Telemedicine in Myanmar

Presented by

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Introduction
Location

• Myanmar is bounded
  – on the west by the People's Republic of Bangladesh and the Republic of India.
  – on the north and north-east by the People's Republic of China,
  – on the east and southeast by the Lao People's Democratic Republic and the Kingdom of Thailand,
  – on the west and south by the Bay of Bengal and Andaman Sea,
The Republic of The Union of Myanmar
Geography

• the country is divided into Nay Pyi Taw Union Territory and 14 States & Regions.

• It consists of
  – 70 districts,
  – 330 townships,
  – 84 sub-townships,
  – 3063 wards,
  – 13618 village tracts and
  – 64134 villages.
Population

• The population of Myanmar in 2011-2012 is estimated at 60.38 million.
  – About 70% of the population resides in the rural areas, whereas the remaining are urban dwellers.
  – with the growth rate of 1.01 percent.

• The population density for the whole country is 89 per square kilometers.
Myanmar Health Care System

• based on need-based primary health care system.
• The doctor patient ratio was 1:2000 (2012).
• Some areas of Myanmar suffering from low quality of health care services.
• The referral centers are situated only in major cities.
Country Experience of eHealth & Telemedicine
• India and Myanmar signed an agreement on 2006.

• India provide a one time grant of Rs. 8.92 Crore (1.6 mill USD) to Myanmar to promote development of IT in Myanmar through the establishment of “India - Myanmar Centre for Enhancement of IT Skills” at Yangon, Myanmar.
Responsible Organization for Telemedicine development in Myanmar

• **MYANMAR**
  - IMCEITs
  - Myanmar computer science development council
  - University of Computer Science Yangon. (Main Center)

• **INDIA**
  - C-DAC
  - Bharti Airtel Ltd.
First step of telemedicine in Myanmar

• C-DAC from Indian side.
• IT hardware, VSAT equipment and reference books & course material and completed the installation & commissioning.
• C-DAC had setup the IT Centre at Yangon and connect it to ten Community Information Centers
• 10 participants from Myanmar completed on February 04, 2008 at ACTS-CDAC, Pune.
• Application used – sanjeevani
  (desktop application)
Immediate Outcomes

• A pilot study --successful during Sept- Dec 2008.

• After Dec, 2008, the satellite link was disconnected until now.
  – Expensive rental rate
  – Lack of infrastructure in some remote areas
Current Scenario
<table>
<thead>
<tr>
<th>Strength</th>
<th>Weakness</th>
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<tbody>
<tr>
<td>Changing political commitment</td>
<td>• Insufficient infrastructure, as well as limited <em>human</em>, <em>technical</em> and <em>financial</em> resources.</td>
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<td>• Variation in quality of service between rural and urban populations.</td>
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Opportunities

- Changing political arena
- Increasing support from Development Partners and NGOs

Threats

- Limited access to health services by broad segments of the population, owing to economic, cultural, geographical, and ethnic differences
The way forward
1. Establish a **National eHealth Steering Committee** (to include MOH, related Ministries & development partners).

2. Develop Myanmar's **eHealth Strategy** (with country's leadership and broad buy-in).

3. Conduct full **assessment of all health facilities** in selected states and regions (up to sub-center).

4. Initial implementation of **electronic data management** in selected health facilities in one region and one state (up to the level of sub-center) and subsequent roll-out throughout the country by 2015.
5. Design Myanmar's eHealth Architecture and document all components of the architecture toward establishing a Common Data Management Platform.

6. Develop, test, and implement a Common Data Management Platform in one state and one region (up to the sub-center).

7. Conduct "needs assessment" for eHealth standards and interoperability components required to support eHealth services, applications and infrastructure, as well as to facilitate health information flows.
8. Implement eHealth standards in selected states/regions as part of the Common Data Management Platform.

9. National eHealth Steering Committee (referred in Item 1) will serve as the governance mechanism.

10. Policy related to health data privacy, security, and confidentiality will be developed/updated by 2014. [Incorporate the existing draft/law as necessary].
Thank you