



Synthesis Report

Keeping Universal Health Coverage in Myanmar on Track

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Empower communities. Transform lives.

Myanmar is committed to the attainment of Universal Health Coverage (UHC) by 2030. According to the Ministry of Health and Sports (MoHS), the National Health Plan (NHP) (2017-2021) was developed with the aim to strengthen the country's health system and support the implementation of UHC. It is considered to be the core policy document of the MoHS.

With the NHP (2017-2021) now reaching its end, Community Partners International (CPI) has drafted this synthesis report to inform policy makers on key achievements, gaps and recommendations for Myanmar's progress towards UHC.

The team behind this report conducted desk reviews of the NHP (2017-2021) and subsequent annual work plans, the National Health Policy and other policies under various health programs, international and regional papers, news articles and other relevant key documents published by the MoHS, the World Health Organization (WHO) and United Nations (UN) agencies, the World Bank, fund management organizations,

academic institutions, as well as international and local non-government organizations.

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KEY RECOMMENDATIONS




FINANCIAL PROTECTION TO PROMOTE EQUITABLE ACCESS TO HEALTH

- Increase government spending on health to reduce out-of-pocket expenditures.
- Reform the PFM system to improve efficiency.
- Ensure continued political commitment to the National Health Insurance System.



STRENGTHENING THE HEALTH WORKFORCE FOR EQUITABLE SERVICE DELIVERY

- Decentralize health workforce allocation decision-making to states/regions.
- Focus political will to develop a Human Resources for Health Information System.
- Recognize ethnic health workforces.



STRENGTHENING THE TOWNSHIP HEALTH SYSTEM FOR PLANNING AND BUDGETING

- Galvanize action to create THWG guidelines and iTHPs.
- Create an enabling environment for iTHP implementation.
- Leverage the Community-Based Health Worker Program.

BACKGROUND

When the National League for Democracy (NLD) took office on the March 30, 2016, there were high hopes for reform and a departure from the highly centralized system of policy formulation and leadership that characterized previous governments. The NLD's 2015 Election Manifesto articulated a clear commitment to Myanmar's social sector, including education and health. This commitment was carried through into the development of the NLD's Program of Health Reforms: A Roadmap Towards Universal Health Coverage (UHC) in Myanmar (2016-2030) (NLD Health Network, 2016a, 2016b) released in 2016.

The World Health Organization (WHO)'s definition of UHC is that all people can use the health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship (World Health Organization, 2015). Target 8 of Sustainable Development Goal (SDG) 3 commits to achieving UHC, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

The achievement targets for UHC, as defined in World Health Organization (WHO) and World Bank monitoring frameworks, are: reaching at least 80% coverage of essential health services, and 100% financial protection from catastrophic and impoverishing health payments. Another fundamental measure of achievement is equity. The WHO framework clearly states that countries seeking to attain UHC must ensure that poorer, less-advantaged segments of the population are not left behind (Boerma et al., 2014; World Health Organization, 2015).

Built on the NLD's Election Manifesto and Program of Health Reform document, Myanmar's National Health Plan (NHP) (2017-2021) was developed by the Ministry of Health and Sports (MoHS) in 2016 and launched on March 31, 2017 (MoHS, 2016). The NHP aims to strengthen the health system and support the implementation of UHC. It is considered to be the core policy document of the MoHS.

Former President U Htin Kyaw reaffirmed Myanmar's commitment to achieving UHC by 2030 at the Tokyo Universal Health Coverage Forum on December 14, 2017. Emphasizing the concept of equity in UHC, he stated that, "every Myanmar citizen, regardless of race, religion, ethnicity or socioeconomic situation, will be able to receive quality healthcare without financial hardship." (President's Office, 2017)

This NHP was unique in its development process. The MoHS pursued a participatory approach, seeking input from government and non-government stakeholders, including representatives of ethnic health organizations (EHOs), civil society organizations (CSOs) and the private sector. In the NHP document, the MoHS also recognized that, in addition to the public sector, there are other types of providers (Private, EHOs, CSOs) .

While access to essential health services and reducing out-of-pocket costs are central themes in the NHP document, it also clearly defines an equity-oriented health system, the first commitment of its kind to be made by a Myanmar government in decades. Thus, conceptually, UHC is the cornerstone of the NHP.

The Director-General of the WHO, Dr. Tedros Adhanom Ghebreyesus, openly appreciated that Myanmar's NHP envisioned guaranteeing an Essential Package of Health Services (EPHS) to the entire population by 2030, and aimed to address the health inequalities by focusing on primary healthcare investment at its core (Ghebreyesus, 2017).

Note

- When people have to pay fees or co-payments for health care, the amount can be so high in relation to income that it results in "financial catastrophe" for the individual or the household. Out-of-pocket spending is catastrophic if it exceeds a certain proportion of a household's income with the consequence that households suffer the burden of disease.
- An ethnic health organization is the health department of an ethnic armed organization (EAO) and where necessary community based organizations (CBOs) who are legally affiliated with an EAO and is implementing health services in the EAO territory.

STEERING UNIVERSAL HEALTH COVERAGE IN MYANMAR

The implementation of NHP (2017-2021) represents the first phase of the Myanmar's efforts to attain UHC by 2030. The NHP (2017-2021) is now in its third year of implementation, with less than one year remaining.

While no systematic review of NHP/UHC progress has been conducted by the MoHS, there have been some sources to offer insight. The Deputy Minister for Health provided a report to the Pyi Thu Hluttaw (Parliament) on August 22, 2019, in response to a question posed by a Member of Parliament (MP). Furthermore, on September 23, 2019, the Union Minister of the MoHS reflected on "perceived progress" of the NHP/UHC at a UN High Level Meeting.

More recently, on November 24, 2020, the Union Minister of Health and Sports conducted a meeting with MoHS officials and UN and INGO counterparts to review the progress of the NHP and to plan for the next phase of the NHP (2021-2025).

These reports and reflections have focused mainly on process and a number of inputs, outputs and outcomes which highlight NHP achievements from the MoHS perspective. However, they do not provide adequate insight from the perspective of communities and non-government stakeholders including EHOs, CSOs and private sector.

This underlines the need for a report to focus the attention of policy makers on the key actions that need to be taken to deliver on the commitments made in the NHP.

This is considered timely in light of the parliamentary majority gained by the NLD in the 2020 General Election. The NLD will form the next administration and it is crucial that the NHP, and progress towards UHC, remain at the center of health policymaking in line with the 2020 election manifesto.

This synthesis report focuses on the following three issues, outlined in the NHP, due to their

importance in the development of Myanmar's national health system:

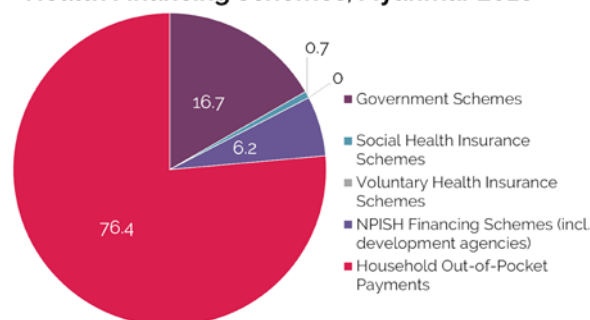
1. Financial protection to promote equitable access to health;
2. Strengthening the health workforce for equitable service delivery;
3. Strengthening the township health system for planning and budgeting.

FINANCIAL PROTECTION TO PROMOTE EQUITABLE ACCESS TO HEALTH

More government spending on health - The NHP (2017-2021) explicitly mentions that the attainment of UHC by 2030 will not be possible with current levels of government spending on health.

The WHO recommends that, to ensure adequate financial protection for families and to progress towards UHC, policymakers should aim to reduce out-of-pocket expenditure to less than 20 percent of total current health expenditure. In 2018, 76.4% of health expenditure was covered by out-of-pocket payments and government health expenditure represented just 16.7 % of total health expenditure (MoHS, 2020). These figures highlight the need for significantly increased government investment in health.

Current Health Expenditure (CHE) by Health Financing Schemes, Myanmar 2018



NPISH = Not-for-profit institutions serving households

Fig 1 - Current Health Expenditure (CHE) by Health Financing Schemes, Myanmar (2018)

Ref: Myanmar National Health Accounts 2016-2018 (MoHS, 2020)

Reform of the public financial management system

- Outdated public financial rules and regulations are acting as a major bottleneck to the MoHS' ability to spend its budget. This has limited the health system's ability to effectively and efficiently absorb and deploy both government funds and external financial assistance.

Limitations in various aspects of the public financial management (PFM) of health funds have created severe bottlenecks in the NHP (2017-2021) (MoHS, 2016). These include disconnect between planning and budgeting cycles, a lack of budget transparency, and the use of historical planning and budgeting rather than evidence-based data that reflect actual needs and priorities, line-item budgeting, input-based rather than output-based budgeting, and limited financial management capacity.

According to a recent World Bank report, the low quantity and capacity of financial management staff within the MoHS, particularly lower down the hierarchy, was one of the challenges identified for PFM budget allocation and execution in the health sector (ADB, 2020). Therefore, it is crucial that Myanmar's public financial management system is reformed and strengthened to improve the efficient and effective use of funds.

Political commitment to the National Health Insurance System

- As financial protection is the cornerstone of UHC, it is crucial that Myanmar enacts legislation to create a prepayment financing mechanism that will equitably enable better-off citizens to have a financial safety net when seeking health care while subsidizing low-income populations.

At a recent MoHS meeting to review the progress of the NHP, the Union Minister of Health and Sports reaffirmed the need to establish a National Health Insurance system to ensure financial protection from catastrophic health expenditure.

It has been documented that the MoHS has submitted a National Health Insurance Bill to the Amyotha Hluttaw (House of Nationalities, Upper House of Parliament) and measures are to be

taken to form a working group to facilitate the law enactment process. For the attainment of UHC by 2030 to be a realistic target, it is critical for the MoHS to ensure that this legislative process remains prioritized, not only during the remaining term of the current government, but also in successive government terms.

As mentioned in the NHP (2017-2021), the MoHS will need to continue meaningful engagement and planning for the purchase of essential health services from health providers outside of the MoHS to expand geographic and population coverage and ensure the equitable distribution of health services. This is crucial for populations residing in contested and hard-to-reach areas of Myanmar. This should be explicitly thought through in the National Health Insurance Bill in terms of the purchaser-provider split approach.

STRENGTHENING THE HEALTH WORKFORCE FOR EQUITABLE SERVICE DELIVERY

Decentralization of health workforce allocation decision-making to states/regions

- Myanmar's socio-economic determinants of health are contextual and diverse among states and regions. Significant health disparities exist across different socio-economies, geographies and ethnicities. For example, the Maternal Mortality Ratio (MMR) ranges from 357 per 100,000 live births in Chin State to 213 in Yangon Region, and the Under 5 Mortality Rate (U5MR) ranges from 108 per 1,000 live births in Magway Region to 48 in Mon State.

The current centralized and standardized health workforce allocation system specifies the same number of sanctioned posts without taking into consideration the specific contextual and health needs of different states and regions. This system needs to be modified so that certain health workforce-related decisions are delegated to state/region Health Directors. This will allow more flexible allocation of human resources to meet the health service needs of local populations.

Both the NHP (2017-2021) and Myanmar Human Resources for Health Strategy (2018-

2021) identify the need to decentralize HR management through delegated planning, budgeting, monitoring and evaluation and supporting states, regions and townships to take up more HR functions and authorities in accordance with the decentralization plan. Therefore, the development of the Human Resources for Health (HRH) Decentralization Plan is critical for effective resource management to address key health challenges in equitable manner.

Human Resources for Health Information System (HRHIS)

- The critical role of HRH data for planning and decision making has been highlighted during the recent COVID-19 pandemic response in which Myanmar's HRH limitations were exposed. The country's lack of effective coordination and utilization of the health workforce outside of the public sector was criticized by experts and observers alike.

Currently in Myanmar, there is no standardized HRH database within the MoHS. This hinders effective HRH planning and management functions such as tracking of HRH production, recruitment, deployment, retention and turnover, and creates mismatches in the production and deployment of various health cadres.

Following WHO recommendations, the NHP (2017-2021) committed to further improvements in the development of a national Human Resources Information System (HRIS) to include both the public sector and health workforces employed outside the public sector, such as in the private sector, EHOs and CSOs. Additionally, National HRH Strategy (2018-2021) highlighted the need to systematically include the data of Community-Based Health Workers (CBHW) such as Axillary Midwives (AMW), Community Health Workers (CHW).

Therefore, committed political investment towards a national HRIS is needed to ensure evidence-informed decision making for health workforce management throughout the health system.

Recognition of ethnic health workforces - In the NHP (2017 - 2021), the MoHS acknowledged the important role of non-public stakeholders,

including EHOs, in the provision of health services to the communities, especially those residing in rural, hard to reach and conflict affected areas.

EHOs were established in areas controlled by ethnic nationalities to provide community-based primary healthcare services to conflict-affected and hard-to-reach communities. The EHOs established training programs for their health workers to support the delivery of health services.

Parallel to the ongoing peace process, MoHS and EHOs have cooperated to ensure that essential services such as maternal and child health and immunization are provided to communities residing in non-government controlled areas.

While this cooperation represents a nascent commitment to extending health coverage and promoting equity, further systematic steps are needed in order to fully recognize and formalize the role of EHOs in delivering the Essential Package of Health Services (EPHS), a fundamental component of UHC.

The MoHS, together with professional councils such as the Myanmar Medical Council (MMC) and Myanmar Nursing and Midwifery Council (MNMC), needs to develop and implement a concrete plan for collaboration with EHOs to 1) jointly train the MoHS Basic Health Staff (BHS) and the EHO health workforce, and 2) systematically establish a compatible accreditation that would effectively provide quality assurance of the health workforce training programs of EHOs.

STRENGTHENING THE TOWNSHIP HEALTH SYSTEM FOR PLANNING AND BUDGETING

Township Health Working Group (THWG) guidelines and inclusive Township Health Plans (iTHPs)

- Primary Health Care (PHC) is the programmatic engine for UHC in most contexts and is considered to be the most cost-effective way to address comprehensive health needs

close to communities as highlighted by the current COVID-19 pandemic.

In Myanmar, the Township Health Department is the fulcrum of the PHC system, and the inclusive Township Health Plan (iTHP) is recognized by the MoHS through the NHP (2017-2021) as the right approach to strengthen the PHC system.

The development of the iTHP is assigned to the THWG which consists of different health stakeholders, chaired by Township Medical Officer (TMO). However, without guidance, oversight and commitment from the central MoHS, the establishment and formalization of THWGs has been chaotic, with different compositions and different scopes of work with different levels of progress and achievement across the country.

The MoHS needs to provide technical and operational guidelines and commitments to support the proper functioning of THWGs. It needs to ensure that THWGs are composed of a fully representative range of stakeholders to promote conflict sensitivity, accountability and transparency, and support inclusive health systems strengthening.

As outlined in the NHP (2017-2021), the core function of the iTHP is to identify a township-level service delivery work plan and budget with a focus on filling the gaps in a prioritized manner, including emergency response and preparation. Therefore, proper training and assistance is needed at township level to facilitate this process of bottom-up planning.

An enabling environment for iTHP

implementation - States and regions have key roles to play in supporting and overseeing the planning, budgeting and the implementation of the iTHP. Therefore, a proper oversight and accountability mechanism needs to be established for State/region health departments to support health system decentralization.

State/region health departments must be equipped with competent technical and operational management systems and resources for informed decision making. At the national level, it is critical that the MoHS commits to

equitable resource allocation in accordance with the iTHPs presented by states and regions.

Community-Based Health Workers (CBHW) Program

- To promote and ensure that communities throughout the country have access to essential health services, the NHP (2017-2021) highlights the need for all health workers (whether community-based, outreach-based or facility-based) to be fully recognized and institutionalized within the health system. This allows the efficient use of resources, necessary oversight and quality service provision, regardless of whether the health workers are voluntary or salaried.

As such, the MoHS endorsed the Community-based Health Worker (CBHW) Policy in November 2020 to formally incorporate CBHWs into Myanmar's national health system. However, more work needs to be done by MoHS in conjunction with public and non-public stakeholders to implement the program with resources from the government's budget and contributions from development partners. This program can be implemented rapidly nationwide without the need for a substantially increased budget.

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