



## Strengthening the Health System of Myanmar for Universal Health Coverage

**I**n Myanmar, where 70% of the population lives in rural areas and 80% percent of health expenditure is out of pocket, available evidence shows that non accessibility to health care services is associated with socio-economic status, location and availability of services. The Consultation on Universal Health Coverage held in Myanmar in July 2012 identified that many of the gaps for Universal Health Coverage related to gaps in supply side investments - in particular primary care facilities, human resources and essential medicines. In a statement made at the 65th World Health Assembly by His Excellency Professor Pe Thet Khin, Union Minister of Health of Myanmar, noted that "Universal Health Care is not a one size fits all concept" and that "countries will travel different paths towards Universal Coverage depending on where and how they start". In order to find out where Myanmar's health system is, in November 2012, Ministry of Health with technical support from WHO carried out a Health System Assessment for Universal Health Coverage which reviewed all health system areas - governance, information, financing, medicines and technologies, human resources and service delivery. The document also presented an assessment of community systems. More detailed separate assessments carried out in the areas of Financing, Human Resources and Information have resulted respectively in the National Human Resource Strategy, Policy Options for Financing of Health Care and a Roadmap for Information and Accountability for Women's and Children's Health.



Analysis of policy options for Financing of Health Care have facilitated government policy decisions for increased levels of government expenditure on health and a number of innovative measures for reducing out-of-pocket expenditure including a voucher system for maternal and child health and free essential medicines for all. In his opening speech at the Technical Meeting on Myanmar Health System in Transition Series in March 2013, HE Minister of Health stated that 'the path to Universal Coverage will not be straightforward. However achieving this is not impossible and the impact will be felt by ordinary people as their welfares improve'.

These exercises have engaged all stake holders including development partners as and improving the Health System as a whole are essential and to move towards universal coverage. ■

### Consultative Meeting with Ministry of Health on WHO Country Cooperation Strategy Myanmar 2013-2017

**O**n 1 February 2013, a Consultative Meeting on Development of WHO Country Cooperation Strategy (CCS) Myanmar 2013-2017 was organized jointly by WHO country office Myanmar and Ministry of Health, at the main conference hall of Ministry of Health, Nay Pyi Taw. The meeting was inaugurated by H.E Union Minister for Health, Prof. Pe Thet Khin, who delivered an opening speech.

At the beginning of business session, an introductory remark was given by WHO Representative to Myanmar, Dr H.S.B. Tennakoon on the background of Country Cooperation Strategy and development process. It was followed by a presentation made by Dr Salma Burton, Public Health Administrator, WHO Myanmar on overview of the CCS and Dr Kan Tun, WHO Consultant on detailed contents and steps taken for drafting the CCS. He also introduced the outline and objectives of the group work.

Later, participants formed four groups and discussed on the draft version of CCS, focusing on four different strategic priorities outlined in the draft, namely: strengthening the health system, reducing the excess burden of diseases, promoting health through life course, and strengthening the surveillance systems and readiness to respond threats to health. Summary of group discussions were presented by reporters of the groups at the plenary session. The comments and clarification requested by participants were addressed by the WHO resource persons. The inputs from group work were taken for appropriate reflection in the final draft. ■

## Achievements of the Myanmar Artemisinin Resistant Containment Project (July 2011 - Dec 2012)



*Early diagnosis and effective treatment by volunteers was one of the key intervention in Malaria.*

**M**yanmar has highest malaria burden in the Greater Mekong Sub-region (GMS). In 2009-2010 the country reported suspected artemisinin resistance that was likely to flow from the Thai-Cambodia multi-drug resistant foci. The country took immediate action by developing the Myanmar Artemisinin Resistance Containment (MARC) framework through extensive consultation during 2010-2011. The Three Diseases Fund (3DF) provided initial funding for rolling out the containment activities in July 2011. WHO served as one of the eight implementing partners in Year 1 of 3DF MARC project. The aim of the project is to reduce the malaria burden and prevent or at least significantly delay the spread of artemisinin resistant *P. falciparum* malaria. In the first year rolling out of MARC was implemented in Tier 1 areas, i.e., 21 townships of three states/regions (Tanintharyi, Mon and Bago-East).

Since the commencement of MARC the following areas of success were achieved.

1. Improved coverage of malaria case detection and management in hard-to-reach areas by volunteers.
2. Scaling up of Rapid Diagnostic Test (RDT), has significantly contributed to reduce clinically diagnosed malaria cases. Procurement of cooler boxes has ensured the proper storage of RDTs by adhering to the cold chain.
3. Microscopists were trained on diagnosis to strengthen diagnosis capacities.
4. Public-Private Partnership between the national malaria control programme and general practitioners

is a major effort under the 3DF project. Engaged through the Myanmar Medical Association and Population Services International (PSI), private doctors learn to provide quality malaria disease management.

5. The Behavioural Change Communication (BCC) strategy, Information, Education and Communication (IEC)/BCC materials and audio, video clips were developed to facilitate the uniformity of health messages by all implementing partners. A local expert has been recruited to translate materials developed into local language.
6. Long-Lasting Insecticidal Nets (LLINs) are available to population at risk through the 3DF. Currently, approx 10% of people living in malarious areas is protected by LLINs.
7. A new Data Entry sheet has been developed to resemble the register book for easier data entry and this allows to visualize malaria hotspots at village level. Data Assistants at State/Regional Health Office were recruited to ensure data quality. The implementing partners use the same data entry forms to facilitate uniformity of data.
8. Baseline survey was completed (household, health, Drug facility) in Tier 1, 2 areas of Mon, Kayin, Kayah states, Thanintharyi Region and Bago East Region
9. Myanmar Migrant mapping pilot project was completed in 13 townships after a planning exercise that involved International Organization for Migration (IOM) and Department of Medical Research (Lower Myanmar). ■



## Post training monitoring of Essential Newborn Care Trainings in Kalaw, Taunggyi, Hopone and Loilem townships

In the biennium 2012-13, with the funds provided by AusAID (March 2012 to 31 May 2013), activities were identified and implemented in assigned townships, some are hard to reach, to improve maternal, newborn and child health care. One of the activities is trainings for Essential Newborn Care (ENC). Essential Newborn Care trainings were conducted between August to December 2012 for four townships in Yangon and four in Shan South. Two training of trainers courses were conducted in both Yangon and Shan South. These were followed by multiplier trainings for Basic Health Staff.

Multiplier trainings for Essential Newborn Care for four townships in Shan South were held in Women and Children's Hospital, Taunggyi between October and November, 2012. The Monitoring team which consist of Technical Officer Dr Buyanjargal Yadamsuren, National Technical Officer, RH Unit, WHO and Medical Officer, MCH Section went to Kalaw, Taunggyi, Hopone and Loilem townships between 27th to 1st February, 2013. Post training monitoring on Essential Newborn Care for basic health staff was done by using the following checklists:

1. Interview with mothers delivered by ENC trained midwives/Lady Health Visitors
2. Immediate care at delivery (skill assessment)
3. Postnatal routine check of the newborn (skill assessment)
4. History taking, physical examination and evaluation of breastfeeding (skill assessment)



*Skill assessment for resuscitation using manikins, Nantaing RHC, Kalaw*

### 5. Resuscitation of the newborn (skill assessment)

The interview with mothers delivered by ENC trained midwives/Lady Health Visitors was done to countercheck the services rendered by the midwives/Lady Health Visitors from the mothers following post training for ENC. The team went to Rural Health Centres (RHCs) in Kalaw, Taunggyi and Hopone townships for this supervision. For Loilem (hard to reach township), being a salary paying day, the assessment was done at the hospital. The proper use of checklists for the selected supervisors of the respective townships were also done and these supervisors were also assessed for their knowledge and skills. Corrective action was undertaken for any gaps in knowledge and skills of the supervisors.

Achievements noted were:

- Essential Newborn Care Training in Taunggyi was well organized. Most trained midwives knew the subject well;
- The skills of most supervisors are satisfactory except for a few.

Weaknesses were:

- Resuscitation skills of some trained midwives needs improvement. This could be due to lack of practice following infrequency to come across asphyxiated babies.
- Supplies and commodities for essential newborn care to all selected townships up to RHC and Sub RHCs need to reach in time



*Supervisor interviews with mothers on ENC, Nantaing RHC, Kalaw*



World Health  
Organization

## Workshop on formulation of comprehensive health plan for Rakhine State

**T**he Workshop on formulation of comprehensive health care plan for Rakhine State was conducted at the Central Epidemiology Unit (CEU), Department of Health, Ministry of Health in Nay Pyi Taw from 7-8 February 2013.

The general objective of the workshop was to formulate comprehensive costed health plan for Rakhine State with the leadership of the Ministry of Health and involving UN and other international partners including local NGOs, other stakeholders and donor agencies to come to a consensus on health care

activities that need to be implemented in a coordinated and synergistic manner in Rakhine State taking into consideration the various challenges and constraints that have been encountered.

The opening speech was delivered by H.E. Union Minister for Health Professor Pe Thet Khin in which the Union Minister stressed on the fact that health care activities needed to be implemented in a synergistic and coordinated manner in Rakhine State .

The main highlight of the meeting was that for group discussion there were four main groups:

- Immediate needs (**0 - 6 months**) — one group focused on HR issues and another on emergency referral
- Short - Medium term (**3-12 months**)
- Long term response (**next 3-5 years**)

Geographical coverage for the three various time periods were discussed in detail and agreed upon.

In the plenary a thorough discussion on the presentations made was conducted and agreed upon by all health partners.

The Rakhine Comprehensive Costed Health Plan has placed due consideration of population coverage options according to the phases of response which are: immediate needs (0-6months) with particular focus on human resource needs and referral systems, short to medium term (3-12 months) and longer term which addresses 3-5 years. This plan also addresses the key package of health services that need to be delivered in each of the phases and the cost for implementation.

The participants included staff members from the Ministry of Health, WHO, UNICEF, UNFPA, MSF, Merlin, Malteser, SCF, MSI, Mercy Malaysia, Myanmar Health Assistants Association, Myanmar Medical Association, People's Health Foundation, Ausaid and USAID. ■



*H.E. Union Minister for Health delivering an opening speech at the Workshop for formulation of Comprehensive Health Plan for Rakhine in Nay Pyi Taw.*

### important dates

7 April 2013	World Health Day
Last week of April, 2013	World Immunization Week
25 April 2013	World Malaria Day
31 May 2013	World No Tobacco Day
14 June 2013	World Blood Donor Day