A Review on Health Systems in Transition in Myanmar

Resources and Services

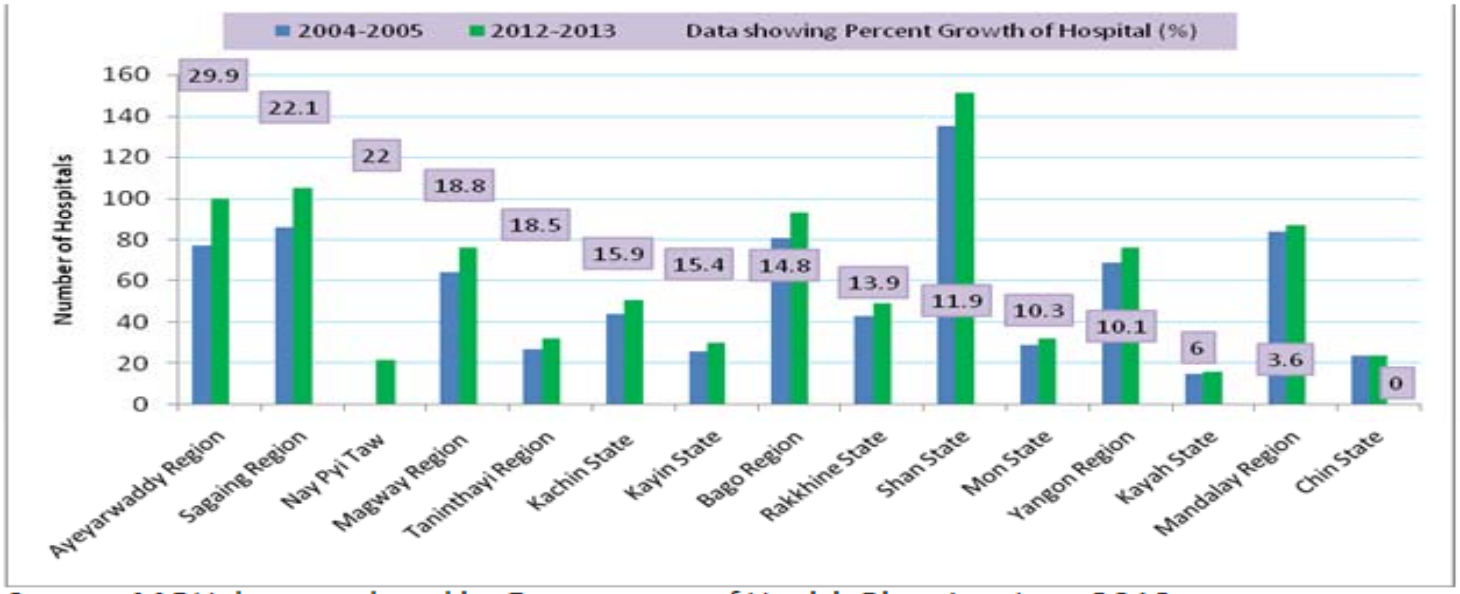
Dr. Nilar Tin

Physical and human resources

Physical Resources

Capital stocks and investment -no: *of Infrastructure (as of 2013)*

- Increase in the number of public hospitals
- In total additional (140) from 2004-2005 to 2012-2013

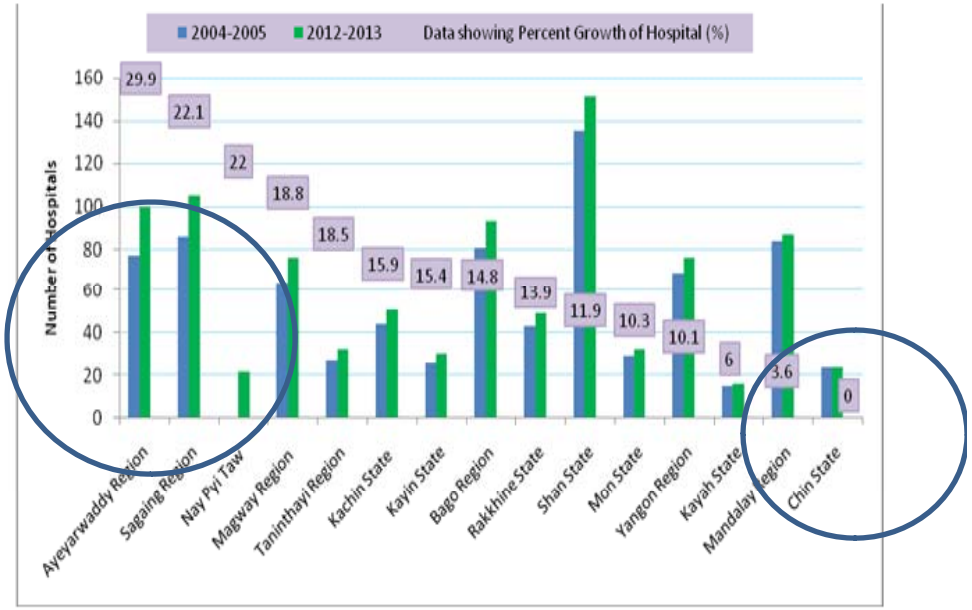


Source: MOH data produced by Department of Health Planning, June 2013.

Capital stocks and investment

- Ayeyarwaddy Region has received the most (29.9%), followed by Sagaing Region (22.1%), NPT (22%)
- No change in the number of hospitals in Chin State
- The number of private hospitals increased within this decade, but at a lower rate than public hospitals

- ***During these years there was 17.4% increase in number of hospitals yet 12.6% increase in RHCs***



Source: MOH data produced by Department of Health Planning, June 2013.

Capital stocks and investment

Standard Staff Positions of Government Hospitals

Type of position		Size of	hospital	(beds)			
	16	25	50	100	150	200	300
Doctors	2	6	8	29	29	106	107
Nurses	6	16	23	87	92	298	301
Technicians	2	8	17	22	29	55	74
Others (Clerical & Auxiliary staff)	7	25	33	63	87	135	162
Total	17	55	81	201	237	594	644

Now there has been changes in the standard staff positions like Station Hospital's staff increased from 17 to 19 (additional one PHS 1 and one radiology technician as X-ray machines distributed to SH level)

Doctor : Nurse ratio = 1:3

Construction of health facilities/age/conditions

- Co investment by the local community in building RHCs and sub RHCs is widely practiced

- A lot of donors' contribution on infrastructure development (eg MGH)

Construction of health facilities/age/conditions

- By history old buildings were over 100 years
- Majority over 50 years of age
- need a lot of refurbishment everywhere
- government expenditure on health used more on extension of building and renovation
- ***actual needs- upgrading township hospitals according to standard for catering efficient services***

RGH in the early 1900s

CWH since 1897

Construction of health facilities/age/conditions

- Less building at sub RHCs (Assessment of 20 townships in 2011- (117) midwives not having infrastructure for service delivery)
- UNDP, JICA and some development partners supported
- Current health budget being used for construction of Sub RHC with housing for BHS

Infrastructure- *Hospital beds*

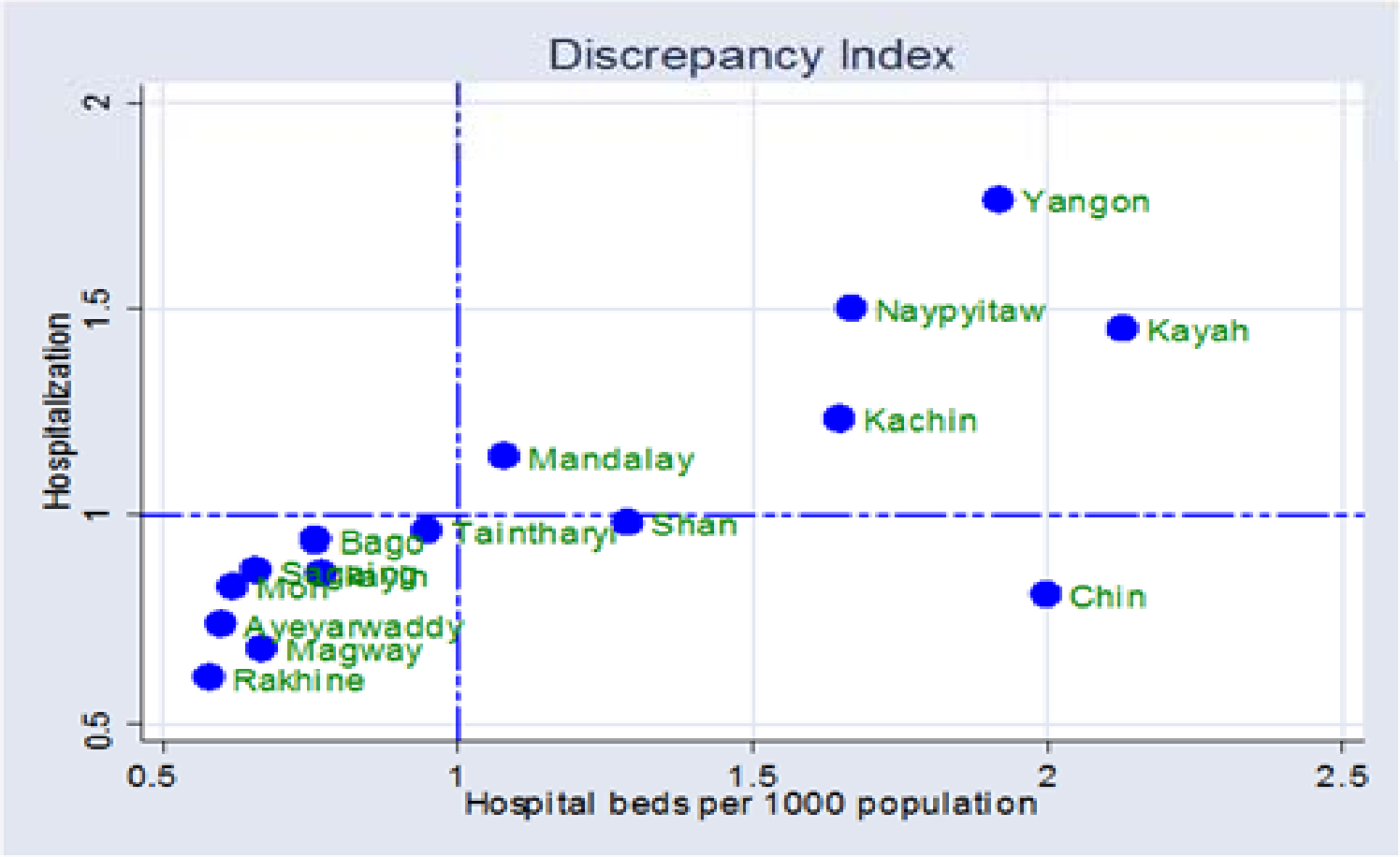
- Myanmar had 0.6 hospital beds per 1000 population in 2010 (World Bank, 2011)
- Covers inpatients for both acute and chronic care available in public and private, general and specialized hospitals including rehabilitation centers

- Sanctioned beds of MOH hospitals = 44,120
- MOD + Other Ministries' hospitals = 11,185
- Private hospitals = 5,092

Distribution of health facilities and beds across the country- inequities are evident

Fig. 4.5
Scatter plot showing discrepancy index of hospital beds and hospital utilization

.



Source: Health Management Information System, Department of Health Planning, MOH (4 July 2013)

Medical equipment

- Hospital Equipment is usually provided by the government budget and MOH's share of government expenditure was increased four-fold in 2012

- Increase in no of X-Ray machines, CT, MRI etc.

- ***Need to strengthen regular maintenance mechanism of medical devices at the hospitals***

Information Technology

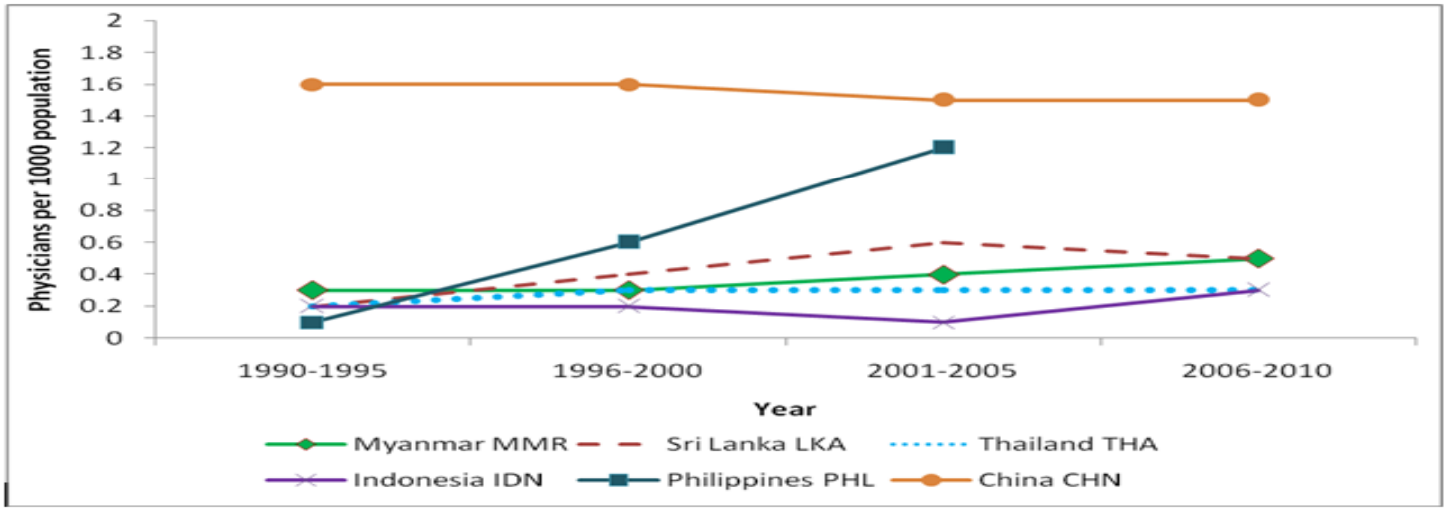
- The existing health management information system (HMIS) needs to be strengthened
- An e-health care system developed from primary level to tertiary hospitals.

Human resources

- Though recruitment of doctors, nurses and midwives have been increasing since the early 2000s- D,N,M per 1000 population is 1.49
- The global standard is 2.28 doctor, nurse and midwife positions per 1000 population.

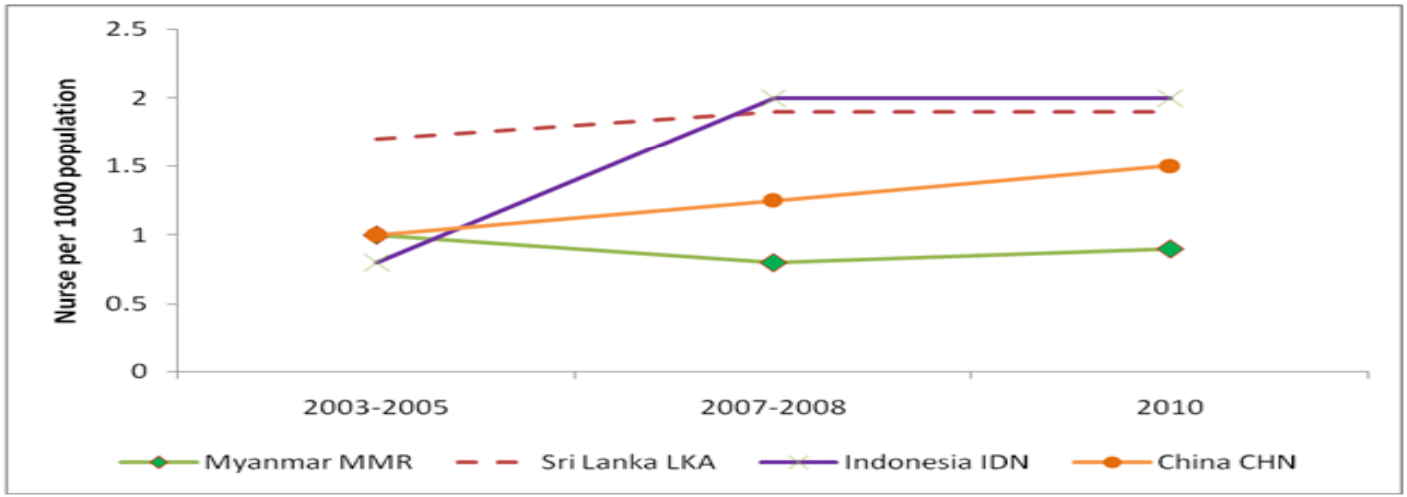
Health workforce density

Fig. 4.8
Number of physicians per 1000 population, selected countries, 1990–2010



Source: WHO (Undated).

Fig. 4.9
Numbers of nurses and midwives per 1000 population, selected countries, 1990–2010



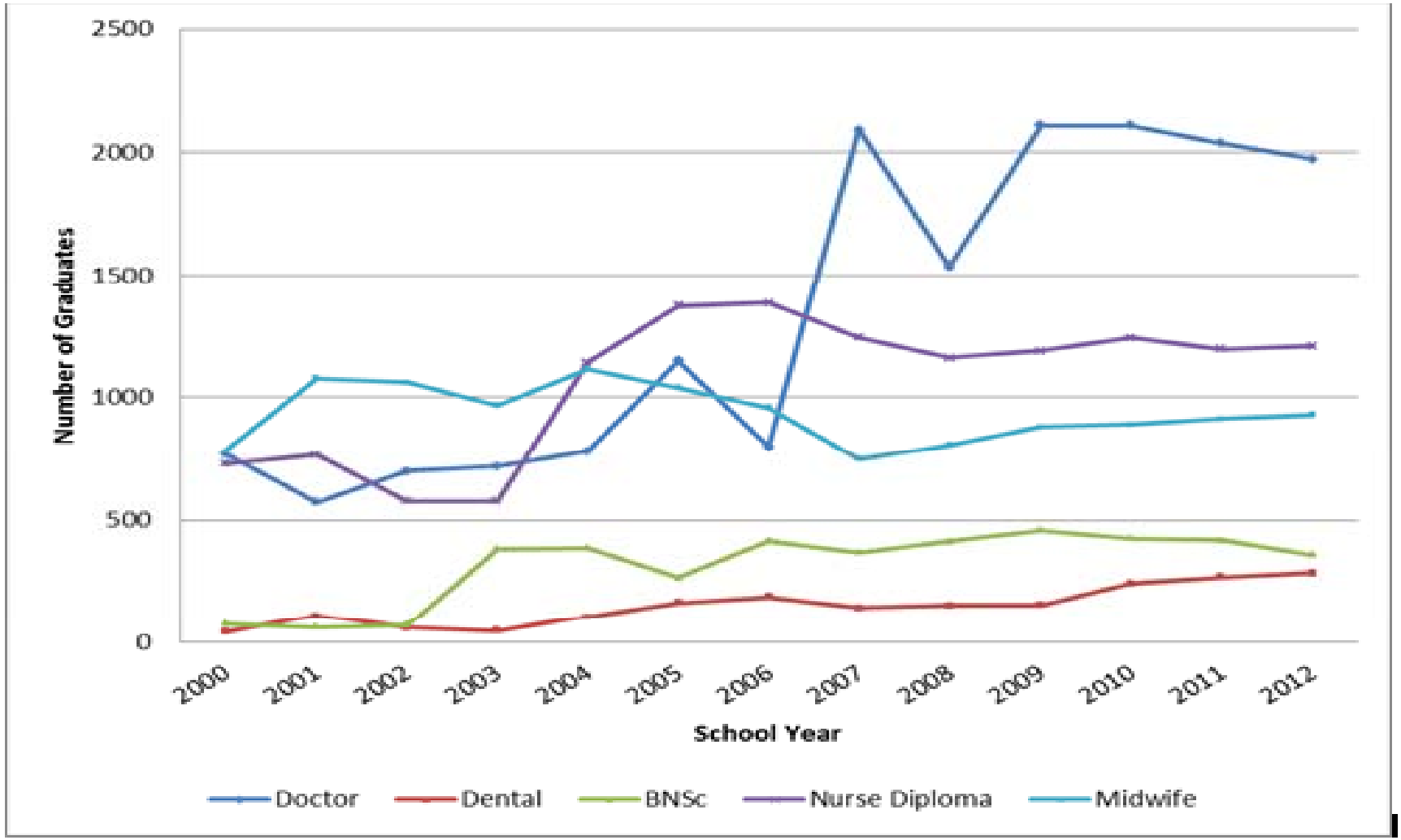
Source: WHO (Undated).

Health workforce density

- underproduction of dental surgeons (5 dentists per 100,000 population)
- Under production of pharmacists and technicians as compared to doctors and nurses.
- a Human Resource for Health Master Plan was prepared in 2012 for the next 20–30 years.

Training of Health workers

Fig. 4.11
Trends in numbers of graduates of different categories of health professionals, 2000–2012



Source: Data from the Department of Medical Science (28 May 2013).

Voluntary Health workers

- Voluntary health workers from the community have been recruited and trained since the 1980s.
- Some attrition is there
- Motivated by -training and assigning community health workers (CHWs) on special jobs by vertical programmes
- Providing social recognition, moral support and incentives
- Need to train more locals in hard-to-reach areas, equipped with basic medicines & ORS

Service Delivery

- The Department of Health (DOH) is mainly responsible for the management of public health activities through various national programmes and implementation in collaboration with development partners, civil service organizations and community-based organizations.

- Public health services in Myanmar are delivered to the communities by rural health centres (RHCs) and sub-rural health centres (Sub-RHCs) through corresponding township, district, and region and state health departments that provide technical assistance and support.

Disease Control

- Campaigns and implementation of specific national programmes such as those for Tuberculosis, Malaria, HIV/AIDS, Leprosy, and prevention of blindness are systematically delivered at all levels

Main challenges nation wide

- MDR TB management
- Gap between need and availability of ART still wide
- PMCT –partner tracing and follow up of children born by HIV positive mothers
- Long lasting Impregnated bed nets coverage-still a large gap to fill
- Reaching people from hard-to-reach areas- train more volunteers/equipped

Disease Surveillance

- While the disease surveillance system is well established in the public sector, there is still room for improvement in getting information from the *private sector*

- International health regulation core capacities have been strengthened at eight points of entry into the country
- Gaps are still there in human-resource and infrastructure development
- There will be more challenges in this area with the new airport, sea ports and border-crossing projects.

Preventive Services

- Prevention of vaccine-preventable diseases through the EPI expanded program on immunization
- Supported by WHO, UNICEF & GAVI
- Government's co financed for Pentavalent vaccine in 2012

- Areas of low immunization coverage in border areas, physical hard-to-reach areas, urban slums and migrants
- Combat- by IRI Intensification of Routine Immunization
- Still- human resource gap, lack of cold chain and inability to reach inaccessible areas

Preventive Services

- Strategic plans for Reproductive Health, Adolescent Health and Child and neonatal care are drawn and implemented towards achieving MDG goals

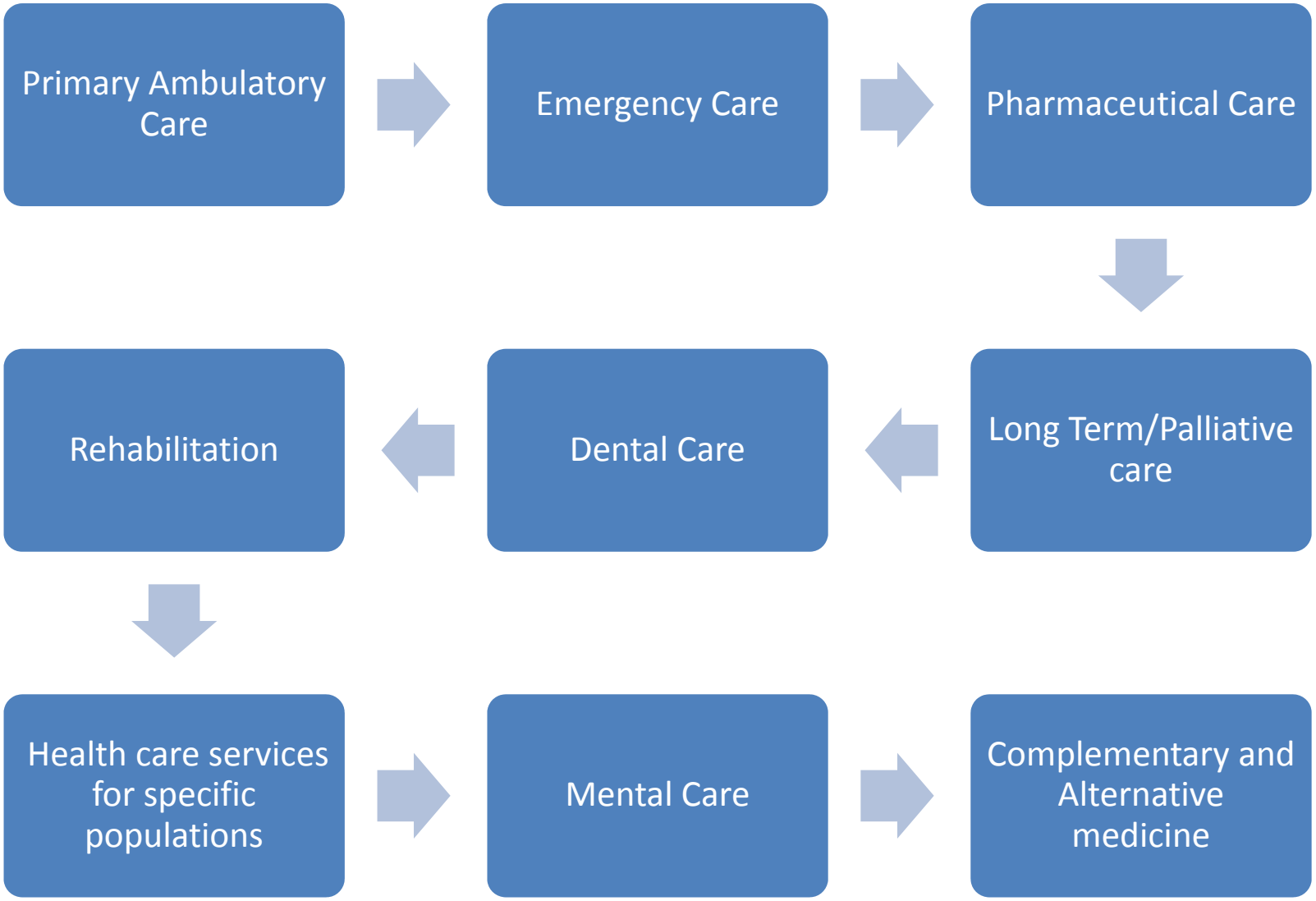
- Weak in intra-sectoral and inter sectoral coordination within programs
- Only in piloted areas but need nationwide collaboration and cooperation
- Need scaling up of collaborative activities by coordinated township health plans

Non Communicable Diseases

- Comprehensive national policy and plan for prevention and control of major NCDs
- Early detection of major NCDs and better case management
- Public private partnership and multi stakeholders involvement has been observed

- Population approach has been advocated to reduce the risk levels of smoking, drinking and lack of exercise in population
- Need more community action and participation
- Need to do more for universal coverage

Services


Primary Ambulatory Care
Emergency Care
Pharmaceutical Care
Long Term/Palliative care
Dental Care
Rehabilitation
Health care services for specific populations
Mental Care
Complementary and Alternative medicine


Thank You!