National Health Planning

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Presentation Outline

- Health Development Plans
- Previous Health Plans in Myanmar
- Existing Health Development Plans
- Review on National Health Planning
  - Comprehensiveness (Linkages & Integration)
  - Lessons Learned
- Planning for the Future ??
Health Development Plans: Background

- National development programs are based on political, economic and social objectives laid down by the State. Health sector development plans are formulated within the context of these objectives.

- With the objective of uplifting the health status of the entire nation, the Ministry of Health is systematically developing Health Plans based on Primary Health Care approaches.
  - Four yearly People’s Health Plans from 1978 to 1990
  - Within the frame work of National Development Plans for the same period.

Previous Health Development Plans

People’s Health Plans
- First People’s Health Plan (1978-1982)
- Second People’s Health Plan (1982-1986)
- Third People’s Health Plan (1986-1990)

National Health Plans
- Two Year National Health Plan (1990-1991)
- Three Year National Health Plan (1993-1996)
- Five Year National Health Plan (1996-2001)
- Five Year National Health Plan (2001-2006)
- Five Year National Health Plan (2006-2011)

Other Health Development Plans
- Special 4 year Plan for Promoting National Education (Health Sector) (2001 to 2004)
- Rural Health Development Plan (2001-2006)
- Hospital Upgrading Plan (2001 -2006)
Existing Health Development Plans

- Myanmar Health Vision 2030 (2001-2030)
- National Comprehensive Development Plan (Health Sector) (2011-2020)
- National Health Plan (2011-2016)

Current National Health Plan (2011-2016)

- A continuation of the previous National Health Plan (2006-2011)
- In the objective frame of the short term third five year period of, a 30 year long term health development plan (Myanmar Health Vision 2030)
- Current NHP is also linked with the National Comprehensive Development Plan (NCDP) (Health Sector) (2011 to 2030).
Review on National Health Planning

Process

- Policy Basis:
  - Social objectives of the State
  - National Health Policy
  - Objectives of MoH
- Central Committee and Working Committee, comprising responsible persons from the departments under the ministry, related ministries and social & non-governmental organizations
- Central Committee was chaired by the Minister for Health
- Working Committee was chaired by DG (Department of Health Planning, Focal Department)
- Overall inclusiveness is confined mostly to governmental sector and at the central level
## Content

**Framing country health problems**

- Policy guidelines and framework for the National Health Plan
- Problems related to service provision, human resources for health, the practice and provision of traditional medicine, health research
- National Health Information System
- Health system factors and determinants
- Key outputs from evaluating the National Health Plan 2006-2011
- Prioritization based on National Health Policy objectives and country health problems
- Priority given to CDs, NCDs, MNCH, injury, nutrition and geriatric health, also system factors, health determinants & env. factors
- (11) Programme Areas have been addressed in the NHP (2011-2016)

## Monitoring and Evaluation of NHP

- Monitoring and evaluation of NHP to certain extent based on the Health Management Information System which has been in place since 1995
- Availability of timely, reliable and complete data and information still a challenge
- Most data available are institutional based
- M & E components have been included in every projects
- Assessment and evaluation of each cycle of NHPs was undertaken before the formulation of the next NHP
- Currently, evaluation at the end of the plan period is only the means available and implemented for review and formulation of successive NHPs
Comprehensiveness (Linkages & Integration)

Linkage with other policy/plans
- National Health Policy provides the policy basis
- Within the framework of overall national development plans
- NHP is intended to provide frame and guidance for sub-national and vertical plans

Link with budget
- This is the area to be strengthened both in technical and managerial aspect in formulation of next phase of NHP as the government expenditure on health has significantly increased year by year.

Lessons learned

Process
- Sectoral involvement limited mostly to the governmental sector
- Previous health plans have been formulated using Country Health Programming approach and successive NHPs have been based on adapting this approach
- Sectoral involvement used to be strong initially need to be sustained and strengthened
- Involvement of remaining stakeholders need to be encouraged
- Process is mostly confined to plan formulation with remaining stages still limited.
Lessons learned

Linkages

› Consistency and synergies with other plans and strategies to be determined
› Downstream linkage to sub-national and implementing limited
› Plan costing and budgeting are the areas where technical and managerial capacity need strengthening

Evidence-based planning

› Information base is mostly limited to those available from institutional settings
› Other sources of information like researches and surveys still limited and improvement will require financial and technical support.

Lessons learned

Emphasis for health system strengthening

› Health system development program in NHP address only three areas, namely health system research, health financing and international health
› The program is included in the plan as a vertical one
› Current NHP still need to consider health system strengthening as a cross cutting issue and in a more comprehensive way.
Planning for the future ???

- Structural Changes - Focal?
- People centered approach
- All inclusive
- reaching towards UHC
- Integration and coordination
- Continual improvement
- Interactive linkage
- Transparency and Accountability
- Costed Plan
- M & E

Thank you for the kind attention