



# National Health Plan (2017-2021)

**Aid and Development Forum**

**15<sup>th</sup> June 2017**

**Dr. Thant Sin Htoo**

**Assistant Permanent Secretary**

**Ministry of Health and Sports**



Ministry of Health and Sports  
The Republic of the Union of Myanmar



# **MYANMAR NATIONAL HEALTH PLAN**

## **2017 - 2021**

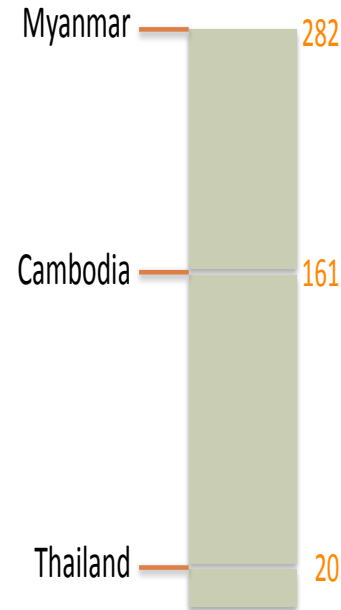


**December 2016**

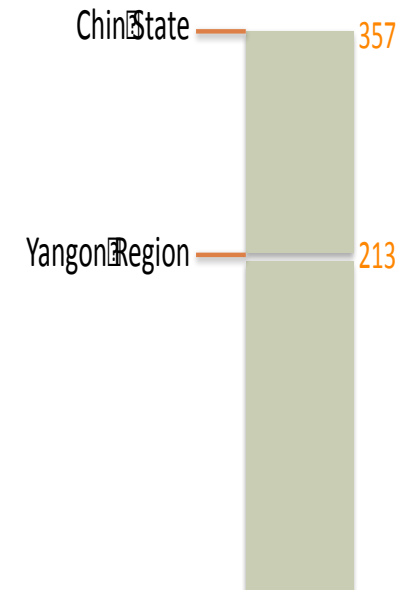
# Why new NHP is needed?

## Situation Analysis

- Growing economy but health status is still poor and inequitable

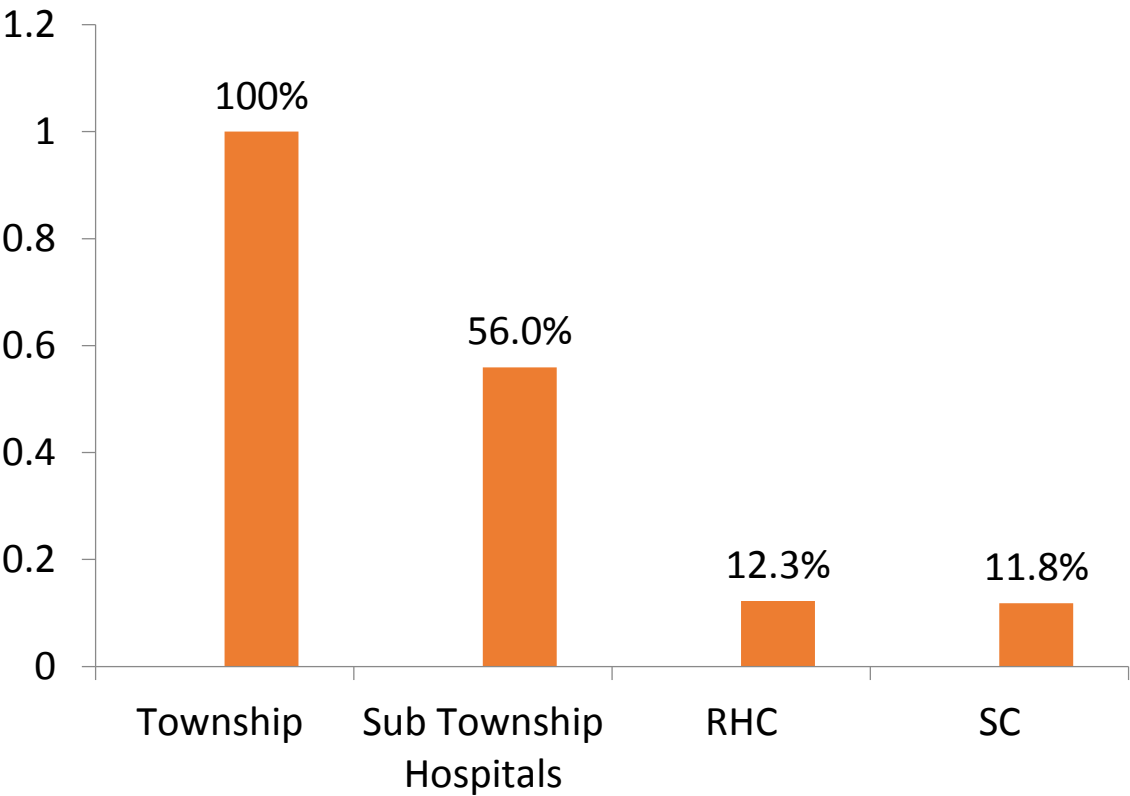


Source: Myanmar Census 2014



Source: Myanmar Census 2014

- One of the factors contributing to this situation is the failure of the health system to ensure the availability and accessibility of quality essential health services and interventions.



# Health System Challenges

# HRH

- 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

- 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



# Real situation of health infrastructures

**Some from Rakhine and Sagaing Rural Areas**

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  
□ □ □ □ □ □ □ □ □ □ □ □ □ SC



SC





□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  
□ □ □ □ □ □ □ □ □ □ □ SC



□  
□ □ □ □ □ □ □ □ □ SC



# 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

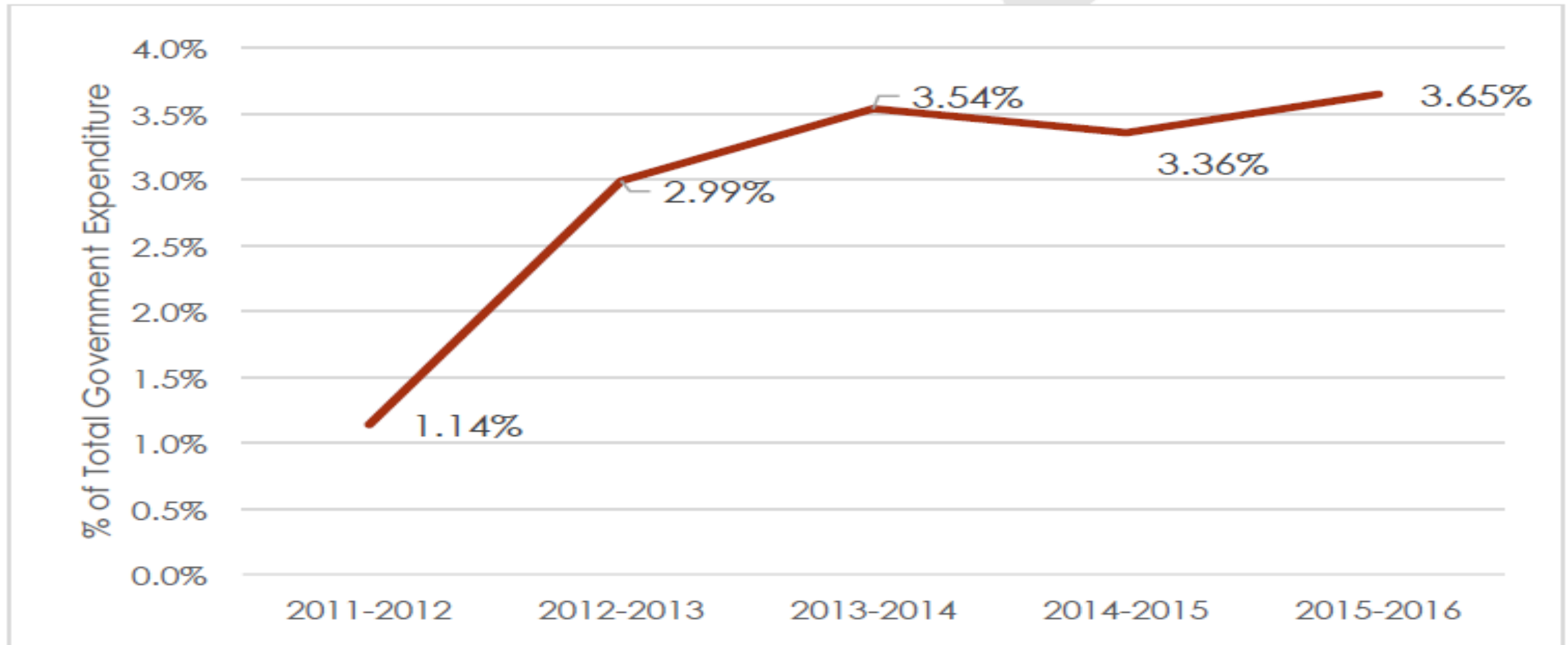
- Existing procurement and supply chain system - highly fragmented along vertical programs and funding sources
- poor alignment between the Government of Myanmar's Public Financial Management (PFM) system and the financing objectives related to health service delivery at the primary health care level
  - (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

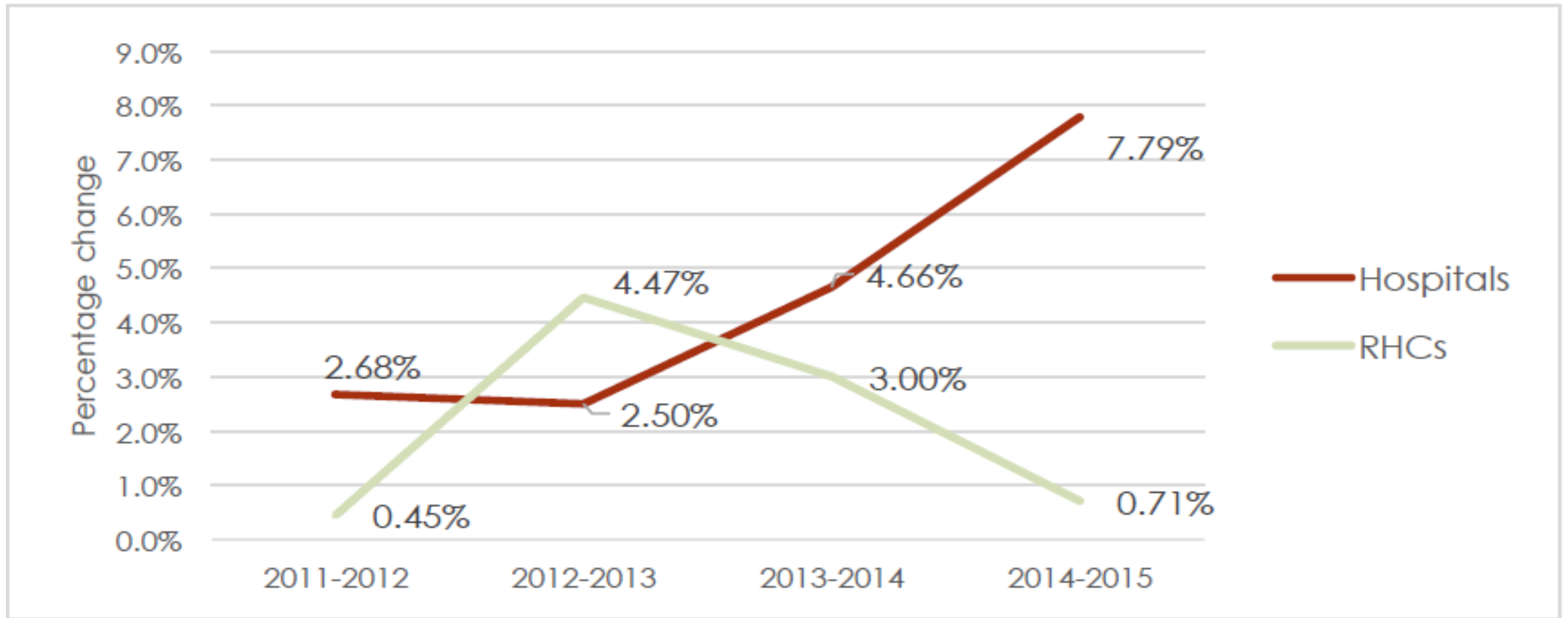


# Government spending on health as a percentage of total government expenditure



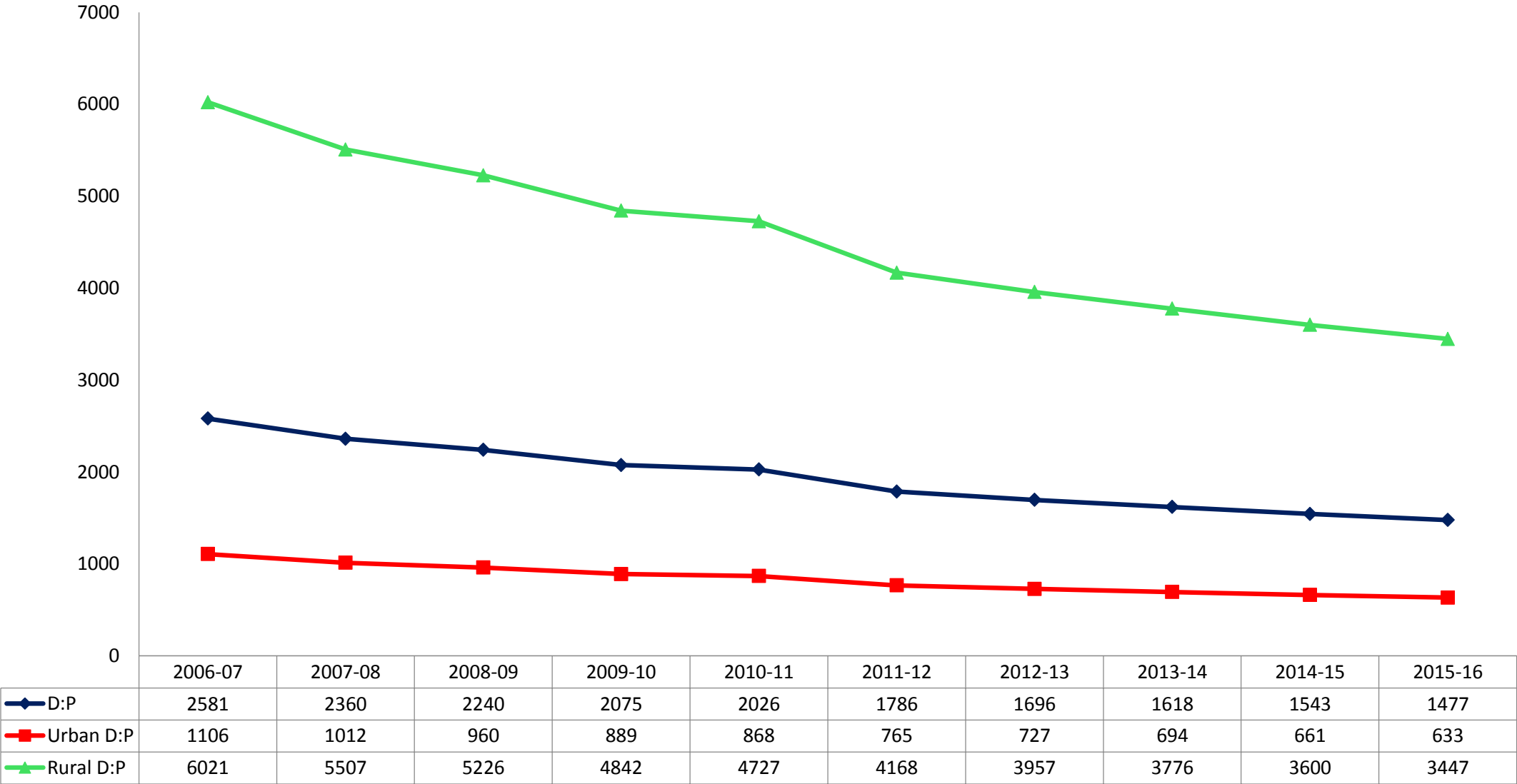
Source: MoHS

# Rate of increase in number of health facilities



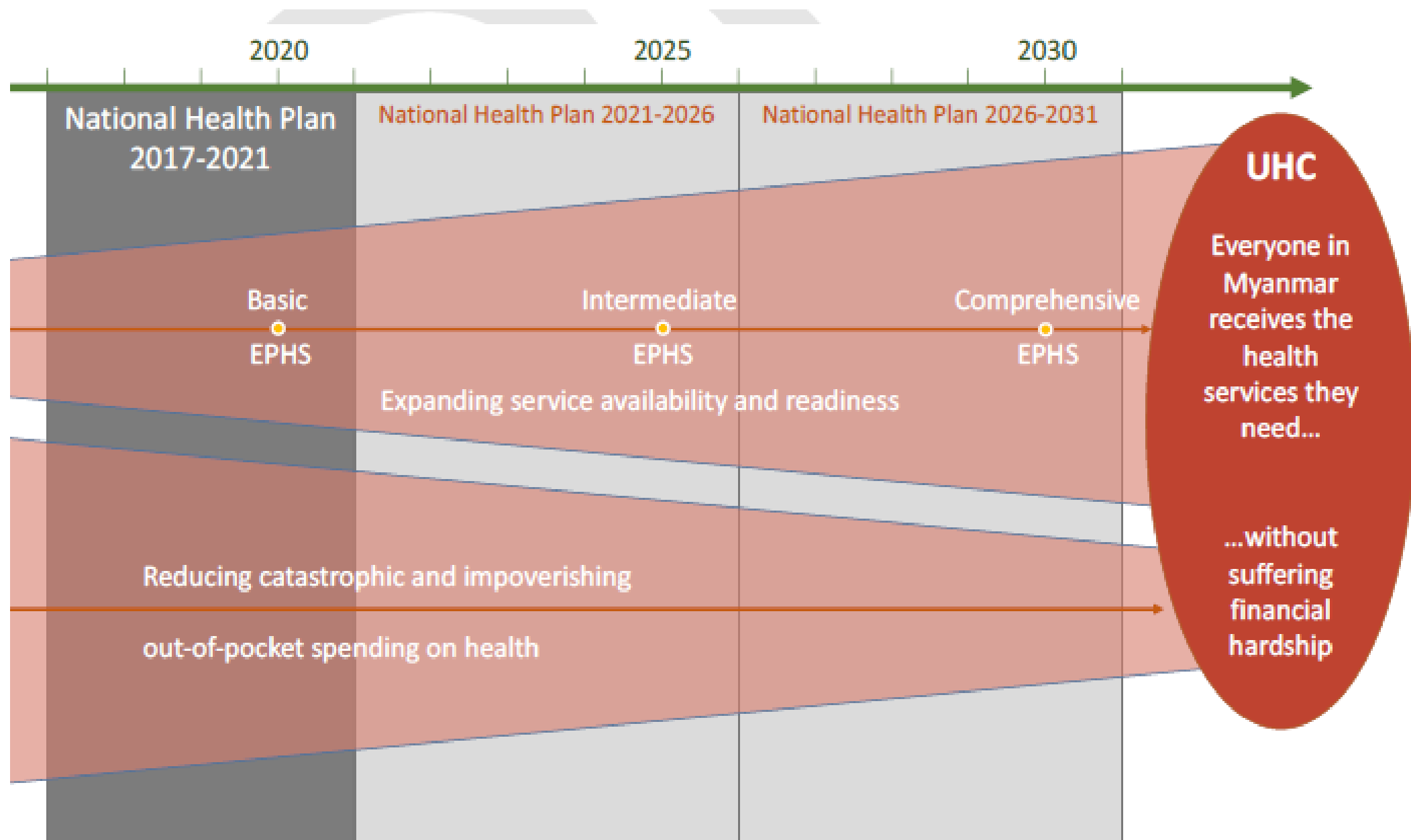
Source: MoHS

# HRH: Doctor Population Ratio (2006-2015)

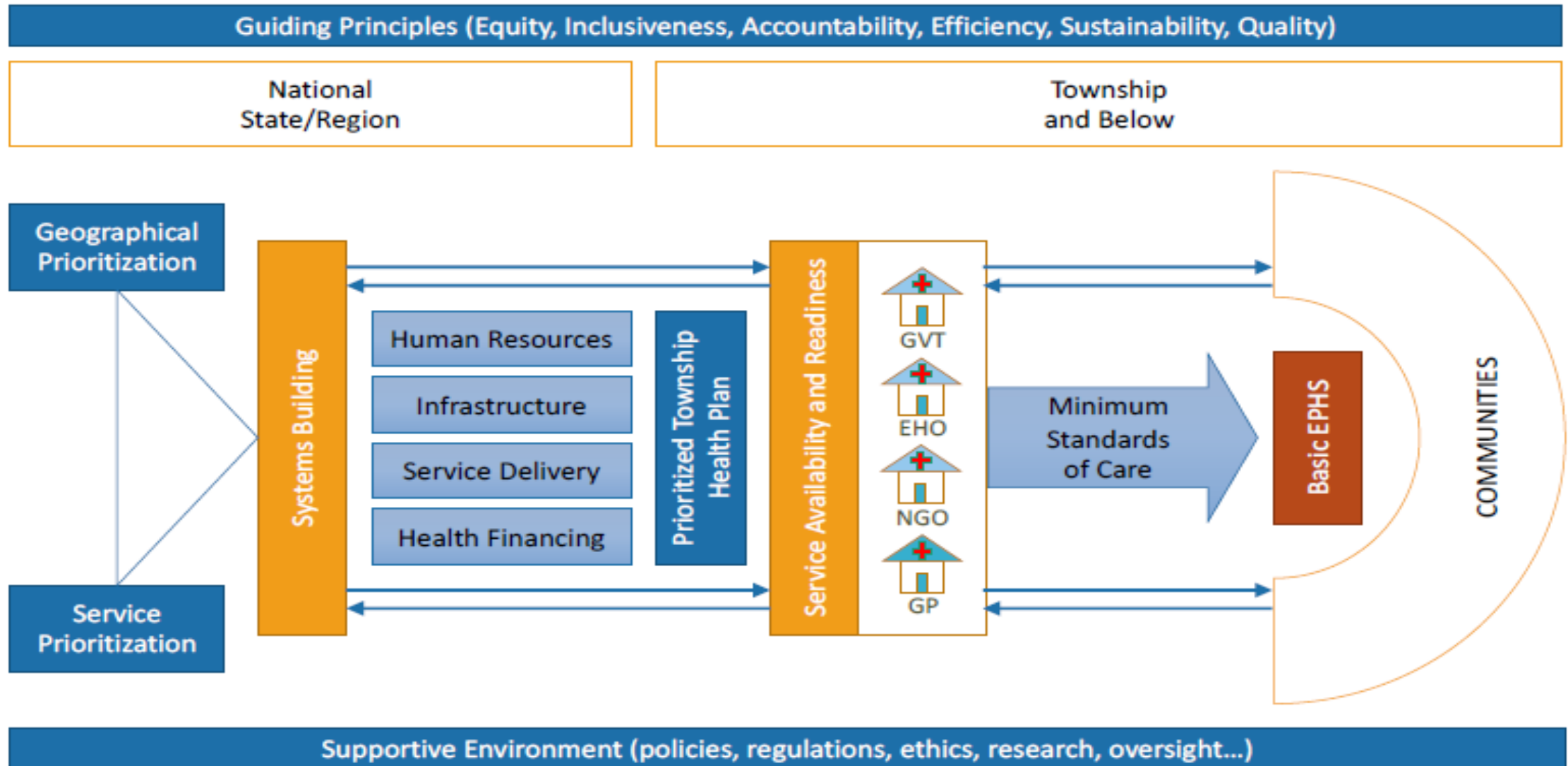


# Goals of NHP (2017-2021)

- 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.



# Conceptual Framework



# 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

But the focus in the first year  
has been on



**Investment &  
Service Delivery Plan**



**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

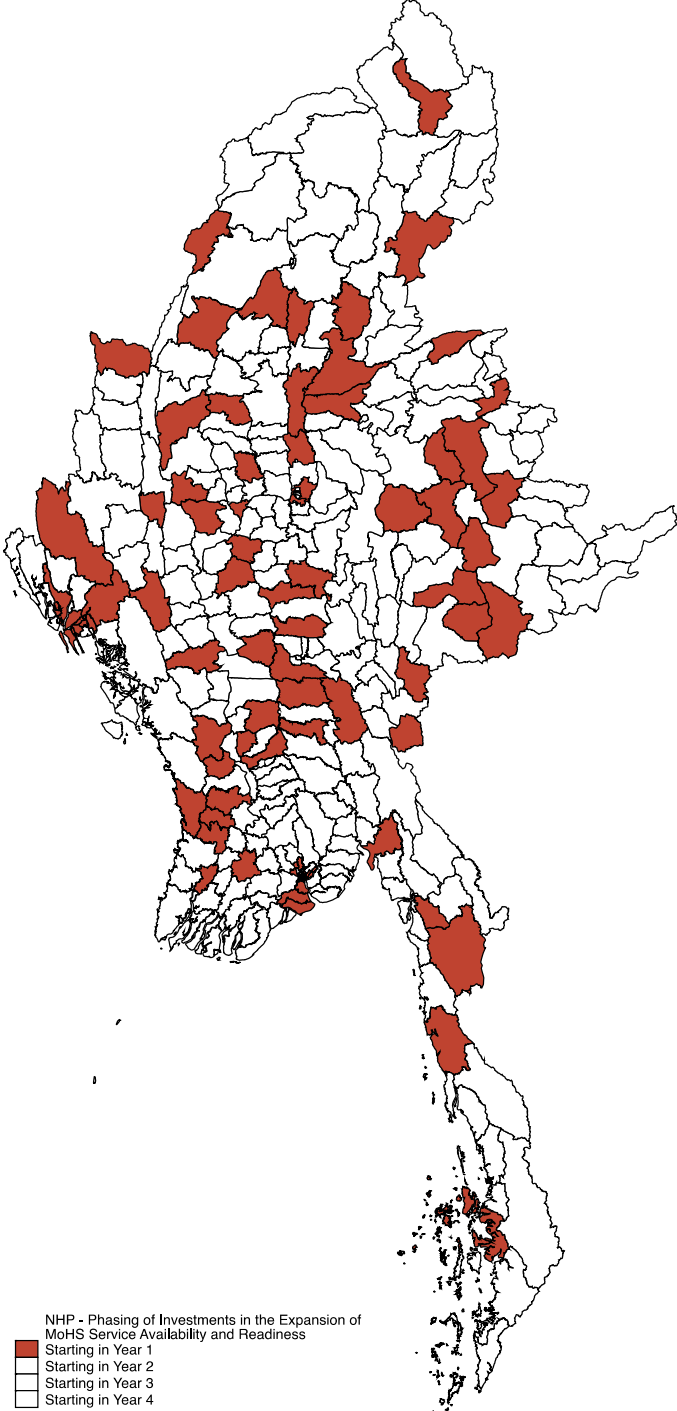
**Estimated cost:** around US\$ 500,000 per township, or US\$ 38 million for the 76 selected Townships (i.e., ~ 5% of the 2017-'18 government budget for health)

Investment plan for the 76 first Townships

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



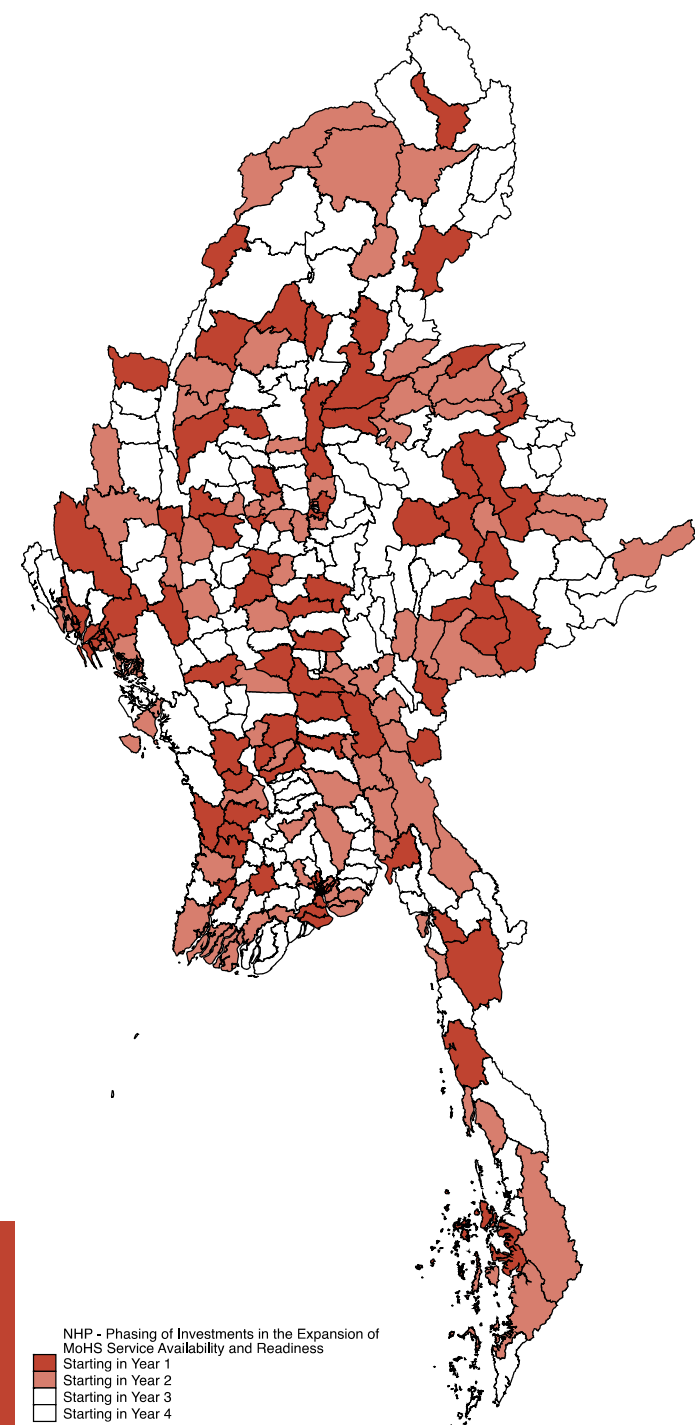
Investments to expand Townships' capacity by improving service availability and readiness will be gradually phased in

Year 2

2018-19

76 + 82 Townships

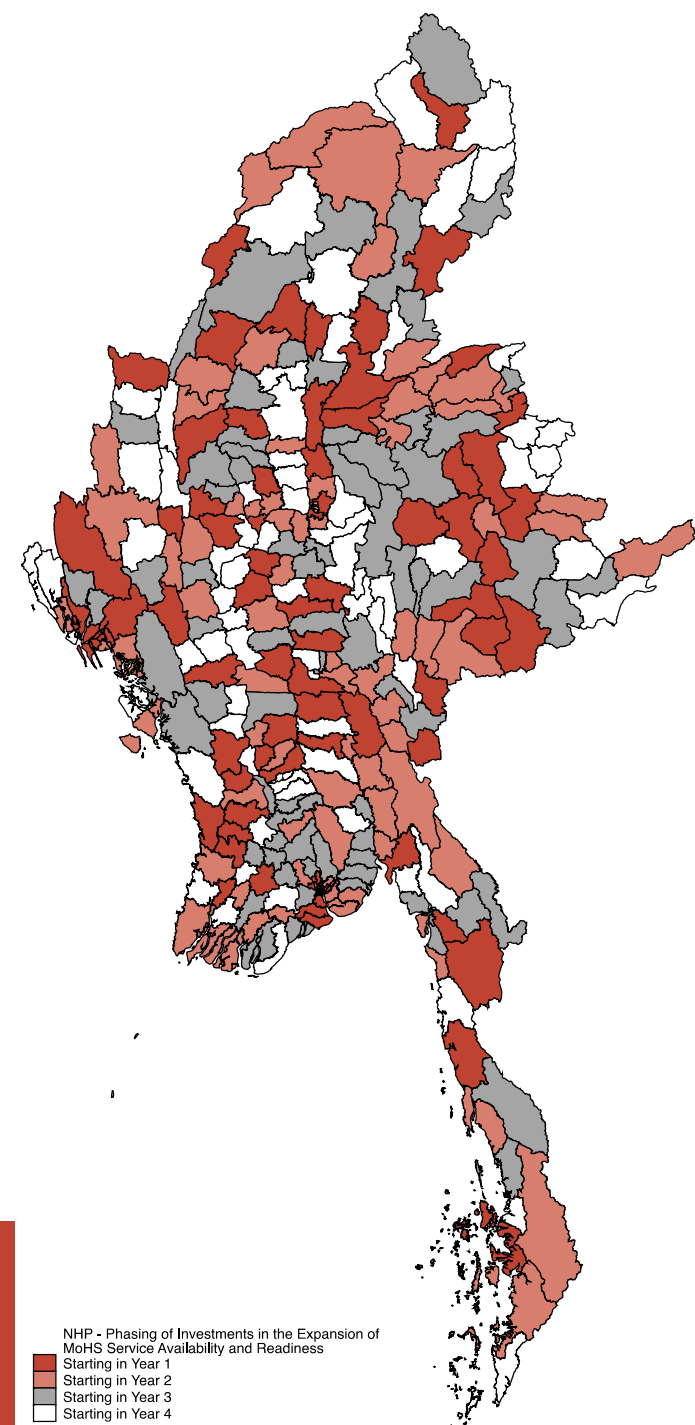
## Phasing of Townships



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



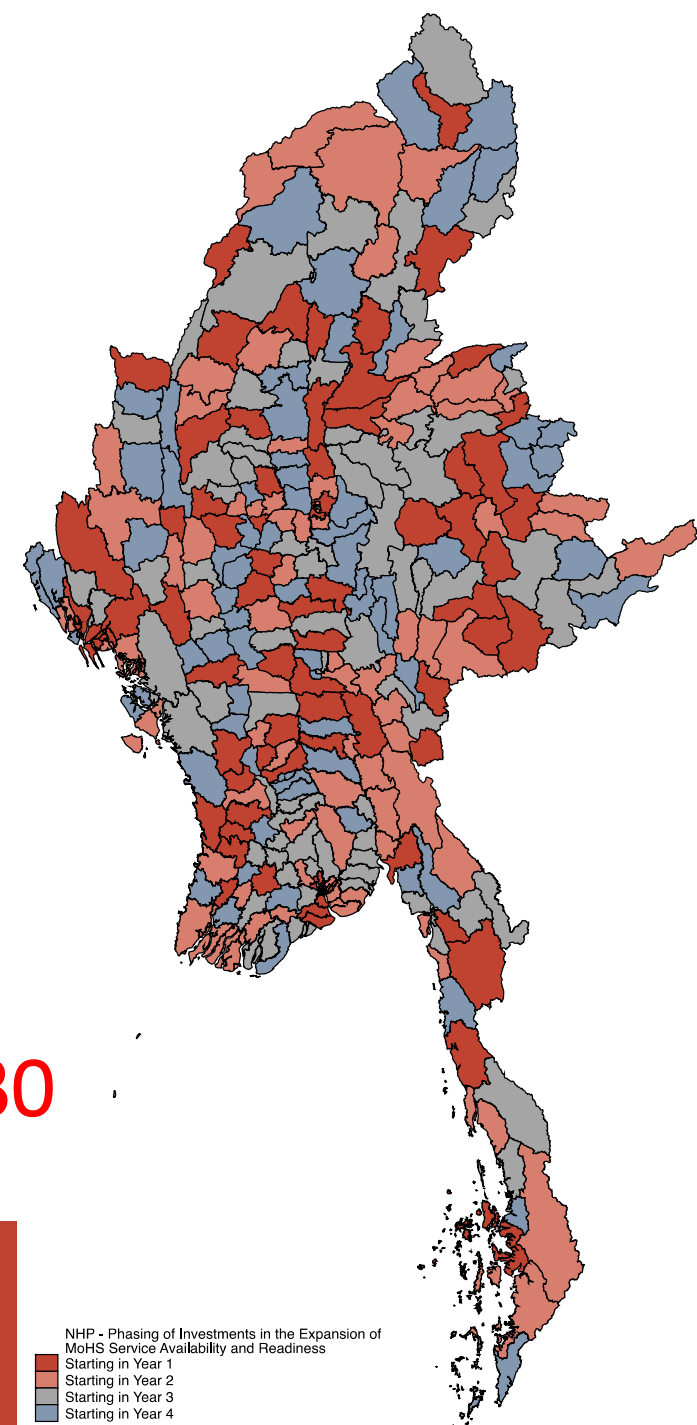
Investments to expand Townships' capacity by improving service availability and readiness will be gradually phased in

Year 4

2020-21

76 + 82 + 83 + 89 Townships = 330

Phasing of Townships



# Windows for DP, Programs & Projects

- Principles

- Flexibility
- Inclusiveness
- Ownerships in hands of implementers

- NHP investment plan more focus on PHC service access points
- NHP service delivery model more focus on Basic EPHS (minimally granted at grassroots' levels)

Wide windows left to fill the complete jigsaw of NHP

But

To be in harmonious phase manner, look around the space inside NHP in order to achieve UHC by the year 2030

Thank You