

Strategic Directions for Universal Health Coverage

Myanmar

Meeting Agenda

**Consultation on Strategic Directions Paper for
Submission to World Bank**

**Ministry of Health – Nay-Pyi-Taw
14 March 2014**

<i>Time</i>	<i>Agenda Item</i>
09:30 – 09:45	Opening Speech by H.E. Prof. Pe Thet Khin Union Minister, Ministry of Health
09:45 – 10:00	Coffee break
10:00 – 11:00	Presentation on Strategic Directions by Dr. Kan Tun
11:00 – 12:00	Floor open for discussion
12:00 – 12:20	Concluding remarks by H.E. Prof. Pe Thet Khin Union Minister, Ministry of Health

Table of content

Executive Summary.....	3
Introduction.....	5
Strategic Directions.....	7
Strategic Area 1: Essential Health Package.....	8
Strategic Area 2: Enhance HRH Management.....	9
Strategic Area 3: Essential Medicines.....	11
Strategic Area 4: Enhance Public Private Partnership.....	14
Strategic Area 5: Financial Protection.....	15
Strategic Area 6: Strengthen Community Engagement.....	17
Strategic Area 7: Strengthen Evidence-based information and HMIS.....	18
Strategic Area 8: Health Policies.....	20
Strategic Area 9: Intensify governance and stewardship.....	21
Conclusion.....	22
Myanmar Basic Health Data.....	23
Abbreviation.....	24

Strategic Directions for Universal Health Coverage

Executive Summary

Myanmar Universal Health Coverage (UHC) may be expressed as the provision of optimal quality of health care to everyone in the country that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public. The country's 70% of the population lives in rural areas and out of pocket health expenditure is relatively high though it has started declining due to the government's consistently increasing its expenditure in health in recent years. Available evidence also shows that poor accessibility to health care services is associated with socio-economic status, location and availability of services. Therefore UHC has become the agreed key policy by the government and all stakeholders in Myanmar for securing access for all to appropriate comprehensive quality services at an affordable cost.

The country is undergoing rapid demographic, health and social transition. There is a triple burden of communicable diseases, an unfinished agenda for women's and children health, and a rise in conditions related to injury and diseases of aging. Many of the gaps identified for UHC relate to gaps in supply side investments – in particular primary care facilities, human resources, and essential medicines. Inequities of access and outcomes related to socioeconomic status, indicates the requirement for a focus on protection measures to ensure the poorest section of the community has access to health care as the country scales up to UHC. Health Systems Strengthening (HSS), so as to ensure supply side readiness is the principal pre-requisite for UHC, which is not merely about health financing. Achieving UHC critically hinges on ensuring the supply of sufficient quantity and quality of the needed services – from the public and the private providers of health care.

Thus, the perceived vision is: Universal Health Coverage is crucial to enhancing health, social cohesion and sustainable human and economic development; and the **Mission and Goals** are: to strengthen the health systems towards the provision of equitable universal coverage through: (1) Improving health outcomes; (2) Enhancing financial protection, and (3) Ensuring consumer satisfaction. Realizing the current critical challenges and to achieve the aspirational goals the following nine strategic areas have been identified.

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

To achieve the target goals of strengthening the health systems towards the provision of equitable universal coverage it is vital to focus on ways to improving health outcomes, enhancing the financial protection and ensuring the consumer satisfaction.

For improving the health outcomes, first step is to identify the essential health package to be made available at the service delivery point. The essential health package will address the inequities and service availability gaps at each locality. The components in broader categories will be defined and it will be varies with the unique situation of the locality at the operation level. EHPs aim to concentrate scarce resources on interventions which *provide the best 'value for money'*. Aspirational EHPs are often expected to achieve multiple goals: improved efficiency; equity; political empowerment, accountability, and altogether more effective care. EHPs are intended to be a guaranteed minimum and can enhance *equity*.

Secondly, the availability of appropriate skill-mixed human resources is obligatory for an access to quality care equitably. Human Resource Development (HRD) has been identified as a major priority to promote quality and accessibility of health service in Myanmar. Human Resource challenges include shortages of human resources; inappropriate balance and mix of skills; inequitable distribution; difficulties in rural deployment and retention; and lack of appropriate incentives and support to engender motivation and retention of health workers in remote areas. HRH strategic direction will focus on production, deployment, distribution and retention of all level of the health system.

The national essential drug list and standard treatment guidelines are constantly under review. The essential medicine policy is also under drafting and it is proposed that there will be a focus on providing universal access to essential medicines free of charge to the population in need. The current practise is the 'push' method as it is not possible to quantify the needs of each locality at this stage. An intensive engagement is currently undertaking through flooded essential medicines to all health facilities and this will concurrently decreases in out of pocket expenditure of the community. However it will be followed with a systematic quantification 'pull' soon it is ready from the beneficiary site. A strategy needs to be identified to sustain this system nationally and identify a means of financing it. In this regard adoption of National Medicinal Policy is on the way together with updated Essential medicine list and standard drug treatment guide. Efficient functioning of supply system management network will play a critical role. To ensure the access of quality health care the laboratory network will further be expanded and strengthened, including the upgrading in biosafety level leading to development of national health laboratory policy. FDA will enhance the effective control of regulatory mechanism for ensuring access to quality essential medicine. Sufficient availability of infrastructure facilities is also addressed in this strategic direction.

The Public Private Partnership (PPP) also plays a critical in advancing the health outcomes. In Myanmar, private health care services keep growing. Evidence indicates that the private sector provides health services but with marginal regulation. To strengthen the efficiency and equity in the health system, the health sector is being undertaken health sector reforms. One of these reforms may accommodate to collaborate with the private sector through Public Private Partnership (PPP). This will enhance the achievement of the nation's principal health goal of access to the quality health care equitably by all, through UHC. In further reinforcing the engagement in PPP, it is essential to review and revise the Private Medical Practices Law 2007 and necessary regulatory procedures need to be adopted soon.

Effective and efficient functioning of health financing mechanisms will ensure the financial protection of the consumers. Due to a higher out of pocket expenditure, many a time consumers are facing with catastrophic debt in recovering the illnesses. The government's health expenditure is in the increasing trend and as social security law has already enacted, it paves way forward for several types of insurance schemes. The principal direction of this strategy is to develop several options of pre-payment scheme and reducing the OOP.

Community engagement refers to the connections between government and communities in the development and implementation of policies, programs, services and projects. It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and the main outcome is to enhance the community satisfaction. It involves a close collaboration of local bodies and relevant legislation and regulation may be needed at the operational level. Health research also plays a crucial role to solve the health problems of the community in search for evidence informed decision making facilitating programme formulation, implementation and assessment. For an effective health care system, it is essential to have comprehensive health management information system (HMIS). It is vital for health development of a country as relevant information enables management to arrive at sound decisions and judgments result the consumers with full satisfaction. Health policy embraces courses of action that affect the set of institutions, organizations, services and funding arrangements of the health care system. It goes beyond health services, however, and includes actions or intended actions by public, private and voluntary organizations that have an impact on health. Policy review and revision together with adoption of new policy in favour for effectiveness and efficiency of the health system delivery and enhancing the consumer satisfaction be a continuous process. Finally the governance and stewardship strategic direction will be geared towards the accountability and responsiveness of the system so as to facilitate effective provision of services to consumers.

Introduction

The new constitution enacted by the Union of Republic of Myanmar in May 2008 provided the legal framework for a series of institutional and policy reforms to advance the country's democratization, including a core commitment for the state to 'strive earnestly' to improve the health of its people. The Article 367 states that 'every citizen shall, in accord with the health policy laid down by the Union, have the right to health care.' As early as 1953, the country had laid the foundations of a comprehensive health care system, establishing a network of township hospitals and rural health centres that, by the mid-1960s, covered every administrative district. Over the next 20 years, with health accounting for more than 10 per cent of government expenditure, life expectancy increased rapidly and infant mortality dropped by third. After 1988, a series of free-market macroeconomic reforms led to sharp reductions in social sector and health spending.

A new National Health Policy in 1993 introduced health financing models based upon community cost sharing (user fees) hospital trust funds and drug revolving funds to raise additional revenues for the health sector. By the year 2000, spending on health had fallen to 1.2 per cent of the total government expenditure, and many health indicators, particularly maternal and child mortality, tuberculosis and malaria prevalence has slowed down their declining trend. Guided by the 2008 constitution, government investment in the social sectors and the concept of Universal Health Coverage and social protection are currently higher up in the policy agenda. In the Social Protection Conference, Nay Pyi Taw, on 25 June 2012, the President's speech includes: *'the basic need of every citizen is comprehensive health care as well as income security or in other words job security. This requirement calls for opportunities such as the access to education and social security. The government has been enacting new laws, amending the existing ones and revoking out-of-date law as necessary to promoting rights of workers and farmers and holding workshops on the establishment of a universal health insurance system for low-income rural people.'*

Universal Health Coverage (UHC) is defined as securing access for all to appropriate promotive, preventive, curative, rehabilitative and palliative services with financial risk protection. Some 70% of the country's population lives in rural areas. Available evidence shows that poor accessibility to health care services is associated with socio-economic status, location and availability of services. Therefore UHC has become the agreed key policy in Myanmar by the government and stakeholders for securing access for all to appropriate comprehensive quality services without impoverishing effect. This is a consensus after series of consultations conducted by the MOH on UHC so far (July and November 2012 and September, and November, 2013), involving relevant departments, ministries and development partners.

Myanmar Health Vision 2030 aspires to build on the past health status improvements and move towards Universal Health Coverage (UHC). The Government has set itself a target of increasing health expenditures by 1% of GDP annually between 2011 and 2015, primarily by increasing public expenditures on health (currently 3.5% of total government expenditures). The Government also plans to extend social security benefits coverage to all Government employees, establish social health protection schemes to vulnerable populations with support from development partners and provide priority to ensuring universal coverage of maternal, neonatal and child health (MNCH) as well as essential drugs. Additionally, the Government is exploring other options both to (a) increase the resources available to health sector and (b) improve the efficiency, effectiveness and equity of health care services. The Government is open to public-private partnerships as one of the approaches to achieving UHC, acknowledging the large role that private financing and provision already play in the health sector of Myanmar.

Health Systems Strengthening (HSS), so as to ensure supply side readiness is a principal pre-requisite for UHC, which is not merely about health financing. Achieving UHC critically hinges on ensuring the supply of sufficient quantity and quality of the needed services – from the public and the private providers of health care. Therefore, all the components of health systems, including infrastructure, human resources, supply of essential commodities including medicines, information systems and effective governance will be strengthened sufficiently to assure availability of service of acceptable quality across the country. Myanmar needs to define and develop an Essential Package of Health Services, to which all Myanmar citizens should have access without suffering undue financial burden. The other principal prerequisite for UHC – access- needs to be guaranteed through social health protection.

Since the present government was elected in March 2011, a series of political liberalizing measures were introduced. A second stage of reforms took place in May 2012, focussing on the social and economic transformation of Myanmar. In accordance with this vision and guidelines, the Framework for Economic and Social Reforms (FESR) was developed through a thorough consultation among the ministries and departments of the government from the period of May to October 2012. FESR outlines policy priorities for the government, while identifying key parameters of the reform process that will allow Myanmar to become a modern, developed and democratic nation. FESR provided a reform bridge linking the ongoing programs of the government to the National Comprehensive Development Plan, Health Sector, 2011-2012 to 2030-2031, a 20-year long-term plan. This is not only the medium-term and longer-term plan, it also focuses on potential “quick wins” that will bring tangible and sustainable benefits to the population.

Since Myanmar has committed to democratic and social reform and peace keeping process, many development partners (DPs) are interested to cooperate and assist in these processes. The government and DPs including UN, NGO and Civil organizations conducted the first Myanmar Development Cooperation forum in Nay Pyi Taw in order to harmonize all the development activities according to Paris Declaration on aid effectiveness and adopted the Nay Pyi Taw Accord to accelerate progress on achieving the MDGs and development policies. To align closely with the principles of aid effectiveness into practice and to engage inclusively with development partners Myanmar has already signed in for IHP+ in January this year. Thus Myanmar is strongly committed to advancing the strength of the health system working coherently with all partners: DPs, UN, NGOs and Civil Organizations.

Current Status and challenges

1. The country is undergoing rapid demographic, health and social transition with an aging, mobile and urbanizing population but with still a high proportion of the population who are under the age of 15 (29%). There is a triple burden of communicable diseases, an unfinished agenda for women's and children health, and a rise in conditions related to injury and diseases of aging.
2. There is available evidence that poor accessibility to health care services associated with locations, socio economic status and with education level. Persisting inequities and very steep social gradients for mortality and health care access between socio economic groups and between geographic locations present significant challenges for UHC strategy.
3. As identified in the July 2012 UHC consultations, many of the gaps identified for UHC relate to gaps in supply side investments – in particular primary care facilities, human resources, and essential medicines. Many of the gaps and related strategies for investment focus on the areas, reinforced by initiatives in health planning and health financing.
4. The continued high dependence on out of pocket expenditures, as well as evidence of inequities of access and outcomes related to socioeconomic status, indicates the requirement for a focus on protection measures to ensure the poorest section of the community has access to health care as the country scales up to UHC.
5. Immediate and long term challenges for UHC include increasing revenue collection, strengthening safety nets for the poor, and improving efficiency and equity. In the longer term, harmonization and alignment of health financing schemes will need to be underpinned by sustained and adequate public sector financing the needs based operational plans, to ensure availability and quality of a basic minimum of health care services to the population

Myanmar aspires to achieve UHC as part of its Vision 2030 for a healthier and more productive population. However, for this aspiration to be fulfilled there is much work that needs to be done, both in terms of Health Systems Strengthening (HSS) and in terms of changing people's behaviours and other socio-economic determinants of health.

Strategic Directions

Vision

Enhancing health, social cohesion and sustainable human and economic development through Universal Health Coverage.

Mission and Goals

Strengthen the health systems towards the provision of equitable universal coverage through:

1. Improving health outcomes
2. Enhancing financial protection, and
3. Ensuring consumer satisfaction

Strategic Area

Realizing the current critical challenges and to achieve the aspirational goals the following strategic areas have been identified.

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

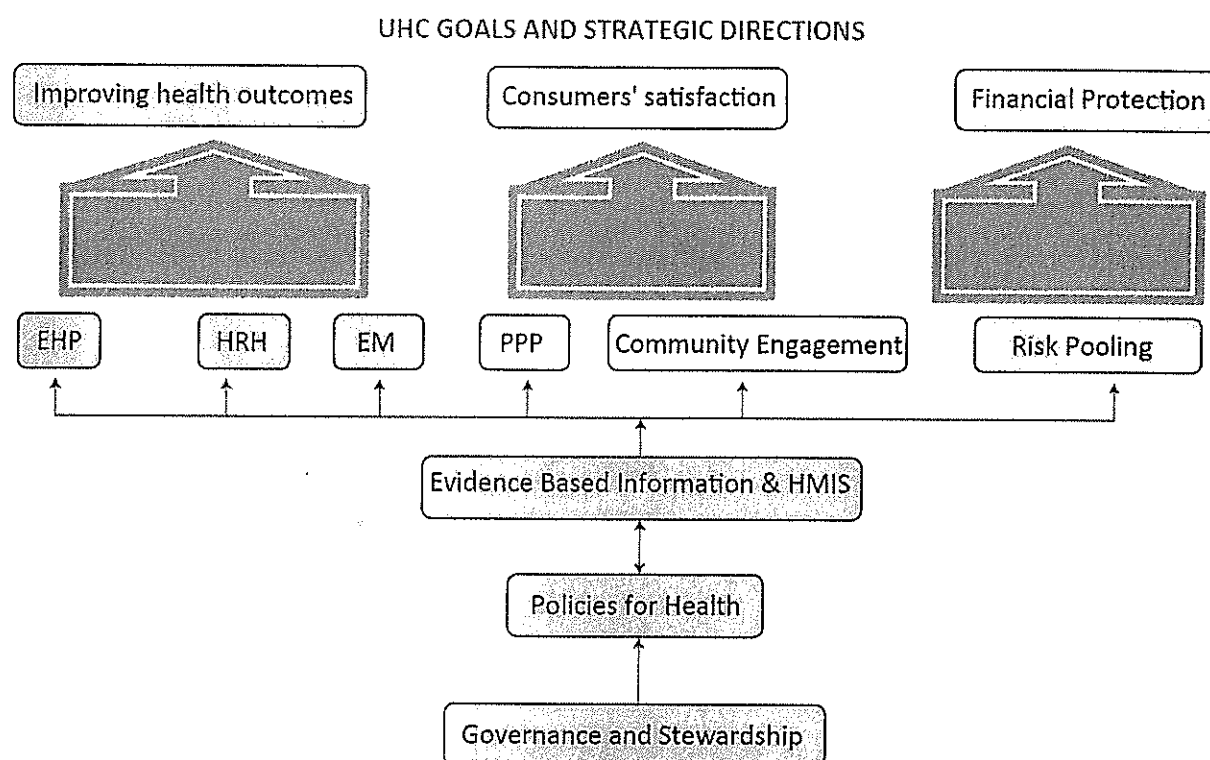
To achieve the target goals of strengthening the health systems towards the provision of equitable universal coverage it is vital to focus on ways to improving health outcomes, enhancing the financial protection and ensuring the consumer satisfaction.

For improving the health outcomes, first it may be necessary to identify the essential health package to be made available at the service delivery point. The essential health package (strategic area 1) will address the inequities and service availability gaps at each locality. The components in broader categories will be defined and it will be varied with the unique situation of the locality at the operation level. The availability of appropriate skill-mixed human resources is obligatory for an access to quality care equitably (strategic area 2). Production, deployment, distribution and retention of all level of human resources will be taken up. Another critical important item is availability of essential medicines and functioning of related regulatory procedures. Associated medical technology and infrastructure will also be addressed (strategic area 3). Currently, public sector is growing. There are many services and components where Public Private Partnership can play an important role for shaping up a better health outcome. However it may need to observe related regulatory process and if necessary policy may need to be adopted (strategic area 4).

It has also been well aware that there are situation of catastrophic events faced in families due to high expenditure of health care. The government is also trying its best in increasing spending on health and appropriate measures of health financing are being explored to enhance the financial protection (strategic area 5).

In ensuring the consumer satisfaction, *improving the health outcome and enhancing the financial protection* are also inclusive. However community engagement (strategic area 6), evidence based information and comprehensive management of health information (strategic area 7), reviewing revising and adoption of new health policy (strategic area 8) and governance and stewardship practices (strategic area 9) are also essential in

leading to consumer satisfaction. Effective consumer and community engagement facilitates an opportunity for an integrated health service, which is built around the needs of an individual and will deliver better health outcomes. Evidence-based information is vital for decision making process in providing an effective and efficient health care. Appropriate health information and the media are also pivotal in enhancing the health outcome and leading to customer satisfaction. Governance and stewardship is critical in terms of accountability and responsiveness and reaching the right services to the consumer.



Strategic Area 1: Essential Health Package for a comprehensive quality health services

Myanmar supports definition of essential health package as an effective and efficient way of improving health service delivery. EHPs aim to concentrate scarce resources on interventions which *provide the best 'value for money'*. Aspirational EHPs are often expected to achieve multiple goals: improved efficiency; equity; political empowerment, accountability, and altogether more effective care. EHPs are intended to be a guaranteed minimum and can enhance *equity*. However, if an EHP is to be universal, and include a safety net for the poorest, there must be additional deliberate efforts to improve access. Private as well as public providers may need to be involved. Implementing an EHP is not just a technical exercise. Political and institutional processes need to be engaged, because successful implementation involves dialogue on purpose and design; decisions on financing and delivery arrangements, and adaptation over time. Without adequate national ownership, an EHP is unlikely to be implemented - no matter how popular it is with donors. Implementation has implications for budget allocations, essential medicines lists; the distribution and training of health workers and information systems.

Myanmar will develop an EHP through an iterative process, involving technical, financial, and socio-political considerations. Taking inputs of other relevant officials and stakeholders, the package will be defined, costed, and revisited as needed. Different components of the package for universal coverage would be rolled out in phases, e.g., by making MNCH and essential medicines available to all in the first phase, with other services to be added later on, towards the eventual goal of UHC. It is understood that the package would be subject to future updating as the epidemiological, financial and social contexts change. The population coverage of certain services may also need to be phased in; this shall be achieved in an equitable manner, with a focus on the poor and vulnerable and hard-to-reach areas being a priority. It is imperative to address the issue of equity, regardless of reasons in deficiencies in accessibility to health services, either in geographical, financial or others.

For each of the following broad categories, there are specific interventions to be provided at the Health Centres and Township levels:

- Essential health care services and availability of essential medicines;
- Reproductive health - ante-natal care; delivery and newborn care; post-natal care; child health - Integrated Management of Childhood Illness (IMCI); growth monitoring and essential nutrition actions; immunization; adolescent reproductive health and school health;
- Nutrition Promotion;
- Communicable diseases: HIV/AIDS and sexually transmitted infections, TB and Malaria, vaccine preventable diseases, disease surveillance and response;
- Advocating for a healthy lifestyle, preventing essential risk factors and providing basic curative care and treatment of major Non Communicable Diseases;
- Hygiene and environmental health, excluding the provision of mass sanitation and water supplies, which is the responsibility of a different sector;
- Health education and communication;

The principal criteria for specifying the content of an EHP are *Cost-effectiveness and Feasibility*.

Strategic Area 2: Enhance HRH Management through implementation of the Health Workforce Strategic Plan

It is estimated in 2010-11 there were 88,975 health workers, including 26,435 medical practitioners, 25,544 nurses and 19,556 midwives. Together, this equalled to 1.49 health workers (doctors, nurses and midwives) per 1,000 people, well below the WHO minimum recommended threshold of 2.3 health workers considered necessary to support the achievement of the Millennium Development Goals (MDG). Furthermore, not all these health workers are public servants, and those who are, are not necessarily employed by the Ministry of Health as the Ministries of Labour and Defence have employed large numbers of health workers. Due to the limited data on the private sector it is difficult to estimate the availability and deployment of health personnel and ascertain the true state of HRH in Myanmar. It is known however, that the private sector is playing an increasingly important role in Myanmar health system and that it is essential to understand its contribution and regulate its involvement.

Main HRH Challenges

- Shortages of human resources;
- Inappropriate balance and mix of skills;
- Inequitable distribution;
- Difficulties in rural deployment and retention;
- Lack of appropriate incentives and support to engender motivation and retention of health workers in remote areas.
- Basic health staffs are responsible for providing health services to approximately 70% of the population, largely in rural areas.
- High levels of private financing of health services, security issues, poor infrastructure and transport, lack of equipment, resources and drugs, cultural and language difficulties and geographic isolation.
- In view of these constraints, not surprisingly, there has been a focus on extending the coverage and access to services through production of a larger quantity of health personnel without sufficient emphasis on the quality of the services provided.
- Production and recruitment of health workers are often not well synchronised, with excess number of doctors relative to recruitment quota, and lack of nursing personnel to fill vacancies in rural areas.

- Inadequate numbers of doctors in sub-specialities have also resulted in inequitable distribution to all States and Regional health services.
- Pre-service and postgraduate education is also affected by inadequate funding and infrastructure which in turn affects the capacity of the institutions to offer quality programs.

Issues that need to be addressed are:

- Inadequate HRH information systems to inform HRH policy formulation and operational decision making particularly with regard to the deployment of staff in the private sector.
- Insufficient capacity and resources to implement a systematic regulatory framework to ensure adherence to institutional quality standards and competence of health personnel to provide quality services.
- Insufficient engagement of development partners in formulation and delivery of coordinated support and investments particularly in continuing education at the grass root levels.
- Shortages of health workers particularly in rural and remote areas.
- Workforce recruitment quotas that fail to respond to the staffing requirements of the health system.
- Inadequate financial arrangement for support of education institutions and professional bodies to enable quality production of health personnel.
- Deficiencies in the quality of education and training of health workers particularly weak professional, practical and clinical skills.
- Imbalance in skills-mix and distribution of health workers.
- Lack of clarity about functional responsibilities, scope of services, required competencies and supervision arrangements in different settings.
- Low motivation and performance of health workers at all levels.
- Insufficient salaries to meet basic living costs and low incentives.

To address these issues, Health Workforce Strategic Plan 2012 -2017 is currently in place with the goal: "To develop an effective health workforce that can meet the challenges facing the Myanmar health system, ensuring that competent and committed personnel, managerial and technical, appropriate in quantity and quality, are deployed where and when needed to adequately serve all the people of Myanmar." The vision for the Health Workforce Strategic Plan is to achieve comprehensive health benefits, by providing universal coverage of quality and equitable health services through a sustainable health system with adequate, competent and productive health workforce. It is critical to have evidence-based information related to the gaps and challenges of the workforce issues both in quantity, quality and skill-mix, at the community level so as to intervene appropriately in time. A comprehensive health workforce strategic plan may need further consideration for health workforce in all sectors and private sector, NGOs and under various faith based organizations. The Health Workforce Strategic Plan 2012-2017 has already been launched and pre-requisite activities have already been initiated to address the Health Workforce issues. The main strategic directions in HRH are:

- Strengthen the leadership and management of human resources for health.
- Ensure availability and deployment of adequate number and mix of suitably qualified health workers at all levels of the health system.
- Ensure availability of a competent and motivated health workforce through improved training and supervision.
- Ensure efficiency, quality and acceptability of the health workforce through attention to equity issues.

In line with the strategic direction, the Ministry of Health focus on the followings:

- Determine and implement affordable and sustainable staffing norms that reflect service requirements and promote effective use of scarce resources within the PHC conceptual framework to respond to users' needs.
- Consult with health services providers and identify gaps in staffing according to agreed staff norms, and set priorities for resolving imbalances in staff distribution and skill mix.
- Endeavour to address gaps in the provision of qualified health workers, particularly female health workers in remote and underserved areas by initiating evidence based practices.
- Undertake concrete steps to enhance staff productivity and morale by strengthening assessment and management of health worker performance.

- Explore optimal measures to address the retention issues including provision of financial and other incentives for rural practice, particularly in those locations most underserved, with consideration given to long-term sustainability.
- Develop annual operational plans and long term strategic plans for all training institution and monitor the planned implementation emerging from these plans for development of educational facilities and resources to ensure that proposed developments reflect HRH training priorities.
- Support the efforts of training institutions to develop the quality of teachers and the development of essential educational resources for student learning.

The targets by 2017 are:

- Review development requirements of health sciences Universities and Schools and prepare investment plans to address priorities;
- Review existing and potential sources of funding to ensure adequate funding for education institutions;
- Develop a national accreditation body for all health training courses and institutions to improve governance and academic standards. (including development of quality standards and mechanism for accreditation);
- Develop and strengthen the capacity of each of the health professional councils (Myanmar Medical Council, Myanmar Nurse and Midwife Council, and Myanmar Dental Council) to promote their contribution to quality management (including certification of competency for licensing and registration of health personnel)
- Collaborate with other stakeholders, including private sector, to effectively integrate pre- and in-service training programs based on a competency framework; and
- Develop bridging courses to up-skill auxiliary midwives to fully qualified midwives.
- Develop HR Master Plan

In conclusion, the most critical issue in the management of health workforce is the retention of health personnel. It is a necessity to have a Health Personnel Retention Policy complementing with necessary legislations and regulation.

Strategic Area 3: Ensure the availability of quality, efficacious and low cost essential medicines, equipment, technologies and infrastructure system including supply chain management at all level

Essential medicines are those that satisfy or most needed for the health care of the majority of the population; they should therefore be available at all times, in adequate amounts and in the appropriate dosage forms, and at a price that individuals and the community can afford. National Drug Law was promulgated in 1992 to ensure drugs (medicines) consumed by the community to be safe and efficacious and of good quality. The Myanmar Essential Drug Project (MEDP), started in 1988, has replicated its activities phase by phase and now, all townships in primary health care level have been covered with essential drugs concept, rational use of drugs, estimation of drugs requirement, systematic management of drugs supply system and drugs counselling, IEC relating to use of drugs to community for compliance to essential drugs. During replication of project activities, it has adopted Community Cost Sharing (CCS) system and Revolving Drug Funds system (RDF). CMSD is mainly responsible for procurement, storage and distribution of medical supplies for all hospitals, Urban Health Centre, Rural Health Centre, MCH, School Health Teams and Health Centres under Ministry of Health. It is also responsible for clearance, storage and distribution of all supplies regardless of its source. At present Computerized Inventory Control System & Local Area Network are in progress. However, currently as per initiative of decentralization some of these functions are being taken up by the State and Regional Health Department and Medical Superintendents of tertiary level hospitals.

The national essential drug list and standard treatment guidelines are constantly under review. The essential medicine policy is also under drafting and it is proposed that there will be a focus on providing universal access to essential medicines free of charge to the population in need. The current practise is the 'push' method as it is not possible to quantify the needs of each locality at this stage. An intensive engagement is currently undertaking through flooded essential medicines to all health facilities and this will concurrently

decreases in out of pocket expenditure of the community. However it will be followed with a systematic quantification 'pull' soon it is ready from the beneficiary site. A strategy needs to be identified to sustain this system nationally and identify a means of financing it. The main factors effecting access to quality essential medicine supply are as follows:

- Financial limitations
- Manufacturing limitations due to limited domestic manufacturing capacity
- Limited HR and System capacity: capacity and quantification of essential medicines at all levels
- Irrational use of medicines from provider and consumer side

The main strategic directions required for UHC for essential medicines in the medium term are:

- Adequate supply of basic essential medicines free of charge at all level
- Promoting use of Standard Treatment Guidelines
- Introducing of 'pull' system for essential medicines
- Adoption of National Medicine Policy together with the updated National Essential Drug List

In conclusion it is critical to ensure that every citizen has regular access to safe, quality, efficacious, low cost and available essential medicines in every health care facility. To achieve this goal the programme needs to increase the number of trainers for multiplier course of concept of essential medicines, rational use of drugs, estimation of drugs requirements and systematic management of drug supply system and to increase the number of health related institutes for integration of concept of essential drugs, rational use of drugs into their undergraduate and post-graduate curriculum.

Moreover, in ensuring the access to quality medicine, efficiency of Supply System Management Network play a critical role and strategies directed to this component comprises of:

- Computerizing the inventory control system.
- Training for computerized inventory control and networking system to the staff
- Study tour on computerized inventory control and networking system abroad.
- Development of supply system management software program.

The process will be monitored and evaluated in respect of its timely and qualitative terms of its performance. The benefits are: quality of medical supply system will be improved due to improved logistic management information system; and health logistic data will be easily, accurately and quickly available for management and planning purposes.

Health Laboratory

Health Laboratory Services, an integral part of the National Health Services, provide the essential backbone support for Primary Health Care by: assisting in early and reliable diagnosis and treatment; investigating outbreaks of disease; collecting reliable surveillance data for effective disease control; collecting and providing data for disease prevention; monitoring the quality of water and food; providing appropriate support for related health care programmes such as rehabilitation; and if possible, monitoring the various vertical national health programmes.

In order to fulfil these essential functions, the country has established and sustained a nationwide health laboratory services network extending from the rural (peripheral) to urban (intermediate and central) levels so as to provide: effective diagnosis and monitoring of disease; proper and prompt communications enforced by smooth functional coordination, cooperation and timely referrals; timely, adequate and effective logistics support at all times, especially in emergency situations.

The strategic need is laboratories performing simple microscopy alone be centred at rural health centres and categorized as type D. The general objective is to establish new Clinical Pathology and Public Health Laboratories in township, station hospital and remote border area locations phase-by-phase and to upgrade the respective intermediate and central level referral laboratories in order to enhance the effectiveness and success of the National Health Care Delivery System. To ensure the access of quality health care the laboratory network will further be expanded and strengthened, including the upgrading in biosafety level leading to development of national health laboratory policy.

Transfusion Medicine

Transfusion of specific blood and blood products has become an established standard way of treating patients who are deficient in one or more blood components, and has replaced the traditional trend of giving whole blood only. Meanwhile, enhanced knowledge on the inherent dangers of blood transfusion, including not only of reactions from mismatching, but also of transmission of infectious diseases such as HIV, HBV, HCV, malaria, syphilis and many others, have led to the realization that a universal goal of ensuring timely and adequate supply of safe blood and blood products must essentially be set. In order to achieve this ultimate goal, it is of prime importance to successfully establish a system of a 100% voluntary, non-remunerated blood donation and to employ ways and means of operating the National Blood Transfusion Services (BTS) on a comprehensive cost-recovery basis in addition to promoting and sustaining the rational use of blood and blood products appropriate to the country situation. BTS are operated by hospital-based blood banks which are part of the hospital laboratory.

The objectives of the medical infrastructure is to ensure the adequate availability of safe blood in all hospital BTS so as to support Primary Health Care Services effectively, to strengthen manpower and material resources in existing hospital BTS, and to establish Quality Management System in BTS.

The strategies are:

- Establishment of National Blood Centres in Yangon (Lower Myanmar) and Mandalay (Upper Myanmar).
- Adequately standardized provision of blood storage refrigerators and other supplies to different levels of hospital blood transfusion services.
- Employment of measures to promote the rational use of blood and blood products.
- Motivation, recruitment and retention of regular, voluntary, non-remunerated blood donors so as to ensure adequate availability of safe blood.
- Provision of 100% screening for transfusion transmissible infections in blood donors.
- Production of skilled Blood Transfusion Services personnel through capacity building, including continuing medical education activities and refresher training.

The priority activities are: promotion of voluntary donor motivation, recruitment and retention activities; provision of adequate facilities and enforcement of performance in laboratories and the attached Blood Banks; enforcement of the quality performance, including the practice of Laboratory Safety Procedures and regulate inspection practices.

Food and Drug Administration Programme

In accordance with notifications issued and provisions of Public Health Law, National Drug Law and National Food Law, the MOH is undertaking regulatory measures in matters relating to food and drug, cosmetics and medical device commodities. In general, public is found to have inadequate health knowledge and it is necessary to collaborate with related departments, non-governmental organizations and private sector, disseminate health education messages and take quality control measures systematically to safeguard consumers against hazards relating to consumption of food and drugs. The strategic direction is to establish an effective and appropriate control and *regulatory mechanism* to supervise and control production, import, distribution and sale of quality assured and safe food, medicine, cosmetics and medical device commodities. FDA will enhance the mechanisms for an effective control of regulatory mechanism which are vital in access to quality essential medicine.

Infrastructure Systems

In total there are 3,167 public health facilities with hospital beds expanded from 25,309 to 54,503 between 1988-89 and 2011-12 and the number of public hospitals from 631 to 987 in the same time. However, the number of rural health centres has been minimal growth in primary health care infrastructure in the same period, only from 1337 to 1676. Maternal and child health centres and school health teams have remained static. In a 20 Township survey, 117 locations were without a proper building out of 617 sub centre and majority had no electricity and water sources were from shallow well. Infra-structures of sanitary latrines were found to be poor.

There are currently 1676 RHCs, which is only 45% of the recommended population based norms. The survey findings strongly indicate to locate and fulfil the need throughout the country. Region by Region and State by State Township level infrastructure planning is required in order to strategically plan and locate rural health facilities according to an agreed population catchment so as to facilitate the access of health services to all. The present strategic schedule is to accelerate infrastructure development according to the following schedule. 3 station hospitals will be constructed in every State and Region. 60 RHC will be constructed nationally per year. Sub centres will be constructed according to need.

Strategic Area 4: Enhance the effectiveness of Public Private Partnerships

In today's world of complexity and rapid pace, it is almost impossible to do anything alone. This is especially true in health where constantly rising prices, changing disease patterns, and increasing use of sophisticated technology for diagnosis and treatment have made it virtually impossible to imagine any single organization providing services without some type of institutional partnership. This is true for Myanmar as the nation's reform itself is in transition so also the health sector. A partnership is "a relationship based upon agreements, reflecting mutual responsibilities in furtherance of shared interests." If partnerships are to be successful, and have both clear mutually agreed upon objectives and risks, there are some underlying characteristics that must be in place.

The characteristics of PPP are as follows: clearly specified, realistic and shared goals; clearly delineated and agreed roles and responsibilities; distinct benefits for all parties; the perception of transparency; active maintenance of the partnership; equality of participation; meeting agreed obligations. The emphasis both place on transparency and accountability and on a common understanding between the parties of what is expected. The implication of this element is that successful partnerships will in many cases require a re-evaluation of the partner organization in terms of transparency, accountability, and forthrightness in defining expectations both of itself and of its partners.

In certain situation, the inability of the public health sector has forced poor and deprived sections of the population to seek health services from the private sector. Evidence indicates that the private sector provides a large volume of health services but with marginal regulation. To strengthen the efficiency and equity in the health system, the health sector has being undertaken health sector reforms. One of these reforms may accommodate to collaborate with the private sector through Public Private Partnership (PPP). This will enhance the achievement of the nation's principal health goal of access to the quality health care equitably by All, through UHC.

Collaboration with the private sector to provide health services to the poor may generate many challenges. These include the motives of the private sector, scope and objectives of partnership, policy and legal frameworks, benefits of such partnerships, technical and managerial capacity of governments and private agencies to manage and monitor such partnerships, incentives for the private sector, stakeholder's perspectives towards partnership, and explicit benefits to the poor through such partnerships. Services will include clinical care services as well as non-clinical support services, stationary establishments as well as mobile services, which specifically include diagnostic services, general curative care, maternal and child health services, community health financing, health promotion activities and ICT-based health service provision. Operational issues in the context of equity, accessibility to the poor and the deprived groups are main challenges. However, it is important to emphasize that partnerships are no substitute for good governance and that partnership requires governmental leadership.

The strategies to be observed for the success of a partnership are:

- A clear understanding between the partners about mutual benefits
- A clear understanding of the responsibilities and obligations between the partners
- Strong community support
- Need for some catalyst to start the process of partnership (maybe an individual, a donor, a compelling vision or even natural or man-made crisis)
- Regulatory framework that is followed and enforced
- Capacity and expertise of the government at different levels in designing and managing contracts (partnership)

- Appropriate organizational and management systems for partnerships
- Strong management information system
- Clarity on incentives and penalties.

However, partnership with the private sector presupposes that equity, accessibility and quality of care would be ensured to the targeted beneficiaries, i.e. the poor and deprived sections of the population. Scope and types of partnership may vary: contracting; franchising; social marketing; joint ventures; subsidies and tax incentives; vouchers or service; purchase coupons; hospital autonomy; philanthropic contributions; health co-operatives; grants-in-aid; and social health insurance. Of course, different models are useful under different circumstances.

The main prerequisite for an effective PPP is to have the operation under the **Public Private Partnership policy together with related legislation and regulation**. However, visionary leadership, social entrepreneurship and relationships based on trust between the stakeholders are equally important for successful partnerships. Pre-negotiated partnerships seem to be more effective in Myanmar. Capacity of private partners and public sector officials towards managing the partnerships is yet to be fully developed. Public sector managers may perceive the new initiative as a burdensome task, requiring them not only to placate their subordinates but also to seek better performance from their private partners. Private partners, who are known for their informal and flexible systems and organizational processes, are uncomfortable with the rigid organizational and managerial processes and procedures of the public sector, however the accountability should be the basis. Bureaucracy is yet to become conversant in the principles of New Public Management. For further reinforcing the effective engagement in PPP, it is essential to review and revise the Private Medical Practices Law 2007 and necessary regulatory procedures need to be adopted soon.

Strategic Area 5: Financial Risk Protection towards Universal Health Coverage in Myanmar

Myanmar is committed to making sure that no family is forced into poverty because of health care expenses. This injustice can be tackled by introducing effective models of equitable health financing with strong social protection measures for all members of society in order to close the gap in access to quality health services equitably. This requires a health system that ensures that health investments and expenditures will contribute to improving health outcomes equitably and sustainably.

Issues and challenges

It is clear that achievement of Universal Health Coverage with comprehensive access to health services and effective financial protection will take some time. Innovative and alternative health care financing methods and risk pooling mechanisms are needed in every step of UHC: initial target to cover population with effective essential benefit package, fulfilling coverage gaps in population, service and cost at intermediate stage and achievement of UHC but need to improve quality of service in late stage.

Complete and reliable data is obligatory in the analysis of spending on health.. The only health financing data that is well recorded at source is public spending, which accounts for only a small proportion of total spending on health. Spending on health from external sources, including bilateral aid and assistance from development partners, is not completely and accurately recorded. Private out-of-pocket spending on health, which is the single largest financier of health in Myanmar, is less properly documented. This necessitates urgent government action to improve data collection, collation, analysis and use for effective policy-making. In an environment of large out-of-pocket payments, periodic household budget surveys are necessary for reliable data on use and out-of-pocket spending on health. And finally, developing the analytical capacity within MOH would facilitate regular and high quality analysis of data to better inform policy.

Myanmar spent an estimated 1,137 billion kyats (\$1.3 billion) on health in 2012-13, equivalent to 2.4 percent of GDP. During this period, the share of public spending in total health spending on health increased four-fold, from 8.5 percent in 2009-10 to 35 percent in 2012-13, largely due to a 6-fold increase in government spending through the Ministry of Health between 2009-10 and 2012-13. Compared to countries in the region, Myanmar spends much less on health as percent of GDP.

Fiscal year 2012-13 represents the year of transition. Relative to 2011-12, public spending on health

quadrupled, and expenditure on drugs and consumables went up from 4.9 percent to 20.9 percent of MOH spending, and on equipment and infrastructure from 27 percent to 51 percent of MOH spending. The share of pay and allowances in total MOH spending on health fell dramatically in 2012-13 to under 20 percent even as actual pay and allowances tripled during this period. Pharmaceuticals accounted for over 40 percent of total health spending in 2011-12, followed by curative care (29.5 percent), diagnostic care (12 percent), and preventive care (6.8 percent).

Recent increases in public spending on health provide a unique opportunity to realign public spending to enhance efficiency and effectiveness. Current levels of spending on preventive care and on health interventions with strong public goods characteristics need to be raised in order to reduce prevalence of disease and contribute to healthier and longer lives. Indeed, increasing allocation from government budget to address the leading causes of morbidity and mortality could potentially go a long way in significantly reducing the unnecessary years of lives lost. Recent increases in public spending on drugs require the formulation of a comprehensive policy on pharmaceuticals, which would allow MOH to strategically procure and distribute drugs and consumables to targeted populations. Strengthening the supply system of pharmaceuticals would increase timely accessibility of quality drugs and consumables by the population. In addition, greater consumption of free drugs provided by MOH would significantly reduce out-of-pocket spending on health. And finally, recent increases in government spending on health infrastructure and equipment would be better guided by a comprehensive policy on capital spending, which would allow the government to plan and prioritize investments on construction and equipment to address geographical disparities and urgent needs.

Out-of-pocket payments are the prominent form of health financing in Myanmar, and in the absence of any prepayment mechanisms, such as health insurance, households face a real risk of incurring large medical care expenditures if any member fall ill. Not only does this disrupt the material living standards of the household, it is also potentially impoverishing and catastrophic. Recent increases in public spending on health provide a unique opportunity to reduce out-of-pocket spending and enhance equity. The large, fragmented and unregulated out-of-pocket spending provides opportunities for innovative pooling and purchasing options. Formulation of financial protection policies, funded entirely by the state through increased budgetary allocations for the health sector, or through social health insurance mechanisms would ensure that nobody faces financial barriers when seeking care at point of service. Not only would financial protection and universal coverage for health enhance equity, it would also contribute to healthier, productive lives

Currently according to the available data, Myanmar health care system may have difficulties to fulfil the goal of financial risk protection for its beneficiaries i.e. a higher level of out-of-pocket expenditure among total health expenditure, relatively low investment in health (Total health expenditure is nearly 2% of GDP, Government health expenditure is 3.14% of total government budget and 20% of total health expenditure) and scarcity of pre-payment and risk pooling schemes (social security board under Ministry of Labour Employment and Social Security) currently cover only 1% of the total population

Strategic direction for financial protection

Each and every step of health care financing i.e. revenue collection, risk pooling and purchasing needs to be in line with political commitment and political economy as well as with health service delivery. It is necessary that a health system should ensure equitable accessibility, public confidence with both provider and consumers' satisfaction and also should improve efficiency, ensure equity and sustainable politically, institutionally and financially. For that reason, provider purchaser split with good governance should be considered where designing package and payment methods will be considered by purchaser organization while public (MOH) and private health care institution can be performed effectively as a sole provider and quality of care must be assessed by proper quality assurance mechanism.

Alternative health revenues such as earmarked tax, sin tax, premiums from compulsory public health insurance should be pooled effectively in order to design effective benefit health package, to alleviate catastrophic health care expenditure of the population. All these efforts are currently being undertaken.

Strategic Area 6: Strengthen Community Engagement

Community engagement refers to the connections between government and communities in the development and implementation of policies, programs, services and projects. It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and, in some instances, active participation in government decision making. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, through the acquisition of skills, knowledge and experience. Myanmar has a traditional value in this perspective of working together between the community and the government. Currently it is very much engaged in areas of prevention of diseases of national concern like HIV/AIDS, TB and Malaria and in health promotion like nutrition. However it will be enhanced further how these practices can evolve in the targeted strategies and plans.

Engagement value adds to the work of health service organisations by enabling them to establish and develop partnerships with consumers and the community to work collaboratively towards a shared vision for healthcare and more efficient, effective healthcare delivery. It enables health service organisations to directly tap into consumers and organisations and use the information gained at the individual and collective level to improve service planning, design, delivery and evaluation approaches. In engaging with consumers and communities, it is important to recognise that consumers choose how and when they will engage in their healthcare. This often depends on the nature of the activity, the consumer's perception in relation to the intent to meaningfully engage, whether the activity will improve health outcomes and the consumer's life, health and social circumstances at that time. It is therefore important that health service organisations provide meaningful opportunities for consumers and communities to engage that facilitate access, recognise barriers to engagement and demonstrate how it will contribute to better health outcomes for individuals, their families/carers and the broader community.

Consumer and community engagement strategies

The Local Bodies are required to develop consumer and community engagement strategies. MOH understands that these will inform and link with strategic plans, operational plans and other business plans that integrate consumer and community engagement across the programs and services of the Network under the MOH. An effective approach to consumer and community engagement within a Network will rely on collaboration across Local Health Network Service, program, facility and network levels and be supported by an integrated approach with their corresponding health service and other key stakeholders. MOH provides a consistent and overarching structure to guide and support engagement by Local Health Network with consumers and communities, including wider engagement with health and community sector services, health practitioners, private hospitals and elements that support the following key processes being undertaken to develop effective engagement strategies:

- Mapping the consumers who access health services within the Network;
- Understanding the potential consumers within the Network who may not currently access the services because the current services delivered do not meet their needs or there are access barriers;
- Understanding the diversity of the people who are current or potential users of health services;
- Identifying key relationships that need development to reach and engage appropriately with the local community;
- Identifying engagement mechanisms that are currently in place in terms of what works, what has been successful in delivering the outcomes needed, what can be built upon, and where are the opportunities to be innovative and responsive to develop new engagement mechanisms; and
- Identifying opportunities to work collaboratively with consumers, the health and community services sector to build upon what currently works and tailor the strategies to engage effectively with a broad range of consumers and communities to have input into service planning and design, service delivery and service monitoring and evaluation.

As such, consumer and community engagement facilitates an opportunity for health service organisations utilising this Framework to develop consumer and community engagement strategies which are innovative and targeted to best meet the needs of the consumers and communities within their local areas. Consumers and the community want to be able to access the services they need, when they need them, in their local community. This is achieved through the delivery of an integrated and "joined up health system" across primary, acute, sub-acute and community services that is built around the needs of the person and delivers

better health outcomes for consumers, their families and carers. Consumer and Community Engagement Framework provides an overarching set of principles and approaches that enables a shared and collaborative approach to engagement that supports a broad range of stakeholders in both public, private and community health sectors to undertake effective consumer and community engagement. For an effective and integrated engagement in enhancing to achieve the aspirations of UHC, the Consumer and Community Engagement Policy and its supportive legislation and regulation need to be adopted and a close coordinated approach with local bodies be instituted at the operational level.

Strategic Area 7: Strengthen the evidence based information and comprehensive management Information system

Health Information System

The National Health Management Information System is crucial in effective and efficient management of restricted resources in health care delivery system in order to fulfil one of the national social objectives of the State which is "Uplift of health, fitness and education standard of the entire nation." For an effective health care system, it is essential to have comprehensive health management information system (HMIS). It is vital for health development of a country as relevant information enables management to arrive at sound decisions and judgments. It is a major tool in management of the integrated health services and is one of the managerial processes for national health development. In this contemporary situation, annual evaluation of HMIS was performed at all levels in townships, State/Division and Central level. Although there is improvement in data validity and reliability in collected information, data completeness problems are still existed in some townships.

At the same time, in order to work out the above problems, pilot testing of computer applied Public Health Information System has performed in some selected townships in few districts by utilizing advanced modern technology. It is a necessity to sustain from a pivotal role in computing country's health related indicators while depicting national health plans and projects and to analyse health status improvement and declination provincially or throughout the nation and in prioritizing health problems and formulating localized micro-planning in the basic unit, sub-centre (village) level to national planning at the central level. Similarly hospital statistics also plays a crucial role for hospital care in relation with patient records, availability of equipment and drug resources. Facilities leading to host environment for an effective engagement in decentralization process reaching to all States and Regions is an urgent need for HMIS.

Health information plays a vital role in the development of present and future health care system. Establishing of health information network (Internet) could bring out many benefits, so that health information could be exchanged and evaluated between ministry of health and its departments, timely correction the information can be made and direction and instruction can be given within short period, the health care service programmes can be implemented and continuous surveillance can enable to undertake control and preventive measures effectively. In the Ministry of Health, the central source of information with the use of Internet, Intranet and e-mail is required to fulfil the needs of health planners, implementers of health activities, experts in medical research or medical science. The central source could help them to achieve their aims and objectives effectively and immediately. Computer Network has been established in NayPyiTaw using ICT. National health information could also be accessed through Intranet Servers. With introduction and utilization of Medical Record System at Hospitals and Teaching Hospitals of State and Regions, the inpatient records and information data could be sent successfully to the head quarter.

Web Page of Ministry of Health also has been established, making it possible to search literatures on any subjects, and research paper through Electronic Medical Library of medical institutes. To be in line with government ICT system, the Ministry of Health also use Myanmar Unicode font in Computer System, and conduct training and update new version whenever necessary.

The principal objective of HMIS is to improve the availability, accessibility and utilization of quality health information and the strategies are:

- Developing design and implementation of improved record systems and reporting instruments

- Developing shared or minimum essential data sets
- Strengthening application of appropriate informatics technology
- Increasing emphasis on inter-sectoral co-ordination and cooperation in system development
- Strengthening capacity building of HIS personnel
- Effective marketing of HIS products

The priority actions will include: establishing national HIS steering and working committee; developing national HIS policy; developing mechanism to ensure effective management covering administrative enforcement and regulatory measures; capacity building on health information sciences and related field; developing health personnel management information system; mobilizing resources for HIS activities; reviewing and revising existing forms for medical records; updating hospital information system; strengthening supervision, monitoring, evaluation and feedback; and conducting annual review for HIS.

Research

One of the nine objectives of Myanmar Health Vision 2030 is *"to develop medical research and health research up to international standards"*. The main objective of the Health Research Programme (HRP) is to conduct research in order to solve the health problems of the community in search for evidence informed decision making facilitating programme formulation, implementation and assessment. The general objective of Health Research Programme is to conduct research to solve the health problems of the community and generate evidence for implementation and assessment of NHP. The specific objectives are: to engage in health system research that can solve the community health problems; to generate evidence-based information in guiding the health policy and plans; to conduct health research on traditional medicines; to strengthen the research capacity and support activities that will complement to the health research development of the country. The major research activities could be broadly classified into: a) research on diseases and disorders of prime importance, b) socio-medical research, c) educational research, and d) technology development and research capability strengthening.

The strategies comprises of:

- Conducting research on emerging and re-emerging infectious diseases threatening the health of the country;
- Performing non-communicable diseases research highlighting diseases related to changing life styles;
- Promoting and accomplishing research activities on health systems with special emphasis on health delivery systems;
- Executing research activities on environmental health, highlighting the hazards of environmental pollutants
- Implementing research on traditional medicine underscoring the importance of herbal drugs;
- Carrying out research activities relating to academic and technology development applicable in the diagnosis, management and control of common disease / conditions;
- Strengthening research capacity through development of infrastructure, manpower and human resources, necessary for effective health research

It is very critical to be research minded among the health care providers in ensuring the transmission of evidence based information related to disease prevention to the health care recipients. There are altogether 13 such projects planned in all three Medical Research Departments. It includes workshops for young scientists from all departments, research papers reading sessions, conducting research conferences, publishing the findings in research journals and in periodic news release. Effective cooperation will be engaged with all the Departments within the Ministry of Health and other research institutions, NGOs and Civic Societies within the country and external institutions, UN Agencies and external Partners in Health.

The research projects included in the Health Research Project will provide immense benefit to the promotion of health in Myanmar. Some of the benefits will bear fruit immediately while some will become evident in time. The benefits garnered from the research projects include: enhancement of knowledge will lead to improvement in the diagnosis, prevention, control and management of emerging and re-emerging communicable diseases; behavioural research for lifestyle changes; indicating measures to prevent and control the exposure to pollution and avoidable hazards; scientific and evidence-based information on traditional

medicine and herbal drugs; establishing locally advanced and modern scientific techniques; and strengthening the research infrastructure including human resources.

Strategic Area 8: Review the existing health policies and adopt the necessary policies to address the current challenges for UHC

Policy guidelines for health service provision and development have been provided in the Constitutions of different administrative period. In the Article 28 of the present National Constitution, 2008, it stated as, 'The Union shall (a) earnestly strive to improve education and health of the people, and (b) enact the necessary law to enable national people to participate in matters of their education and health. In the article 32 it stated as, 'The Union shall: (a) care for mothers and children, orphans, fallen Defence Services personnel's children, the aged and the disabled'; in article 351, it stated as, 'Mothers, children and expectant women shall enjoy equal rights as prescribed by law;' and in article 367, it stated as, 'Every citizen shall, in accord with the health policy laid down by the Union, have the right to health care'.

Based on the constitutional provision and in line with the then prevailing health condition, political, socio-economic environment, the National Health Policy 1993, was developed with the initiation and guidance of the National Health Committee. The National Health Policy has placed the HFA as a prime objective using Primary Health Care approach.

Considering the rapid changes in demographic, epidemiological and economic trends both nationally and globally, Myanmar Health Vision, a long-term (30 years) health development plan has been drawn up to meet any future health challenges. The plan encompasses the national objectives i.e. political, economic and social objectives of the country. This long term visionary plan with its objectives will be a guide on which further short-term national health plans are to be developed. Finally, with the ultimate aim of the raising the health status of the people, within the Framework of Economic and Social Reform Strategy (FESR) the National Comprehensive Development Plan (Health Sector) (2011-2031), a 20-year long term plan has been adopted with the following policies:

To uplift the health status and ensuring health and longevity for the citizens;

1. To strive the sustainable development of the health care services in accordance with international standard;
2. To improve the determinants of health;
3. To implement health development programs appropriately according to international declarations, agreements and commitments;
4. To accelerate the health sector development in line with the ASEAN Economic Community.

Strategies for Development of the Health Sector - Aiming towards the health sector development, the following strategies are formulated in order to meet the objective of the review and development of the health policy and legislation for the health system strengthening:

- Organize the health policy and legislative committee and sub-committee according to the procedures
- Review and revise the existing health policy and laws
- Provide the suggestions in formulation and development of health policy and laws.

Aiming towards the UHC, the following strategies are formulated for exploration and development of alternative health care financing system.

- Strengthen the primary health care and rural-based activities
- Initiate the nationwide effective and efficient interventions such as maternal and child health care and free provision of essential drugs
- Plan to implement the social protection program for accessibility of health care services
- Manage the effective utilization of international aids on the national health development activities
- Perform the health policy analysis

Policies and Legislation that need further formulation and strengthening

In terms of skill-mixed, establishing 1:1 ratio for midwives and PHS II is critical for reducing the burden of work on midwives and expanding coverage in unreached or hard to reach areas. In order to ensure access to available quality service providers, in service training programs need to be streamlined through integrated information systems, needs assessments and continuing training plans. Motivation is multi-dimensional. In order to place and retain human resources in rural and remote area, a broad system strengthening approach is required to ensure: adequate supply of essential medicines; adequate infrastructure; supportive supervisors; and adequate remuneration and housing assistance. Similar implications are also found in other level of health professionals. To address all these issues, it is vital to have an appropriate Retention Policy should be adopted.

The essential medicine project started in 1988 with the long term objective to ensure that every citizen has regular access to safe, quality, efficacious, low-cost and affordable essential medicines in every health care facility. It is critical that all these issues should be governed by the National Essential Medicine Policy and need to be adopted to enhance the access of essential medicine. It is also important to formulate and regulate the supply chain logistics and the use of generic drugs to ensure the quality and minimize the cost.

It may also be necessary to follow up with effective regulatory procedures of enacted Laws in related to health of the people, such as Law related to Private Medical Practices and Social Security Law

Strategic Area 9: Intensify the Governance and stewardship for attainment of UHC

Governance in health is regarded as a salient theme on the development agenda. Leadership and governance in building a health system involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. The need for greater accountability arises both from increased funding and a growing demand to demonstrate results. Accountability is therefore an intrinsic aspect of governance that concerns the management of relationships between various stakeholders in health, including individuals, households, communities, firms, governments, nongovernmental organizations, private firms and other entities that have the responsibility to finance, monitor, deliver and use health services.

Two types of indicators have been proposed for measuring governance: rules-based and outcome-based. *Rules-based indicators* measure whether countries have appropriate policies, strategies and codified approaches for health system governance. In the health systems context, these indicators include the existence, for example, of a national essential medicines list or a national policy on malaria control. *Outcome-based indicators* measure whether rules and procedures are being effectively implemented or been enforced, based on the experience of relevant stakeholders. For health systems, examples may include the availability of essential medicines in health facilities or the absenteeism of health workers. The concept of health sector "stewardship," is closely related to leadership and governance. It defined stewardship as "effective oversight, coalition-building, regulation, attention to system design and accountability

Health governance involves three sets of actors. The first set is state actors, which includes politicians, policymakers, and other government officials. The second set of actors is health service providers. The third set of actors contains beneficiaries, health service users, and the general public. This set can be categorized in a variety of ways; for example, by income (poor vs non-poor), by location (rural vs urban), by service (maternal and child health, reproductive health, geriatric care), and by disease or condition (HIV/AIDS, TB, malaria, etc.). The linkages among these three categories of actors constitute the operational core of health governance. The particular features of these linkages, for example, their strength and effectiveness. The linkages among these three categories of actors constitute the operational core of health governance. The particular features of these linkages – for example, their strength, effectiveness, and quality – influence the ability of the health system to meet the performance criteria elaborate: equity, efficiency, relevance, access, quality, and sustainability.

The governance and stewardship strategic group will cooperate closely with all other projects under the National Health Plan and also with relevant other Ministries. It will also be coordinating with internal and external NGOs, Civic Societies, UN Agencies and with Regional Countries. As far as technical supervision and monitoring functions and responsibility is concerned, the 11 programme areas are assigned with 11 Programme Directors and they will be responsible for it. At the same time, the hierarchy follows the State and

Regional administrative structure. Monitoring and evaluation of the National Health Plan 2006-2011 will be carried out at every level of the health administration in continuing basis. Implementation of the plan will be monitored and evaluated with the intent to make improvement in the health programme providing health care services, improvement in the health infrastructure and to provide guidance for existing and future health programmes in mobilizing and utilizing resources. In monitoring and evaluation of the planned programming effective coordination be ensured, among the Departments within the Ministry and with other sectors, so also the Central level with States and Regional level.

The country is strengthening country-led monitoring and evaluation for review of national health plan in general, including a focus on reproductive, maternal, neonatal and child health. Myanmar has conducted Commission on Information and Accountability for Women's and Children's Health (COIA) workshop in 2013. To have an effective monitoring, 11 indicators on reproductive, maternal, neonatal and child health, disaggregated for gender and equity considerations were identified for the purpose of monitoring progress towards the goals of the Global Strategy. National Health Strategy which is the basis for information and accountability and a strong M&E plan of the NHS that also covers MNCH, including a framework for indicators, data sources and analysis has been drafted.

Currently, the country needs investments in three areas of monitoring and evaluation:

1. Strengthening national M&E platforms focusing on quality and gaps monitoring – national review and action. All UN, DPs and NGO may definitely be has their own framework of assessment. However for an effective analysis and to consolidate the achievements attained so far, a common guide and format is a necessity. The collaborative activities of all DPs should be adapted more closely to reflect the needs of the country.
2. Strengthening RMNCH-COIA, in national health planning cycles: Tracking of financial resources, national health expenditure, RMNCH sub-accounts and conducting of annual review, such as stakeholders' advocacy and review meetings, national countdown conferences involving Parliamentarians are needed.
3. Joint investments to strengthen country information system and also GAVI ISS and HSS monitoring process.

Conclusion

The UHC covers the whole county population, provides a comprehensive (and growing) package of services and deepening financial risk protection. A strong political will on access to quality health care equitably to all with a shining economic growth and consistently increasing in health spending of the government will definitely reduce the burden of the people in respect of OOP. In addition to the fact that healthy Myanmar have stronger cognitive and physical capabilities and, in consequence, make more productive contributions to society, healthy policy contributes to poverty reduction through the financial protection inherent in universal health coverage. In addition, health is also a potential beneficiary of policies in a wide range of other sectors.

Myanmar Basic Health Data

Health Index	2008	2009	2010	2011
Crude Birth Rate (per 1,000 population)				
- Urban	14.0	15.3	15.4	
- Rural	16.1	16.6	16.6	
Crude Death Rate (per 1,000 population)				
- Urban	7.6	5.1	5.2	
- Rural	8.7	5.8	6.1	
Infant Mortality Rate (per 1,000 live births)				
- Urban	28.2	25.7	25.6	
- Rural	30.0	27.8	27.8	
U5 Mortality Rate (per 1,000 live births)				
- Union	40.73	36.53	34.91	
- Urban	39.80	36.15	34.43	
- Rural	41.08	36.69	35.11	
Maternal Mortality Ratio (per 1,000 live births)				
- Union	1.48	1.41	1.42	
- Urban	1.23	1.13	1.12	
- Rural	1.57	1.52	1.54	
Population Growth Rate	1.52	1.29	1.10	
Average Life Expectancy				
- Urban (Male)	65.1	65.5	65.8	
(Female)	70.5	70.7	70.8	
- Rural (Male)	63.9	64.1	64.3	
(Female)	67.4	67.5	67.8	
Health Expenditure (Million Kyats)				
- Current	38368.1	41362.7	47275	60601.0
- Capital	10379.2	10080.7	16521	24743.7
Per Capita Health Expenditure (Kyats)	847.8	881.2	1078.9	1427.6
Hospitals	70.33	67.89	69.39	69.80
Ambulatory health care	17.54	17.01	14.43	14.63
Retail sale and medical goods	3.84	3.79	3.45	3.86
Provision and Administration of Public health programs	2.00	2.51	1.50	1.65
General health administration	0,51	0,50	2,46	3,14

Health related services	1.98	1.82	1.81	2.23
Rest of the world	3.80	6.48	6.96	4.69

Source: Ministry of Health, Myanmar

Abbreviation

AMW	Auxiliary midwife	IHR	International Health Regulations
BHS	Basic Health Staff	IMR	Infant Mortality Rate
BTS	National Blood Transfusion Service	JICA	Japan International Cooperation Agency
CCS	Community Cost Sharing	LHV	Lady Health Visitor
CSO	Central Statistical Organization	MDR-TB	Multi-drug resistant tuberculosis
COIA	Commission on Information and Accountability for Women's and Children's Health	MDG	Millennium Development Goal
DOH	Department of Health	MEDP	Myanmar Essential Drug Programme
DP	Development Partner	MW	Midwife
EHP	Essential Health Package	MNPED	Ministry of National Planning, Economic And Development
EPI	Expanded Programme on Immunization	MOH	Ministry of Health
FDA	Food and Drug Administration	MICS	Multiple indicator cluster survey
FESR	Framework for Economic and Social Reform	MMCWA	Myanmar Maternal and Child Welfare Association
GDP	Gross Domestic Product	MNCH	Maternal, Neonates and Child Health
GPW	General Programme of Work	MDGs	Millennium Development Goals
GFATM	Global Fund against AIDS, Tuberculosis and Malaria	NAP	National AIDS Programme
GAVI	Global Alliance for Vaccines and Immunization	NEQAS	National External Quality Assessment Scheme
GPN	Global Private Network	NCDs	Non-communicable diseases
HA	Health Assistant	NGO	Non-Governmental Organization
HMIS	Health Management Information System	NMR	Neonatal Mortality Rate
HRH	Human Resources for Health	NSP	National Strategic Plan
HIV/AIDS	Human immunodeficiency virus/acquired Immunodeficiency syndrome	NTP	National Tuberculosis Programme
ICC	Interagency Coordination Committee (for GAVI)	ODA	Official Development Assistance
IEC	information education and communication	PHC	Primary Health Care
IMCI	Integrated Management of Childhood Illness	PHS	Public Health Supervisor
INGO	International Non-Governmental Organization	PMCT	Prevention of Mother-to-child transmission
IMMCI	Integrated management of maternal and childhood illness	PPP	Public Private Partnership
IHLCA	Integrated Household Living Condition Assessment	RDF	Revolving Drug Fund
		RHCs	Rural Health Centers
		RMNCH	Reproductive, Maternal and Child Health
		TB	Tuberculosis
		TMO	Township Medical Officer
		UHC	Universal Health Coverage
		WBG	World Bank Group

