medicine 1, Yangon since 2008 and teaches undergraduate and postgraduate medical students, and was also Rector. He is a consultant physician at Yangon General Hospital and is a member of the board on hospital-based management for pandemics (e.g. SARS, avian influenza). Prof. Dr Thet Khaing Win is a Fellow of the Royal College of Physicians.



DR THIDA HLA

Director, Department of Medical Services, Ministry of Health, Myanmar

Dr Thida Hla is Director of Medical Care, Medical Cover and Medical Board Division in the Department of Medical Services with the Ministry of Health. She is responsible for mid-level management of planning, supervision and administration of all public hospitals throughout the country to improve the quality of health care services available through capacity building and infrastructure, equipment and supply chain upgrades. Her previous roles include medical officer in several township hospitals and as a Project Manager for the Myanmar Essential Medicines Project. Dr Thida Hla has an M.B., B.S. and M.Med.Sc (Hospital Administration and Health Management) from the University of Medicine 1, Yangon.



DR THIDA KYU

Professor and Head, Department of Economics, Yangon University of Economics, Ministry of Education, Myanmar

Dr Thida Kyu is a Professor and Head of Department of Economics, and Director of Master Development Studies Programme at Yangon University of Economics, where she teaches econometrics and development economics. Dr Thida Kyu obtained a Bachelor of Economics (Honours) in 1987, and a Master of Economics in 1996 from Yangon University, Economics. She also received a Master of Development Economics from the University of the Philippines. She has conducted research in various fields, especially on infrastructural development in Myanmar. A Japan Foundation Scholarship enabled her to study at Waseda University as a PhD Candidate research fellow.



DR TIN TUN

Director for HRH Management, Department of Health Professional Resource Development and Management, Ministry of Health, Myanmar

Dr Tin Tun is the Director for HRH Management at the Department of Health Professional Resource Development and Management and Visiting Professor at the Defense Services Medical Academy and the Military Institute of Nursing and Paramedical Sciences. He is extensively involved in medical education and research and holds positions on national and regional boards and committees. His areas of interests are curriculum development, quality assurance, and educational leadership. Dr Tin Tun graduated from the University of Medicine 1, Yangon and holds a Master's in Primary Health Care Management from Mahidol University (Thailand) and Master's in Medical Education from Cardiff University (United Kingdom).



DR TUN AUNG KYI

State Public Health Director, Kayah State, Myanmar

Dr Tun Aung Kyi is the Public Health Director of Kayah State. He worked previously as an Assistant Surgeon in the Yangon General Hospital and also worked at the township level. He was also a Deputy Divisional Health Director, an Associate Divisional Health Director in Pyay, Bago (West), and a Deputy Director, General Administration Department, Department of Health. Dr Tun Aung Kyi holds a M.B., B.S. from the University of Medicine, Mandalay as well as a M.Med.Sc (PH) from the University of Medicine 2, Yangon. He continues to further his knowledge by studying diverse topics such as border area health programmes in Thailand and Health System Management in Japan.



DR VIROJ TANGCHAROENSATHIEN

Senior Advisor, Ministry of Public Health, Thailand

Dr Viroj Tangcharoensathien is a Senior Expert in Health Economics and Advisor to the International Health Policy Program at the Ministry of Public Health, Thailand. He also co-founded the International Health Policy Program, an agency focused on capacity building in health policy and systems research. Trained in medicine, he received the 'Best Rural Doctor' award from the Thai Medical Association for his work in rural district hospitals. He has a Ph.D in Health Planning and Financing (LSHTM) and earned the Woodruff Medal Award for his thesis on community financing. He was also awarded the Edwin Chadwick Medal for his contributions on health systems research, publishing 150 articles to date.



DR WAI MAR MAR TUN

Assistant Permanent Secretary Ministry Office, Ministry of Health, Myanmar

Dr Wai Mar Mar Tun is the Assistant Permanent Secretary of the Ministry of Health and supports the national efforts in Health System Strengthening. She joined the Ministry of Health in 1995 as a Civil Assistant Surgeon at the Mawlamyaing Regional Health Department and served at the Mawlamyaing State Hospital in Mandalay and the Yaynanchaung District Hospital in Magway Region. She also worked as a Township Medical Officer at the Yangon Divisional Health Department, Deputy Head of the Yangon Divisional Health Department, Deputy Director (Planning) of the Department of Health and Deputy Principal Officer, MoH. Dr Wai Mar Mar Tun holds a M.Med.Sc (PH) from the University of Medicine 1, Yangon.



MR WILLIAM SLATER

Director Office of Public Health, USAID, Myanmar

Mr William Slater is the Director of the Office of Public Health with USAID, assuming the role in 2013. He has 20 years of international public health experience specializing in behavior change communication, epidemiology, monitoring and evaluation, program design and management, focusing on key populations most-at-risk for communicable diseases including HIV and TB. His previous USAID work appointments were in Washington D.C., Viet Nam, Thailand and the Russian Federation. He also served as a Peace Corps Volunteer in Sierra Leone and Fiji. Mr Slater holds a BSc. in Health Sciences from Virginia Tech and a Master's of Public Health from the Medical College of Virginia, Virginia Commonwealth University.



DR WIN MAY HTWAY

Country Manager, PATH Myanmar

Dr Win May Htway is the Country Manager of PATH Myanmar. She has worked in the humanitarian and development health sector for more than 9 years, starting as a clinic medical doctor, and working with several organizations such as MSF-Holland and Alliance. She graduated from the University of Yangon in 1999, and from the Mahidol University, Bangkok, Thailand, in 2004 (Master of Public Health).



PROF. YIN MYA

President, Myanmar Nurse and Midwife Association

Prof. Yin Mya is President of the Myanmar Nurse and Midwife Association, a professional organization that aims to bring high-standard effective quality nursing and midwifery care to improve the overall health of people in the country. Starting in 1971, she practiced as a clinical nurse at the Yangon General Hospital and also held positions as an Instructor, Lecturer, and Principal at the Nursing and Midwifery Training School, Institute of Nursing. She subsequently retired as the Professor/Head of University of Nursing, Yangon. Prof. Yin Mya received her Master's of Nursing Science from the University of Adelaide, Australia.

AGENDA

DAY 1 28 JULY 2015

08:00 - 08:45	Registration
Opening	
09:00 - 09:30	Opening Speech H.E. Dr Sai Mauk Kham , Vice-President, Myanmar
09:30 - 09:50	Keynote Address: The significance of health for development in an emerging Myanmar Prof. Dean Jamison , Professor Emeritus, Global Health, University of Washington; Co-chair and Study Director of the Lancet Commission on Investing in health
09:50 - 10:05	Photo session for heads of delegation
10:05 - 10:25	Coffee & tea break
10:25 - 10:45	Keynote address: Health sector reform priorities for Myanmar H.E. Dr Than Aung , Minister of Health, Myanmar

10:45-10:55	Keynote address: Health as a foundation for socio-economic growth and prosperity in Myanmar H.E. Mr Derek J. Mitchell , United States Ambassador to Myanmar
10:55 - 11:15	Keynote address: Leadership for health Prof. Dr Recep Akdag , Former Minister of Health, Member of Parliament, Grand National Assembly, Turkey
11:15 - 11:30	Video presentation
11:30 - 12:45	Panel Discussion: Health sector reform and development needs in Myanmar Panellists: <ul style="list-style-type: none"> • H.E. Dr Thein Thein Htay, Deputy Minister of Health, Myanmar, • H.E. Dr Maung Maung Thein Deputy Minister, Ministry of Finance • Daw Nwe Zin Win, Executive Director, Pyi Gyi Khin Moderator: <ul style="list-style-type: none"> • Mr Eamonn Murphy, Director, UNAIDS Country Office, Myanmar
12:45 - 13:45	Lunch break

13:45 - 15:00	<p>Panel Discussion: Learning from other countries – significance of investing in health for economic growth and social development</p> <p>Panellists:</p> <ul style="list-style-type: none"> • Dr Abeykoon Palitha, Chairman, National Authority on Tobacco and Alcohol, Sri Lanka • Prof. Jin Ma, Shanghai Jiao Tong University School of Public Health, China • Dr Eduardo Banzon, Senior Health Specialist, Asian Development Bank • Prof. Dean Jamison, Professor Emeritus, Global Health, University of Washington; Co-Chair and Study Director of the Lancet Commission on Investing in Health <p>Moderator:</p> <ul style="list-style-type: none"> • Dr Suwit Wibulpolprasert, Chairman, Asia Pacific Observatory on Health Systems and Policies
15:00 - 15:30	Coffee & tea break
15:30- 17:00	<p>Parallel Sessions Part 1: What is needed to achieve of universal health coverage?</p>

Session 1: What is needed to achieve universal health coverage?

Financing health and development

Panellists:

- **Ms Aparnaa Somanathan**, Senior Economist, World Bank
- **Mr Jack Langenbrunner**, Health Financing Consultant, World Bank
- **Dr Thant Sin Htoo**, Deputy Director, Office of the Minister, Ministry of Health, Myanmar
- **Dr Suwit Wibulpolprasert**, Chairman, Asia Pacific Observatory on Health Systems and Policies

Moderator:

- **Dr Paul Sender**, Director, 3MDG Fund, Myanmar

Session 2: Ensuring no one is left behind

Improving access to medicines

Panellists:

- **Dr Thida Hla**, Director, Department of Medical Services, Ministry of Health, Myanmar
- **Dr Theim Kyaw**, Director, Department of Traditional Medicine, Ministry of Health, Myanmar
- **Dr Netnaphis Suchonwanich**, Deputy Secretary General, National Health Security Office, Thailand
- **Dr Douglas Ball**, Public Health Pharmacology Consultant
- **Dr Viroj Tangcharoensathien**, Senior Advisor, Ministry of Public Health, Thailand

Moderator:

- **Dr Krisantha Weerasuriya**, Expert in Essential Drugs and Medicines

Session 3: Bringing health services to the people

Addressing the unfinished health agenda

Panellists:

- **Prof. Richard Coker**, Professor of Public Health, LSHTM and Head of the Communicable Diseases Policy Research Group for South East Asia, United Kingdom
- **Prof. Mya Thida**, President, the Obstetrics and Gynaecology Society, Myanmar Medical Association
- **Prof. Ne Win**, President, Myanmar Academy of Medical Science
- **Dr Sid Naing**, Country Director, Marie Stopes International, Myanmar

Moderator:

- **Ms Janet Jackson**, Representative, Myanmar Country Office, UNFPA

Session 4: Planning for the future

Meeting the future challenges to health and development – increasing burden of non-communicable diseases

Panellists:

- **Prof. Dr Recep Akdag**, Former Minister of Health, Member of Parliament, Grand National Assembly, Turkey
- **Dr Abeykoon Palitha**, Chairman, National Authority on Tobacco and Alcohol, Sri Lanka
- **Prof. Dorairaj Prabhakaran**, Executive Director, Centre for Non-Communicable Diseases, Public Health Foundation of India
- **Prof. Ko Ko**, Professor and Head of Medicine, University of Medicine 2, Yangon, Myanmar

Moderator:

- **Dr Kan Tun**, Senior Adviser, Myanmar Country Officer, Clinton Health Access Initiative

Session 5: Improving Myanmar's health situation through food and nutrition

Panellists:

- **Dr Thein Gi Thwin**, Myanmar Medical Research, Ministry of Health, Myanmar
- **Dr May Khin Than**, Director, National Nutrition Centre, Ministry of Health, Myanmar
- **Dr Kyaw Nyein Aye**, Central Executive Committee Member, Myanmar Food Processors and Exporters Association
- **Dr Win May Htway**, Country Manager, PATH Myanmar

Moderator:

- **Dr Aye Thwin**, Principal Partner, Nutrition for Development Initiative, Myanmar

17:00 – 18:00	Viewing of the community village, Lobby, Ground Floor, MICC2
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18:00 – 19:00	Reception (Banquet Hall, MICC2)
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DAY 2 29 JULY 2015

09:00 – 09:30

Forum Day 2 Welcome and outcomes of day 1

Dr Soe Lwin Nyein, Director General, Department of Public Health, Ministry of Health, Myanmar

09:30 – 09:50

Keynote address: Governance and partnerships – decentralizing the health services to reach those who need it most

Dr Nafsiah Mboi, Asia Pacific Leaders Malaria Alliance Envoy; Former Chair of the Global Fund Board and Former Minister of Health of Indonesia

09:50 – 10:20

Coffee & tea break

10:20 – 11:35

Panel Discussion: Governance and partnerships for health and development

Panellists:

- **H.E. Daw Lei Lei Thein**, Deputy Minister, Ministry of National Planning and Economic Development, Myanmar
- **Prof. Naoyuki Kobayashi**, Professor, National Graduate Institute for Policy Studies and JICA Senior Advisor on Development Policy and Governance for Health, Japan
- **Dr Andrew Cassels**, Senior Fellow, Global Health Programme, Graduate Institute, Switzerland

Moderator:

- **Dr Than Sein, President**, People's Health Foundation, Myanmar

11:35 – 13:00

Lunch break

13:00 - 14:30

Parallel Sessions Part 2: Advancing health reforms – planning for UHC

Session 1: What is needed to achieve universal health coverage?

Aligning structure of the health system with people-centered development (human resources for health and hospital care services)

Panellists:

- **Dr Tin Tun**, Director (HRH Management) Department of Health Professional Resource Development and Management, Ministry of Health, Myanmar
- **Dr Eduardo Banzon**, Senior Health Specialist, Asian Development Bank
- **Dr Viroj Tangcharoensathien**, Senior Advisor, Ministry of Public Health, Thailand
- **Dr Prastuti Soewondo Chusnun**, Chairperson, Health Working Group of TNP2K, Ministry of Health, Indonesia
- **Dr Myint Htwe**, Retired Director, Programme Management, WHO SEARO

Moderator:

- **Dr Andrew Cassels**, Senior Fellow, Global Health Programme, Graduate Institute, Switzerland

Session 2: Ensuring no one is left behind

Partnerships for health and development with other health actors

Panellists:

- **Dr Than Min Htut**, Township Medical Officer, Pindaya, Shan State, Myanmar
- **Dr Aung Tin Oo**, General practitioner and member of the Sun Quality Health Network, Myanmar
- **Dr Khin Nyein Chan**, Country Representative, ICAP, Columbia University, Myanmar
- **Prof. Yin Mya**, President, Myanmar Nurses and Midwives Association
- **Dr Ed Marta**, Director, Karen Department of Health and Welfare, Myanmar
- **Prof. Rai Mra**, President, Myanmar Medical Association
- **Prof. Samuel Kyaw Hla**, Chair, Myanmar Medical Council

Moderator:

- **Mr William Slater, Director**, Office of Public Health, USAID, Myanmar

Session 3: Bringing health services to the people

Multi-sectoral approaches for achieving UHC – ensuring synergies among key development and economic sectors

Panellists:

- **Dr Nafsiah Mboi**, Asia Pacific Leaders Malaria Alliance Envoy; Former Chair of the Global Fund Board and Former Minister of Health, Indonesia
- **Dr Soe Lwin Nyein**, Director General, Department of Public Health, Ministry of Health, Myanmar
- **Dr Nu Nu Tha**, Advisor to the President, Health Sector, Myanmar
- **Dr Ohnmar Khaing**, Coordinator, Food Security Working Group, Myanmar
- **Dr Thida Kyu**, Professor and Head, Department of Economics, Yangon University of Economics, Ministry of Education

Moderator:

- **Dr Than Sein**, President, Peoples Health Foundation

Session 4: Planning for the future

Strategic planning, implementation, and monitoring and evaluation at national, state/region, district and township level

Panellists:

- **Daw Aye Aye Sein**, Deputy Director-General of Administration, Department of Health, Ministry of Health, Myanmar
- **Dr Tun Aung Kyi**, State Public Health Director, Kayah State, Myanmar
- **Dr Myint Thein Tun**, Township Medical Officer, Hlaingbwe, Kayin State, Myanmar
- **Dr Wai Mar Mar Tun**, Assistant Secretary, Ministry Office, Ministry of Health, Myanmar
- **Dr Makoto Tobe**, JICA Senior Advisor on Health Financing and Health Systems, Japan
- **Mr Christopher C. Politis**, Chief Technical Advisor, Myanmar Country Office, UNDP

Moderator:

- **Dr Phone Myint**, Secretary, People's Health Foundation, Myanmar

14:30 – 15:00	Coffee & tea break
15:00-15:15	Review and adoption of the communiqué Dr Jorge Luna , Representative, WHO Myanmar
15:15	Closing remarks H.E. Dr Than Aung , Minister of Health, Myanmar