

MYANMAR HEALTH CARE SYSTEM

Myanmar health care system evolves with changing political and administrative system and relative roles played by the key providers are also changing although the Ministry of Health remains the major provider of comprehensive health care. It has a pluralistic mix of public and private system both in the financing and provision. Health care is organized and provided by public and private providers.

In implementing the social objective laid down by the State, and the National Health Policy, the Ministry of Health is taking the responsibility of providing promotive, preventive, curative and rehabilitative services to raise the health status of the population. Department of Health one of 7 departments under the Ministry of Health plays a major role in providing comprehensive health care throughout the country including remote and hard to reach border areas. Some ministries are also providing health care for their employees and their families. They include Ministries of Defense, Railways, Mines, Industry, Energy, Home and Transport. Ministry of Labour has set up three general hospitals, two in Yangon and the other in Mandalay to render services to those entitled under the social security scheme. Ministry of Industry is running a Myanmar Pharmaceutical Factory and producing medicines and therapeutic agents to meet the domestic needs.

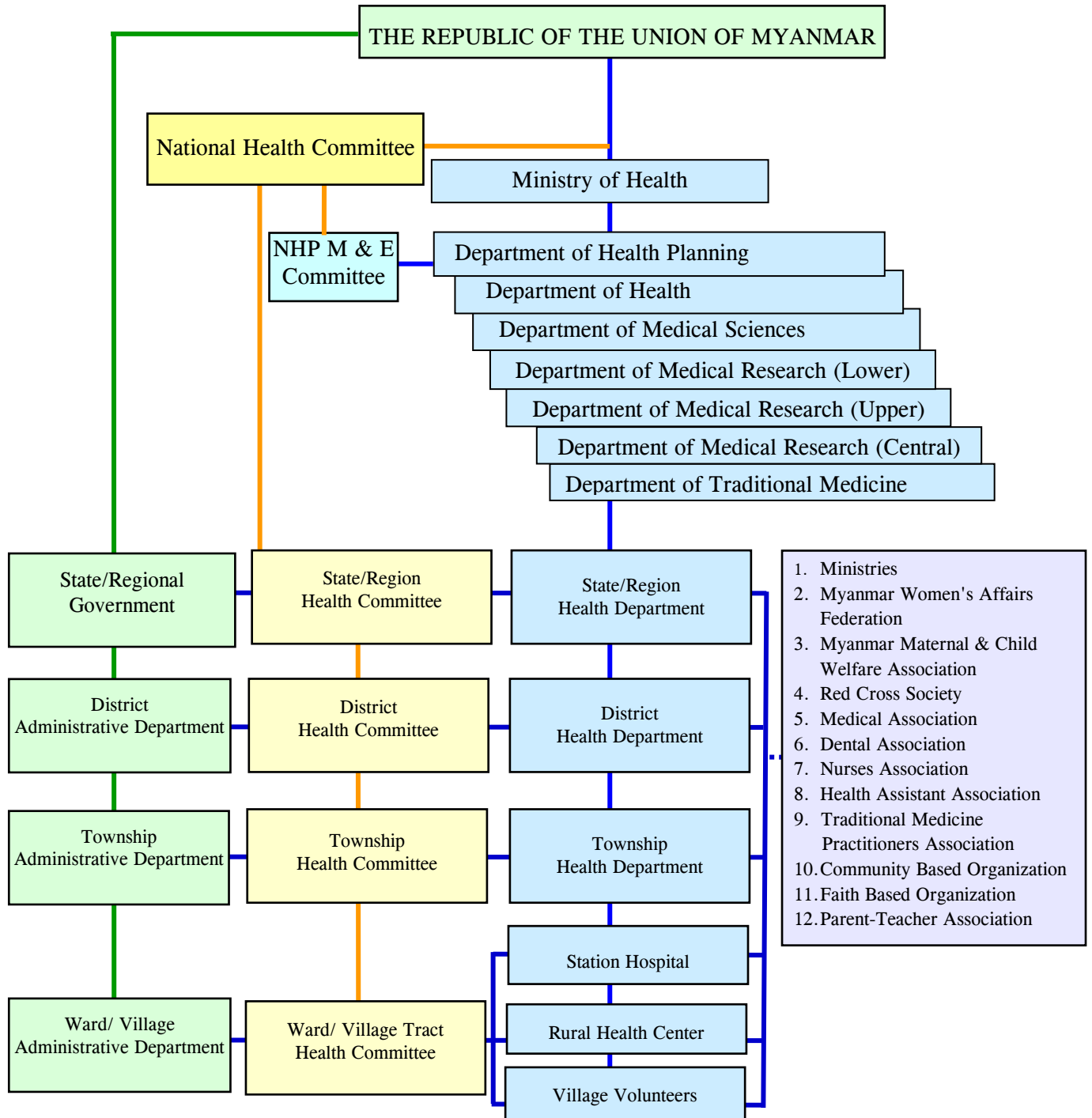
The private, for profit, sector is mainly providing ambulatory care though some providing institutional care has developed in Yangon, Mandalay and some large cities in recent years. Funding and provision of care is fragmented. They are regulated in conformity with the provisions of the law relating to Private Health Care Services. General Practitioners' Section of the Myanmar Medical Association with its branches in townships provide these practitioners the opportunities to update and exchange their knowledge and experiences by holding seminars, talks and symposia on currently emerging issues and updated diagnostic and therapeutic measures. The Medical Association and its branches also provide a link between them and their counterparts in public sector so that private practitioners can also participate in public health care activities. The private, for non-profit, run by Community Based Organizations (CBOs) and Faith based Organizations are also providing ambulatory care though some providing institutional care and social health protection has developed in large cities and some townships.

One unique and important feature of Myanmar health system is the existence of traditional medicine along with allopathic medicine. Traditional medicine has been in existence since time immemorial and except for its waning period during colonial administration when allopathic

medical practices had been introduced and flourishing it is well accepted and utilized by the people throughout the history. With encouragement of the State scientific ways of assessing the efficacy of therapeutic agents, nurturing of famous and rare medicinal plants, exploring, sustaining and propagation of treatises and practices can be accomplished. There are a total of 14 traditional hospitals run by the State in the country. Traditional medical practitioners have been trained at an Institute of Traditional Medicine and with the establishment of a new University of Traditional Medicine conferring the bachelor and master degrees more competent practitioners can now be trained and utilized. As in the allopathic medicine there are quite a number of private traditional practitioners and they are licensed and regulated in accordance with the provisions of related laws.

In line with the National Health Policy NGOs such as Myanmar Maternal and Child Welfare Association, Myanmar Red Cross Society are also taking some share of service provision and their roles are also becoming important as the needs for collaboration in health become more prominent. Recognizing the growing importance of the needs to involve all relevant sectors at all administrative levels and to mobilize the community more effectively in health activities health committees had been established in various administrative levels down to the wards and village tracts.

Organization of Health Service Delivery



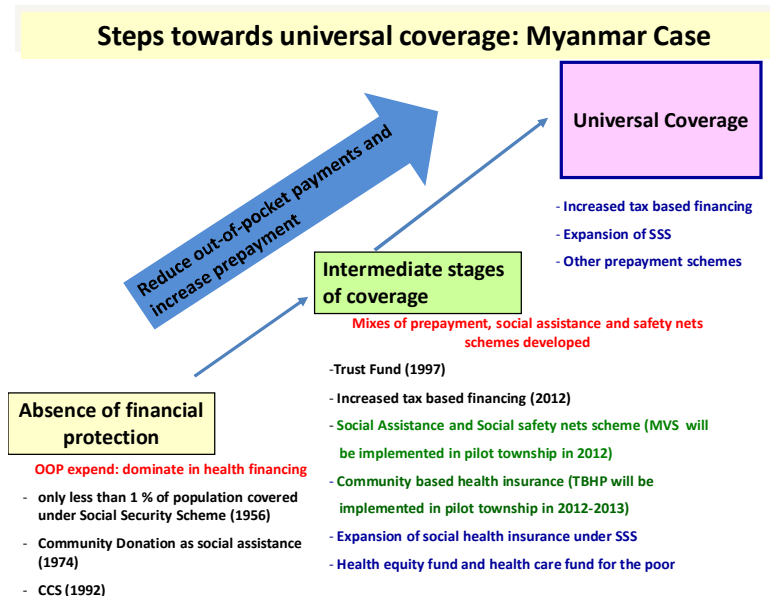
Health Financing aiming towards Universal Coverage

Promoting and protecting health is essential to human welfare and sustained economic and social development. Education, housing, food and employment all impact on health. Redressing inequalities in these will reduce inequalities in health. It determines whether people can afford to use health services when they need them. Health financing is an important part of broader efforts to ensure social protection in health. Recognizing this, Myanmar committed to strengthen the health financing systems so that all people have access to services and do not suffer financial hardship paying for them.

The following target indicators are proposed to monitor and evaluate overall progress in attaining universal coverage in country: out-of-pocket should not exceed 30% - 40% of total health expenditure; total health expenditure should be at least 4% - 5% of the gross domestic product; over 90% of the population is covered by prepayment and risk-pooling schemes; and close to 100% coverage of vulnerable populations with social assistance and safety-net programmes.

Goals and targets for the Universal Coverage

The goal of the strategy is to help country attains universal coverage that ensures access to quality health services for better health outcomes. Evidence suggests that universal coverage is more likely in countries where public financing of health, including tax financing and social health insurance, is around 5 % of GDP.



Universal coverage aims to improve the health status of the poor and vulnerable, especially women and children. Attaining universal coverage requires urgently government attention and action. It advocates substantial reductions in out-of-pocket payments, which remain both the single main cause of household impoverishment and a financial barrier in accessing health services.

For achieving that goal, Myanmar is trying to improve the health financing system for reducing of out-of-pocket payments and increasing of prepayment through:

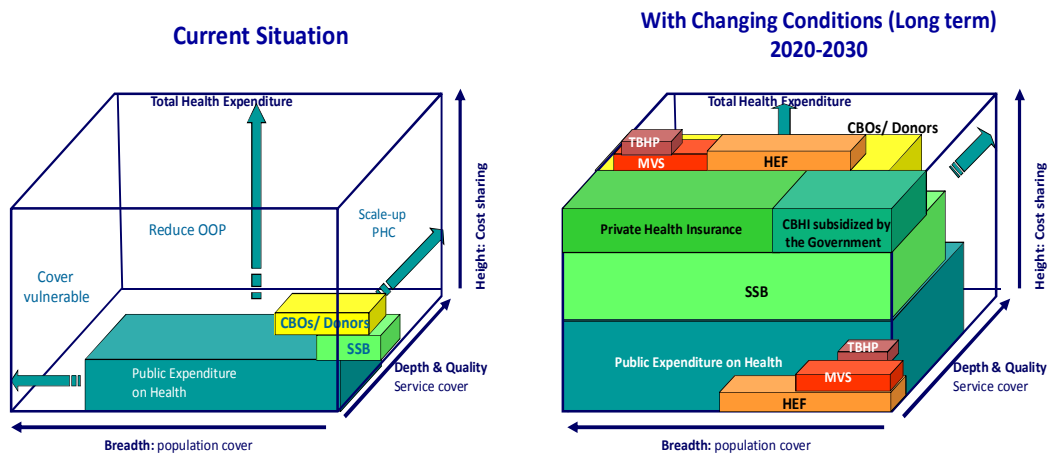
- Increasing tax based financing (government expenditures for health will be increased four times higher than the previous financial year 2011-2012)
- Expansion of coverage for social health insurance from social security board by preparing the social security law in 2012 which includes amending the social security act 1954 and adding new concepts appropriate for the current situation
- Maternal and Child Health Voucher Scheme will be introduced in one pilot township in 2012 based on the results of the feasibility study for MCH Voucher Scheme which was conducted in 2010
- Township Based Health Protection Scheme (TBHP) in terms of Community Based Health Insurance will also be introduced in one pilot township in coming soon based on the results of the feasibility study for TBHP which was conducted in 2011
- Proper documentation of the social assistance in relation to health done by Community Based Organizations (CBOs) and Faith Based Organizations
- Increasing and sustainable assistance from the international donors

Three dimensions to consider when moving towards universal coverage

Countries will travel different paths towards universal coverage, depending on where and how they start, and make different choices along the three axes: the proportion of the population covered (breadth); the range of services to be made available (depth); and the proportion of the total costs to be met (height).

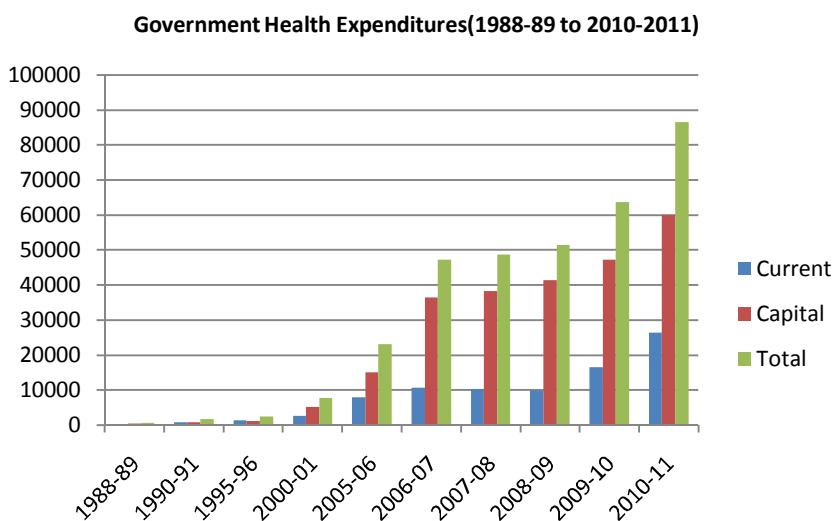
The current situation is needed to scale up all three dimensions in terms of breadth, depth and height. According to the National Health Accounts data (2008 and 2009), health expenditures by financing agents taken into account for: Ministry of health 10%, other Ministries 0.8% to 0.9%, social security board 0.15%, private household out of pocket 82% to 85% and Non-profit Institutions serving household 4% to 6%.

For the long run, the government health expenditures (tax based financing) will be increased for all dimensions. Social health insurance under the social security board will be expanded. Health financing schemes financed by GAVI HSS assistance (Hospital Equity Fund, MCH Voucher scheme and Township based health protection scheme) will be covered by the tax based financing, CBOs and donors (for which beneficiaries going to the poor).



Health Financing in Myanmar

The major sources of finance for health care services are the government, private households, social security system, community contributions and external aid. Government has increased health spending on both current and capital yearly. Total government health expenditure increased from kyat 464.1million in 1988-89 to kyat 86547 million in 2010-2011.



Health Expenditures by Providers (2006-07 to 2009-10)

| Providers (%) | 2006-07 | 2007-08 | 2008-09 | 2009-10 |
|--|---------|---------|---------|---------|
| Hospitals | 69.59 | 70.55 | 70.33 | 67.89 |
| Ambulatory health care | 17.23 | 17.3 | 17.54 | 17.01 |
| Retail sale and medical goods | 3.85 | 3.87 | 3.84 | 3.79 |
| Provision and Administration of Public health programs | 2.06 | 2.00 | 2.00 | 2.51 |
| General health administration | 0.69 | 0.53 | 0.51 | 0.50 |
| Health related services | 2.59 | 1.85 | 1.98 | 1.82 |
| Rest of the world | 3.99 | 3.90 | 3.80 | 6.48 |

Social security scheme was implemented in accordance with 1954 Social Security Act by the Ministry of Labour. According to the law factories, workshops and enterprises that have over 5 employees whether State owned, private, foreign or joint ventures, must provide the employees with social security coverage. The contribution is tri-partite with 2.5% by the employer 1.5% by the employee of the designated rate while the government contribution is in the form of capital investment. Insured workers under the scheme are provided free medical treatment, cash benefits and occupational injury benefit. To effectively implement the scheme branch offices, workers' hospitals, dispensaries and mobile medical units have been established nation-wide. Social Security Board is now preparing the Social Security Law (2012) for increasing the coverage by compulsory contributions from the formal sector as well as voluntary contributions from the informal sector and the community.