

# Path to Universal Health Coverage Myanmar





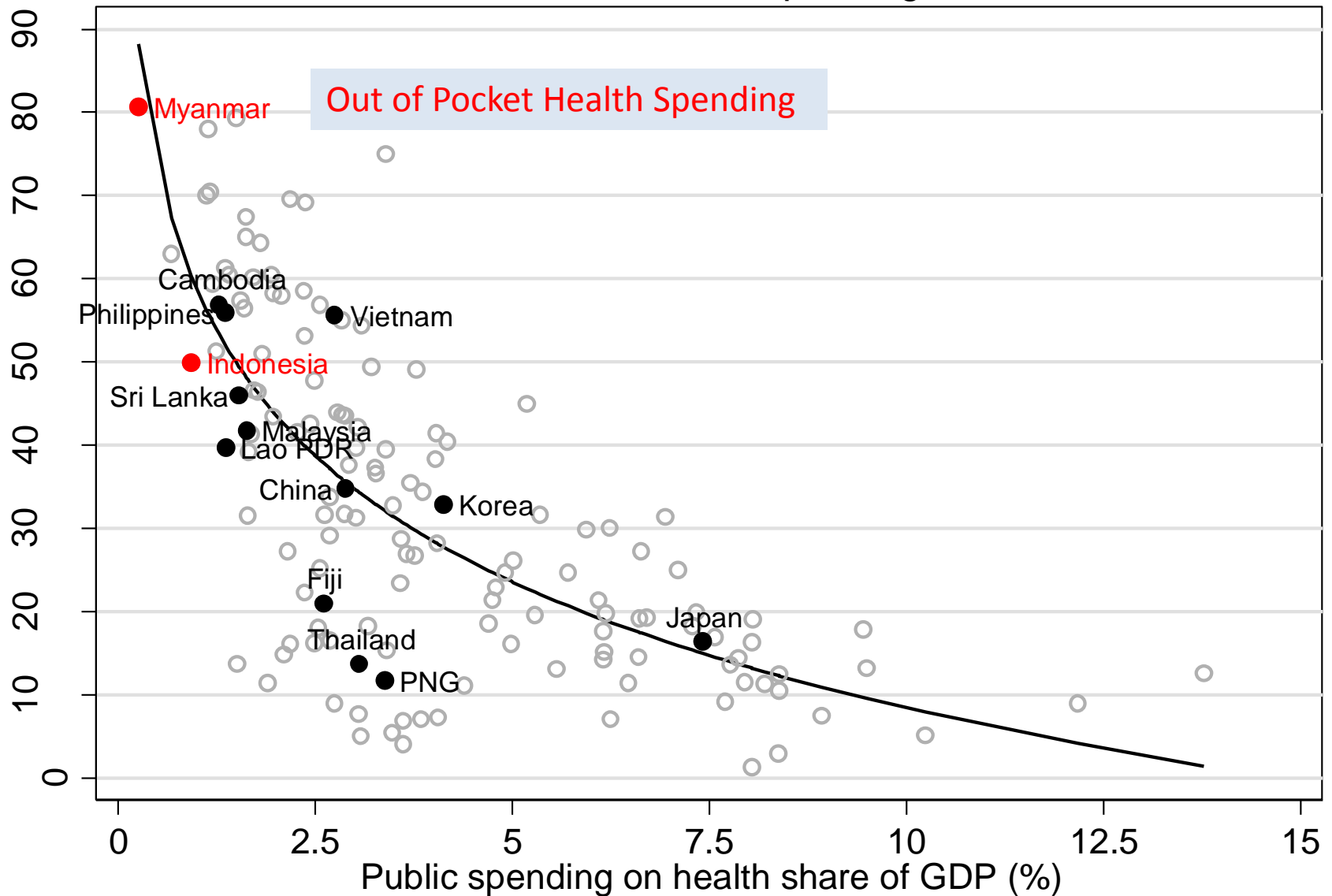
Total population - 52 million  
Life expectancy at birth m/f - 65/69  
Poverty (WB 2015) - 38% rural  
14.5% urban  
**First elections in Myanmar in 2010**  
**Civilian government 2011**

## Health Expenditures among WHO SEA Region

Country	THE as % of GDP		GGHE as % of THE		GGHE as % of GGE
	2000	2010	2000	2010	2010
Bangladesh	2.8	3.7	39.0	36.5	7.6
Bhutan	6.9	4.3	79.3	84.6	12.2
DPR Korea	4.5	7.1	48.6	58.2	-
India	4.3	3.7	26.0	28.2	6.8
Indonesia	2.0	2.8	36.1	36.1	6.2
Maldives	7.0	6.2	58.0	60.8	9.3
Myanmar	2.1	2.0	13.5	12.1	1.0
Nepal	5.4	5.1	24.6	37.4	9.5
Srilanka	3.7	3.5	48.4	45.67	6.9
Thailand	3.4	3.9	56.1	75.0	14.3
Timor	8.0	5.7	78.9	74.7	5.0

Source: World Health Statistics, 2013

# Public vs OOP health spending, 2011



- ❖ A recent study in Myanmar shows that health expenses are the second greatest cause of catastrophic expense (after natural disasters).
- ❖ Of households that reported to have visited a health facility (public or private) in the last 12 months, nearly one-third took loans and more than 15 percent sold assets to cover their medical expenses

[Source: Myanmar Poverty and Living Conditions Survey 2014-15].

# UHC Indicators

## WHO target indicators

- OOP spending should not exceed **30-40 %** of THE
- THE should be at least **4-5 %** of GDP
- Over **90 %** of the population is covered by prepayment and risk-pooling scheme
- Close to **100 %** coverage of vulnerable populations with social assistance and safety-net program

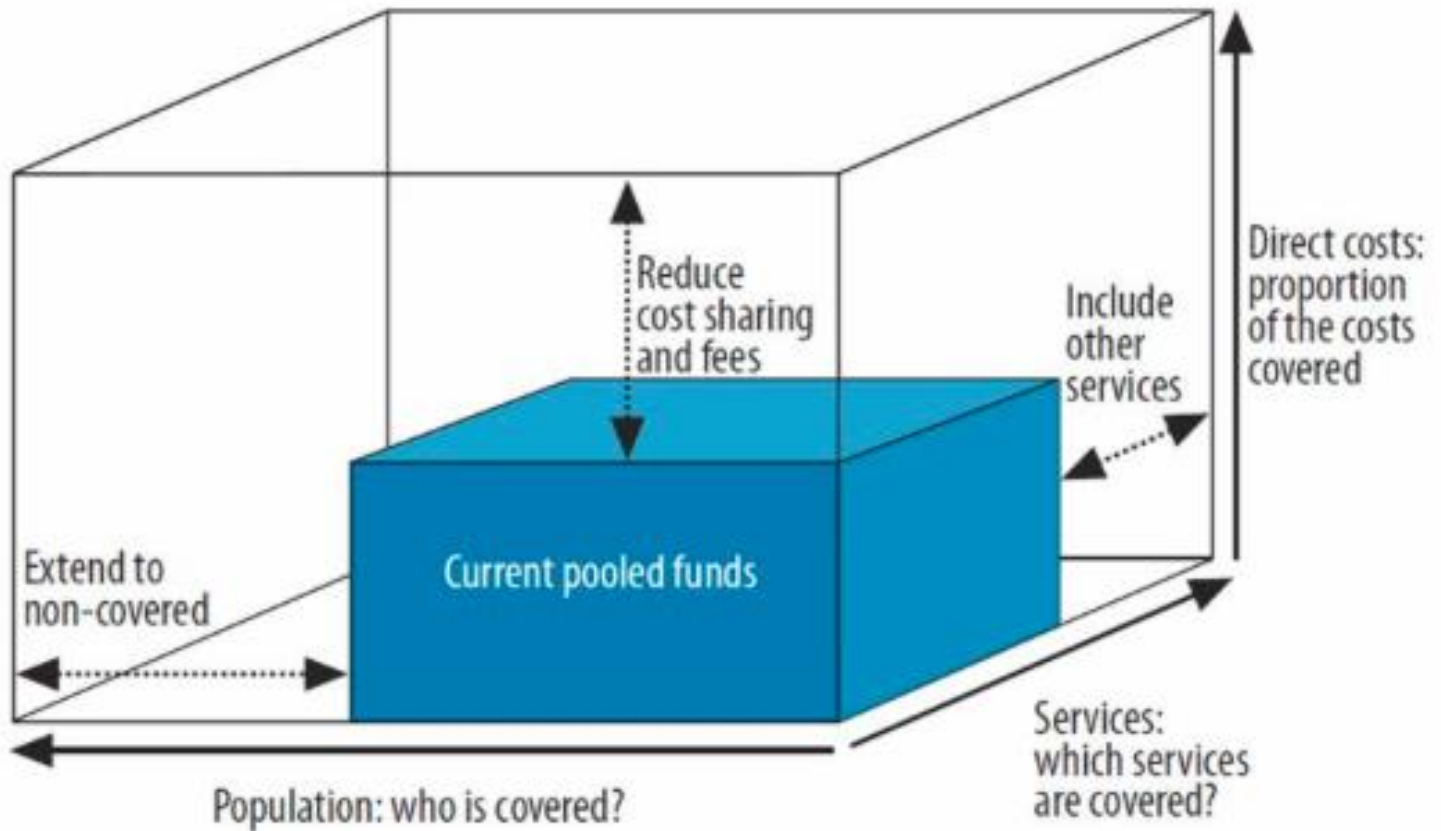
## Myanmar's situations

- OOP Expenditure as % of THE: **>80%**
- THE as % of GDP: **2%**
- GGHE : **20 %**      SSB: **<1%**
- Supply Side Financing **???**  
Demand Side Financing **???**

# UHC

- ❖ means that all individuals and communities receive the health services they need without suffering financial hardship.
- ❖ It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.
- ❖ UHC enables everyone to access the services that address the most important causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them.

# 'The universal coverage cube'





# National Health Plan Myanmar 2017 – 2021

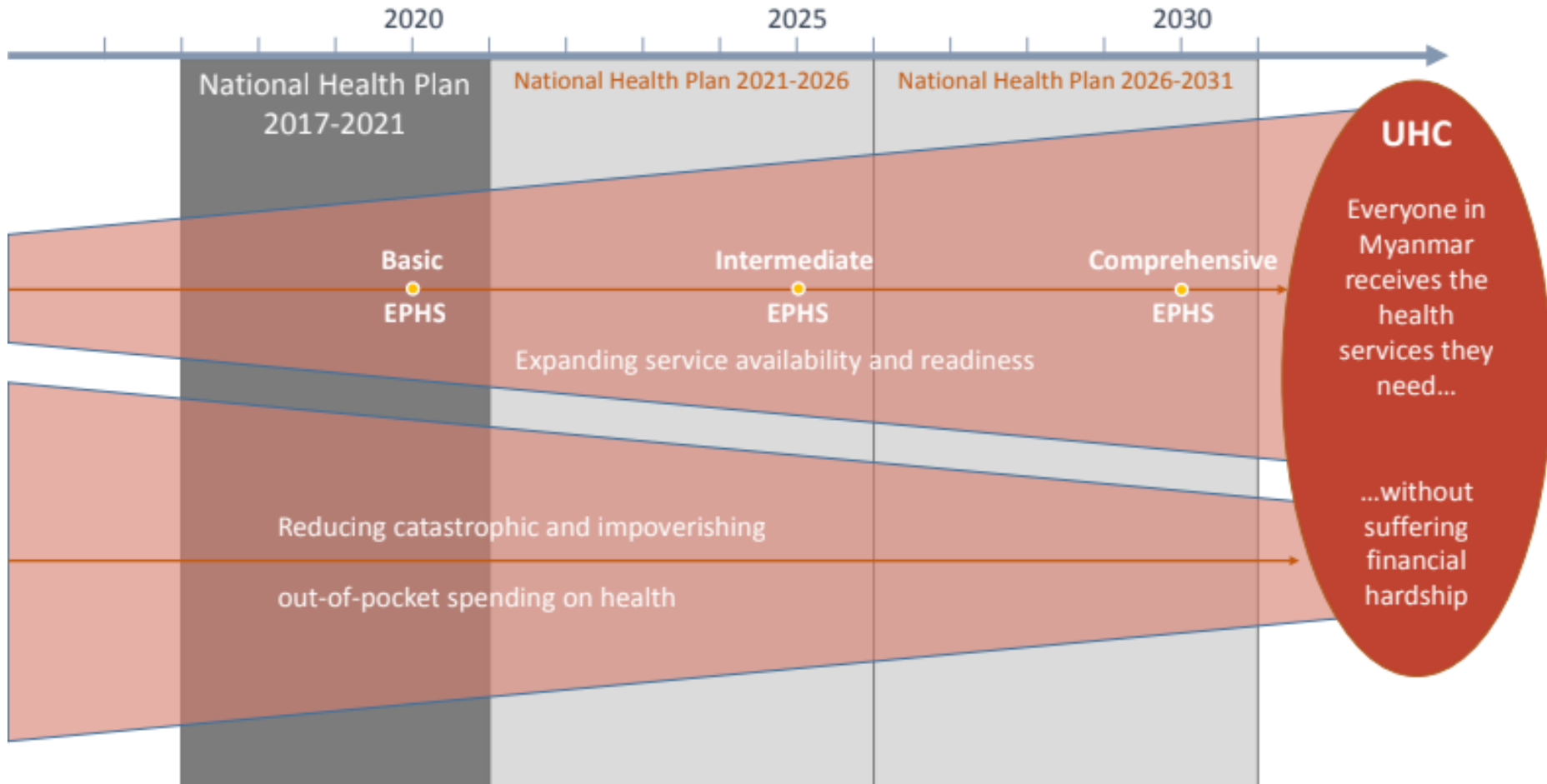
## Goals of NHP (2017-2021)

- Universal Health Coverage (UHC), all people having access to needed health services without experiencing financial hardship, has become a global priority as defined in the SDG's.
- Myanmar political leadership also has expressed a strong commitment to accelerating progress towards UHC.
- The NHP aims to strengthen the country's health system and pave the way towards UHC, choosing a path that is explicitly pro-poor.
- The main goal of NHP 2017-2021 is to extend access to the Basic Essential Package of Health Services (EPHS) to the entire population while increasing financial protection.

# Annual Operation Plan (AOP) 2017-2018

- Strengthening systems to support operationalization of the NHP
  - Operationalizing at the Local Level
  - Developing a Supportive Environment
  - Monitoring & Evaluation
- 
- A total of 116 activities and tasks to be accomplished under those 4 main areas

# The National Health Plan 2017-2021 and Universal Health Coverage



## Outline of all inclusive NHP development process

<b>Date</b>	<b>Activity</b>	<b>Place</b>
<b>21<sup>st</sup> January, 2016</b>	<b>First Workshop for NHP (2016-2021)</b>	<b>Horizon Lake View Resort, NPT</b>
<b>12 - Oct, 2016</b>	<b>Launching for NHP (2016-2021) road map to all stakeholders</b>	<b>Grand Amara Hotel, NPT</b>
<b>20, 21 - Oct, 2016</b>	<b>Workshop # 1 for all inclusive NHP formulation process with all stakeholders</b>	<b>Amara Hotel, NPT</b>
<b>2,3 - Nov, 2016</b>	<b>Workshop with UN/INGOs for effective health collaboration to support NHP planning process</b>	<b>Horizon Lake View Hotel</b>
<b>10,11 - Nov, 2016</b>	<b>EPHS workshop to identify basic EPHS with all national program managers</b>	<b>Kimpinski Hotel, NPT</b>

## Outline of all inclusive NHP development process

<b>Date</b>	<b>Activity</b>	<b>Place</b>
<b>21,22 - Nov, 2016</b>	<b>CSOs Health consultation meeting for all inclusive NHP formulation and way to UHC</b>	<b>Sky Star Hotel, Yangon</b>
<b>23 - Nov, 2016</b>	<b>EHOs meeting for all inclusive NHP formulation process and way to UHC</b>	<b>Kayin State</b>
<b>28,29,30 - Nov, 2016</b>	<b>Workshop #2 and #3 to finalize NHP (2016-2021) planning process with all stakeholders</b>	<b>Horizon Lake view Hotel, NPT</b>
<b>29 Nov, 2016</b>	<b>Half day workshop with national health program Managers</b>	<b>Horizon Lake view Hotel, NPT</b>
<b>1,2 - Dec, 2016</b>	<b>Myanmar's Way to UHC 2030 Panel Discussion</b>	<b>Park Royal Hotel, NPT</b>

## Outline of all inclusive NHP development process

<b>Date</b>	<b>Activity</b>	<b>Place</b>
<b>7- Dec, 2016</b>	<b>Sharing the draft NHP to all stakeholders for comments/suggestions</b>	
<b>12 - Dec 2016</b>	<b>Workshop # 4 to finalize the draft NHP (2016-2021)</b>	<b>NPT</b>
<b>15, Dec 2016</b>	<b>Dissemination of NHP (2016-2021) framework to all stakeholders</b>	<b>NPT</b>

# National Health Plan

## Goals

- The National Health Plan (NHP) aims to strengthen the country's health system and pave the way towards UHC, choosing a path that is explicitly pro-poor
- To extend access to Basic EPHS to entire population equitably in line with Myanmar UHC strategies while increasing financial protection
  - *Basic EPHS emphasizes critical role of primary health care*
- Strengthening the health system to support effective delivery of quality services
- Enhance responsiveness and accountability
  - *Basic EPHS clarifies entitlements and manage expectations*

# National Health Plan

## Goals

- Introduce Inclusive Township Health Planning to ensure inclusiveness of all partners
  
- NHP also aims to promote further alignment at several levels:
  - *Among programs (e.g. by encouraging more integrated training, joint supportive supervision, better aligned referral mechanisms, a more streamlined health information system..)*
  - *Among development partners, through stronger oversight and coordination*
  - *Among the different types of providers, through the engagement of EHOs, NGOs, private-for-profit..)*
  - *Among implementing agencies by ensuring that projects and initiatives contribute to the achievements of the NHP goals*



# Conceptual Framework

National  
State/Region

Township  
and Below

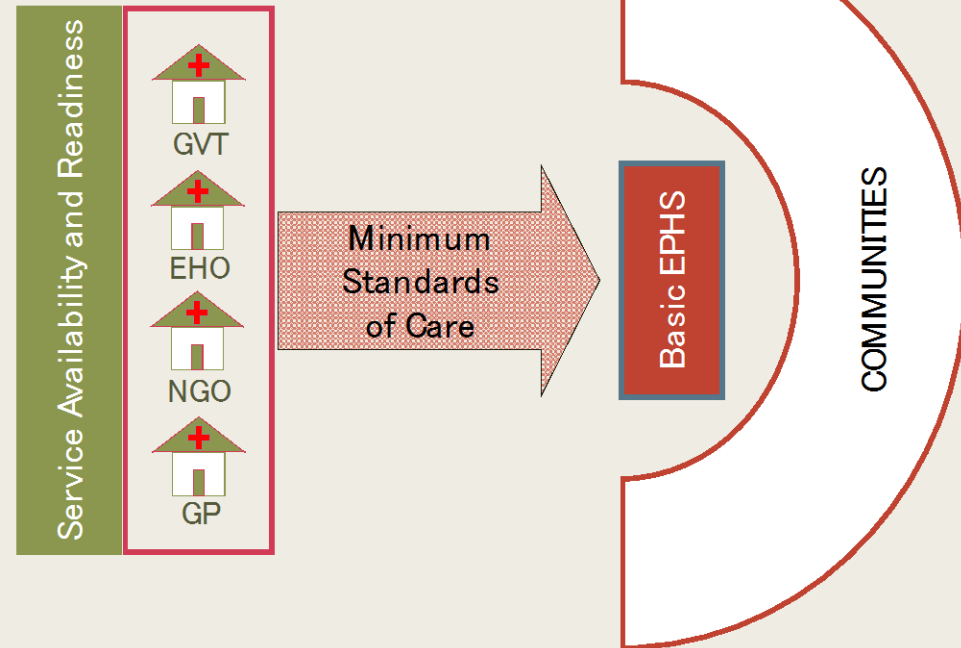
Basic EPHS

COMMUNITIES

# Conceptual Framework

National  
State/Region

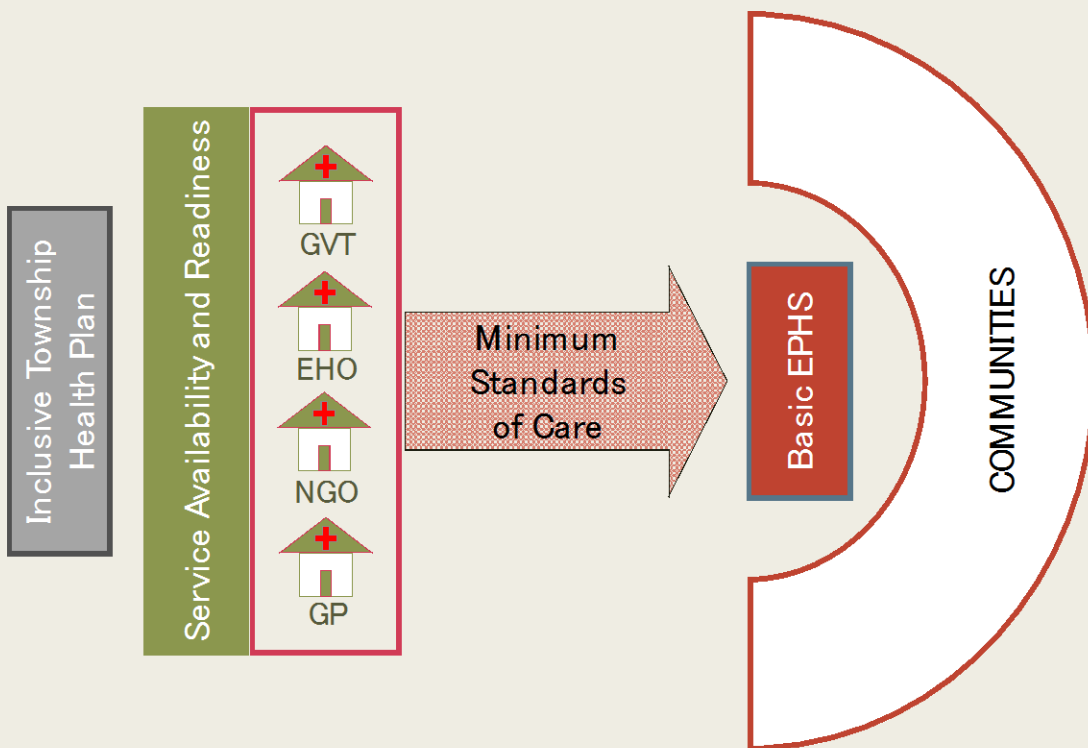
Township  
and Below



# Conceptual Framework

National  
State/Region

Township  
and Below



Inclusive Township  
Health Plan

Service Availability and Readiness

GVT  
EHO  
NGO  
GP

Minimum  
Standards  
of Care

Basic EPHS

COMMUNITIES

# Conceptual Framework

National  
State/Region

Township  
and Below

Geographical  
Prioritization

Inclusive Township  
Health Plan

Service Availability and Readiness



Minimum  
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Basic EPHS

COMMUNITIES

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Prioritization

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Health Plan

Service Availability and Readiness

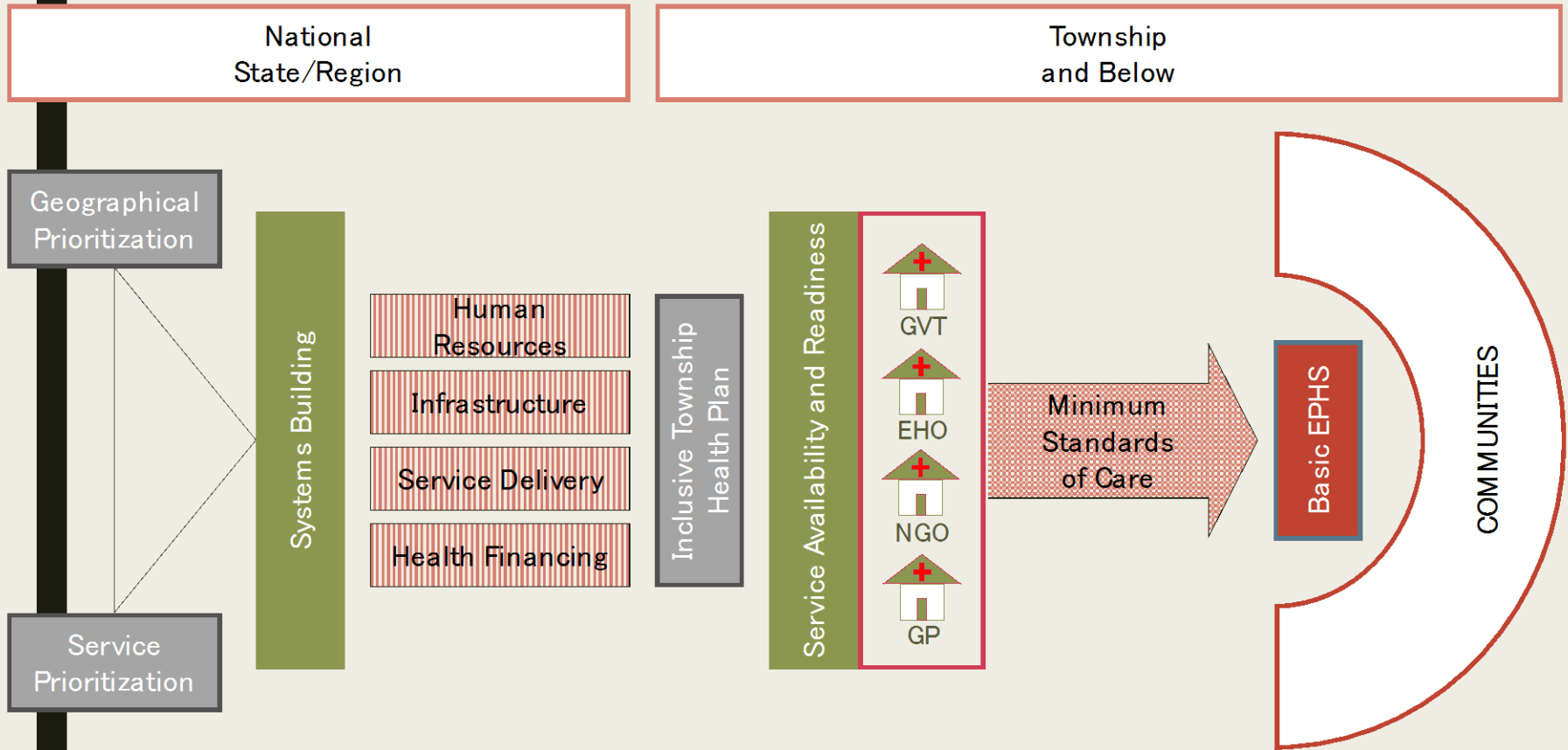


Minimum  
Standards  
of Care

Basic EPHS

COMMUNITIES

# Conceptual Framework



# Conceptual Framework

Guiding Principles (Equity, Inclusiveness, Accountability, Efficiency, Sustainability, Quality)

National  
State/Region

Township  
and Below

Geographical  
Prioritization

Service  
Prioritization

System's Building

Human  
Resources

Infrastructure

Service Delivery

Health Financing

Inclusive Township  
Health Plan

Service Availability and Readiness



GVT



EHO



NGO



GP

Minimum  
Standards  
of Care

Basic EPHS

COMMUNITIES

Supportive Environment (policies, regulations, ethics, research, oversight...)

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Guiding Principles (Equity, Inclusiveness, Accountability, Efficiency, Sustainability, Quality)

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Service Availability and Readiness



GVT



EHO



NGO



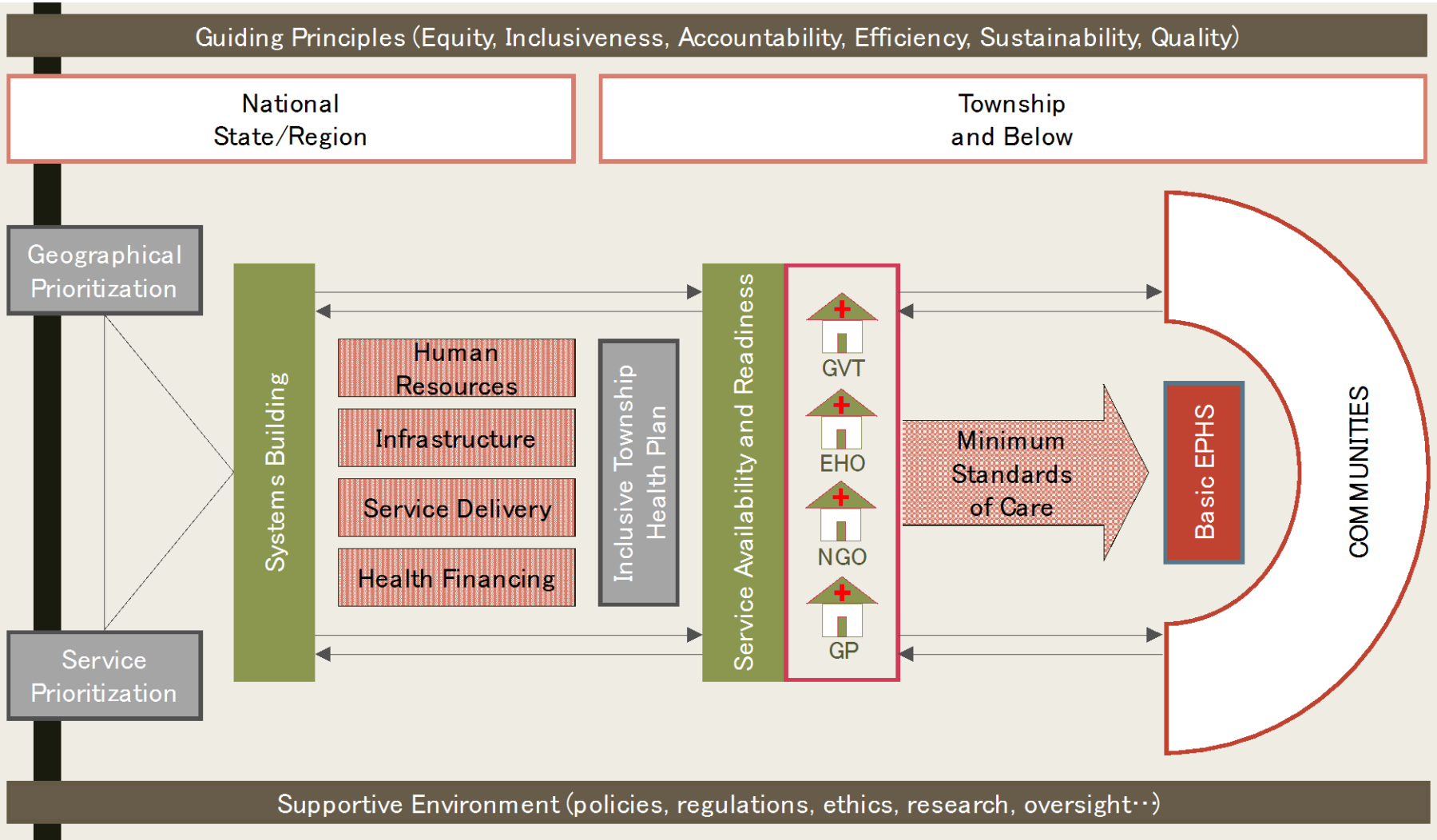
GP

Minimum  
Standards  
of Care

Basic EPHS

COMMUNITIES

Supportive Environment (policies, regulations, ethics, research, oversight...)





# Operational plan 2017-18

## Some of the immediate next steps (1/2)

- Finalization of the Basic EPHS – including detailed breakdown by level of the system
- Costing of the NHP
- Development of the NHP M&E framework
- Prioritization of Townships where investments in improving service availability and readiness are to be made
- Development of a Health Financing Strategy
- Achievement of alignment between development assistance and the NHP

# Operational plan 2017–18

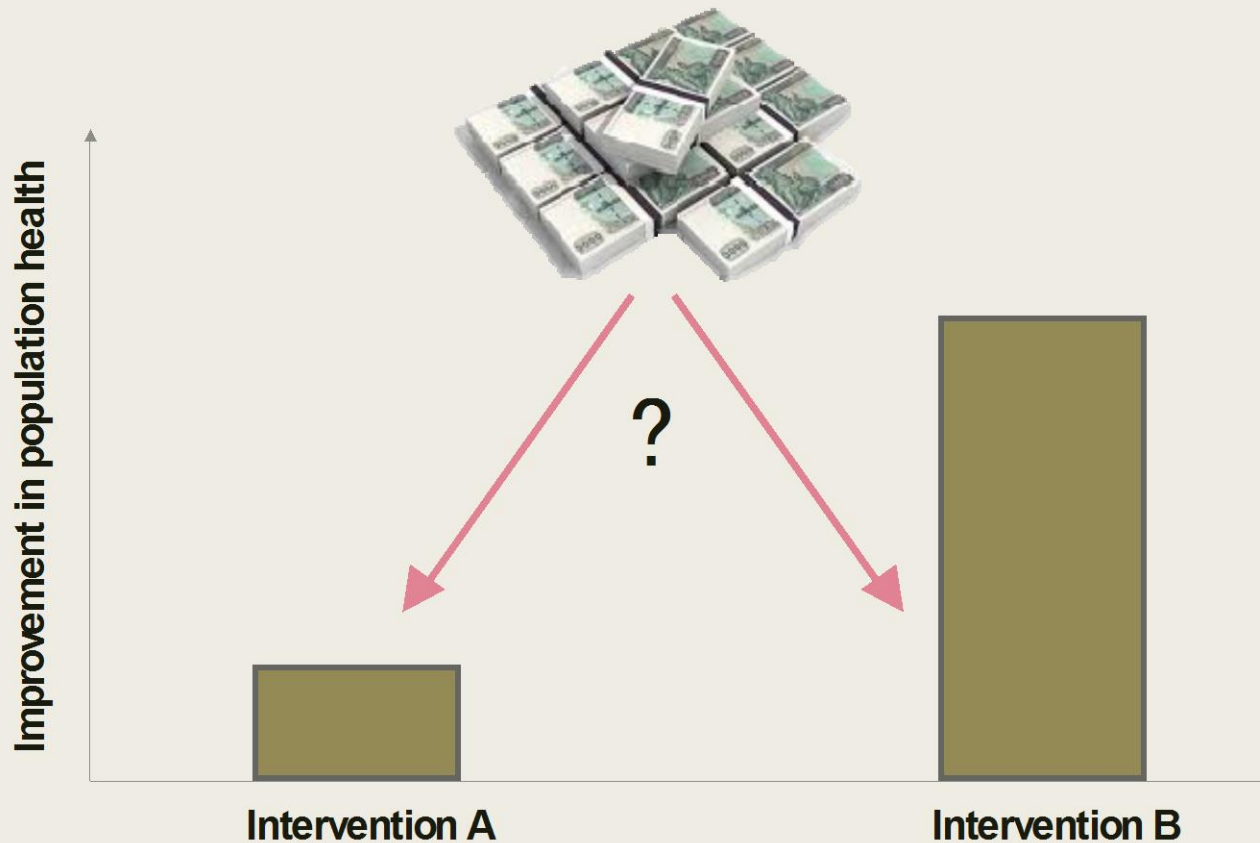
## Some of the immediate next steps (2/2)

- Preparation of a 'national' approach for the assessment of service coverage at Township level
- Development of a 'national' approach to the elaboration of an *Inclusive Township Health Plan*
- Identification of most urgent efforts needed to strengthen the health system and further develop the enabling environment
- Institutionalization of *implementation research*

Unfortunate reality



# If you have limited resources, what do you spend them on?





1

# **Prioritization of Health Services and Interventions**

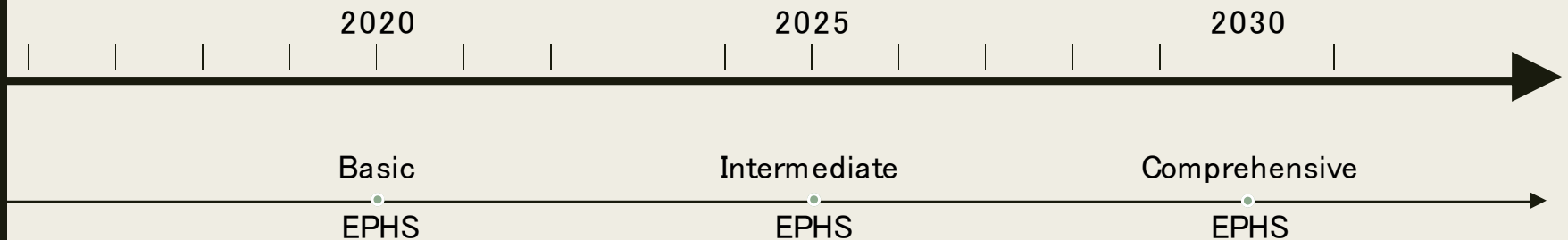
# Essential Package of Health Services (EPHS)

MoHS launched an inclusive exercise to define the EPHS in February 2015. With technical inputs from the different programs, health services and interventions were prioritized based on following criteria:

- *Burden of disease / epidemiological relevance*
- *Cost-effectiveness of services and interventions*
- *Societal values and priorities*
- *Affordability and fiscal space*
- *Feasibility and supply side readiness*
- *Equity – (services and interventions that disproportionately benefit the poor and vulnerable)*

# Essential Package of Health Services (EPHS)

Based on this prioritization, essential services and interventions will be included in a basic package, an intermediate package or a comprehensive package, to be made available to the entire population by 2020, 2025 and 2030, respectively.



The NHP 2017-2021 will focus on ensuring everyone can access the Basic EPHS by 2020.

The Basic EPHS has a strong focus on  
**Primary Health Care**  
services and interventions delivered  
at Township level and below



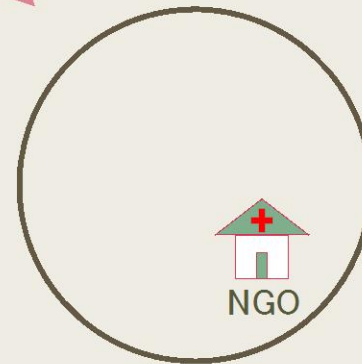
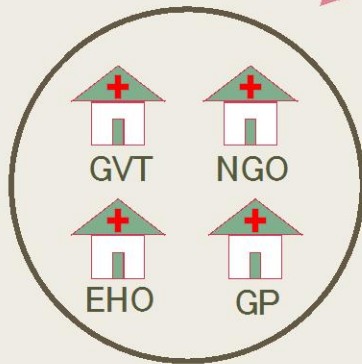
# If you have limited resources, where do you expand service readiness first?



In areas that are already well covered?

Or in areas that are poorly covered?

?





2

## **Geographical Prioritization**

The NHP will be operationalized nationwide to deliver the Basic EPHS based on existing capacity

but

for investments in the expansion of service readiness, Townships with the greatest needs will be prioritized

prioritization should therefore be based on

**objective criteria**

using the best available data

Initially, prioritization of Townships will be based on two indices:

The **Health Input Scoring Index (HISI)**

and

The **Health Output Scoring Index (HOSI)**

The Health Input Scoring Index (HISI) combines  
information on

**Health Access Points**

and

**Health Workforce Conditions**

in both public and private sectors

**Figure 10: Functioning Health Facilities (Health Access Point) Scoring among States and Region 30)**

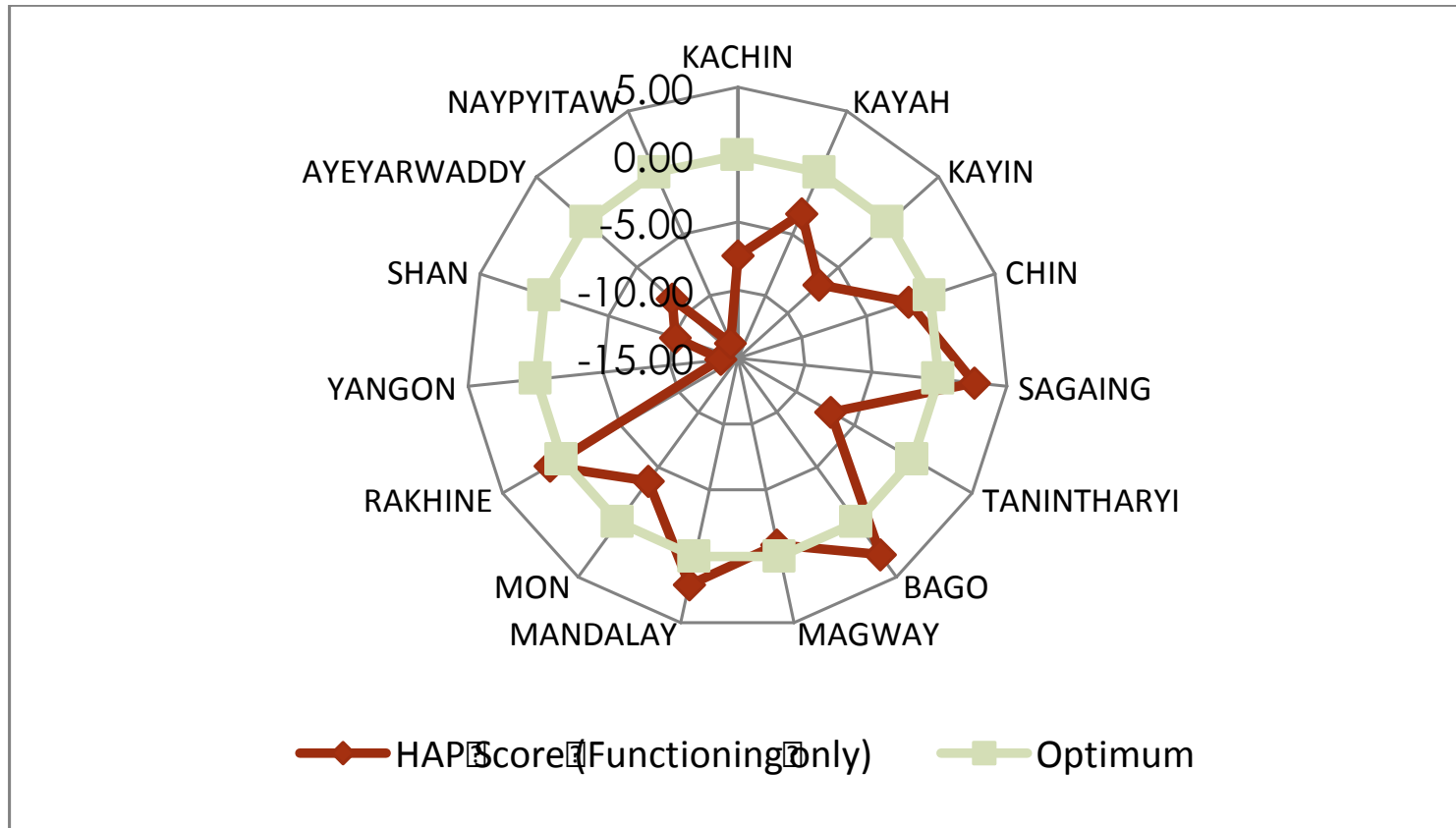
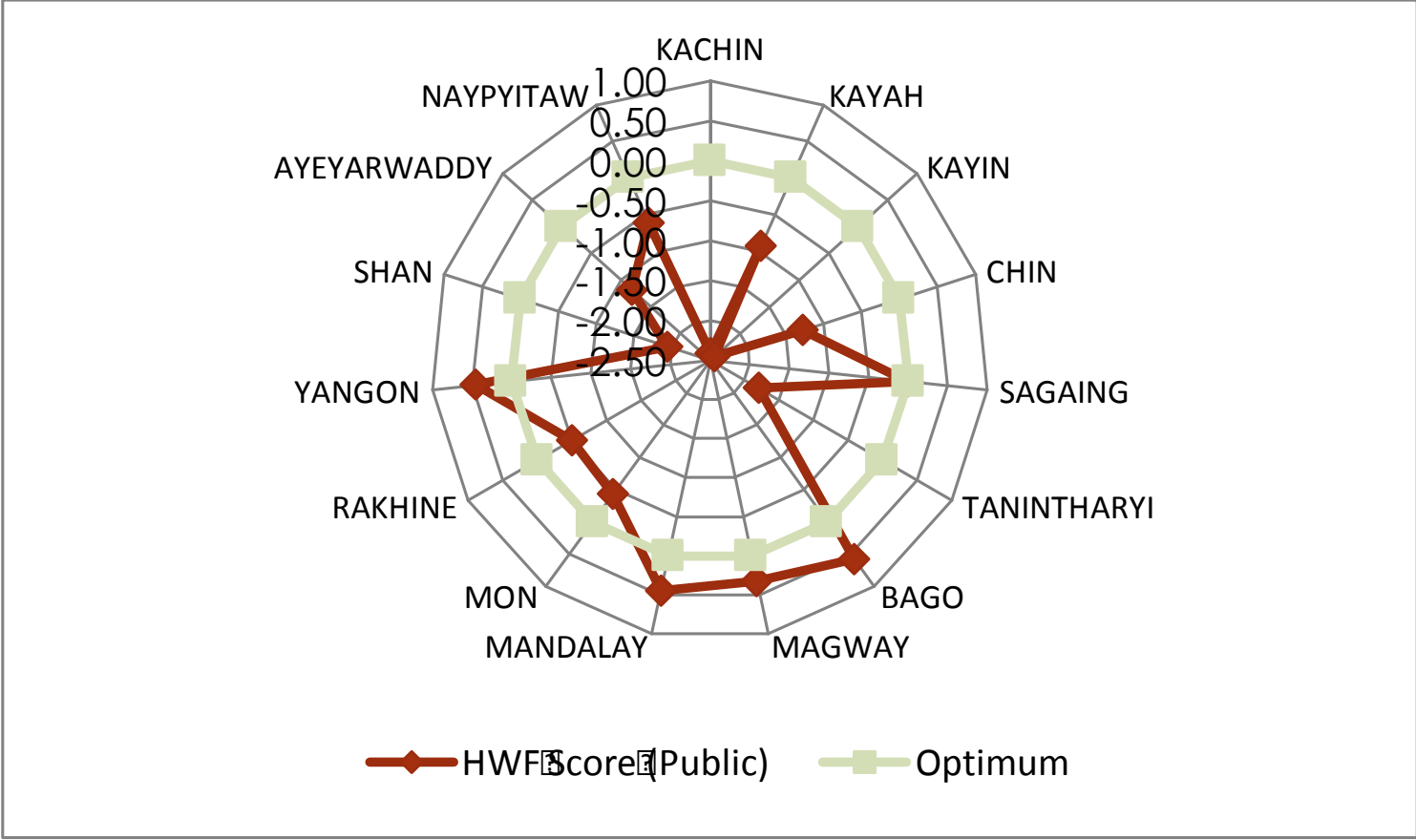


Figure 9-1 Health Workforce Scoring among States and Region (as of 2016 November 30)





# Key Assumptions

The optimum is defined as:

- one standard access point for an area with 2.5km radius (not considering terrain) and a population of 3,500 individuals
- one standard health workforce for an area with 1 km radius and a population of 450 individuals

Interpretation: composite score = 0: access is optimal

composite score  $>$  0: access is above optimum

composite score  $<$  0: access is below optimum

Initial assumption: existing public sector access points are all functional.

In reality, ...

States & Region	Total Number of Public Health Facilities (Excluding Hospitals)	Standard infrastructure	Substandard infrastructure	Need Renovation and no infrastructure	Hard to access	Non functioning Access Point %
KACHIN	379	45	257	42	35	20.3%
KAYAH	151	62	15	64	10	49.0%
KAYIN	334	44	156	95	39	40.1%
CHIN	406	35	191	180	0	44.3%
MON	389	46	152	174	17	49.1%
RAKHINE	739	124	461	154	0	20.8%
SHAN N	454	21	48	336	49	84.8%
SHAN E	172	53	0	111	8	69.2%
SHAN S	473	58	343	72	0	15.2%
YANGON	587	140	440	268	10	47.4%
MDY	945	625	174	145	1	15.4%
AYEYAR	1542	157	348	1037	0	67.3%
SAGAING	1417	368	734	213	102	22.2%
TANIN	306	52	94	93	67	52.3%
MAGWAY	1095	197	0	898	0	82.0%
BAGO	1076	140	429	487	20	47.1%
NPT	199	45	20	112	22	67.3%

The Health Output Scoring Index (HOSI) combines information  
on

**EPI coverage (public health),  
TB New Case Detection Rate (disease  
control)**

and

**Hospital Bed Occupancy Rate (medical  
care)**

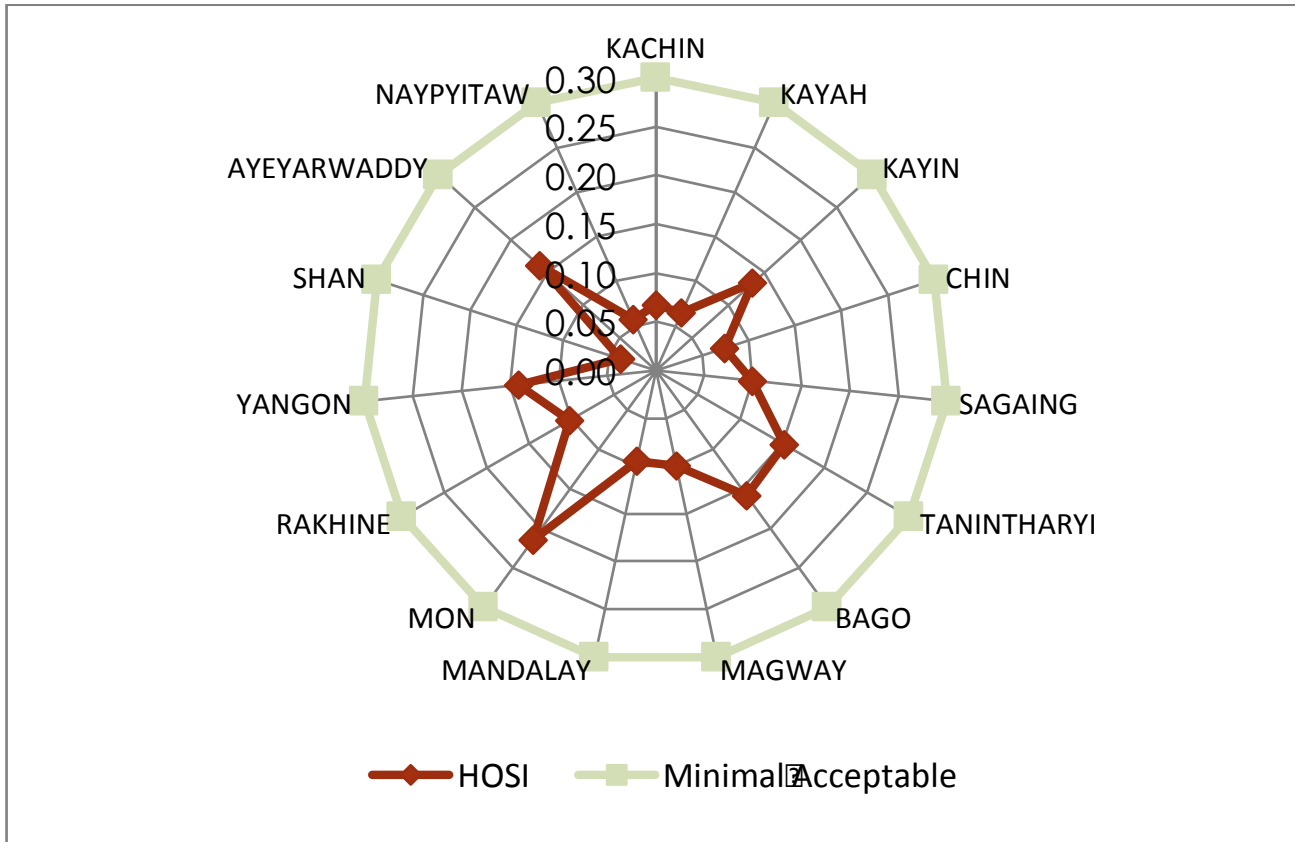
# Construction of HOSI

Geometric mean for the fraction of 3 health indicators of medical care, public health and disease control, for states and regions as well as for each township

Composite score with a value between 0 and 1

Interpretation: composite score = 0: worst health output  
composite score = 1: best health output

# HOSI Health Output Scoring among States and Region (As of 2016 November 30)



for the calculation of both indices,  
**assumptions can be changed**  
to look at different scenarios

both indices will be gradually improved,  
as more and better data becomes  
available

## What does UHC mean for Myanmar?



Myanmar is on the road to universal health coverage, with a commitment to provide families with access to a package of essential quality health services by 2030.

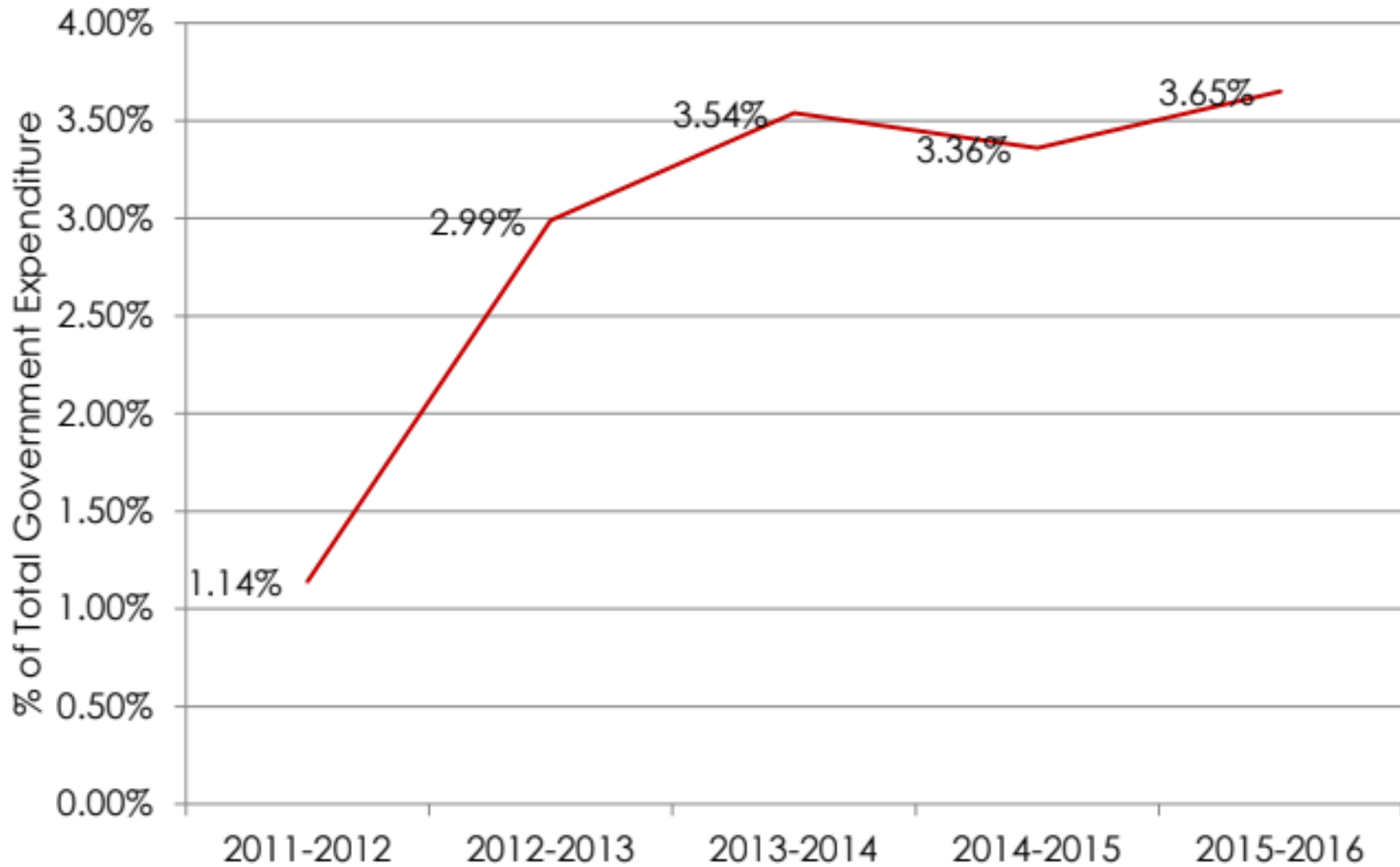
- ✓ Guiding Myanmar's path to UHC is the National Health Plan 2017-2021 for the next five years.
- ✓ Subsequent National Health Plans (2021-2026) and (2026-2031) will build on the current National Health Plan to reach the long-term goal of UHC.
- ✓ It is the result of an inclusive and collaborative process that sought to include all stakeholders.
- ✓ Providing a package of essential health services and improving access for all is the cornerstone of this plan.



## Important first steps are already being taken-

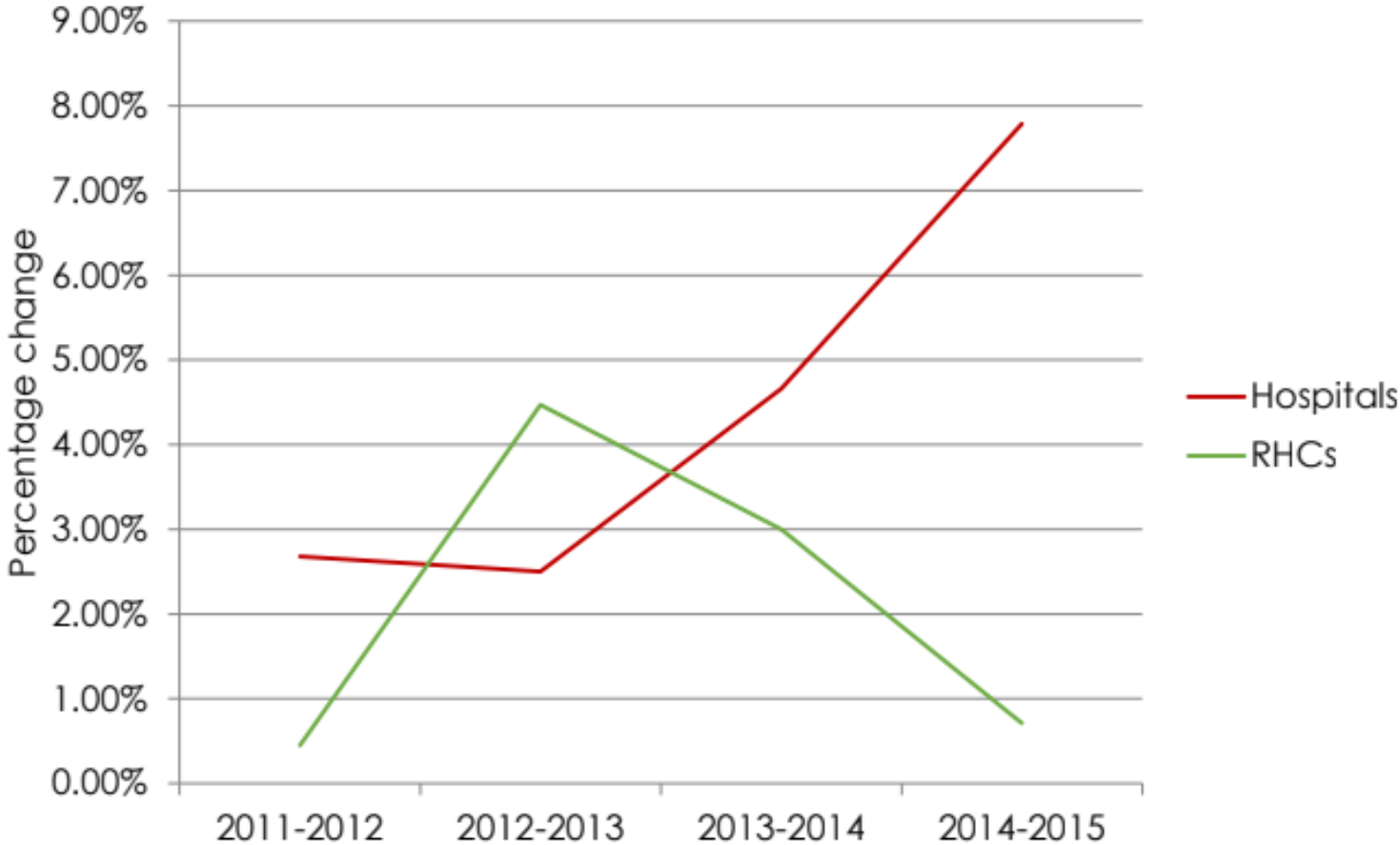
- ✓ This includes strengthening the primary health care system
- ✓ Developing strategies to improve financing;
- ✓ Strengthening communities, who have an important role to play in ensuring health access.
- ✓ They can generate demand for services and hold services and finances accountable.
- ✓ To implement the NHP, annual operational plans will be developed including concrete steps needed to make universal health coverage a reality.

**Figure 3 – Government spending on health as a percentage of total government expenditure**



Source: MoHS

**Figure 4 – Rate of increase in number of health facilities**



But the focus in the first year  
has been on



**Investment &  
Service Delivery Plan**

## Step by step starting from selected townships -

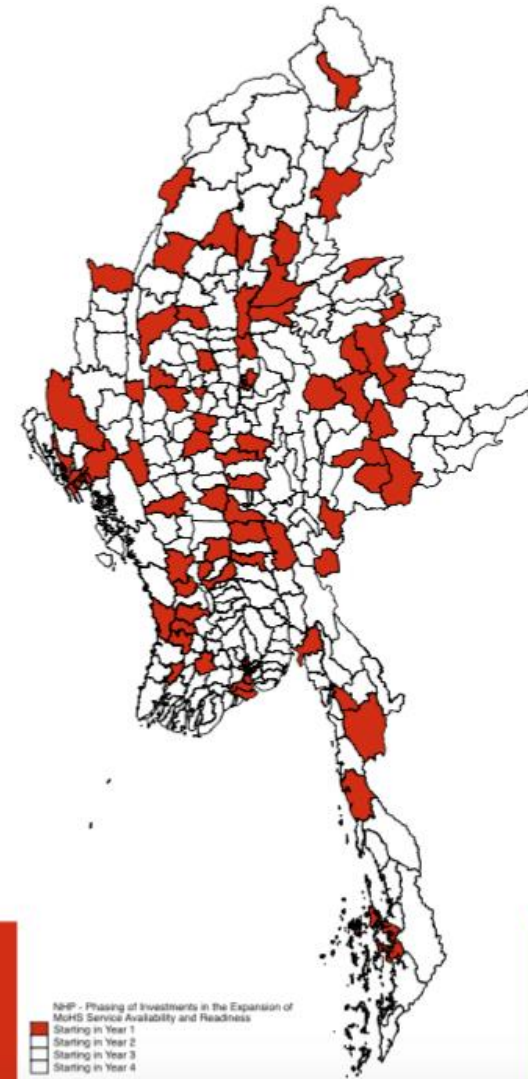
**In each selected Township** (and in addition to routine investment budget):

- Medical equipment for Township hospitals (already procured)
- One ambulance for each Township Hospital (already procured)
- One Type C lab for each Township Hospital (still to be procured)
- 1 set of RHC + connected sub-RHCs (to be reconstructed on existing sites)
- Equipment + drugs/medical supplies kits for re-constructed RHC and sub-RHCs
- Renovation of 5 sets of RHC + connected sub-RHCs

**Estimated cost:** around US\$ 500,000 per township, or US\$ 38 million for the 76 selected Townships (i.e., ~ 5% of the 2017-'18 government budget for health)

Investments to expand Townships' capacity by improving service availability and readiness will be gradually phased in

Year 1  
2017-18  
76 Townships

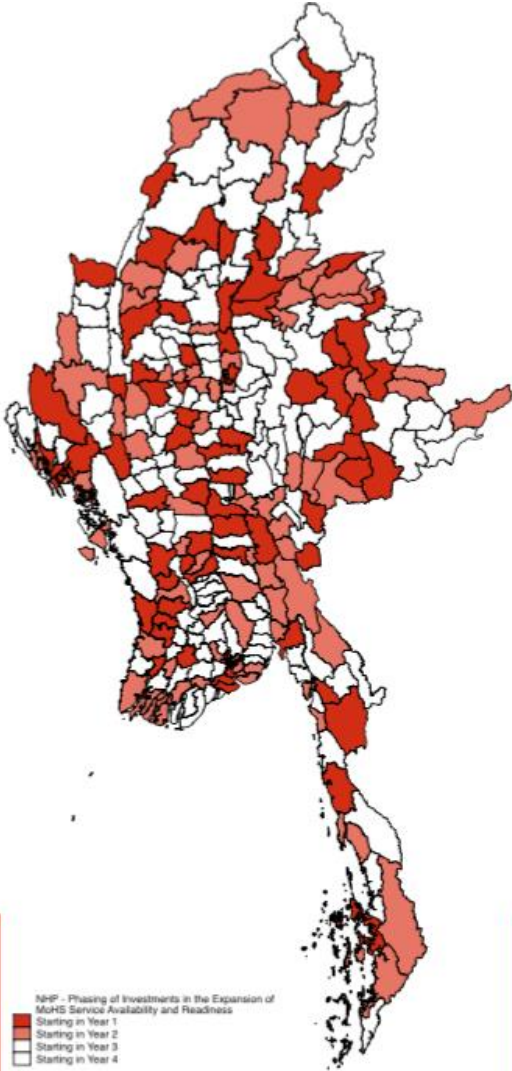


## Phasing of Townships

Investments to expand Townships' capacity by improving service availability and readiness will be gradually phased in

Year 2  
2018-19  
76 + 82 Townships

# Phasing of Townships



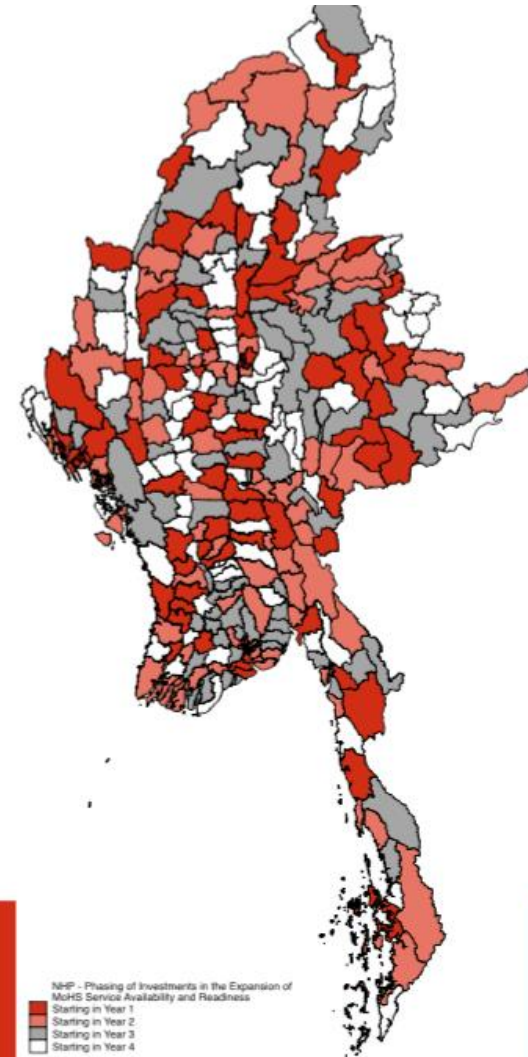
Investments to expand Townships' capacity by improving service availability and readiness will be gradually phased in

Year 3

2019-20

76 + 82 + 83 Townships

## Phasing of Townships





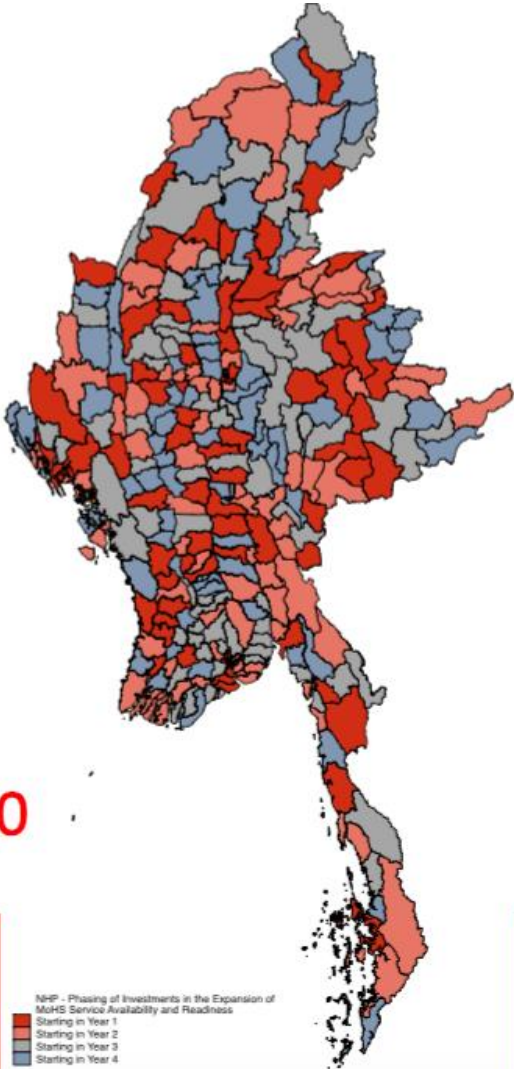
Investments to expand Townships' capacity by improving service availability and readiness will be gradually phased in

Year 4

2020-21

$$76 + 82 + 83 + 89 \text{ Townships} = 330$$

# Phasing of Townships



# Health System Challenges

# Human resource

- Current Issues
  - shortages of human resources for Health
  - inappropriate balance and mix of skills
  - inequitable distribution (largely concentrated in urban area)
  - difficulties in rural retention

## Human resource - 2

- well below under WHO minimum recommended threshold (2.28/1000 population) (1.49 health workers/1,000 people( as of Nov, 2016)
- Lack of accreditation system for educational programs and institutions
- Lack of clear recruitment and deployment policies
- Limited clarity around roles and responsibilities of different health care providers at all levels of the system
- in-service training are the joint responsibility of the Department of Public Health and the Department of Medical Services.
- Currently, in-service training tends to be project-oriented

## Infrastructure

- no clear nationwide infrastructure investment plan
- mismatch between health administrative maps and catchment areas of health facilities
- Design of health facilities can vary depending on the funding source
  - not all health facilities have critical amenities such as clean water, sanitation, electricity, warehousing facilities, staff housing and communication facilities
- restrictions imposed by financial rules and regulations have led to delays in the tendering process
- lack of enough operational budget for maintenance

## Service delivery

- relies on a mix of public, private for-profit, private not-for-profit and EHO providers
- Township/station hospitals and below have received less attention over the past few decades
- This underinvestment lead to shortcomings in service availability, readiness and coverage, especially in rural area
- limited public sector service delivery in both conflict-affected and post-conflict affected areas.
- recognized that the public sector will not be able to reach the entire population by itself
- other actors, such as private for profit providers, NGOs and EHOs, are also involved in service delivery

- Existing procurement and supply chain system - highly fragmented along vertical programs and funding sources
- poor alignment between the Government of Myanmar's Public Financial Management (PFM) system and the financing objectives related to health service delivery at the primary health care level
  - (bottlenecks throughout the budget cycle)
- a disconnect between planning and budgeting functions and cycles
- Budget allocation – mostly historical and delinked to actual needs
- budget is structured around line items that largely focus on inputs and are disconnected from programs or outputs

## Health financing

- allocates 4.2 percent of its total budget on health, which is extremely low by global and regional standards
- However health budget increased almost ten-folds in absolute amount from 2011-2017
- mainly used to finance delivery of health care and expansion of service coverage with a focus on free medical care in hospital settings

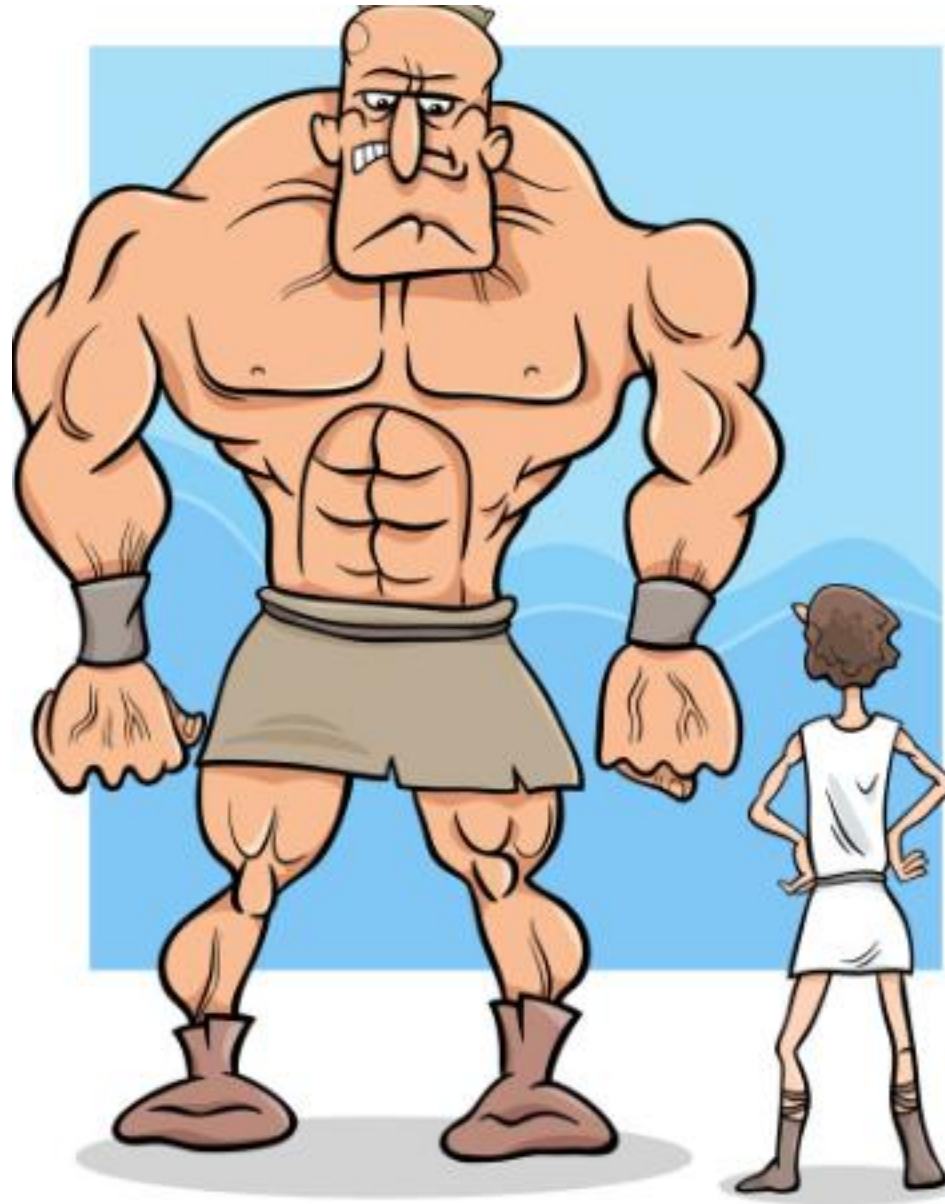


An aerial photograph of a winding asphalt road that curves through a hilly landscape. The road has a double yellow line in the center and white lines on the edges. The terrain is covered in green grass and shrubs, with a dense forest of tall evergreen trees on the left side. In the distance, the road continues to wind through the hills under a clear sky.

**UHC  
2030**

**The road toward UHC**

UHC giant



**David and Goliath**

Described as the “single most powerful concept that public health has to offer” by the World Health Organization, universal health coverage is critical to Myanmar’s development and economic growth.

