



Seminar Report

# Reimagining the Path to Universal Health Coverage in Myanmar:

## Gaps, COVID-19 Impacts and the Way Forward

January 2021

## LIST OF ABBREVIATIONS

COVID-19	Coronavirus disease	MoHS	Ministry of Health and Sports
CPI	Community Partners International	NCCC	National COVID-19 Call Center
CSO	Civil Society Organization	NGO	Non-Governmental Organization
DMR	Department of Medical Research	NHP	National Health Plan
EHO	Ethnic Health Organization	PPP	Public-Private Partnership
EPHS	Essential Package of Health Services	OOP	Out-of-Pocket Payment
FOC	Free-of-charge	UHC	Universal Health Coverage
GP	General Practitioners	UPH	University of Public Health, Yangon
GoM	Government of Myanmar	WHO	World Health Organization
ICT	Information, Communication and Technology		

## CONTENTS

Speakers and Agenda	3
Background	4
1. Identification of Gaps in Advancing UHC Goals	5
1.1 Policy Level	5
1.2 System Level	5
1.3 Community Level	6
2. COVID-19 Impacts	7
3. The Way Forward and Recommendations	8
3.1 Policy and System Level	8
3.2 Community Level	9
Acknowledgments	11

## SPEAKERS AND AGENDA

<b>Opening Remarks:</b>	H.E Deputy Union Minister Dr. Mya Lay Sein, Ministry of Health and Sports
<b>Keynote Speeches:</b>	Dr. Stephan Paul Jost, WHO Representative to Myanmar Dr. Cynthia Maung, Founder of Mae Tao Clinic
<b>Welcome Speech:</b>	Dr. Si Thura, Executive Director, Community Partners International
<b>Wrap Up and Summary:</b>	Dr. Khine Wai Wai Oo, Program Management Director, Community Partners International Dr. Mya Myint Zu Kyaw, Program Manager, Community Partners International

### DAY 1

#### **Session 1: Invest More, Invest Better**

**Moderator:** Dr. Than Tun Sein, Honorary Professor at the University of Public Health, Yangon

**Speakers:**

Dr. Su Su Lin, Ministry of Health and Sports

Prof. Dr. Hla Hla Win, University of Public Health

Dr. Thant Sin Htoo, National Health Plan Implementation Monitoring Unit

Dr. Zaw Linn Htut, Amyothar Hluttaw

#### **Session 2: UHC, COVID-19 and Health Emergencies**

**Moderator:** Dr. Hnin Hnin Tha Myint, Community Partners International

**Speakers**

Dr. Myo Myo Mon, Department of Medical Research, Ministry of Health and Sports

Dr. Zaw Toe Myint, Community Partners International

Dr. Htet Nay Lin Oo, Providing for Health

### DAY 2

#### **Session 3: Community Empowerment for UHC**

**Moderator:** Dr. Sid Naing, MSI Reproductive Choices

**Speakers:**

Daw Nwe Zin Win, Pyi Gyi Khin

Dr. Soe Naing, Alliance Myanmar

Daw Tin Htet Naing, Myanmar Now

#### **Session 4: Private/Non State Actors in UHC**

**Moderator:** Dr. Nay Nyi Nyi Lwin, Community Partners International

**Speakers:**

Dr. Myint Oo, General Practitioner

Dr. Han Win Htat, Population Services International

Dr. Zarni Lynn Kyaw, Community Partners International

Dr. Win Zaw Aung, Sea Lion Group

## BACKGROUND

To celebrate the Universal Health Coverage (UHC) Day 2020 in Myanmar, Community Partners International (CPI) organized a two-day online seminar on December 10 and 11, 2020, in collaboration with the Ministry of Health and Sports (MoHS), University of Public Health (UPH), Department of Medical Research (DMR), and other NGOs in Myanmar. The objectives of the seminar were to establish dialogue and an exchange of views between experts on the progress of UHC in Myanmar, and to raise awareness of UHC among key stakeholders. The seminar also served as a platform to reinforce momentum towards achieving UHC in Myanmar by 2030.

UHC is a global health priority to ensure that everyone can access quality essential health services without suffering financial hardship. The Government of Myanmar (GoM) has committed to achieving UHC by 2030. As well as committing to the global UHC goal, the MoHS has participated in international policy dialogue and advocacy events on UHC. In September 2019, his excellency Dr. Myint Htwe, the Union Minister for Health and Sports, attended the United Nations high-level meeting on UHC and fully endorsed its political declaration. The first phase of this commitment was laid out in the National Health Plan 2017-2021 (NHP). In the NHP, the first step outlined by the MoHS is the strengthening of supply-side readiness to deliver an Essential Package of Health Services (EPHS) to every person in Myanmar.

The COVID-19 pandemic has emphasized the need for universal health coverage. In this context, the seminar focused on identifying the major gaps in and barriers to Myanmar's pathway to UHC, and ways forward in the context of the challenges brought by COVID-19.

Following opening remarks from the H.E. Deputy Minister Dr. Mya Lay Sein, the WHO country representative, Dr. Stephan Paul Jost delivered the keynote speech, highlighting the need for better investment, "best buys" among the health services and high level political commitment to UHC. Dr. Si Thura, CPI's Executive Director then welcomed participants and explained the objectives of the event.

The event was held over two days with two plenary sessions on each day. The sessions featured experts, media professionals and civil society organization (CSO) leaders. The discussions held during the sessions can be summarized into three thematic areas:

1. Identification of gaps in advancing UHC goals;
2. COVID-19 impacts;
3. The way forward and recommendations.



*H.E. Deputy Minister of Health and Sports Dr. Mya Lay Sein makes the opening remarks. (CPI)*



*Dr. Cynthia Maung, founder of the Mae Tao Clinic, gives a keynote speech. (CPI)*

## 1. IDENTIFICATION OF GAPS IN ADVANCING UHC GOALS

Identifying gaps is crucial in Myanmar where political commitment is still in question with scarce resources and knowledge about UHC. Discussions highlighted three main areas of gaps:

### 1.1 POLICY LEVEL

#### **Gap 1: National Health Insurance Law**

Speakers noted the importance of establishing laws to support the achievement of universal health coverage but that health care issues had not received sufficient political attention in Myanmar. The plenary discussions pointed out that while a draft National Health Insurance Law was developed during three years of debate in parliament, this draft law has not yet been submitted to parliament for ratification.

#### **Gap 2: Government Health Expenditure**

The 2016-2018 report on Myanmar health expenditure shows that while there was a consistent increase in government health expenditure during this period, out-of-pocket (OOP) payments remained high. Speakers highlighted the significant gap in effective and efficient healthcare expenditure spending that could help to reduce OOP payments.

#### **Gap 3: Political Commitment for Sustainable Health Financing**

The achievement of UHC will require a strong health system with sustainable financing. Speakers noted that Myanmar lacks sufficient political commitment from stakeholders to achieve sustainable financing for UHC.

#### **Gap 4: Health Policy Surveillance**

Speakers underlined that policies should not simply stay on paper but needed to be

rolled out effectively. One panelist pointed out that there is a significant gap to bridge between policy making and implementation. The speaker emphasized that, moving forwards, it was critical to review, monitor and evaluate existing health care policies and their implementation in order to sustain momentum towards UHC.

#### **Gap 5: Media Engagement**

Speakers noted that there was limited understanding and coverage of UHC in the national and local media and that this affected public awareness and support for the UHC movement. One speaker noted that the Myanmar media should look to international examples where strong media engagement had raised public support for and forged political commitment to UHC.

### 1.2 SYSTEM LEVEL

#### **Gap 1: Health Financing**

Speakers pointed out that there are significant gaps in health financing in Myanmar that need to be resolved if UHC is to be realistically achieved. Reforms are needed to bridge these gaps through resource mobilization, risk pooling, resource allocation, and strategic purchasing.

The plenary discussions also explored some of the background factors contributing to the financing gaps such as donor commitment, disintegration of regulatory frameworks for taxation especially for non-formal sectors and competing interests (especially during health emergencies such as the COVID-19 pandemic) disrupting the systematic strengthening of health financing.

#### **Gap 2: Health Management Information**

Myanmar's health systems structure is composed of different stakeholders such as ethnic health organizations (EHOs) in some geographical areas. To improve the performance of a health system, health

management information must be accurate, valid, timely and consistent. Speakers underlined that there is a clear need to build a common health management information platform with agreements between the various stakeholders, including government, the private sector and EHOs. This will help to standardize data dictionaries, data collection tools and data combination, support analysis and research, and provide the foundation for effective health management information system building.

### **Gap 3: UHC Advocacy**

There are different stakeholders advocating for UHC in Myanmar. Speakers emphasized that these stakeholders need to work hand-in-hand to create a more effective and strategic advocacy movement. Speakers pointed out that there are gaps in evidence-based advocacy interventions and a lack of updated information about UHC advocacy tools, methods and strategies in Myanmar context.

### **Gap 4: Citizen Information System**

Moving forward UHC requires a reliable citizen information system such as electronic registration of national ID cards. In some areas of Myanmar, as speakers mentioned, there are no resources or mechanisms to access national ID cards or birth certificates. There are some background factors contributing to this gap such as conflict, disasters and access issues. In addition, citizen information systems lack data on marginalization and exclusion among vulnerable populations.

### **Gap 5: Capacity Strengthening of Service Providers**

EHOs, general practitioners (GPs) and other private sector health providers form a core part of the NHP health service delivery framework. However, action is needed to bridge the following gaps and strengthen these sectors:

- Continuous professional development for GPs.
- Continuous collaboration between and strengthening of other health service providers such as EHOs and NGOs.

## **1.3 COMMUNITY LEVEL**

### **Gap 1: Usage of Public Health Services**

Speakers listed some of the causes of bottlenecks in the usage of public health services by communities in Myanmar. They noted that some members of ethnic nationality communities in conflict areas prefer to use non-public health service providers due to issues of trust and cost. Even in the public sector, healthcare benefit packages under the social security scheme are not very popular or attractive to eligible individuals.

### **Gap 2: Collaboration and Coordination**

Speakers noted that the coordinated involvement and collaboration of the knowledge, political and social sectors is crucial to establish and maintain momentum towards UHC. In Myanmar, there significant gaps between these stakeholders including:

- Weak collaboration and coordination of community and the health care workers.
- Weak collaboration between CSOs, civil activists and networks.
- Weak collaboration between CSOs and researchers/research institutes.

### **Gap 3: Awareness of UHC**

Speakers pointed out that there is still a need to increase the visibility of UHC in the media in Myanmar to promote public awareness, understanding and support, and gather community viewpoints. Currently, public awareness of UHC is limited and often hampered by misunderstanding (for example that UHC means “free” health care). To raise community awareness, understanding and support for UHC, the

speakers noted that it was necessary to strengthen the capacity of stakeholders such as the media, CSOs, GPs, and EHOs that act as information channels between communities and policy makers to effectively communicate accurate information about UHC.

## 2. COVID-19 IMPACTS

The seminar sessions explored how the COVID-19 pandemic had impacted the health care landscape in Myanmar in terms of revealing inequalities and opportunities, and the lessons learned to date.

The speakers underlined the central role of information, communication and technology (ICT) in health emergency response. They cited the example of the National COVID-19 Call Center (NCCC). The NCCC was launched on April 9, 2020, to disseminate accurate and timely information regarding COVID-19 to the Myanmar population. The helpline was provided toll free to reduce access barriers. Speakers identified several key challenges encountered by the NCCC. Rapid changes in COVID-19 policies created difficulties for the NCCC in providing up-to-date information. Additionally, limited human resources and financial constraints affected the effectiveness and sustainability of the service.

Speakers also emphasized the role of information to support health system agility during emergency response. Information is one of the six health system building blocks which drive effective health systems. Access to high-quality and reliable information enables the efficient functioning of the other five health system building blocks (service delivery, the health workforce, access to essential medicines, financing and leadership/governance).

The effective use of ICT can also

improve areas such as online medical education, supply chain management, and telemedicine. However, this is determined by several factors including infrastructure, affordability, political support and human capital.

Alongside the negative impacts on efforts to achieve UHC, the COVID-19 pandemic has also presented some opportunities for Myanmar. Speakers revealed that the pandemic had accelerated the emergence of public-private partnerships in Myanmar with improved collaboration between stakeholders such as MoHS, GPs and other private sector health providers. Speakers also noted that private hospitals and laboratories are currently in discussions with the MoHS for authorization to provide COVID-19 testing and treatment.

The discussions around the impact of COVID-19 on UHC raised three key questions among seminar speakers:

- How do we maintain the priorities in health and prevent the reversal of UHC gains?
- From where can we source funds to finance COVID-19 response and UHC initiatives?
- How do we balance spending between COVID-19 response and health system strengthening?

## 1. THE WAY FORWARD AND RECOMMENDATIONS

In discussing the way forward, speakers presented a range of key recommendations:

### 3.1 POLICY AND SYSTEM LEVEL

#### **Establish Institutional, Policy and Legal Frameworks for UHC**

A key recommendation emerging from the seminar to accelerate the attainment of UHC in Myanmar is the establishment of strong institutional, policy and legal frameworks. The creation of a legal mandate is essential to drive political commitment to UHC policy making and implementation. Speakers agreed that, together with commitment from all stakeholders, these frameworks are crucial components of the UHC movement.

#### **Set the Agenda to Prioritize a National Health Insurance System**

The speakers recommended that a clear agenda needs to be established to accelerate the establishment of health insurance schemes and the implementation of UHC. UHC needs to be a political priority addressed by high-level decision makers.

#### **Develop a Mixed Model Approach for Health Financing Based on Ability to Pay**

A robust health financing mechanism should be chosen based on the Myanmar context. Speakers recommended that the most suitable would be a mixed model health financing mechanism comprising tax-based and payroll-based leverage. The mechanism should pool funds from several resources including premium collection, government subsidies and earmarked "sin" tax. In specific terms, those working in the formal employment sector (15% of total population) should be covered by earmarked premium contributions. Those working in the informal employment sector (25% of total population)

should be covered by earmarked "sin" tax. The Government should subsidize the poor and vulnerable populations (60% of total population).

#### **Develop Practical Guidelines to Reflect Health Emergency Policies**

Speakers recommended that practical guidelines should be developed to reflect health emergency policies and applied in health service implementation. As an example, in response to COVID 19, guidelines have been issued by different MoHS departments which have then been adjusted to different regional contexts. This leads to challenges in translating guidelines into practical actions. Well-structured collaboration mechanisms need to be established between MoHS departments and with other ministries to facilitate information sharing and promote consistent external messaging.

#### **Enhance Public-Private Partnerships for Health System Strengthening**

Speakers recommended that the expansion of public-private partnerships could help to improve the speed and efficiency of health service delivery and the attainment of UHC. Under this model, the government could purchase services from private providers through contractual arrangements and conduct quality assurance.

#### **Standardize Definitions, Data Flow and Sharing Platforms in Health Information Systems**

Speakers noted that Myanmar's existing health information systems are fragmented between different data sources within and outside the MoHS which leads to data duplication. They recommended the development of a mechanism to integrate those fragmented reporting channels into one national health information system. They recommended the development of systematic approaches in health information



management such as standardization of definitions, usage of uniform unique identifiers, data flow and sharing platforms to drive an effective health system towards UHC. A strengthened health information system will enable effective functioning of other health system building blocks thereby improving health decision-making and service delivery.

### 3.2 COMMUNITY LEVEL

#### **Raise Community Awareness of UHC Highlighting the Health Financing Mechanisms**

Speakers identified an urgent need to raise community awareness and understanding of UHC and health financing mechanisms, and the differentiation with "free" healthcare. The Government of Myanmar and CSOs will play a key role in this process and more support is needed to build their capacity to disseminate key UHC information and messages.

#### **Increase Collective Efforts Among Different Stakeholders Including Young People**

More collaborative efforts involving young people are needed to improve health system reform. Due to their generally good health, young people tend not to be so engaged with issues of health care accessibility. Bringing more young people into the UHC movement as advocates of UHC among their peers will help to mobilize awareness and support within that demographic. For example, youth volunteers advocate what UHC is; how the community will get involved in the UHC movement especially youth populations are not very interested in health care accessibility due to their good health in general.

#### **Develop Improved Policies and Mechanism by CSOs to Amplify Community Viewpoints**

The speakers noted that CSOs have extensive networks of community

engagement and serve as a communication platform to convey people's concerns to policy makers. Thailand's successful example of health reform using the "Triangle That Moves the Mountain" approach highlighted the impact of strong CSO involvement in raising community viewpoints through the National Health Assembly. In Thailand's COVID-19 response, CSOs have been involved in the implementation of successful community health education programs. The speakers recommended that Myanmar should also have national policies and mechanisms to support CSOs to collect and amplify community viewpoints.

#### **Involve CSOs in Public Health Care Activities in Coordination with MoHS**

The speakers recommended that CSOs should be involved in coordination meetings with MoHS to formulate health policies, advocate to parliament on health issues, and support MoHS staff to implement health services at the community level, for instance through health education activities.

#### **Sustain Opportunities Created During COVID-19 to Strengthen Cooperation and Increase Local Autonomy**

The COVID-19 response created opportunities for increased cooperation between the MoHS and ethnic and community-based healthcare providers. The speakers recommended that these opportunities should be expanded and sustained moving forward, establishing contractual arrangements between these stakeholders to increase local autonomy and formalize training for community-based volunteers engaged in health education and promotion.

#### **Balance Health Emergencies and Existing Health System Strengthening Activities**

The COVID-19 pandemic has presented Myanmar's health system with the dual challenge of responding to this health

emergency while maintaining and existing health system strengthening initiatives. It is critical that the pandemic does not derail efforts to attain UHC by 2030. The speakers recommended that the government should consider how to most effectively balance and align these priorities. Continuity of essential healthcare services is crucial during health emergencies as underlined in Pillar 9 of the WHO's COVID-19 strategic preparedness and response plan.

### **Improve Advocacy and Engagement for UHC Through the Media**

The media serves as a crucial platform to bridge the communication gap on UHC between stakeholders and communities. The speakers recommended that the media needs access to full information about UHC, including at the law-making stage, so that they can provide timely, accurate and clear information to communities.

### **Develop Tripartite Information Sharing in the Lawmaking Process (Parliament, Media and Community)**

The speakers recommended that there should be regular press releases and debriefings by the parliament so that the media can collect and convey key information to communities. They recommended that there should be more communication between CSOs and researchers in order to generate better data and evidence for effective advocacy.

### **Provide Open Access to Key Public Health Data**

Many of the current information gaps in health are not solely due to a lack of information but because of the absence of data accessibility, such as the latest disease trends and health system set up processes. The speakers recommended that the Ministry of Health and Sports should develop an open data platform so that the media, the public and the private sector can

access timely and accurate public health data. As much as access to healthcare is important, access to information is important to achieve UHC.

### **Develop a Strategic Framework for Involvement of GPs in UHC**

GPs play an important role in the provision of quality health care services and the achievement of UHC. In Myanmar, the UHC Central Steering Committee established the UHC Organizing Committee of GPs but its functions are still limited. There is now a plan in the coming years to establish Township UHC Steering Committees to coordinate with township primary health care teams for the provision of essential health care services. The speakers recommended that GPs need to be included in health financing mechanisms as key health providers supporting the attainment of UHC.

### **Develop Clear Financing Mechanisms and Investment for Private Sector Health Providers**

The speakers recommended that there should be a clear financing mechanism for purchasing healthcare services from the private sector whether it through insurance, social security, service purchaser or community cost sharing. Investment for GP clinics should also be considered to implement sustainable programs.

### **Develop Concrete Quality assurance and Capacity Building for GPs**

The speakers highlighted the need for capacity building and continuous assessment of GPs for quality improvement as UHC stakeholders. This should include upgrading existing courses and opening of Master's, PhD and postdoctoral courses in family medicine and general practice. Quality assurance, accreditation and recording systems of GPs should be strengthened to deliver quality health services.

**Ensure Financial Autonomy for Private/  
Ethnic/Community-Based Health Providers  
to Respond to Emerging Health Needs**

Building on evidence generated through a strategic purchasing project undertaken with EHOs, the speakers recommend giving financial autonomy to private/ethnic/community-based health providers to help them respond in an agile and appropriate way to emerging health needs, especially during the COVID-19 pandemic.

**Increase Funding for and Strengthening of  
EHOs**

The speakers identified the need to provide more funding and capacity building to strengthen EHOs to deliver sustained health services to areas not served by government health services.

**Ensure Political Commitment to and Proper  
Regulation of PPPs**

The Core Committee for Health Public-Private Partnerships (PPPs) is undertaking a Private Health Sector Assessment to better understand Myanmar's health landscape and identify gaps. The speakers recommended that political commitment is fundamental to create sustainable opportunities for health PPPs and to establish a regulatory body for quality assurance

**Identify and Build upon Low-Risk, Quick-  
Win PPP Opportunities**

While UHC is a long-term goal, there is an urgent need to protect fundamental health rights. Therefore, the speakers underlined the need to identify and build on low-risk and quick-win opportunities to grow the contribution of health PPPs within a robust health system.

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For more information, contact Community Partners International at [info@cpintl.org](mailto:info@cpintl.org).