A Review on Health Systems in Transition in Myanmar

Putting all together ...

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Significant health gains have been observed in Myanmar over the last 30 years

Its efforts have to be applauded, given its political and economic climate

Myanmar at the moment around 2010 was one of the countries:

> With highest rates of OOP health expenditure;

Needing much more to be done for achieving and sustaining Millennium Development Goal (MDG) targets for 2015 and beyond; and

Being challenged with a triple burden of disease (BOD), with non-communicable diseases (NCDs) contributing to approximately 40% of all deaths setting the scene for an NCD agenda for Myanmar With a new government in 2011, the concepts of universal health coverage (UHC) and social protection are now back on the policy agenda

Public financing has to play a key role for funding UHC

Myanmar needs to explore how to generate more tax revenues for health

Addressing health inequities is of paramount importance for Myanmar

The concept of equity has been included in successive constitutions of the country

Translating the health equity concept into practice is a real challenge

Myanmar is in need of a major reform that will ensure that health services reach the poor and disadvantaged groups (minority groups in particular), and those in conflict-affected areas, through the effective functioning of township health systems The township health system in Myanmar can be regarded as the means to achieve the end of an equitable, efficient and effective health system based on the principles of a PHC approach

The township health system is a strategic hub in translating national health policies into high-level and equitable health outcomes Strengthening RHCs, Sub-RHCs and Station Hospitals in rural areas in the townships, rather than upgrading secondary and tertiary urban hospitals is a correct endeavor to improve equity in health care, as these close-to-client PHC services are better accessed by the vast majority poor rural people As the responsibility for PHC services for rural populations falls in large part on the Basic Health Staffs at township levels, further strengthening of their skills and enhancing their motivation need to be priority policy considerations

As the past two decades focused strongly on strengthening and expanding hospitals, rural health services need to be reviewed to develop a scientific evidence base for policy-making A lucid clear policy in providing financial-risk protection for the poor in the informal or selfemployed sector should be introduced in parallel with introducing, by law, a comprehensive Social Security Scheme for the formal sector

Deliberate policies on health financing sources for the poor and the informal sector have yet to be introduced, but are urgently needed Under decades of authoritarian rule, data sensitivity was a political culture

It is now time for Myanmar to move towards improving the quality and availability of economic and social statistical data and information

Poverty is deep and over 130 nationality groups reside (and with minorities inhabiting within the geographical areas of other minorities)

Thus the evidence used for policy-making should be able to address health inequities among different social groups and ethnic groups The Health Management Information System (HMIS) needs to be further strengthened for generating evidence for policy-making in a transparent way, as well as the capacity to provide inequity profiles on a regular basis

The large body of health-related research being conducted by the research and other departments under the MOH and some NGOs should be exploited for evidence-based policy-making Health policy-making has been top-down, or generated by technocrats

Listening to the voices of the people never happened

This monopolistic policy process has to be changed

Civil society organizations can play a great role as advocates for communities' issues of concern

These issues will remain key challenges for the health sector of Myanmar beyond 2015

Thank You