Good Morning Ladies and Gentlemen

Mingalabar to Everyone:

It is my greatest pleasure to be here today standing in front of all of you for the launch of the National Health Plan formulation process.

It is indeed timely to launch this process as Myanmar is at an important juncture in time. We now have the opportunity to lead and pave the path not just for the next five years, but to systemize a health system that will affect the Myanmar population for many more years to come.

We believe that the launching process is just as important as the NHP document itself, and therefore, promote an “all inclusive national health plan.’ I must say that this is a historical event. We have here today representatives from a wide range of
backgrounds, including central MOHS colleagues, State and Regional colleagues, rectors, public health experts, donors, UN agencies, Professional Associations, NGOs, CSOs as well as Ethnic Health Organizations because of the health of the nation is everybody’s business.

The current constitution imagined a life for every Myanmar people that included good health, good education and economic prosperity for all. In order to achieve our vision for the future (to become a modern, developed nation), the health of Myanmar should not prevent us to achieve this vision. Good health is considered an essential ingredient to development of nation and the government well recognizes this critical need for good health to enable personal growth and economic prosperity.

But we have a long way to go. We have to admit that after more than half a decade of political, economic, demographic and epidemiological transitions, Myanmar still figure low on the United Nations Human Development Index ranking and still in Least Developing Countries list. The health indicators have not improved significantly over the past ten years and our health system is experiencing challenges it has never before seen: increase demand of the population, poor customers’ satisfaction, inadequate infrastructure, insufficient motivation of providers, unnecessarily and preventable high mortalities and morbidities, inefficient supply and wasteful resources, occurrence of emerging diseases, re-
emergence of neglected diseases and inadequate preparedness for emerging
diseases and disasters.

Now it is the time for action and time for a new approach. We must have the
eough courage and heart to admit that the current health system is not so
effectively providing the level of service that people expected. That's why we are
committed to a process of formulating the NHP that is based on evidence, and
includes key stakeholders to be more inclusive, accountable, and transparent.
Because only if the Myanmar people own this document, will the document be
implementable and will serve the needs of the people.

Inequality and inequity in health between rich and poor, between one geographical
area to another, are well-known. The poor pay more proportionately in income for
health care. The concept of Universal Health Coverage (UHC) is considered as one
of the means to redress this situation. The concept of UHC should not be new of
anyone of us here. It basically means people should access to quality health
services they need without financial hardship.

UHC is a powerful concept because it allows us to look at the health system
through a “systems thinking” lens and it recognizes that there are two arms of the
health system we must not forget: service delivery and the health financing system.
These two are like linked; one cannot sustain or improve without the other.
Let us not forget that this national health plan is for the health system. The NHP (2016-2021) should provide strategies and prioritized actions for the health system as a whole, rather than to focus on specific programs and projects. We must apply a “systems thinking” approach. Therefore, the National Health Plan (2016-2021) will set the overall approach for the next five years and what can and should be done, with the bigger goal of achieving Universal Health Coverage by 2030.

The National Health Plan should aim to deliver a Basic Essential Health Package by 2020, and also build foundations for the next 15 years, bringing Myanmar closer to Universal Health Coverage.

During the process of formulating the NHP, I urge everyone to use and analyze the work that have already been done so as not to duplicate and waste resources, such as the work been done by the NLD National Health Network such as the Programme of Health Reforms and by our partners such as the Public Expenditure Review, Health in Transition report etc.

Let us work together, share information, debate, and agree on the best possible approach. There will be differences in opinions, but I truly believe we will be able to produce a high-quality product if we work as a team. A team where we support each other and help each other.
But we must also constantly remind ourselves during the process not to be bogged down by details, and to always take a step back and look at the bigger picture.

Finally, a plan just a plan until it is implemented. The implementation of the NHP for the next five years will involve changing how we do business as usual and will include working together. The public sector alone cannot finance and provide for the country, and we will work with our partners from the EHOs, NGOs, UN agencies, and donors to come to an agreement and align behind one plan and one system.

Ladies and Gentlemen

I’d like to thank all the participants for coming today. I’d also like to thank 3MDG, the seven donors of 3MDG, and CPI for their support to the NHP team for this launch. And I look forward for continued collaboration with all key stakeholder groups in the process of formulating the NHP and more importantly, in implementing the NHP.

I am going to stop my opening remark here; wishing all of you in good health and expect to contribute your experiences and expertise in formulation of National Health Plan process.

Thank you.