Health Sector Reform Priorities for Myanmar
H.E. Dr Than Aung, Minister of Health, the Republic of the Union of Myanmar

- Distinguished Participants, Ladies and Gentlemen - It is with great honour to welcome you all, on behalf of the Ministry of Health, to the Myanmar Health Forum. I would like to first thank and congratulate the Government of Myanmar for supporting the organisation of this Forum and would like to recognise the great efforts of my colleagues who have worked hard to prepare for this Forum.

- Over the last two decades, the Government of Myanmar has undertaken health sector reforms to significantly improve the health status of its citizens. Life expectancy at birth increased for both males and females; infant and under-5 mortality rates, and the maternal mortality ratio are declining; key health indicators of the Millennium Development Goals (MDGs) improved; and Government health spending continues to increase year-over-year.

- Even so, Myanmar continues to face many evolving health needs in the health sector:
  - Communicable diseases such as HIV and tuberculosis continue to cause substantial mortality and morbidity;
  - Noncommunicable diseases are increasingly responsible for a high proportion of deaths, contributing to approximately 40% of deaths in Myanmar¹;
  - Funding and provision of care is fragmented, with inadequate funding for comprehensive health coverage, particularly in rural, remote, and border areas.

- However, with the Myanmar Health Vision 2030 plan, the country has a historic opportunity to develop integrated, comprehensive long-term health policies that are in tandem with the political, economic, and social reforms being implemented, which will enhance the lives of millions.

- To overcome major health services issues and strengthen the health system at the township, state, region, and national levels, there are several priority areas of focus, but which are not limited to: financing, facilities, medical supply, data, and the workforce.

- For health financing, the Ministry of Health is working to meet the demands for quality and accessible health care, with the aim to achieve Universal Health Coverage (UHC) as part of Vision 2030. However, public health investments alone are insufficient - additional public, private, and external resources are needed.

- In targeting UHC, further improvement in health financing is critical. UHC aims to improve the health status of all and to secure access for all to receive appropriate preventative, curative, and rehabilitative services at an affordable cost. In particular for the poor and vulnerable, financial protection is needed from catastrophic household out-of-pocket payments for health care.

- As such, Myanmar needs to secure sustainable funding, develop innovative alternative financing mechanisms, foster health system efficiencies, and strengthen financial health resource management.

- The Government has already taken measures to support achieving UHC including: increasing tax-based financing; expanding social health insurance coverage through the Social Security Law

¹ The Republic of the Union of Myanmar Health System Review
enacted in 2012; piloting community-based health insurance at the township level; improving access to primary health care, especially in rural areas; decentralizing certain medical services, such as antiretroviral therapy for people living with HIV, to reach more people in need of care; and enhancing the capacity of township health workers with planning and financial management training.

- **With health facilities**, since the early 2000s, there has been a 17.4% increase in the number of government hospitals across all regions and states, and a 12.6% increase in rural health centres. Access to health care for 70% of the rural population has improved with the expansion of health infrastructure.

- In addition to health infrastructure development, the MOH is addressing the issue of equitable access to health facilities and use of health services, particularly in rural and remote areas. A mapping of the locations of health facilities was completed to identify where new facilities should be located in relation to population density.

- As well, there is the issue of the quality of services available at health facilities, especially since many rural health facilities lack adequate equipment and medical supplies. The MOH has identified this as a strategic area of focus to achieve Vision 2030 and is working to ensure that quality, efficacious, and low cost essential medicines, equipment, and technologies are available at all levels throughout the country.

- The private health care sector has also expanded rapidly over the years, with many private hospitals, and private special and general clinics operating mainly in urban areas, such as Yangon and Mandalay. Given the extent of their size and reach, private health care providers will continue to play an important role in the health development of the country.

- Although there have been some public-private partnership initiatives, such as for the management of TB and malaria, there is the need for greater involvement of private service providers in public health programmes. This may include support for primary health care service delivery scale-up, facilities rehabilitation, and creating new establishments.

- There is also the need for private providers, MOH, and other national and international partners to determine how best we can relate to one another in an evolving health sector and integrate our respective strengths for broad public health benefits.

- The MOH welcomes the prospect of continuing to collaborate with its partners to strengthen health facilities at all levels to provide good quality, safe care with appropriate technology that is acceptable and affordable for all.

- With medical supply, the National Health Plan (2011-2016) includes the objective of making quality basic / essential medicines, vaccines, and traditional medicine adequately available. This objective is also reflected in the National Comprehensive Development Plan (Health Sector) (2010-11 to 2030-31).

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7 http://www.who.int/countryfocus/cooperation_strategy/ccs_mmr_en.pdf

3 The Republic of the Union of Myanmar Health System Review

4 Health in Myanmar 2014
• In this regard, Myanmar has a strong foundation to meet the objective with a National List of Essential Medicines that is reviewed and revised regularly to include more essential and complementary medicines; the National Drug Law of 1992 to ensure safe, efficacious, and assured quality medicines; and the Food and Drug Administration Department, under the guidance of the Central Food and Drug Supervisory Committee, to procure, distribute, and monitor the availability of medicines.

• Also, other ministries play an important role to ensure that essential medicines are available, including the Ministry of Industry, which produces medicines and therapeutic agents to meet domestic medical needs.

• But on the other hand, there are still medical supply issues the MOH needs to address, including that 40% of out-of-pocket payments go towards the purchase of medicines, and the deficiencies in the supply chain system for delivering medical supplies, especially to rural areas.

• As such, strengthening the medical supply remains a health reform priority for Myanmar. In attaining UHC, the MOH will work towards ensuring the availability of quality essential drugs and efficacious traditional medicines at all levels, particularly in hard-to-reach areas, and carry out regular reviews of the national drug policy and supply chain of essential drugs.

• For data, the MOH recognises that with health reforms, there will be changing requirements for data collection, processing, analysis, and dissemination. As such, strengthening of the national health information system is crucial and a principal priority of the MOH.

• The current Health Information System includes hospital, public health, human resources, and logistical information. However, there are large gaps in data relating to information from the private sector and rural and hard-to-reach regions. Lack of adequate resources and capacity also pose challenges to systematic data collection.

• It is vital to strengthen data and information management systems, including surveillance systems, so that reliable strategic information can be used to contribute to effective policymaking, and for appropriate and timely modification of health goods and services to meet the needs of the people in Myanmar.

• As part of this focus, investment in information technology (IT) know-how and equipment at all levels will be required. Public-private partnerships can also play an important role in this regard, including providing technical support and capacity building on standardisation and quality of information to ensure that new information needs are met.

• Given the critical importance of timely, evidence-based, comprehensive health information, the MOH will continue to build on initiatives such as decentralised data collection and compiling and using disaggregated data, to help refine policy-making, track progress, and measure national policies and plans.

• The health workforce - including doctors, nurses, medical assistants, midwives, and community health workers - is at the core of the heath sector. Despite increasing recruitment and improved health workforce density since the early 1990s, human resources for health are still constrained in Myanmar, which has had an impact on access to health, especially in hard-to-reach areas.

5 The Republic of the Union of Myanmar Health System Review, p.52
• In addressing human resources for a people-centred health development, the priority of the MOH is on improving health workforce training, deployment, retention, and performance, particularly for primary health care and in rural areas.

• The empowerment of community health workers (CHWs) is also essential to support sustainable health development. The MOH has approved a plan to train CHWs, so that each village has one CHW to provide certain health services. This increases the health workforce overall, and enables access to health services in for those residing in hard-to-reach areas.

• Investment is required to support the strengthening of capacity of health human resources, in order to develop an appropriate, skill-mixed and competent health workforce that is able to address the health issues in Myanmar. This includes investing in technical and material support for health-related universities and institutions, so that in the long-run, there will be an increased number of doctors, nurses, and other health personnel to provide quality health care across the country.

• It is important to stress the cross-cutting nature of health and the fact that that health sector reform and development is not a “stand-alone” subject. Health should be considered part of the foundation for the country’s long-term economic and human capital development.

• Therefore, even though the MOH is the major player in the health sector as a governing agency and provider of comprehensive health care, the integration of health within broader development requires the careful coordination of commitments and actions with other ministries and stakeholders.

• The MOH looks forward to continuing partnering with other Government of Myanmar ministries, international governments, donors, international and national non-governmental organisations, UN agencies, civil society, community-based organisations, and other stakeholders to improve access and quality of health as part of the country’s health reform agenda. Together, we will raise the overall level of social and economic development in the country.

• Thank you, and I wish you an excellent time at the Forum and wonderful stay in Nay Pyi Taw.