HEALTH SYSTEM TRANSFORMATION IN MYANMAR: ARE THE CURRENT CHANGES PROMISING?

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Outline

- Myanmar profile
- Myanmar's current health status
- Myanmar Health System
  - Overview
  - Comparison with South East Asian countries
- Equity of access to Reproductive Health services
- Current Changes in Myanmar Health System
- Conclusions and Recommendations

MYANMAR/BURMA

COUNTRY PROFILE

OFFICIAL NAME : REPUBLIC OF THE UNION OF MYANMAR
POPULATION : **51.9** MILLION
RURAL POPULATION : **70%**

Administrative Division
•7 Regions
•7 States
Area : Slightly smaller than the U.S. state of *Texas*.
Neighbors : China, India, Thailand, Bangladesh and Laos

❖Once South East Asia's wealthiest nation

Politics

❖ Was the second most isolated country next to North Korea from 1962 to 2012

❖In a transitional period after 63 years of military regime

❖Increased transparency

❖ More freedom of speech, moderate media freedom

❖Some positive approaches

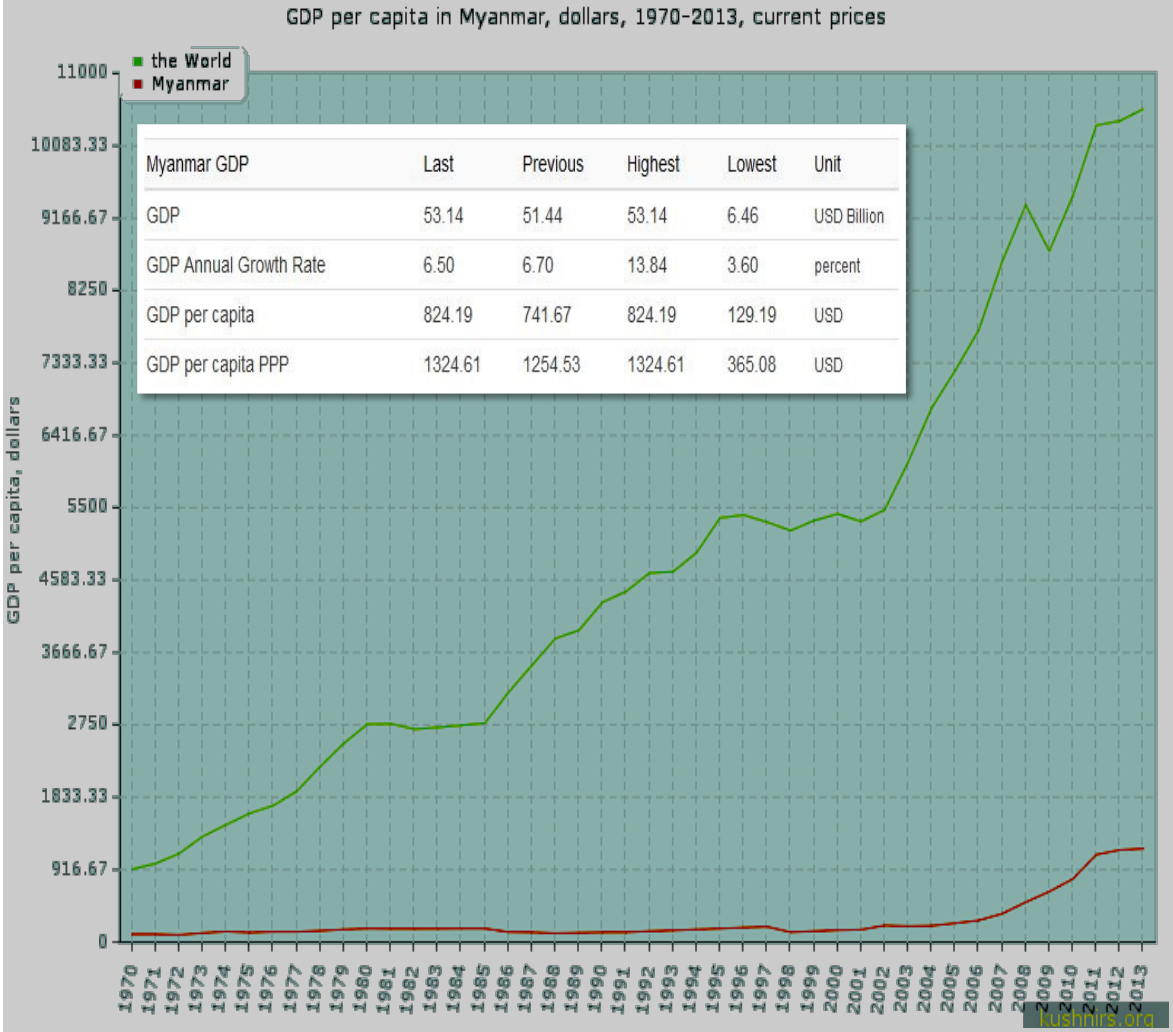
(Ref: 2014 census, WHO 2011)

Ethnicity

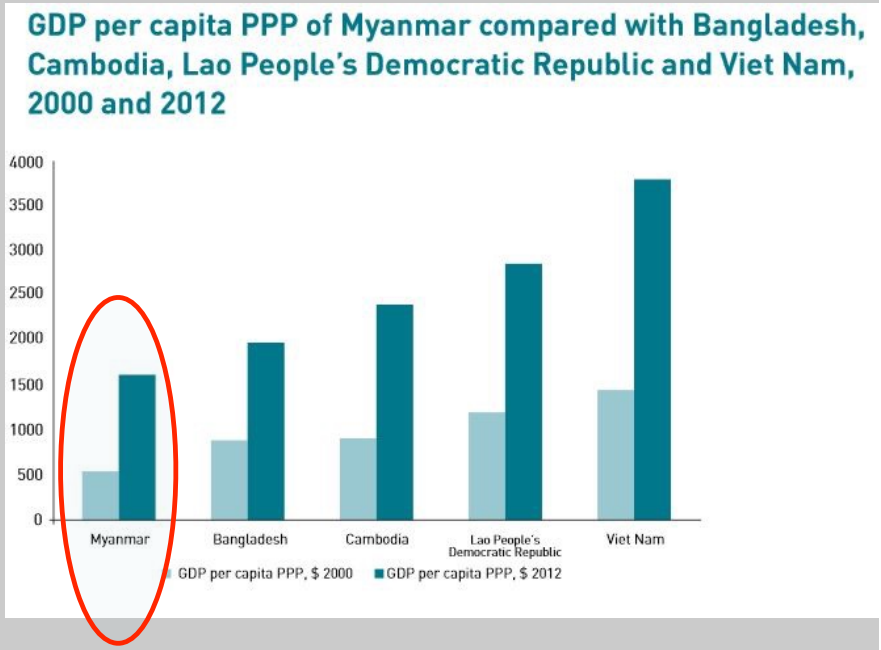
- **Over 130 ethnic groups** with 8 major groups
- Internal Conflicts: One of the longest civil wars
- Abundant natural resources: 2nd lowest Human Development Index in Asia Pacific Region

Beautiful Myanmar

http://www.placestoseeinyourlifetime.com/bagan-a-strikingly-beautiful-ancient-city-in-myanmar-8843/ PHOTO CREDIT



Myanmar GDP	Last	Previous	Highest	Lowest	Unit
GDP	53.14	51.44	53.14	6.46	USD Billion
GDP Annual Growth Rate	6.50	6.70	13.84	3.60	percent
GDP per capita	824.19	741.67	824.19	129.19	USD
GDP per capita PPP	1324.61	1254.53	1324.61	365.08	USD

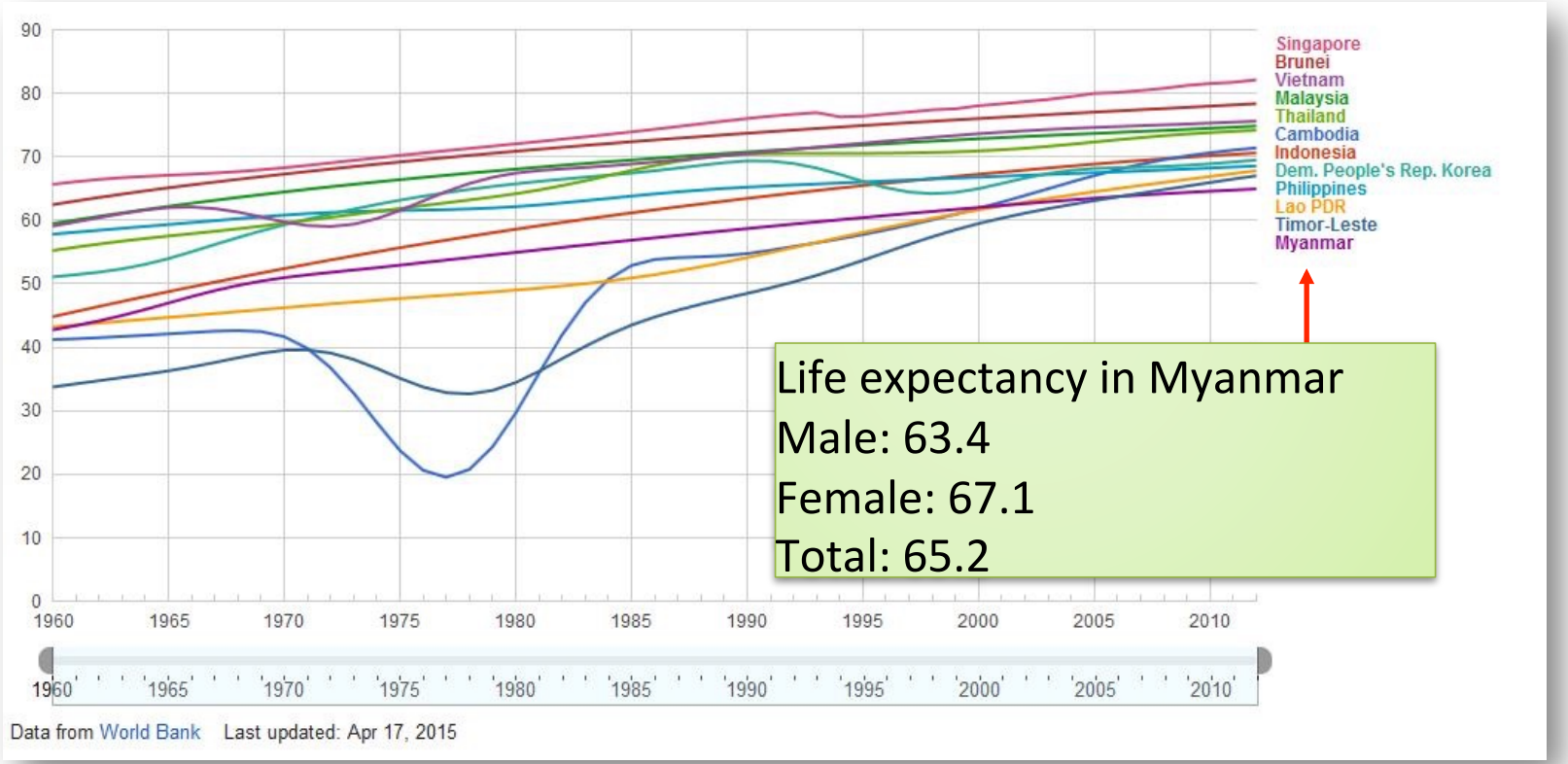


World Bank, 2013
Wikipedia contributor 2013

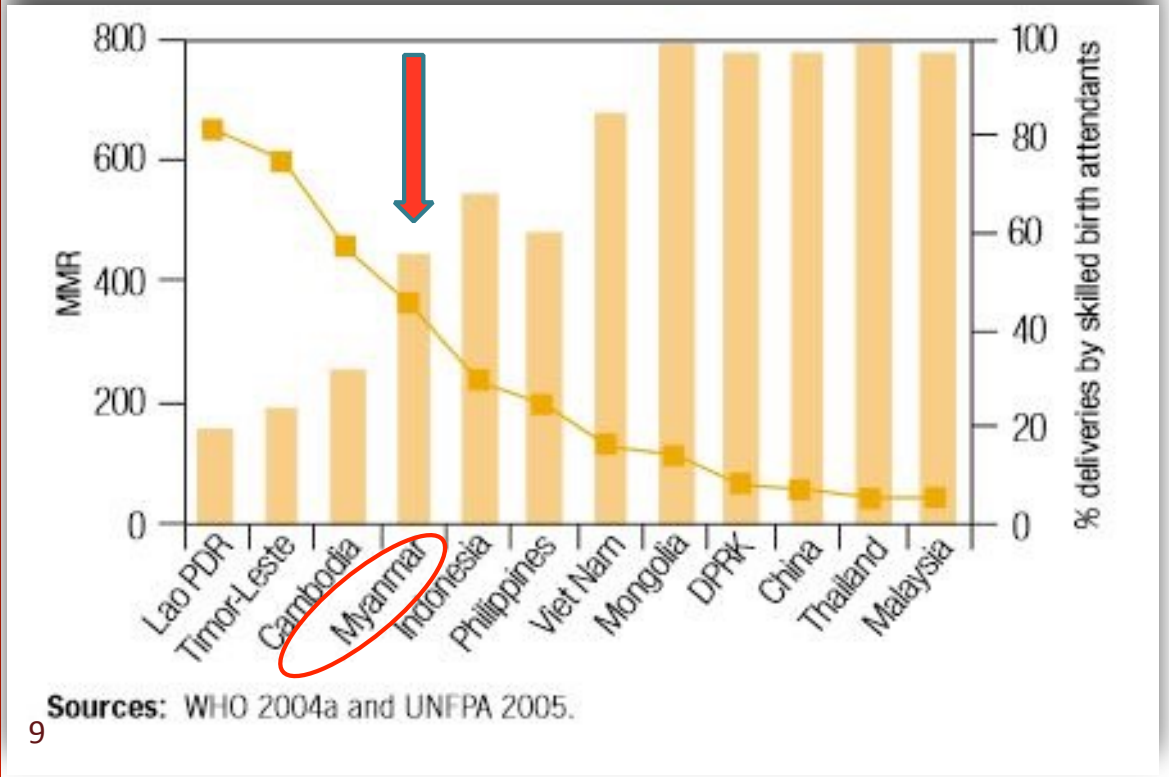
Overall Health Status

1. Life Expectancy
2. Maternal Mortality
3. Infant Mortality
4. Prevalence of Communicable Diseases (HIV/ TB/Malaria)
5. Prevalence of Non-communicable diseases

1. Life Expectancy at Birth in SEAR



2. Maternal Mortality



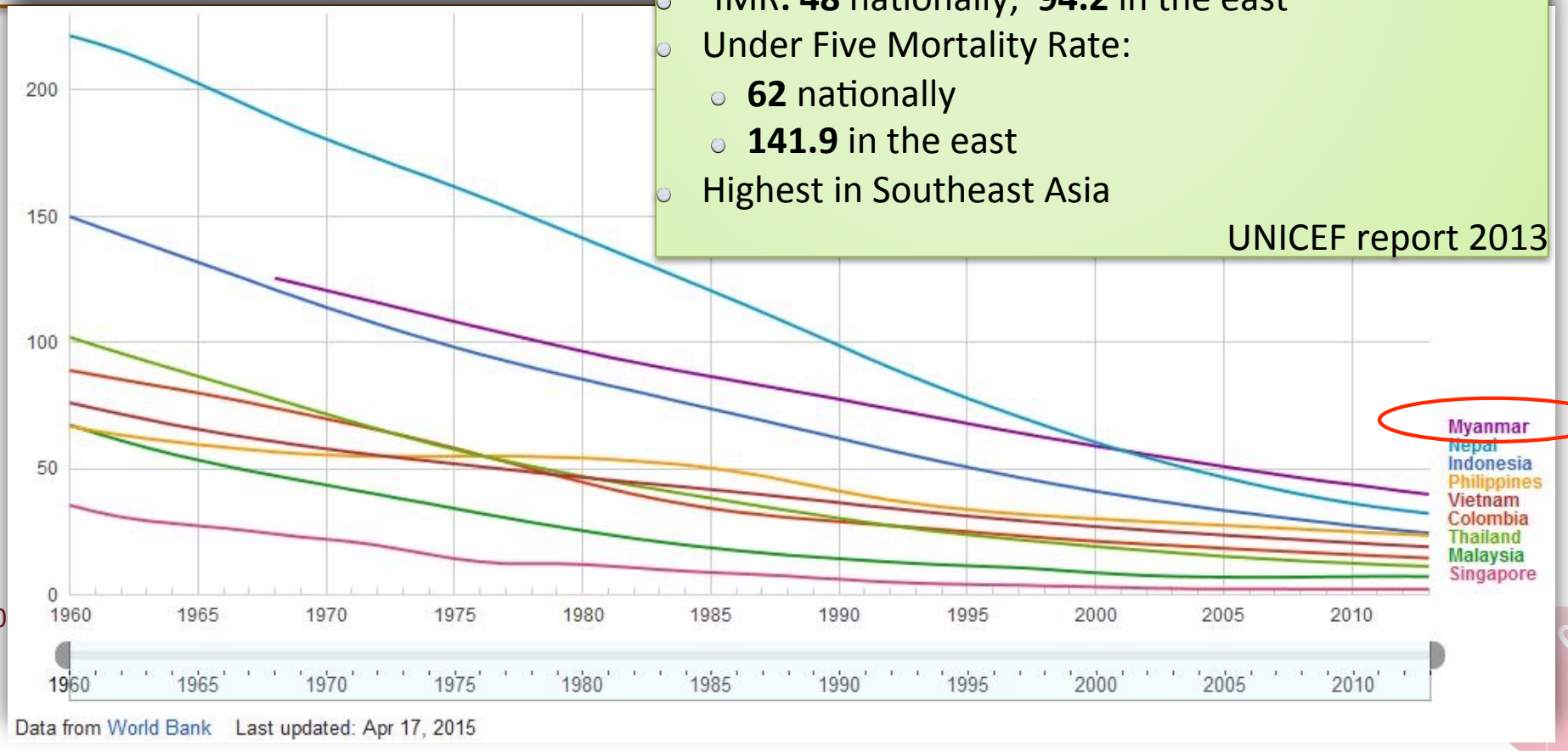
- **200 per 100,000 live births**
- **Three quarters** of all maternal deaths occur:
  - Delivery
  - Immediate post-partum period
- Low access to essential maternal health services

Maternal Mortality Ratios and Percentage of Skilled Birth Attendant in SEAR

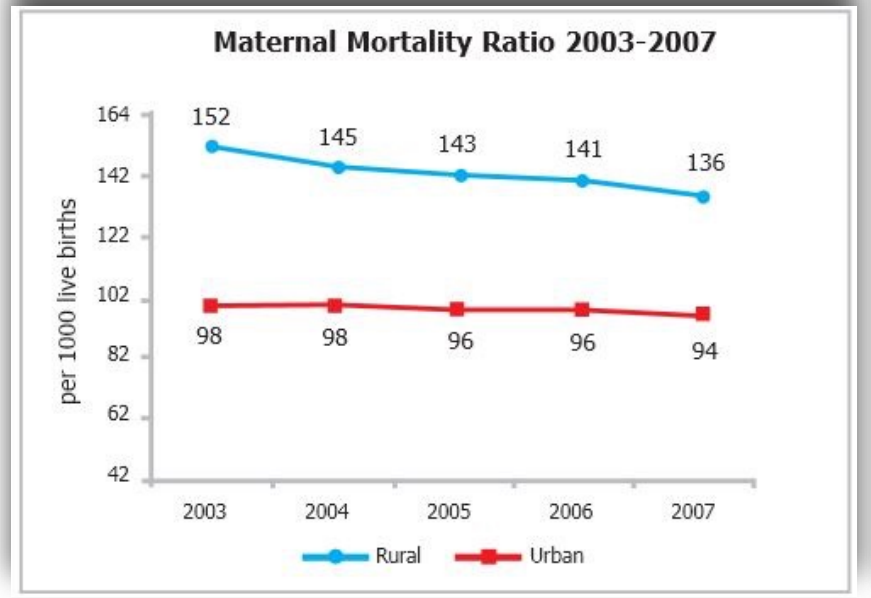
3. Infant Mortality Rate (per 1,000 live births)

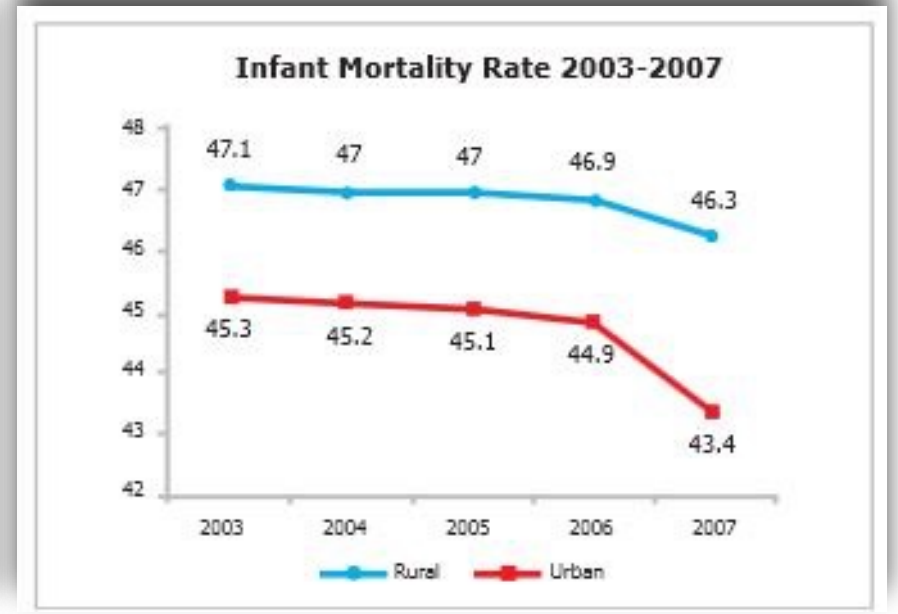
- IMR**: 48** nationally; **94.2** in the east
- Under Five Mortality Rate:
  - **62** nationally
  - **141.9** in the east
- Highest in Southeast Asia

UNICEF report 2013



Rural-Urban Difference

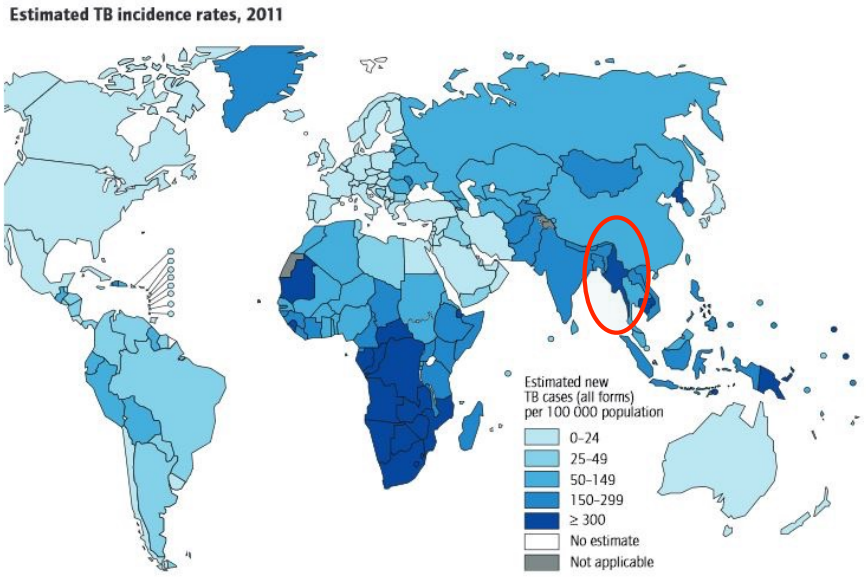


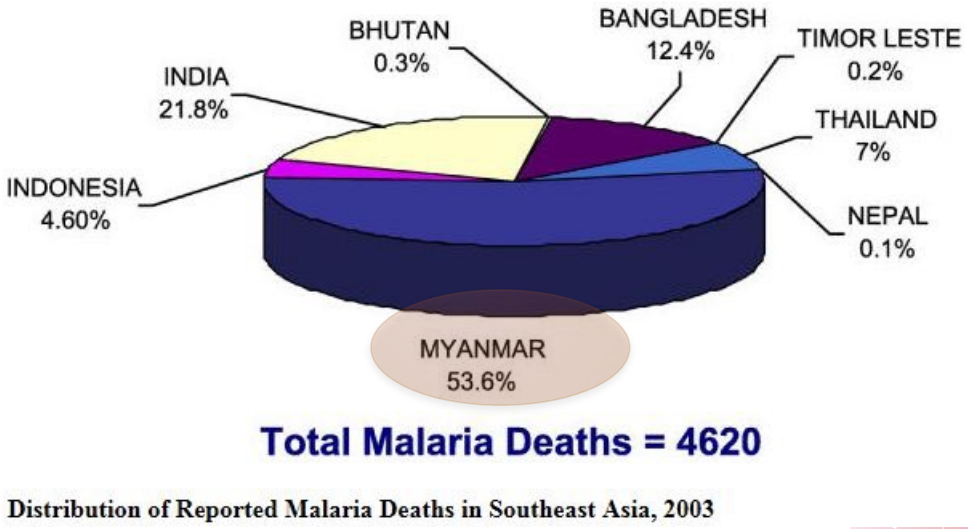


Source: Ministry of Health, Myanmar

4. Communicable Diseases: HIV/TB/Malaria

- High burden of CD: tuberculosis (TB), malaria and HIV/AIDS
- Top three national priority diseases of Myanmar (MOH, 2013)

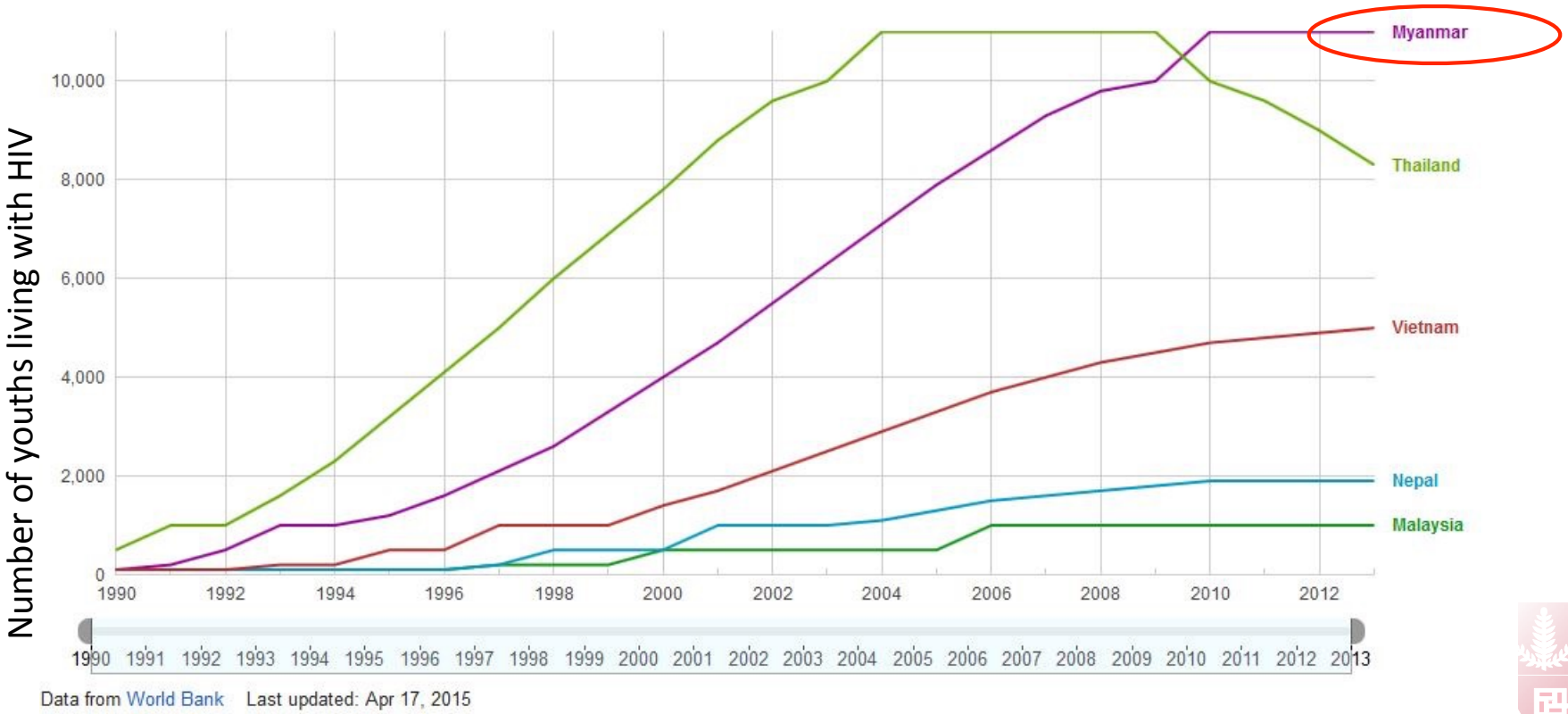




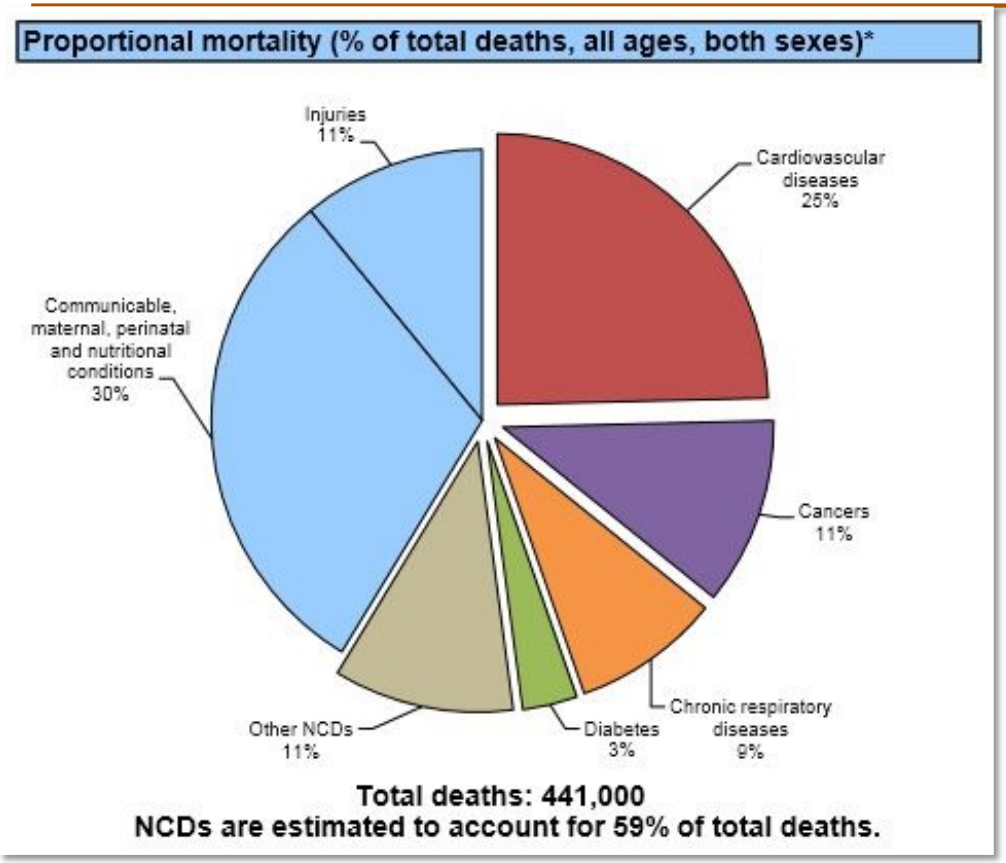
Distribution of Reported Malaria Deaths in Southeast Asia, 2003

Global Tuberculosis report WHO-2013; Beyrer 2006

Number of HIV-infected Youths in SEAR (2013)



5. Non-Communicable Diseases



Five Risk Factors

1. Dietary risks
2. Tobacco smoking
3. Household air pollution from solid fuels
4. High blood pressure
5. High fasting plasma blood sugar

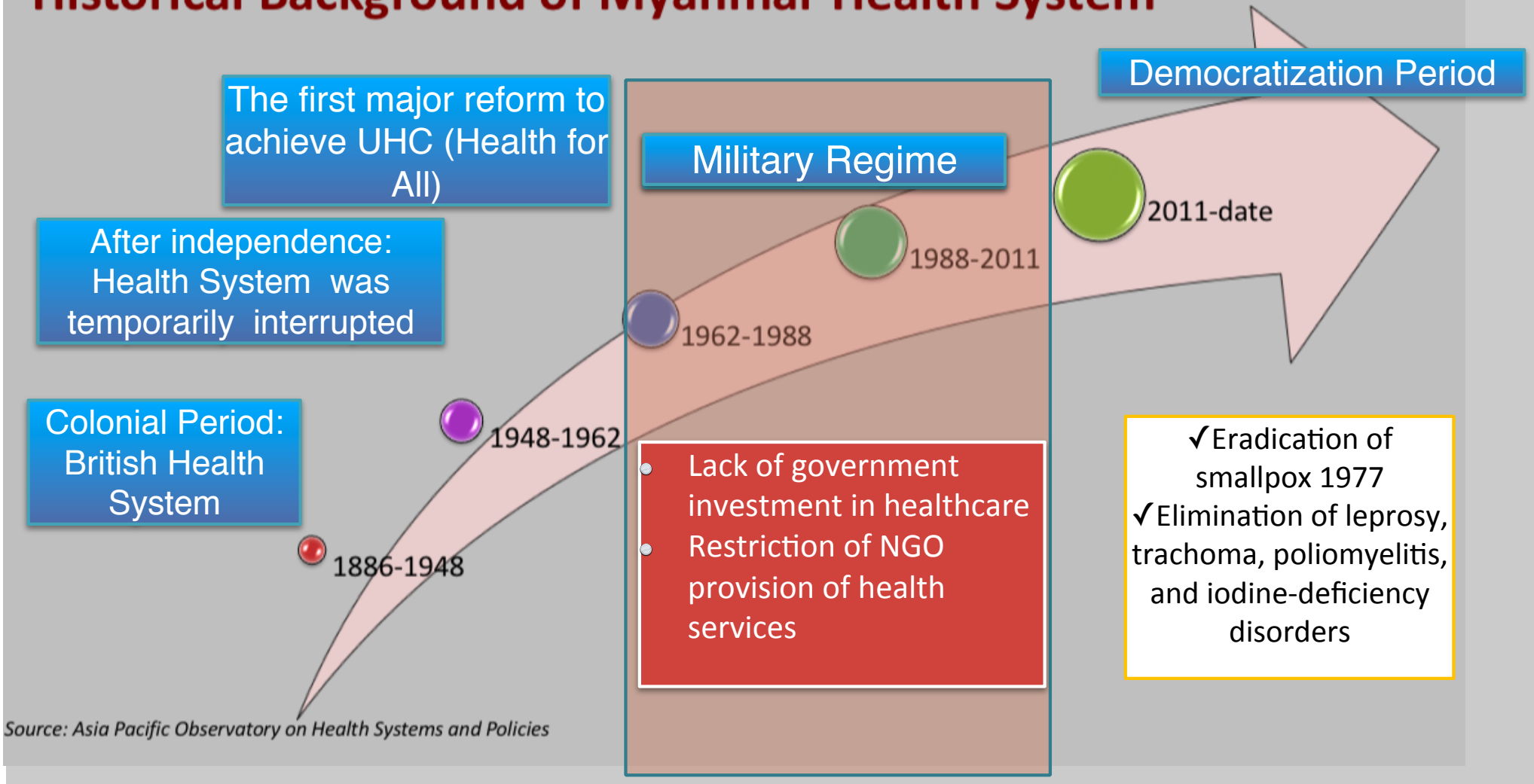
(IHME, 2010)

Source: **World Health Organization** - ***Noncommunicable Diseases (NCD) Country Profiles, 2014.***

MYANMAR HEALTH SYSTEM

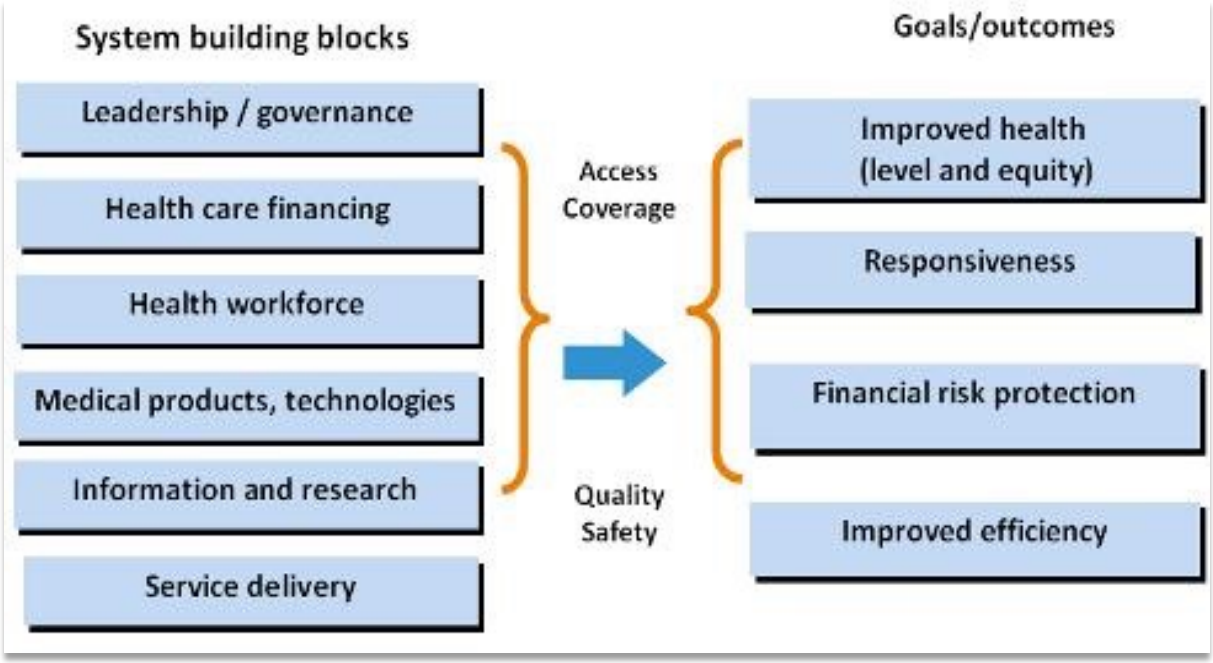
PAST AND PRESENT

Historical Background of Myanmar Health System



Myanmar Health System in General

- A pluralistic mix of public and private systems both in financing and provision



The WHO Health Systems Framework

1. Leadership

Ministry of Health

Union Minister for Health

Deputy Minister | **Deputy Minister**

Permanent Secretary Office

- Department of health professional Resource development and management
- Department of Medical Care
- Department of Public Health
- Department of Medical Research
- Department of FDA
- Department of Traditional Medicine

UN Agencies, Bilateral, INGOs, …

- **National Health Policy**
- **National Health Plan**
- **Myanmar Health Vision 2030**
- **Rural Health Development Plan**

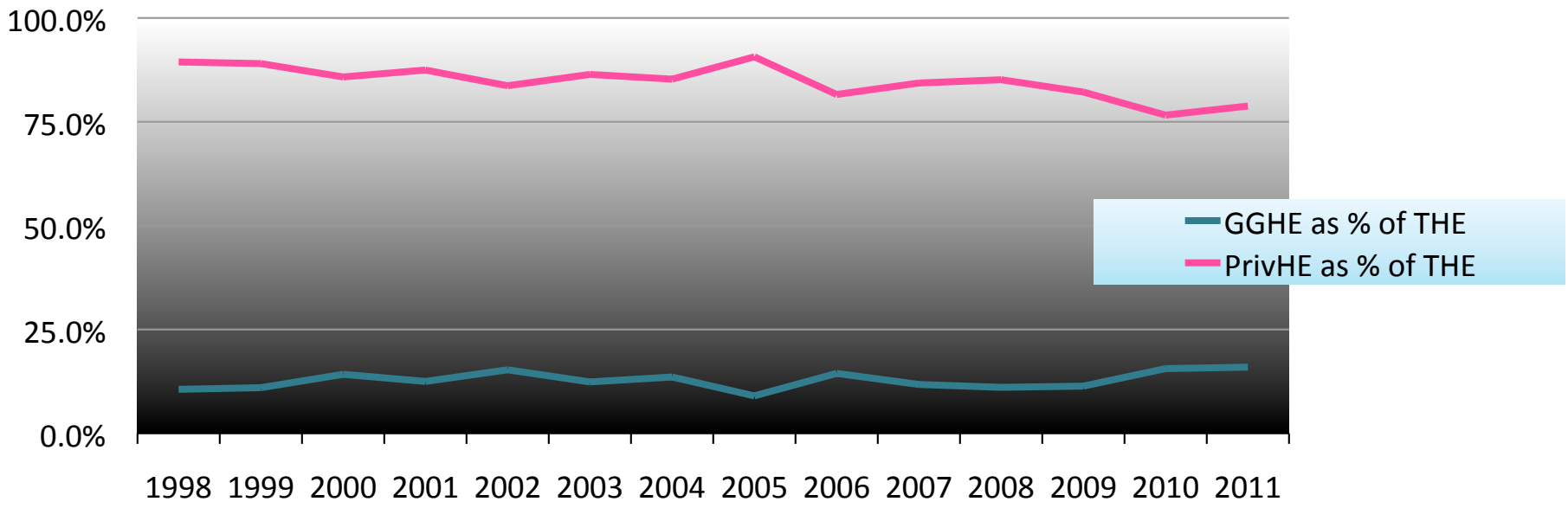
Other Ministries National NGOs, Private Sector

2. Health Financing

- **The government used to be** the main source of financing
- Private out-of-pocket **(OOP) payment became the main source** of finance: **cost sharing** in 1993
- Total health expenditure in Myanmar: **2.0–2.4%** of its GDP between 2001 -2011
- **The lowest** among countries in the World Health Organization
- **Donor contributions** remain substantial, at 7% of total health expenditure in 2011 (half what the government spends on health).

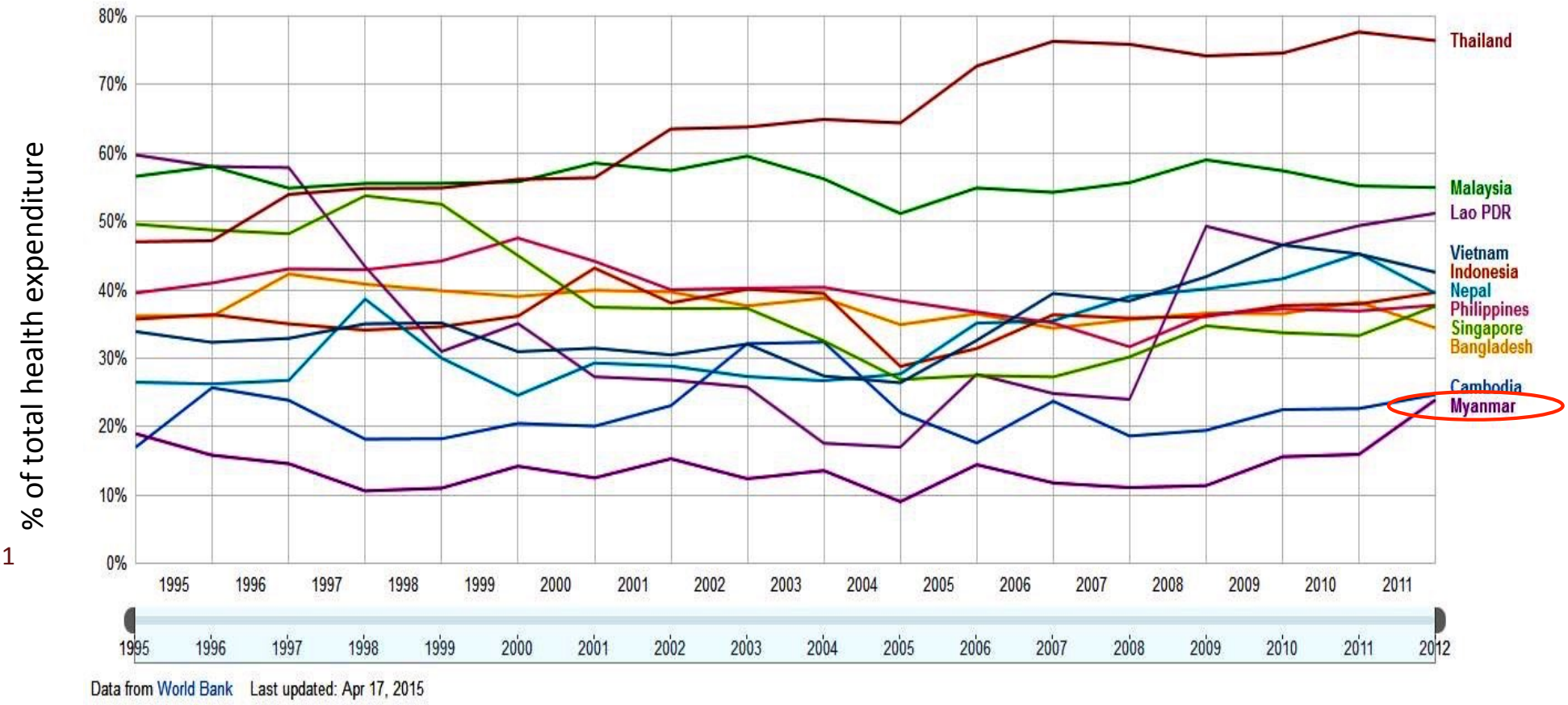
Source: Asia Pacific Observatory on Health Systems and Policies

Government and Private Health Expenditure in Myanmar (1998-2011)



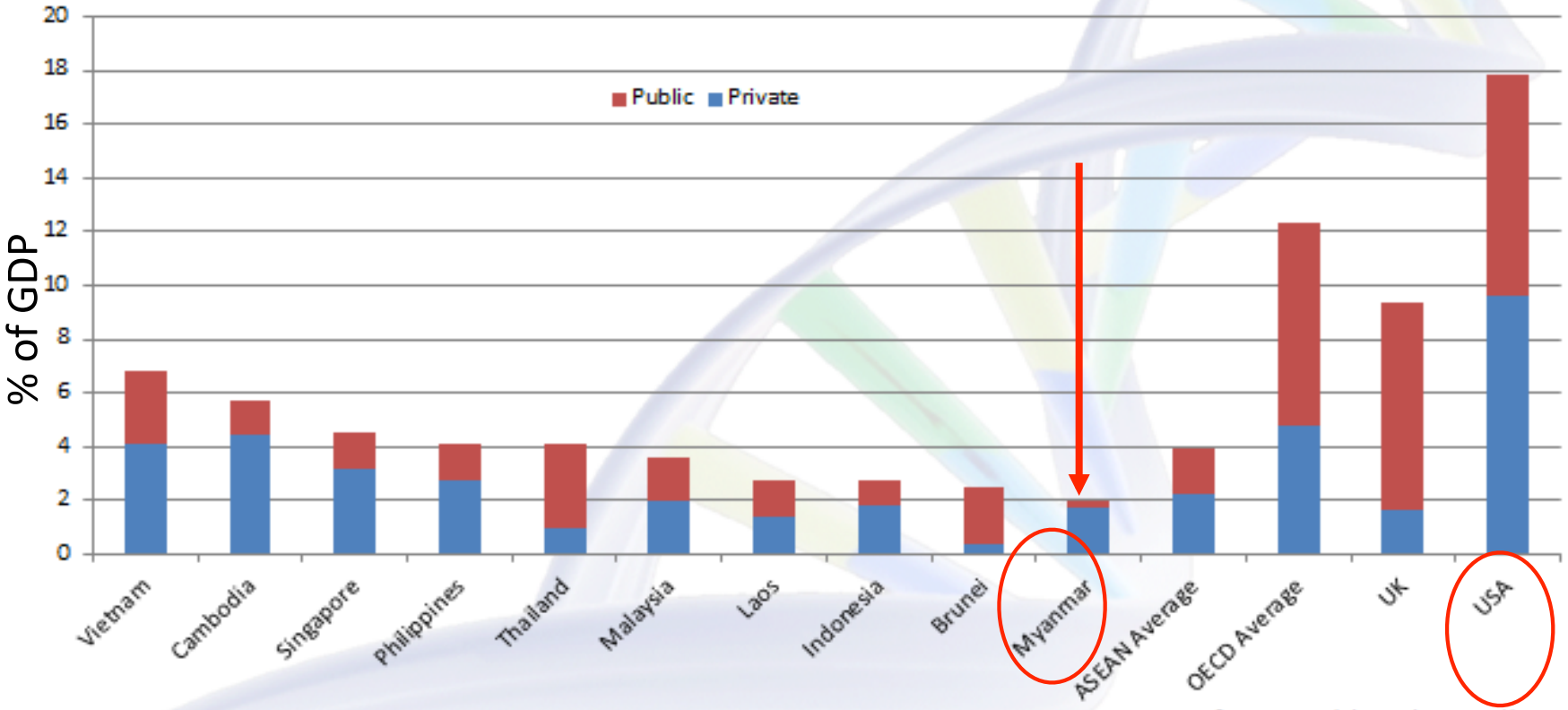
[20]Source: Department of Health Planning, Ministry of Health, Myanmar

Government Health Expenditure in SEAR



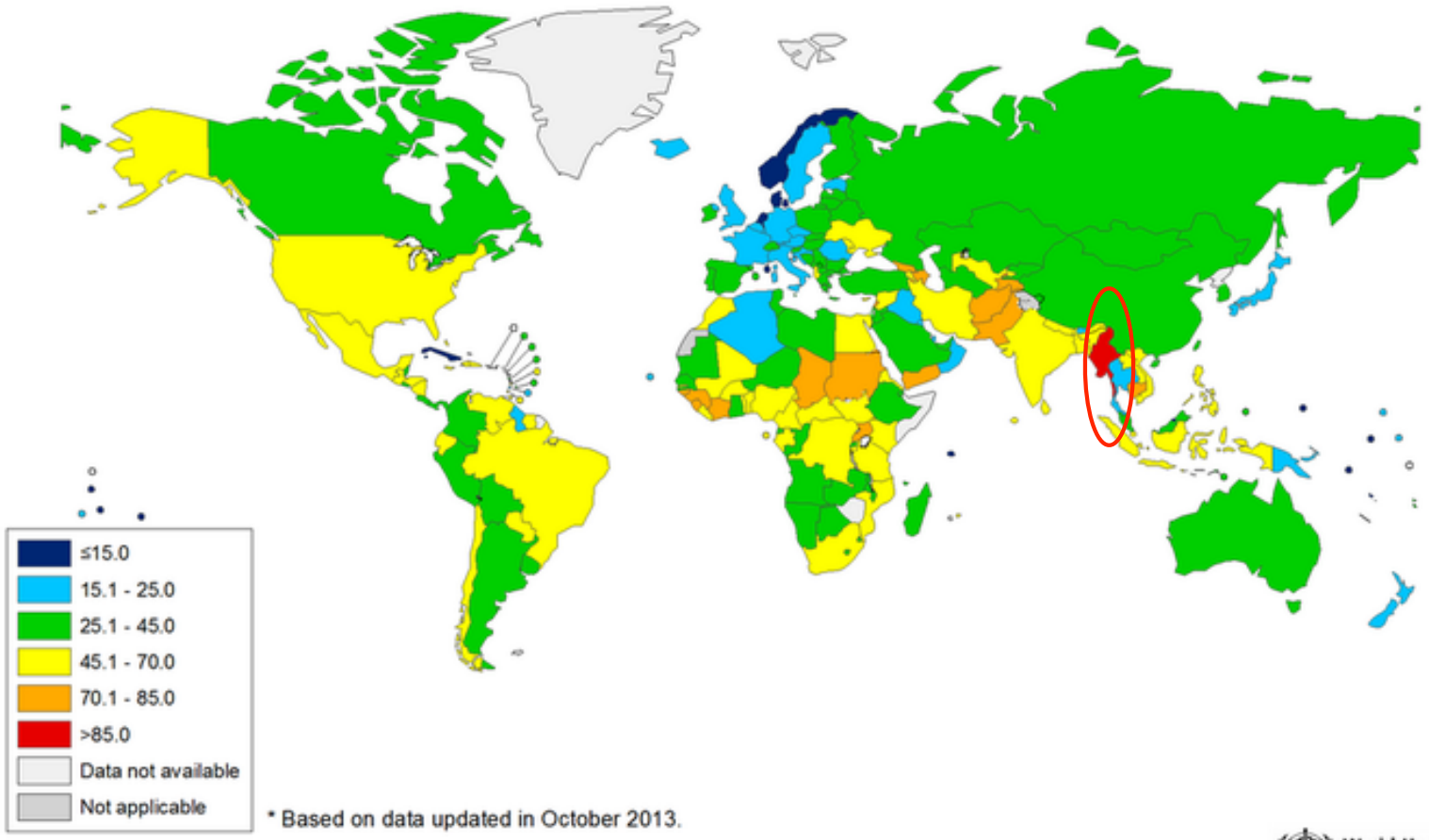
ASEAN TOTAL HEALTHCARE SPEND

AS % GDP = Public + Private



Data from World Bank 2011 (latest available)
(Total health expenditure is the sum of public and private health expenditure)

Private expenditure on health as a percentage of total expenditure on health (in US$), 2011 *



* Based on data updated in October 2013.

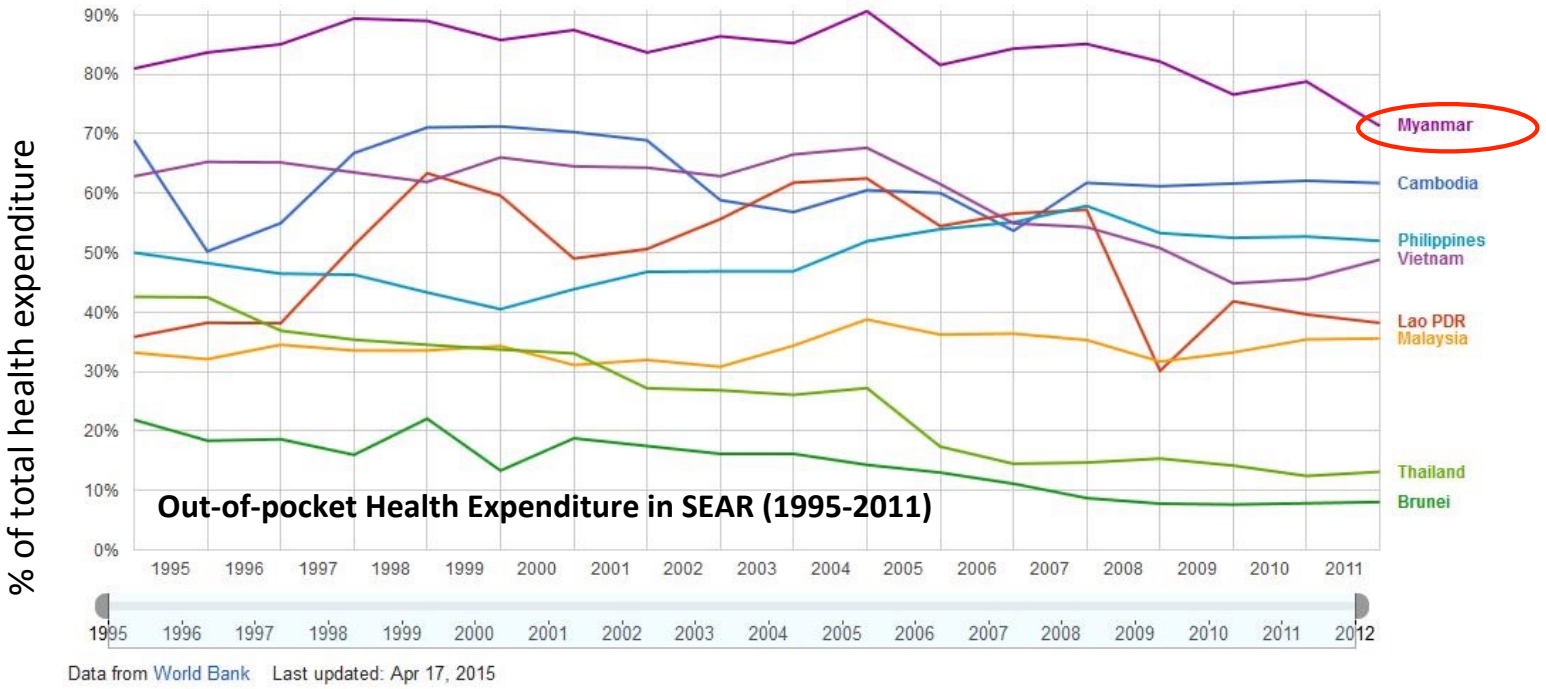
Data Source: Global Health Observatory, WHO
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

World Health Organization

Out of Pocket Health Expenditure

- Nearly 100% of private health expenditure (2001 -2011)
- Over 30% of households encountered catastrophic health expenditure

(MOH & UNICEF unpublished information, 2012)



Health Insurance System

- **No health insurance system at all** in Myanmar
- **Social security system :** established in 1956
  - For insured workers who are **employed in the private sector**
  - For enterprises having more than **five employees**
  - **Benefits** : free medical care during illness, payment of 75% of basic salary during maternity leave, full salary for one year for severe injuries, cash payments for death and injury, and survivors' pension
- The scheme covers **less than 1% of the population**

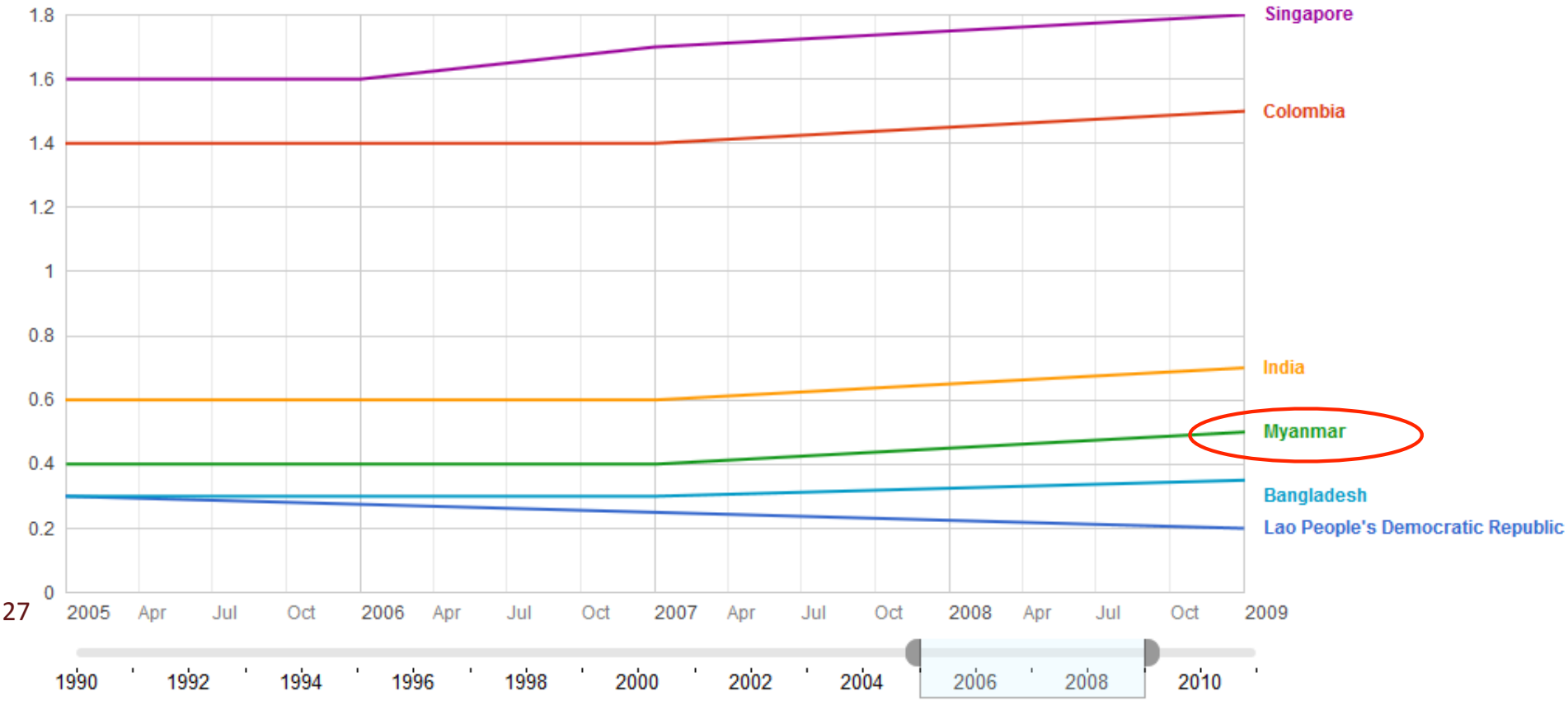
Source: Asia Pacific Observatory on Health Systems and Policies

3. Human Resources and Infrastructure

- **The Department of Medical Science** : doctors, nurses and health care workers
- **Density of physicians**: 0.501 per 1000 population
- It was still **far below the global standard** of 2.28 health workers per 1000 population
- **Underproduction** of dental surgeons, pharmacists and technicians as compared to doctors and nurses.
- Li**mited registration for foreign doctors** to work in Myanmar

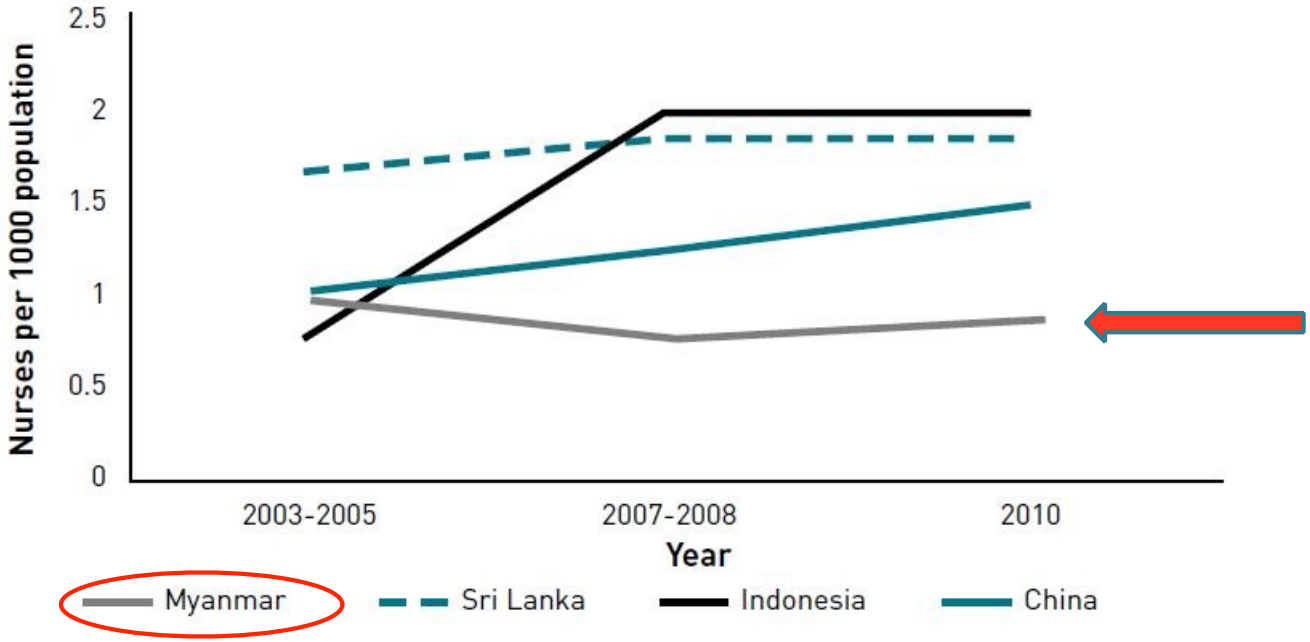
Source: Ministry of Health, Myanmar, unpublished data

Physicians Per 1000 Population in Selected Countries (2005-2009)



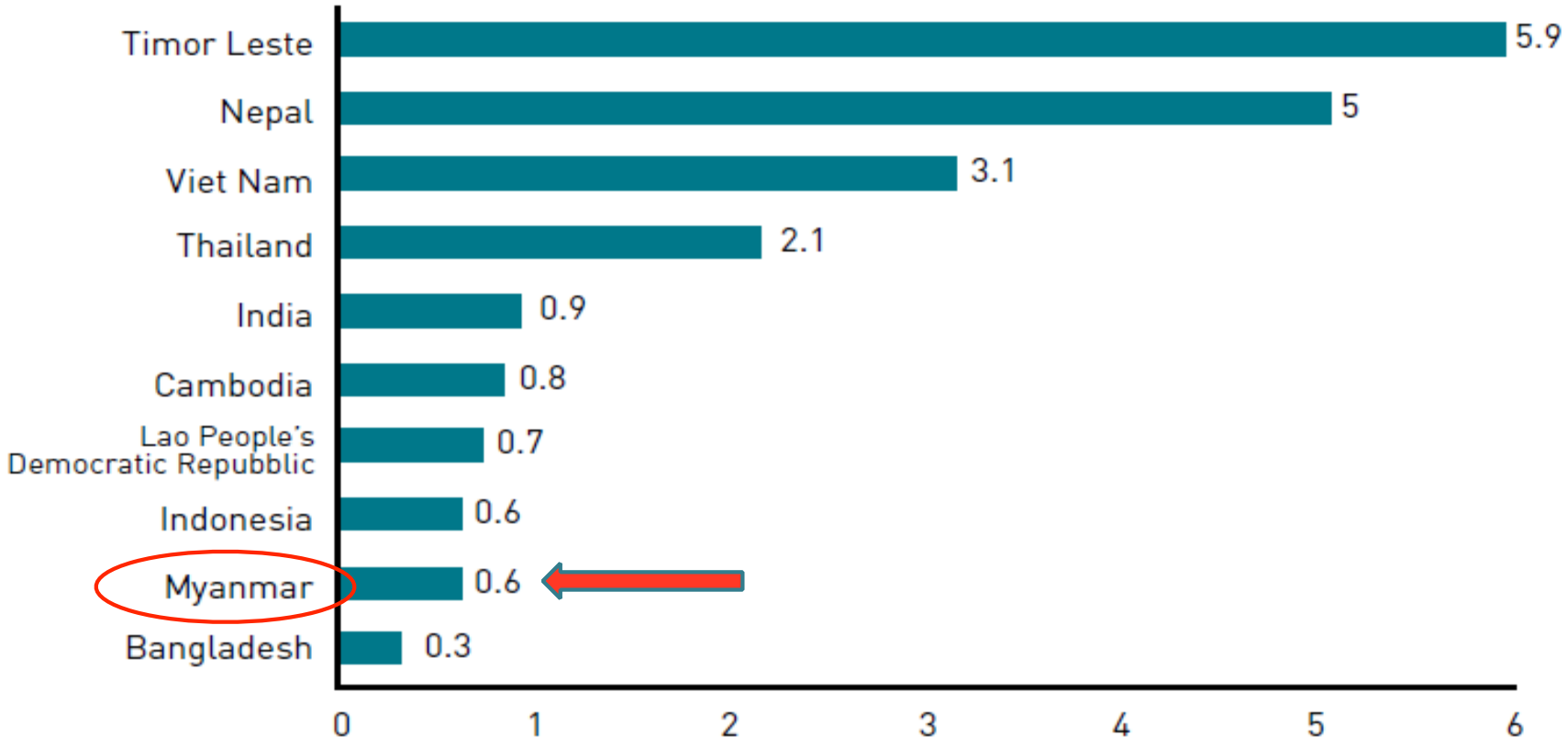
Data from Human Development Report 2014, United Nations Development Programme Last updated: Jul 21, 2014

Number of Nurses and Midwives Per 1000 Population (1990-2010)



Source: Asia Pacific Observatory on Health Systems and Policies

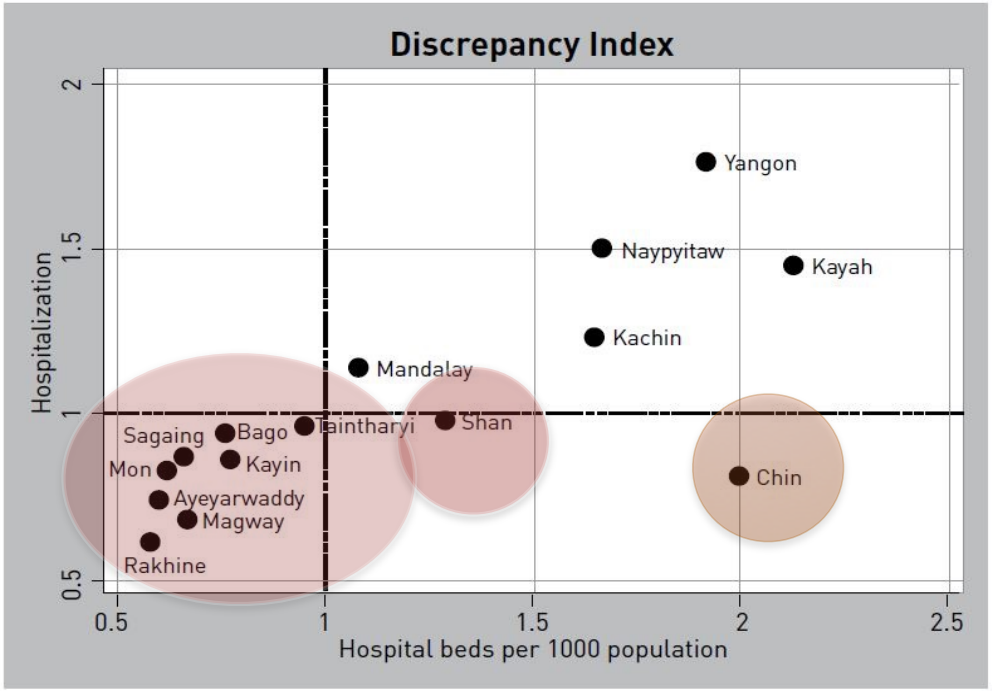
Hospital Beds Per 10,000 Population in SEAR



ource: WHO Global health observatory. Accessed 9 March 2014
ıttp://apps.who.int/gho/data/view.main.1860]

Inequities in Distribution of Health Care Facilities

- Looking at the distribution of health care facilities and beds across the country, inequities are evident.
- A discrepancy index lower than 1.0 means that a region or state has fewer beds per 1000 population than the national average (1.0).



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

Scatter plot showing discrepancy index of hospital beds and hospital utilization

4. Essential Medical Products and Technologies

Essential Medicine List

- The Myanmar Essential Drugs Programme has revised the National List of Essential Medicines
- The Central Medical Store Depot (CMSD) procured a subset of 92 medicines from the essential medicine list in 2010
- The Ministry of Finance did not provide enough funds to procure all the needed essential medicine (Holloway, 2011)

Ministry of Health, Myanmar, unpublished data

Medical Equipment

- General radiography (e.g. X-ray machines) represents as most basic equipment available at township and station hospitals across the country.
- Computed tomography (CT) was only available in Yangon and Mandalay General Hospitals until 2012.
- Five magnetic resonance imaging (MRI) scanners are operated in big cities.
- There is a need to strengthen regular maintenance mechanism of medical devices.

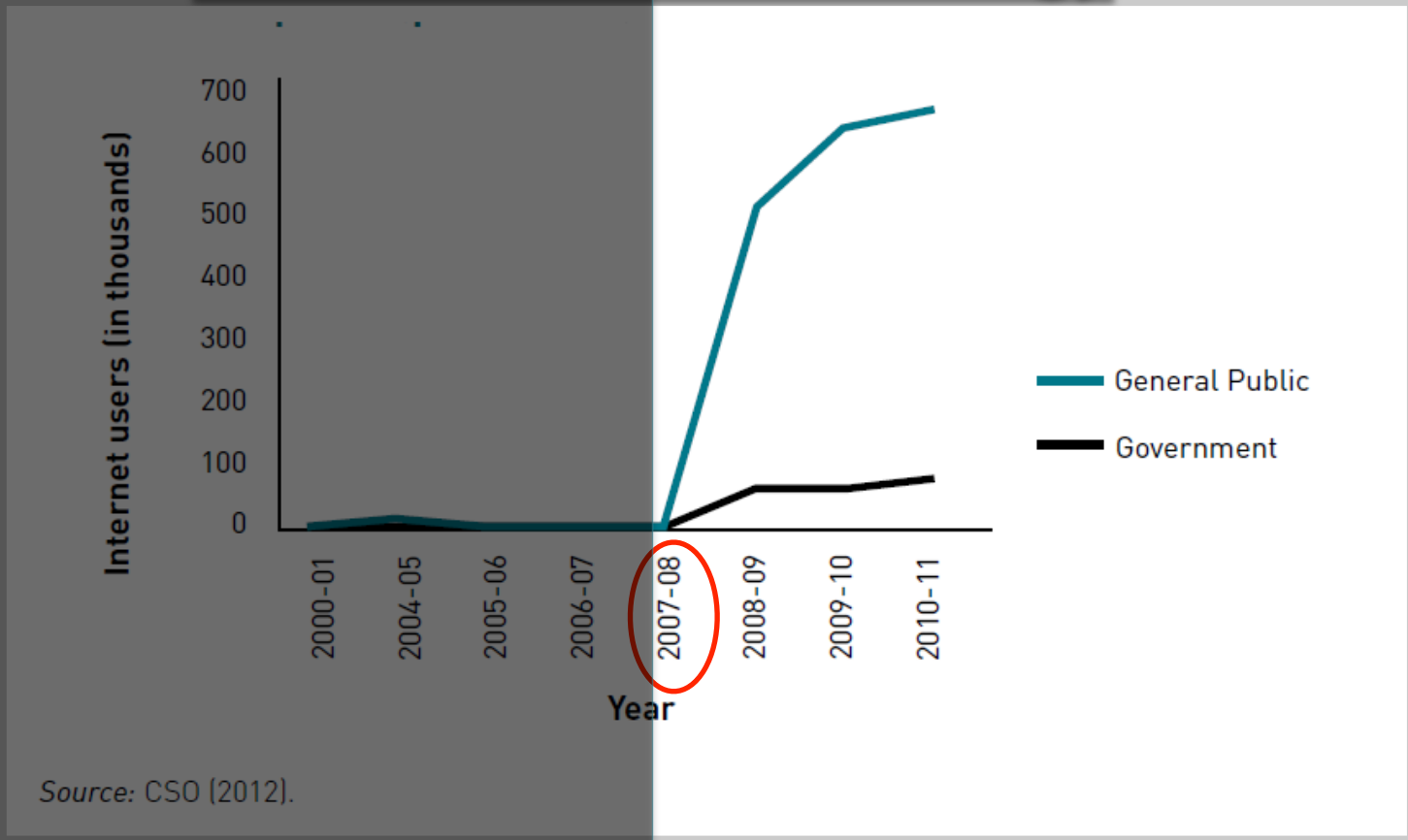
Source: Asia Pacific Observatory on Health Systems and Policies

5. Health Information System

- Comprises hospital information, public-health information, human-resources information and logistical information
- Data are collected **manually by individual** using standardized forms
- Dissemination of statistics : **an annual public health statistics report**
- Due to lack of adequate resources and capacity, population-based surveys could not be carried out as frequently as needed

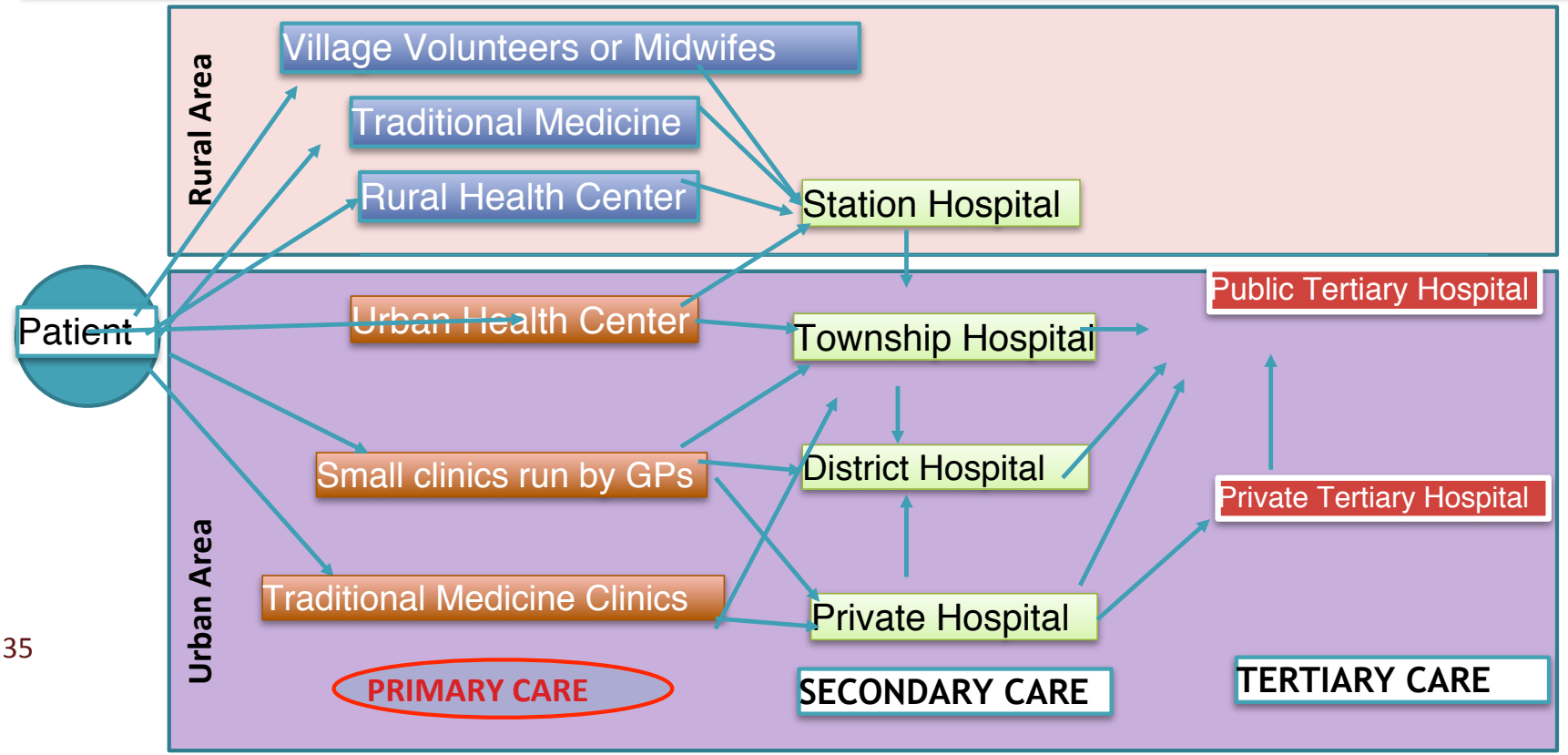
Source: Asia Pacific Observatory on Health Systems and Policies

Information Technology



Trends in Internet Users in Government Sector and General Public

6. Service Delivery

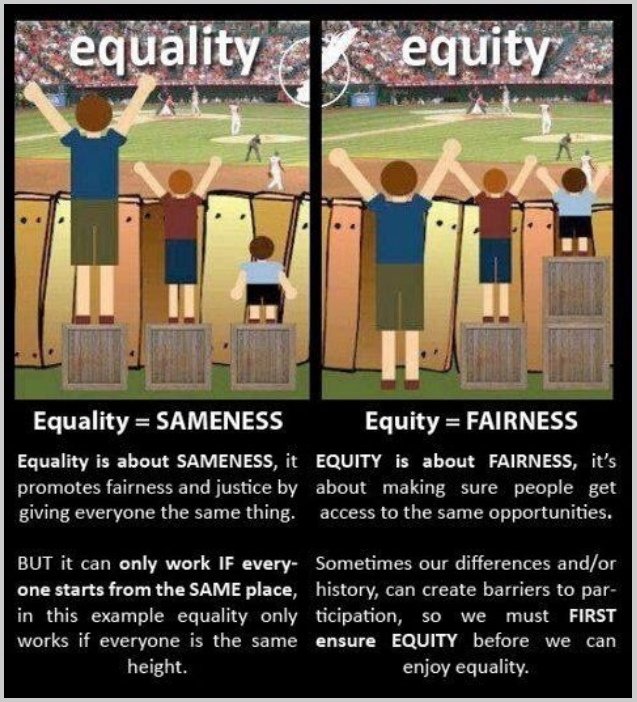


International Ranking

- **Second worst** in terms of 'overall health system performance' by the WHO in 2000
- OOP payment is **the highest** in the world, at 81% of total health expenditures
- Estimated three-quarters of Myanmar's citizens find themselves with **very limited access** to essential health services

World Bank (2012)

Equity of Access to Reproductive Health Services Among Youths in Poor Communities of Mandalay City



Phyu Phyu Thin Zaw, Tippawan Liabsueltrakul, Edward McNeil, Thein Thein Htay

BMC Health Serv Res. 2012 Dec 15;12:458. doi: 10.1186/1472-6963-12-458.

Study setting background

Map of Myanmar

Mandalay city

- Population: nearly 1 million
- Estimated 10 'resource-limited' suburban communities
- 50,000 living in 'resource-limited' suburban communities

Urban 'Poor' Communities

- Overcrowding
- Poor housing and low socio-economic status
- Unemployment, violence, crime
- Poor schooling facilities
- Poor maternal outcomes

Methodology

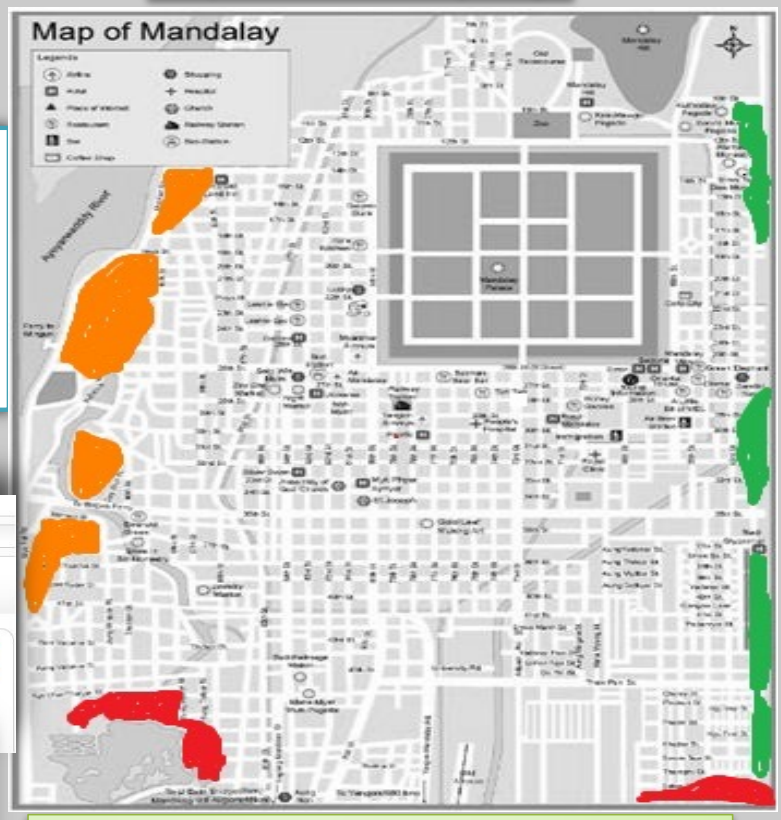
Study Design

Community-based cross-sectional study

Part I :Quantitative methods

Part II: Qualitative methods

Map of Mandalay city



Formal settlements

Riverbank settlements

Polakee settlements

Study setting

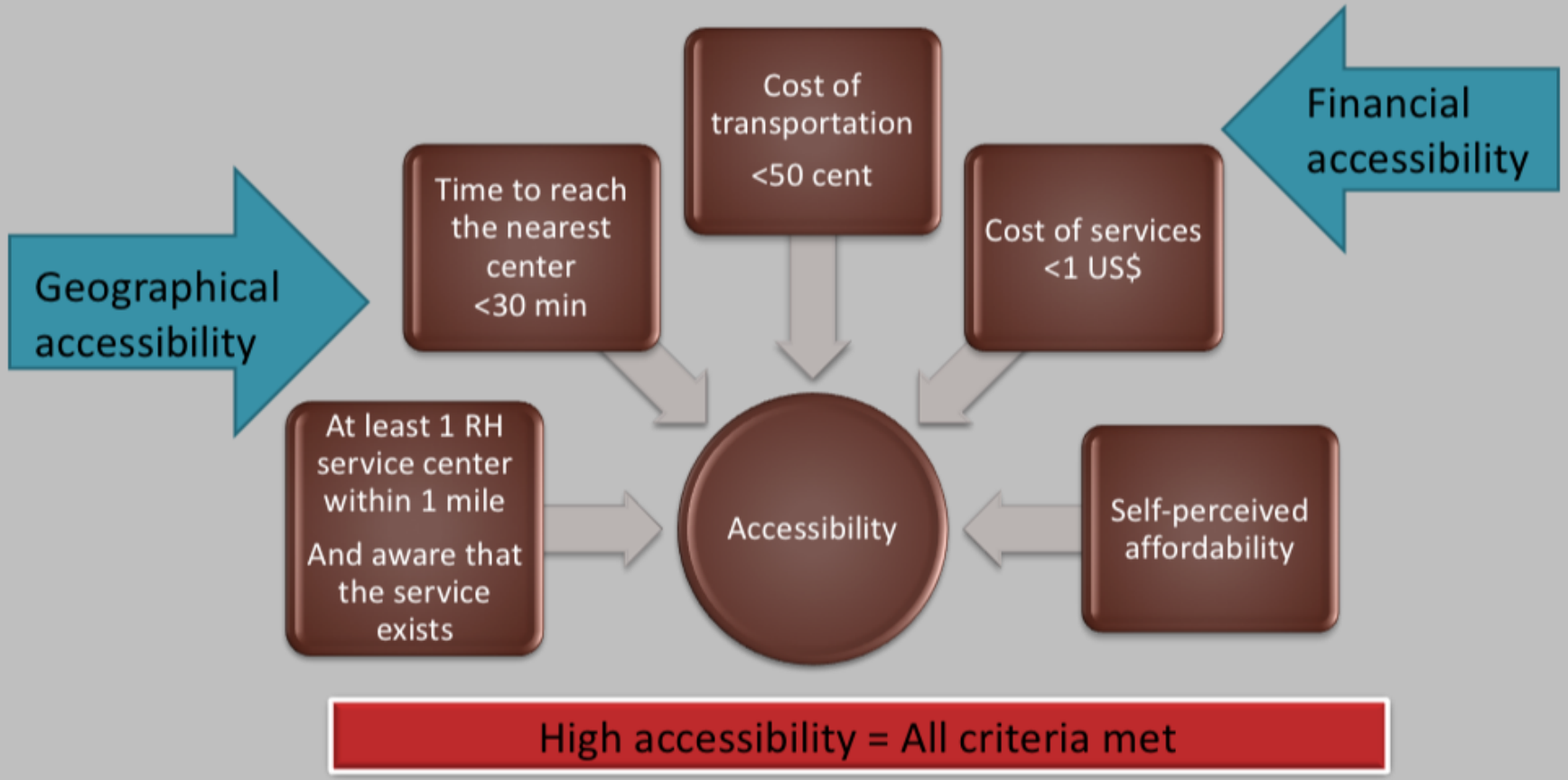
All resource-limited suburban communities in Mandalay city

Data collection at one of the Polakee Communities

During data collection at one of the Polakee Communities

Outcome Measure: Accessibility to RH Services

The most appropriate method of measurement of accessibility was used.



High accessibility = All criteria met

Accessibility to Reproductive Health Services

- Geographical accessibility (79%)
- Financial accessibility (19%)
- Overall, only **34%** were able to access at least one RH service centre within 30 minutes walk at an affordable cost and were aware that the service existed.

Residence Did Play a Role Even Among the Poorest: Factors associated with high accessibility

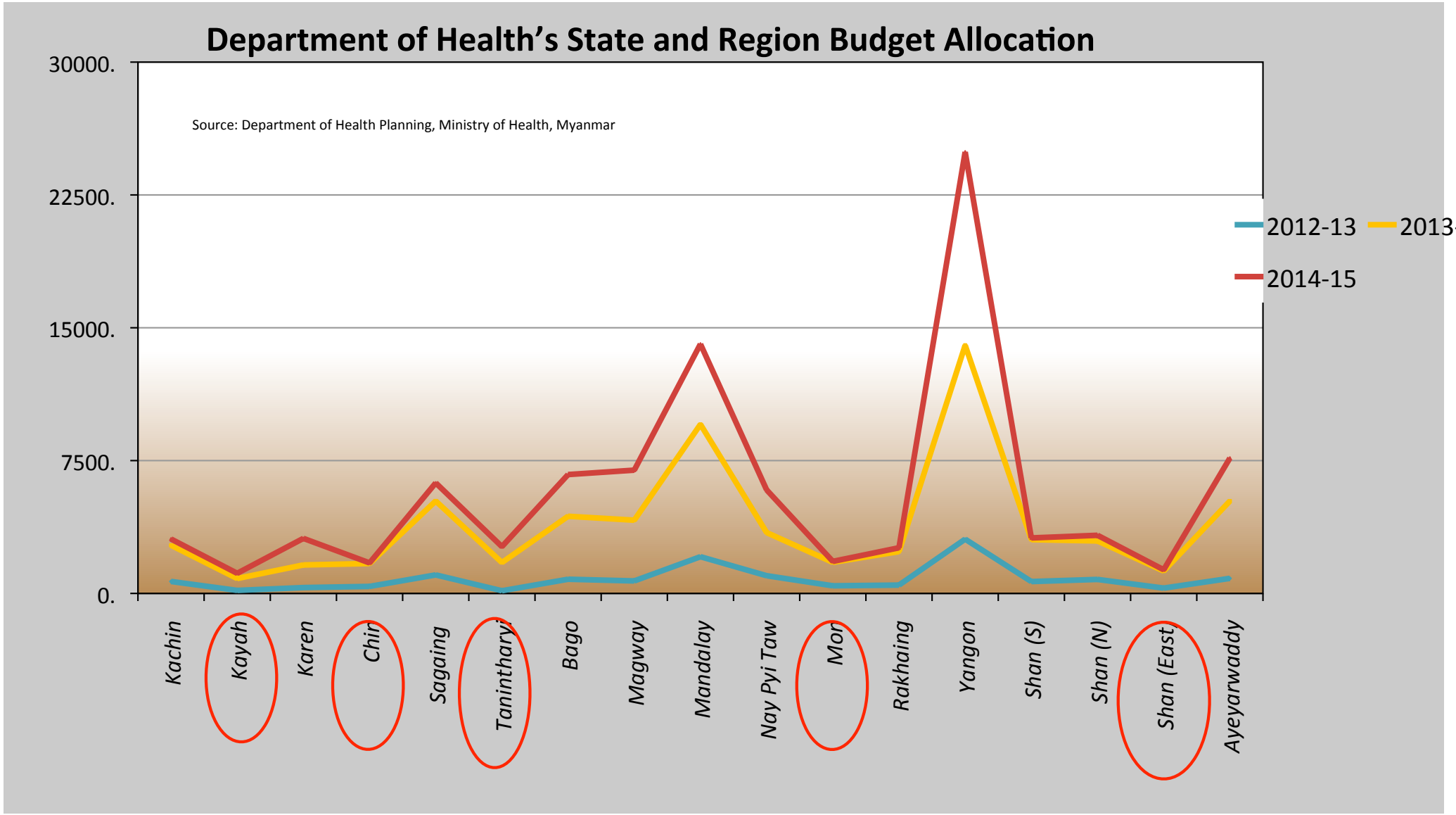
Factor	Adjusted OR (95% CI)	P-value*
Youth's place of residence: ref.= Formal Settlements		< 0.001
Polakee Settlements	0.36 (0.15-0.84)	
Riverbank Settlements	0.29 (0.16-0.52)	

Logistic regression analysis adjusting all confounding factors OR: Odds Ratio; CI:Confidence Interval

Recent Changes in Myanmar Health System (2011-2015)

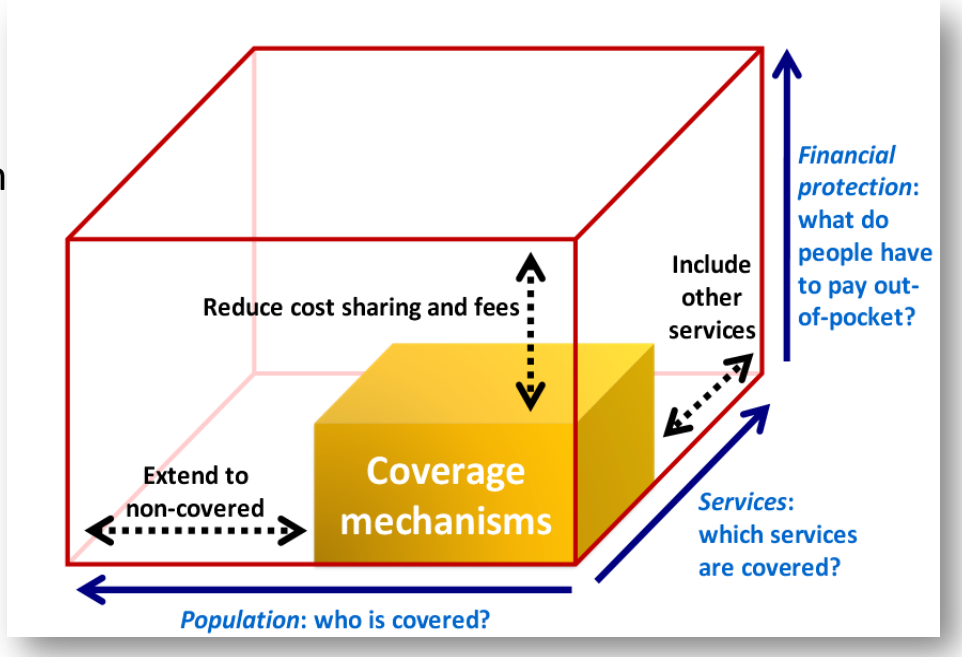
1. Increased in Government Health Expenditure

- Significant increase in health expenditures, which raise the share of GDP allocated to health
  - From 2.4% in 2012 to 3.14% in 2013 and 3.82% in 2015
  - Nine fold increase from 2011 to 2015
  - Share of Public Health Expenditure in Total Health Expenditure from 20% to 34%
- Focus on medicines, medical equipment, and building infrastructure for health insurance
- Level of health investment is still low compared to the demand for health care
- Still the lowest compared to other countries in SEAR


Department of Health's State and Region Budget Allocation
Source: Department of Health Planning, Ministry of Health, Myanmar
30000.
22500.
15000.
7500.
0.
2012-13
2013-
2014-15
Kachin
Kayah
Karen
Chin
Sagaing
Tanintharyi
Bago
Magway
Mandalay
Nay Pyi Taw
Mon
Rakhaing
Yangon
Shan (S)
Shan (N)
Shan (East)
Ayeyarwaddy

2. Actions towards Universal Health Coverage in 2030

- **The Social Security Law (**August 2012)
- **Full medical reimbursement** for every civil servant (Civil Servant Medical Benefit Scheme) in 2016
- **Expansion of payroll tax financed social health insurance** for formal sector (private and civil servant)
- **Development of new social protection policy** (2014) to provide health and social benefit for informal sectors
- Stakeholders' meetings for development of **feasible private health insurance** for affordable population



Department of Health Planning, MOH

How to cover the informal sectors

Three mechanism to cover this informal sector:

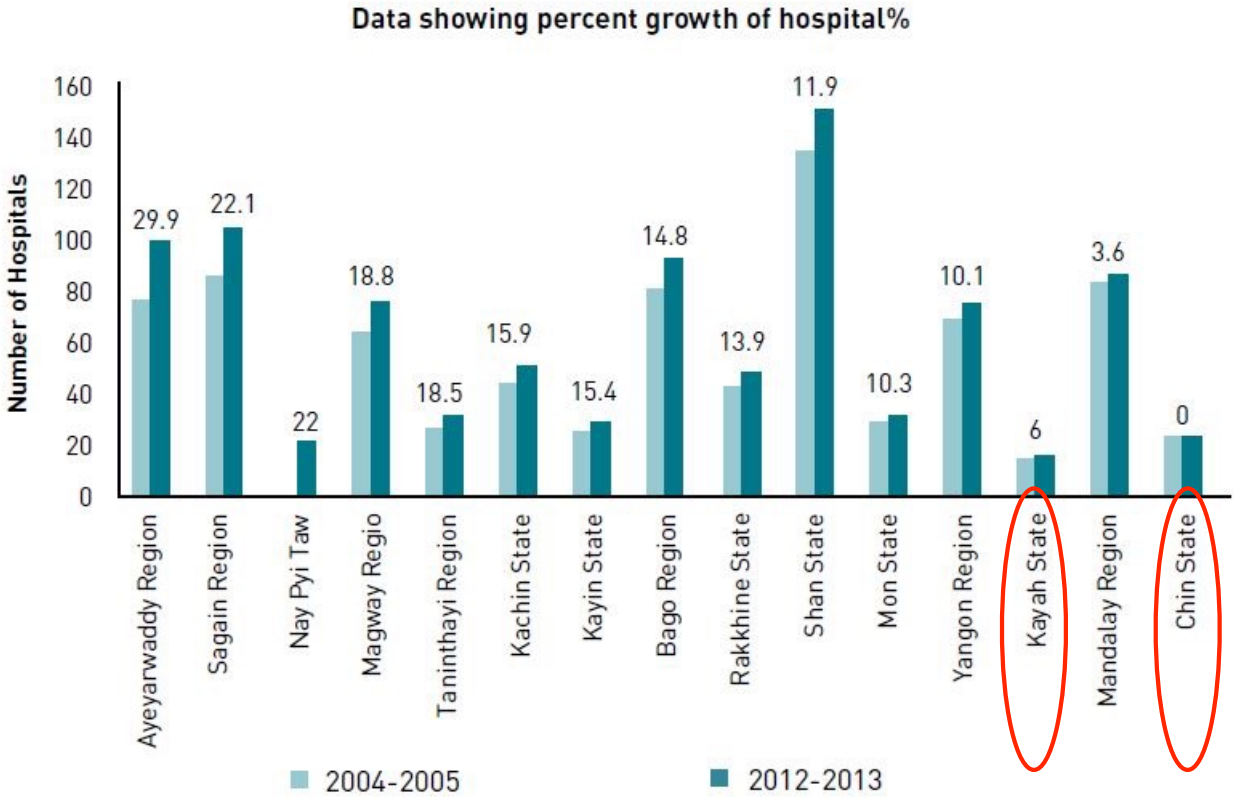
- Full contributions by members (the Philippines)
- Partially subsidized by the Government either central or local (Vietnam, China)
- Covered by tax financed scheme (Thailand)

3. Health Infrastructure and Human Resources

- **Human Resources for Health Master Plan:** prepared in 2012 for the next 20–30 years
- **Appointing new health care workers**:
  - Many professionals graduated, but were not employed by the government.
  - Over 28 000 registered medical doctors: about 12 000 were employed by public agencies
- Increased **salary**: Doctors **(from 150 US$ to 250 US$)**
- **Expansion of hospitals and beds** provision
- **30 CT scanners** by the end of 2013: available in the general hospitals of all region and state Hospitals.
- Supplied **essential drugs** to the hospitals (Quick-Win approaches)

(MOH, 2013)

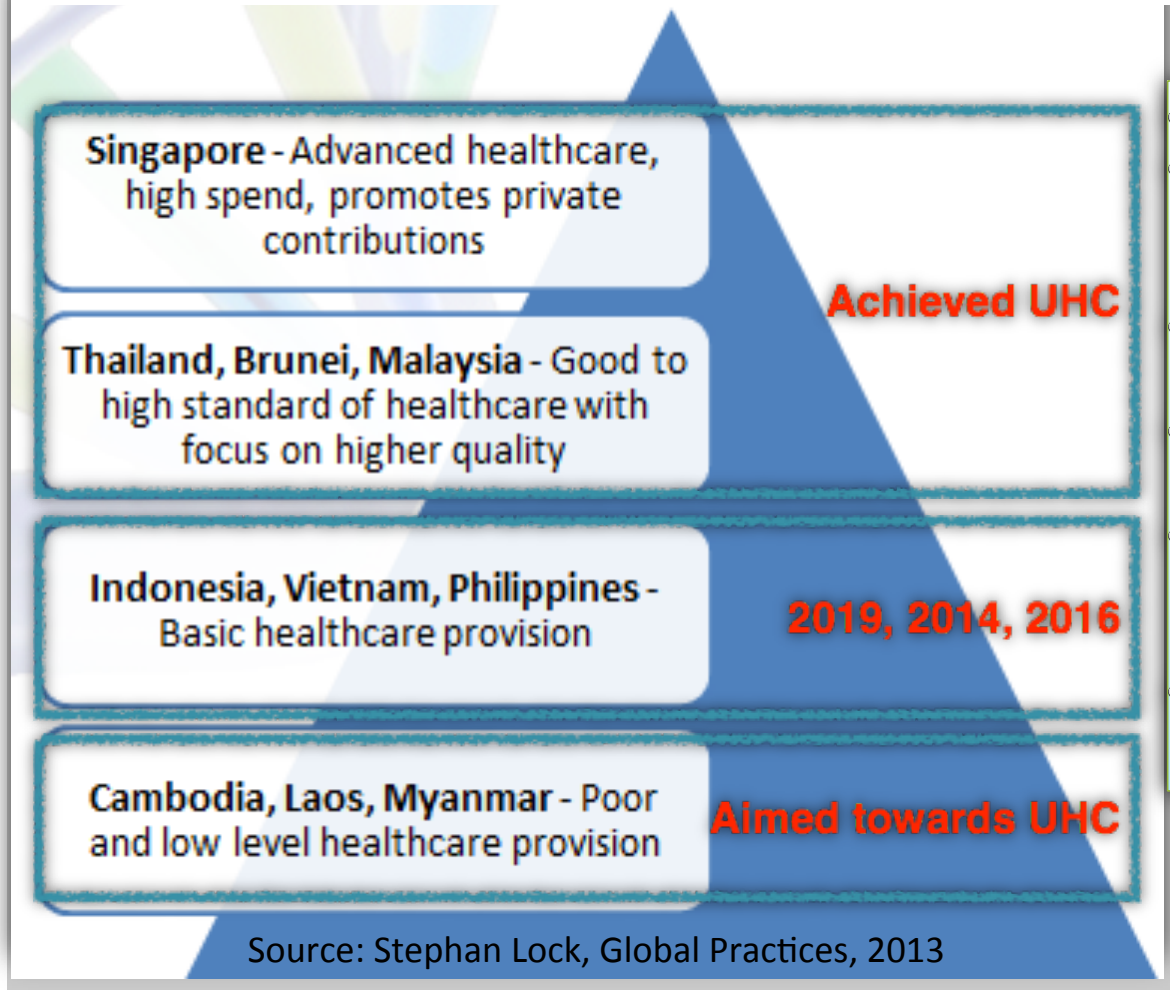
Growth of MOH hospitals by region and state (2004–2005 to 2012–2013)



4. Increased International Collaborations

- Collaboration with various actors in Health Sector **since 2011**
- The Three Millennium Development Goals **(3MDG) Fund** started in 2013
- Many other international nongovernmental organizations **INGOs** (e.g. PATH, MSI, Save the Children, World Vision, Oxfam, Medecins Sans Frontieres, AMDA, ADRA, CARE International, Burnet Institute, Merlyn, Malteser)
- Working separately to finance specific health-development programmes

A Quick Glance at Regional Health Reforms



- Health-care systems are diverse in SEAR
- Range from dominant tax-based financing to social insurance and high Out-of-pocket OOP payments
- Government spending is generally low in ASEAN, except Thailand and Brunei
- Singapore's health system is the best based on international assessments
- Thailand's Universal Health Coverage: the most successful story reaching the poor (98% coverage)
- Increased government health spending: the more significant gains

Summary 1

- Myanmar is facing **a very important transitional period**
- 82% of total health spending in Myanmar is out-of-pocket, the **highest** in the world
- The recent increase in government spending for health is encouraging; however it is **not sufficient**
- **Social Protection System** is in the developmental stage
- **Financial-risk protection** for the majority of the population who are poor and from informal sectors is still lacking

Summary 2

- **Human resources** for health are constrained
- **Job satisfaction** among health care provider is unsatisfactory
- **Inequities in distribution** of the health workforce, particularly at the most peripheral level of the system
- Very **weak health information system**
- **A large influx of international development partners** and donor funding

Conclusions and Recommendations

1. **Equity** of access to health care: of vital importance
2. **Government commitment**: more investment in health
3. **International aid:** adhere to the Paris Declaration on Aid Effectiveness
4. The country's future healthcare advancements will most likely stem from the **private sector:** appropriate policies should be considered
5. No major **evaluation or impact study** has been carried out so far specifically linked to these reforms and such studies are strongly suggested

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