Myanmar Health System: Organization and Goals

Symposium on
“A Review on Health Systems in Transition in Myanmar”
DMR (LM) 7 January 2015

Dr. Phone Myint
# Outline

## Organization
- Actors
- Structure of MOH
- Decentralization
- Planning
- Information
- Regulation
- Patient Empowerment
- Inter-sectorality
- International partners

## Goals
- Stated objectives
- Equity
- Efficiency
- Health outcomes
- User experiences
- Transparency and accountability
## Actors

<table>
<thead>
<tr>
<th>Financing</th>
<th>Service provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public/government</td>
<td>MOH</td>
</tr>
<tr>
<td>Private</td>
<td>Other ministries - Service - Collaborate</td>
</tr>
<tr>
<td>For profit</td>
<td>Not-for profit [NGO, CBO, NSA]</td>
</tr>
</tbody>
</table>

- Professional associations, councils
- Community
- International Organizations
## Structure of MOH

<table>
<thead>
<tr>
<th>Union [Central]</th>
<th>MOH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DOH</td>
</tr>
<tr>
<td>Region/State</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td></td>
</tr>
<tr>
<td>Township</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td></td>
</tr>
</tbody>
</table>

DOH = Department of Health; DTM = Department of Traditional Medicine
DFDA = Department of Food and Drug Administration
DHP = Department of Health planning
DMS = Department of Medical Science
DMR = Department of Medical Research
A mechanism needs to be in place to ensure that the individual departments fit well together rather than simply performing well individually, in the endeavour to reach the common goal and objectives.

How the activities of different departments can be streamlined at the township level where many health and health care problems are taking place needs to be considered.
Decentralization

• Introduced with formation of Regional Health Departments (State/Division) in 1965
• More of supervisory role
• Regulatory functions
  R/S and township health departments monitoring and enforcement roles central level setting rules and standards

• Challenges—limited capacity and reactive mindset inherited from previous political environment
## Planning

|-------------------------|-----------|-----------|-----------|---------------------------|

**National Economic Development Plan**

- **Pyi Daw Tha** 1954
- 20 year long term economic development plan (1973-1993) 4x5 plans
- 5 yearly plans from 1996
- NCDP-sectoral, regional

**National Health Development Plans**

- As before
- PHPs
- NHPs [2000+]
- SFYP (health)
- RHDP
- HUP
- Strategic Plans
- MHV 2030

**International Actors**

- WHO
- UNICEF
- + UNFPA
- +WB
KEY

NHP: National Health Plan
SFYP: Special Four Year Plan for Promoting National Education: Health Sector (2000-01 to 2003-04)
RHDP: Rural Health Development Plan (2001-2006)
MHV 2030: Myanmar Health Vision 2030
NCDP: National Comprehensive Development Plan
Planning

• 1978-1990 PHPs using Country Health Programming Approach
• PHPs committees set up in different administrative levels planned, implemented and evaluated health activities in their respective jurisdiction

• 1990-2011 NHPs based on the same approach, becoming more of top down and business as usual nature
• Sectoral involvement limited to government sector
<table>
<thead>
<tr>
<th>Period</th>
<th>2011-2016</th>
<th>2016-2030</th>
<th>2030-2031</th>
</tr>
</thead>
<tbody>
<tr>
<td>National ED Plan</td>
<td>V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCDP</td>
<td>I</td>
<td>II &amp; III</td>
<td>IV</td>
</tr>
<tr>
<td>MHV 2030</td>
<td>III</td>
<td>IV &amp; V</td>
<td>VI</td>
</tr>
<tr>
<td>NHPs</td>
<td>NHP 2011-2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCDP-Health</td>
<td>I</td>
<td>II &amp; III</td>
<td>IV</td>
</tr>
</tbody>
</table>
Information

Constraints
- Electricity Supply inadequate, unstable
- Internet Availability and speed
- Data sensitivity
- Lack of private sector data (plans in place)

Health Technology Assessment
Need capacity development and strengthening
# Regulation

<table>
<thead>
<tr>
<th>Type</th>
<th>Authorized body</th>
<th>Legal basis</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulating Providers</td>
<td>DOH [Medical Care]</td>
<td>Laws relating to private health care services</td>
<td>2007</td>
</tr>
<tr>
<td>Doctors Dentist Nurses, Midwives</td>
<td>TMC</td>
<td>TMC Law</td>
<td>2000</td>
</tr>
</tbody>
</table>

MMC = Myanmar Medical Council; MDOMC = Myanmar Dental and Oral Medical Council; MNWC = Myanmar Nurse and Midwife Council; TMC = Traditional Medical Council; MFDBA = Myanmar Food and Drug Board of Authority
## Regulation

<table>
<thead>
<tr>
<th>Type</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulating Providers</td>
<td>Current organization set up of Medical Care Division needs to be strengthened in both staff number and capacity</td>
</tr>
<tr>
<td>Registration/Licensing of HRH</td>
<td>Relicensing of medical professionals still requires to apply a continuing professional development credit system</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>FDA has been upgraded to the level of a directorate with expansion of set up at regions and states and border trade zones</td>
</tr>
</tbody>
</table>
## Patient Empowerment

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>No uniform and formal mechanisms</th>
<th>More on ad hoc basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient choice</td>
<td>Free to choose providers they like</td>
<td>Private providers are preferred initial contacts</td>
</tr>
<tr>
<td>Patient rights</td>
<td>Need awareness for both doctors and patients</td>
<td>Need enabling environment</td>
</tr>
<tr>
<td>Complaint procedures</td>
<td>Still need formal mechanisms and procedures</td>
<td>But complaints if any are given due attention</td>
</tr>
<tr>
<td>Public participation</td>
<td>More in the form of making contribution</td>
<td>Not involved in decision making yet</td>
</tr>
</tbody>
</table>
Intersectorality

- National Health Committee [1989]
- Food and drug safety
- Occupational health
- Disasters

A clear conceptual framework and collaborative mechanisms are needed to develop inter-sectoral policy and actions on population health and to assess the impact.
International partners

• Assuming more important roles with the country opening up and democratized
International partners

• Aid modalities with funding mechanisms bypassing government and directly supporting INGOs, NGOs and external development partners may lead to further weakening of public health system

• Potential for emergence of parallel health care structures and programmes that do not necessarily follow national norms and standards

• MOH needs to have a clear vision, agenda and strategies to take the steering role and aligning incoming aids to the needs of the country
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- Equity
- Efficiency
- Health outcomes
- User experiences
- Transparency and accountability
# Stated Objectives

<table>
<thead>
<tr>
<th>Health and Longevity of the whole population</th>
<th>Universal Health Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective and Equitable Health System</td>
<td>Health partnership to promote health and minimize health damaging determinants</td>
</tr>
</tbody>
</table>

- National Health Policy 1993
Financial Protection and Equity

- Household out of pocket payment still beyond the WHO benchmark of 30% to avert catastrophic health payments
- Government health spending directed towards high end tertiary services located in big cities with less access by rural poor
- Substantial and significant increase in government spending needed to improve financial protection
**Equity**

<table>
<thead>
<tr>
<th>Access and utilization</th>
<th>Evidence indicates large disparities in access to and utilization of health services by rural/urban residence, Region/state, social and economic status [MNPED, MOH and UNICEF, 2011]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health outcomes</td>
<td>Regional disparities in IMR, U-5MR and MMR [CSO, 1999]</td>
</tr>
<tr>
<td></td>
<td>Consistently higher IMR and Child MR in rural than urban [MICS 2009]</td>
</tr>
<tr>
<td></td>
<td>Disparities in infant and child mortality by gender, maternal education and wealth quintiles [MICS 2009]</td>
</tr>
<tr>
<td>Nutritional status</td>
<td>More rural children underweight and stunted than urban children [MICS 2009]</td>
</tr>
</tbody>
</table>
## Efficiency

<table>
<thead>
<tr>
<th>Allocative Efficiency</th>
<th>Health investment hospital at the expense of RHCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>[extent to which limited funds are directed towards purchasing appropriate mix of health services]</td>
<td>Investment in health workforce less on most peripheral levels categories [MW, PHS 2] Financial resources devoted more on curative services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technical Efficiency</th>
<th>Despite growth in health care facilities directed more for curative than for prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>[extent to which a health system is securing minimum levels of inputs for a given output or the maximum levels of output in relation to its given inputs]</td>
<td>60% of hospitals assessed in 2011 were not performing well based on bed turn over ratio, bed occupancy rate and average length of stay.</td>
</tr>
</tbody>
</table>
Health outcomes

• Many diseases eradicated or eliminated
  [small pox, trachoma, leprosy, poliomyelitis]

• People are living longer with decline in crude
dead death rates and maternal and infant mortality
rates though further decline is needed
considering achievements made by countries
with similar level of development in the region
User experiences

• Doctors patients relation used to be good
• Problems relating to dissatisfaction rarely reported
• With change in public view of the profession and system following introduction of user charges, frictions between the system and public commonly reported in the media which become free and active
Transparency and accountability

• Accustomed to the norms of autocracy citizens have no idea of their rights and entitlements

• Expectations are high with regime change and popularity of the terms “transparency and accountability”

• Still remains a concept rather than a reality
Concluding Message

• Substantial gap between policy objectives, effective implementation and outcomes
• Reform measures initiated by elected civilian government and recent increase in government health spending foster new hope for the health system to be well functioning and fair though the journey to reach the goal is long

Nice to have a good intention but not enough!
Concluding Message

MOH though necessary is not an adequate component of a well functioning health system

A health system can not exist without the MOH

MOH is not a sole component of a health system

A strong health system needs a strong MOH
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