


Reorganization of Health Sector in Myanmar: Creating more space for Public Health

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Country Profile


- ▶ Myanmar situated in SE Asia Region with total population of 51.4 M (2014 Census)
 - ▶ 70 % of population resides in rural areas
 - ▶ Young female Literacy rate 88% (MICS 2010)
 - ▶ GDP Per capita US\$ 825 (Current) 1135 (PPP) as of 2011
 - ▶ 1 in 4 citizen is considered poor (IHLCA, 2010)
 - ▶ In 2015 election, NLD wins 80% of seats in the parliament and form a civilian gov.
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Health Situation

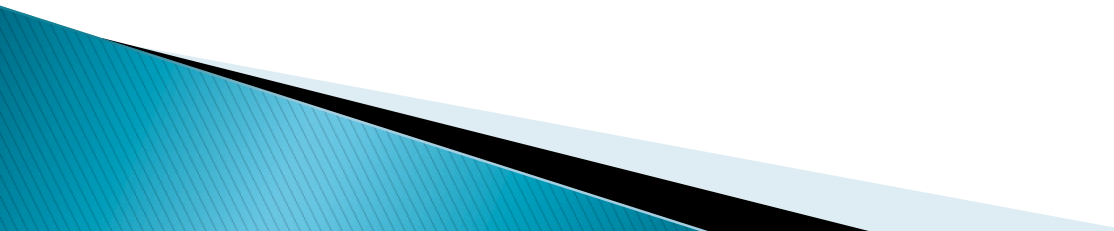
▶ Health status

- Life expectancy – Male = 63 yrs. Female = 67 yrs.
- IMR – 42 per 1000 LB
- U5 MR – 62 per 1000 LB
- High morbidity and mortality from TB, Malaria and HIV/ AIDS
- 59% of total deaths attributed to NCDs


▶ Resources for health

- Density of physicians= 0.5 per 1000 pop.
 - Density of nurse/ MW= 1 per 1000 pop.
 - Availability of hosp. beds = .6 per 1000 pop.
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Health Situation

- ▶ Health financing
 - Health expenditure contributed by government (3.8% of GDP, 2015)
 - 7% of total health expenditure contributed by donors
 - >85% of total health expenditure contributed by OOP payment
 - Social security scheme covers < 1% of total population
 - No health insurance system
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Current health issues

- ▶ Myanmar is undergoing prominent political, social and demographic change and is now facing the burden of disease transition
 - ▶ NCDs are rising very quickly with some challenges on CDs and MCH care still remains
 - ▶ Weak health infrastructure with insufficient human resource
 - ▶ Inadequate HIS with limited capacity to develop and implement evidence-based health policies
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Current health issues

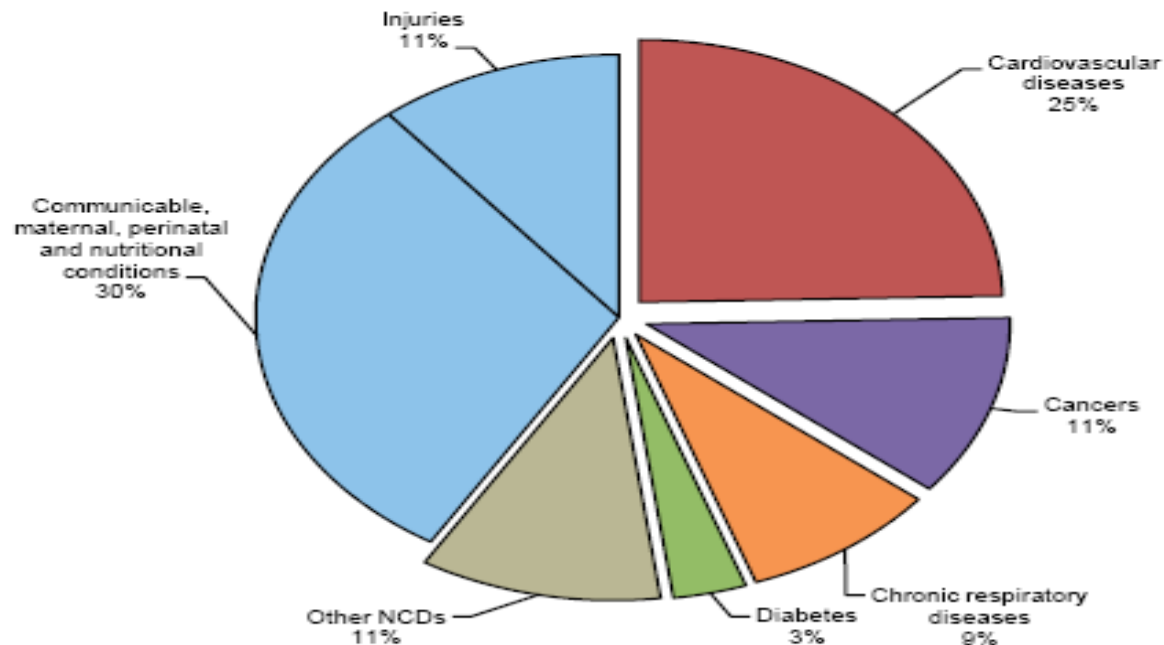
- ▶ NCD burden is on the rise
- ▶ National STEP Survey (2014) shows :
 - Raised blood glucose: 10.5%
 - Raised blood pressure: 26.4%
 - Raised blood cholesterol: 36.7%
 - Obesity: 5.5%
 - Smoking: 26.1%
 - Betel nut chewing: 43.2%
 - Alcohol drinking: 19.8%
 - Low fruit and vegetable consumption: 86.6%

Current mortality pattern in Myanmar

Percentage of population living in urban areas: 32.6%

Population proportion between ages 30 and 70 years: 44.2%


Proportional mortality (% of total deaths, all ages, both sexes)*




Total deaths: 441,000

NCDs are estimated to account for 59% of total deaths.

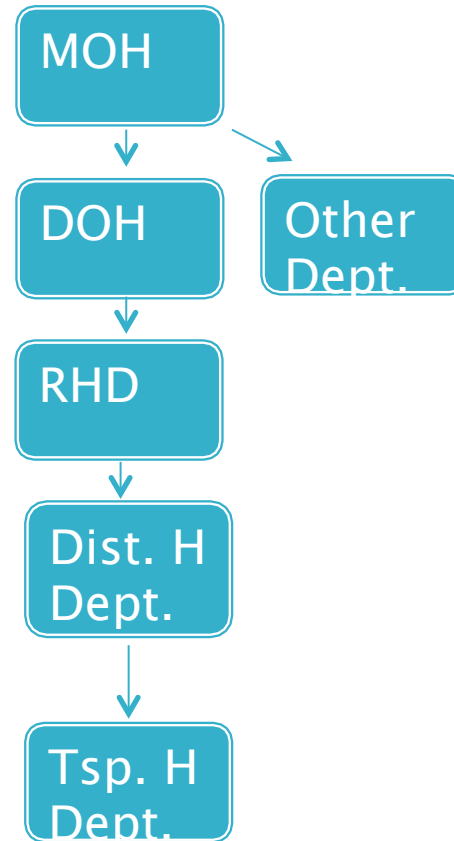
Current health issues

- ▶ Weak public health care and low accessibility in the rural and border areas of the country
 - ▶ High spending on hospital care with very limited investment on PHC– Almost 70% of health budget went to hospital care
 - ▶ Severe shortage of human resources at primary health care (PHC) level and preventive aspects
 - ▶ PHC workers esp. MWs are overloaded with a wide range of duties
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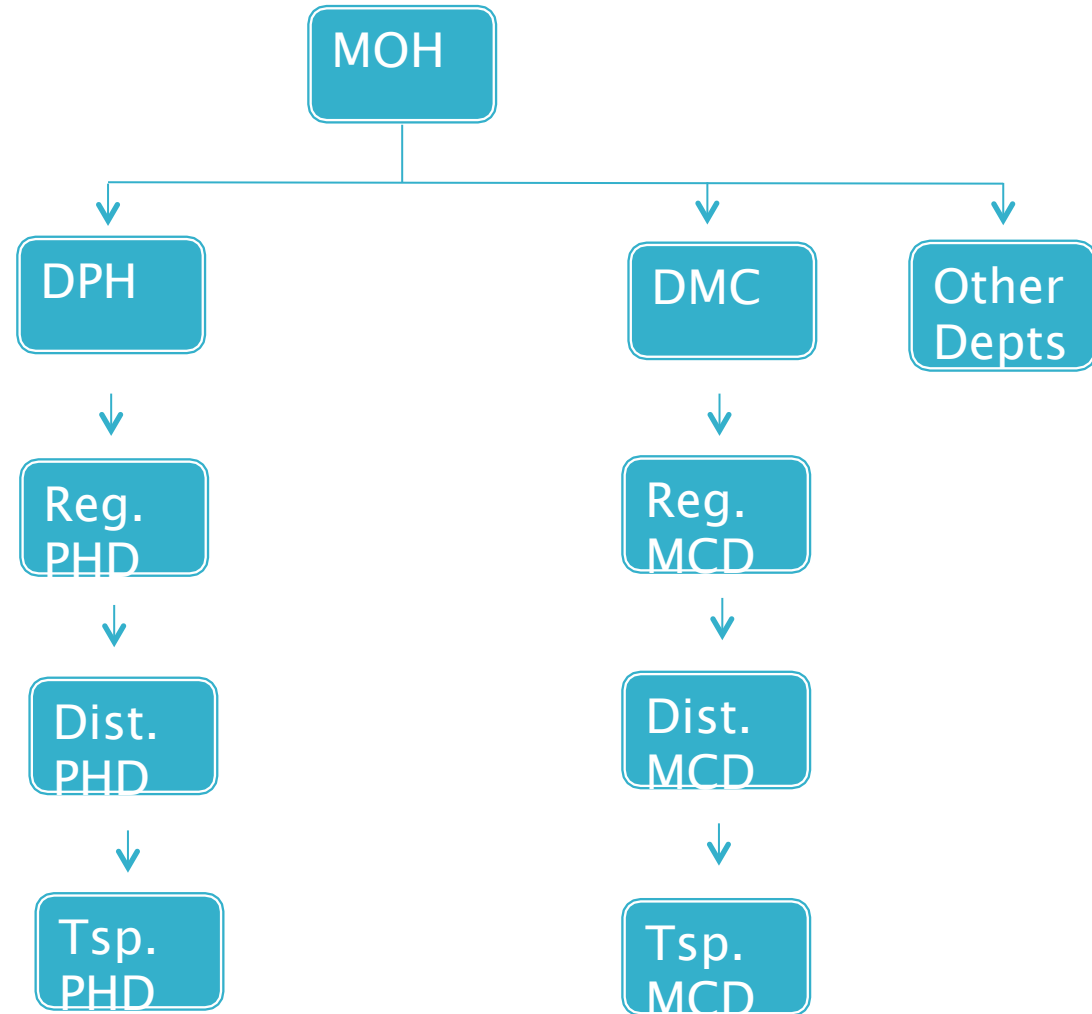
Recent health reforms (2014–15)

- ▶ Reforms introduced as one of the third wave national reform processes aimed at raised social and economic development
 - ▶ President of previous gov. give guidelines to introduce health reforms to uplift the health standard of the entire nation
 - ▶ Urge to expand current health infrastructure and to promote hospitals as a reliable source of medical care for the poor people
 - ▶ To upgrade skills and performance of health staff
 - ▶ To introduce health insurance system
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MOH structure before 2015




MOH structure – 2015



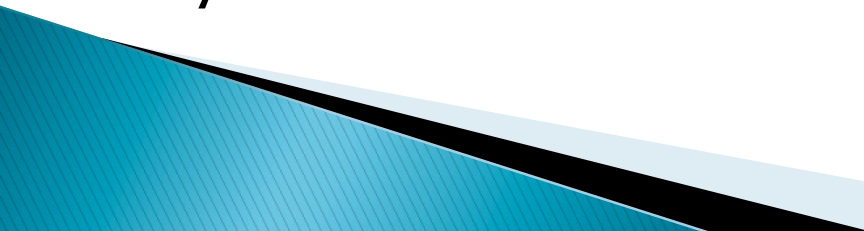
Implications of reforms (2014–2015)

- ▶ There is a huge expansion of PH infrastructure at the regional and township levels
 - ▶ As the plan is very ambitious, actual implementation may be difficult due to several resource constraints
 - ▶ Priority given to quantity rather than quality
 - ▶ Equal emphasis should be given to quantity as well as quality
 - ▶ Little emphasis on accountability and efficiency in service delivery
 - ▶ No evaluation or impact studies carried out for previous reforms and no lessons learned
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Way forward

- ▶ Myanmar should respond its disease transition by putting more investment in PH
 - ▶ Public health care should be strengthened at the PHC level by addressing problems of human resource development and capacity building
 - ▶ MOH should support PH institutions to have more experience and skills on evidence-based health policy analysis and policy making processes
 - ▶ In order to obtain robust data and timely information for development of public policies and services, MOH should put new emphasis on evidence gathering
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Way forward

- ▶ Taking advantage to the change of political situation, it needs to maximize the opportunities to built strong financial, administrative, project management and evaluation skills
 - ▶ Aid management should be strengthened with adherence to Paris Declaration on Aid Effectiveness
 - ▶ Taskforce or expert groups should be formed to carry out evaluation research or impact studies for health reforms introduced
 - ▶ As an attempt to strengthen PH capacity, a four year SPHIP was introduced in 2015
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Way forward

- ▶ By doing capacity building of UPH staff, project can support policy analysis of NCDs and inform policy makers to respond to NCD burden in Myanmar
 - ▶ It can also promote UPH staff to deliver better research and training in the MOH
 - ▶ UPH can also involve in training of health authorities and care workers to have greater knowledge of NCD
 - ▶ The project can also enhance program or project operational capacity of UPH
 - ▶ By disseminating STEP survey (2014) results to policy makers, project can enhance to scale up NCD control programs
 - ▶ UPH can also make active professional linkages with international organizations and universities
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