Myanmar Health System: Organization and Goals

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Symposium on

"A Review on Health Systems in Transition in Myanmar"

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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

	Service provision		
Financing	Public/government	**MOH**	Other ministries -Service -Collaborate
	Private	For profit	Not-for profit [NGO, CBO, NSA]

Professional associations, councils

Community

International Organizations

Structure of MOH

Union [Central]	MOH					
	DOH	DTM	DFDA	DHP	DMS	DMR (2)
Region/ State						
District			Border Post			
Township						
Rural						

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

Period	1948-1962	1962-1988		1988-2011		2011+
		1962-1974	1974-1988	1988-1992	1992-2011	
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	Vertical Disease Control Rural Health Scheme 1951	As before	PHPs	NHPs [2000+] SFYP (health) RHDP HUP **Strategic Plans** **MHV 2030**		NCDP (Health Sector)
International Actors	WHO UNICEF	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)
HUP:	Hospital Upgrading Plan (2001- 2002 to 2005-2006)
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**

National health development plans 2011 +

Period	2011-2016	2016-2030	2030-2031
National ED Plan	V		
NCDP	I	II& III	IV
MHV 2030	III	IV& V	VI
NHPs	NHP 2011-2016		
NCDP-Health	I	II & III	IV

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

Type	Authorized body	Legal basis	Year
Regulating Providers	DOH [Medical Care]	Laws relating to private health care services	2007
Registration/Licensing			
Doctors	MMC	MMC Law	2000
Dentist	MDOMC	MDOMC Law	1998, 2011
Nurses, Midwives	MNWC	Law relating to Nurse and MW	1990, 2001
Traditional MP	TMC	TMC Law	2000
Pharmaceuticals	FDA [MFDBA]	National Drug Law	1992

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

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

Patient Empowerment

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

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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Stated Objectives

Health and Longevity of the whole population

Universal Health Coverage

Effective and Equitable Health System	Health partnership to promote health and minimize health damaging determinants

National Health Policy 1993

Myanmar Health Vision 2030,
National Health Plans (2006-2011) (2011-2016)

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

Access and utilization	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]
Health outcomes	Regional disparities in IMR, U-5MR and MMR [CSO, 1999] Consistently higher IMR and Child MR in rural than urban [MICS 2009] Disparities in infant and child mortality by gender, maternal education and wealth quintiles [MICS 2009]
Nutritional status	More rural children underweight and stunted than urban children [MICS 2009]

Efficiency

Allocative Efficiency [extent to which limited funds are directed towards purchasing appropriate mix of health services]	**Health investment hospital at the expense of RHCs Investment in health workforce less on most peripheral levels categories [MW, PHS 2] Financial resources devoted more on curative services**
Technical Efficiency [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]	Despite growth in health care facilities directed more for curative than for prevention 60% of hospitals assessed in 2011 were not performing well based on bed turn over ratio, bed occupancy rate and average length of stay.

Health outcomes

- Many diseases eradicated or eliminated

  [small pox, trachoma, leprosy, poliomyelitis]

- People are living longer with decline in crude 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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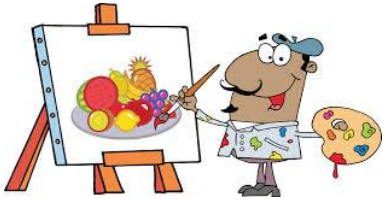

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