Options for meeting Myanmar’s commitment to achieving MDG 5

Dr. Saramma Thomas Mathai
Regional Team Coordinator and MH Advisor
UNFPA Asia Pacific Regional Office, Bangkok

Outline of presentation

- Why invest in reproductive/maternal health?
- UNSG’s Global Strategy for Women’s and Children’s Health and ASEAN initiatives
- Myanmar’s commitment and policies – challenges and policy/programme options
Section 1

INVESTING IN REPRODUCTIVE /MATERNAL HEALTH- WELL KNOWN FACTS, YET NEEDLESS DEATHS OF MOTHERS CONTINUE
Economic rationale for investing in women’s health

- An estimated US $ 15 billion in lost productivity every year due to maternal and newborn mortality
- Women are the sole income earners for over 25% of households worldwide
- A woman’s income more likely contributes towards food, medicine, education and other family needs
- Women’s unpaid work equals about 1/3 of the world’s GNP (farming, managing homes, caring for children and others)
- 30-50% of Asia’s economic growth from 1965-90 can be attributed to improvements in reproductive health and reductions in infant and child mortality rates

Source: UNSG’s global strategy for women’s and children’s health
Social and cultural rationale

- A woman’s poor health pushes her family into further poverty
- Mother’s survival is linked to the survival of her newborn or her children below five years
- Mother’s survival is essential for:
  - Instilling social and cultural values
  - Ensuring education of young girls who otherwise would take on responsibility of the family
- A health system that delivers reproductive health care is a strong system that delivers

Source: UNSG’s global strategy for women’s and children’s health
Reducing unmet needs of FP is critical for reducing maternal mortality

Source: Guttmacher Institute and UNFPA: Adding it up 2009
Investing in FP saves costs in achieving other MDGs

Total Savings: $327 M

Maternal Health, $102 M

Water & Sanitation, $68 M

Immunization, $4 M

Education, $153 M

Total Cost of FP $50 M

USAID Health Policy Initiative: Achieving the MDGs- Contribution of FP in Bangladesh
Reproductive, maternal, newborn and child health continuum of care

Source: Partnership for maternal, newborn and child health: Innovations for every women and every child
Time of birth most critical period for mother and newborn

~2 million deaths still occur at the time of birth\(^1\)

Coverage (%)

- Contraceptive prevalence
- 1+ antenatal visits
- Skilled attendant at delivery
- Postnatal visit within 2 days
- Exclusive breastfeeding
- Case management of pneumonia
- Measles immunisation

Pre-pregnancy | Pregnancy | Birth | Postnatal | Childhood

1. Including 8 million maternal deaths, 1 million stillbirths, and 1 million newborns.

Source: Coverage estimates for interventions across the continuum of care in the 60 priority countries.
Why are women still dying in South East Asia

- While much progress in reducing maternal mortality in South East Asia, it still reports 3rd highest in the world
- Much quoted lessons learned are from Asia – Sri Lanka, Malaysia and Thailand - Have we learned from them?
- Cost effective interventions to reduce maternal mortality are well known-----
  - But unattainable for many women due to health system constraints and equity issues
Section 2

UNSG’S GLOBAL STRATEGY FOR WOMEN’S AND CHILDREN’S HEALTH AND ASEAN INITIATIVES
Investing in Our Common Future

Global Strategy for Women’s and Children's Health
UN Secretary-General Ban Ki-moon
What is the global strategy?

The **UN Secretary-General's Global Strategy for Women's and Children's Health** is the first comprehensive roadmap to accelerate progress, deliver results, and ensure accountability for women's and children's health by:

- Galvanizing commitments and action from partners
- Prioritizing women's and children's health in national health plans
- Ensuring access to a comprehensive, integrated package of essential services and interventions
- Addressing critical health system gaps
- Holding ourselves accountable for results
- Addressing social determinants

This global health initiative builds on existing efforts and aims to gain new commitments.
**Strategy focuses on most vulnerable women and children**

<table>
<thead>
<tr>
<th>Women and newborns</th>
<th>Adolescents</th>
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<td>Improve care during childbirth and first days afterwards - which is the period of greatest risk of death</td>
<td>Ensure adolescents have control over their life choices, including fertility</td>
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**Vulnerable groups**

Focus on ensuring equity of access to health; e.g. poorest, those with HIV/AIDS, orphans, indigenous populations and those living furthest from health services

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More than 8 million women, newborns, and children under the age of 5 die from preventable causes every year
The MNCH global consensus – a framework for coordinated action
Framework for co-ordinated action

**Health workers**
Ensuring skilled and motivated health workers in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations.

**Access**
Removing financial, social and cultural barriers to access, including providing free essential services for women and children (where countries choose).

**Interventions**
- Delivering high-quality services and packages of interventions in a continuum of care:
  - Quality skilled care for women and newborns during and after pregnancy and childbirth (routine as well as emergency care)
  - Safe abortion services (where not prohibited by law)

**ACCOUNTABILITY**
Accountability at all levels for credible results.

- Comprehensive family planning
- Integrated care for HIV/AIDS (i.e., PMTCT), malaria and other services

**LEADERSHIP**
Political leadership and community engagement and mobilization across diseases and social determinants.

UNSG Strategy for Women’s and Children’s Health
ASEAN member countries that made commitments to the Global strategy

- Cambodia (2010)
- Indonesia (2010)
- Lao PDR (2011)
- Myanmar (2011)
- Vietnam (2011)

In addition, UN and several donors and INGOs present here have made commitments.
ASEAN strategic framework on Health and Development

- Under strategy on access to health care and promotion of healthy life style
  - MCH is a core area
  - Two key strategies
    - Development of regional framework on Maternal and Child Health in accelerating achievements of Millennium Development Goals (MDGs) 4 and 5
    - Information Sharing and Evidence-based advocacy
Elements of draft ASEAN MCH framework for accelerating progress towards MDGs 4 and 5*

*Built on global strategy for women’s and children’s health*

- Advocacy
- Monitoring and Evaluation: Monitoring Progress of Elements
- Data Harmonization
- MNCH Work Force
- Cooperation and Collaboration (South-to-South, Forging Partnerships, Sharing of Best Practices)

*not endorsed as yet*
Main elements of draft ASEAN MCH work plan 2012-15*

- MNH workforce – common minimum standards for training and accreditation for SBAs - MYANMAR lead country
- Advocacy (Thailand lead country)
- Data harmonization – harmonize MCH data – definitions to be aligned (Indonesia lead country)

*not endorsed as yet
Section 3

MYANMAR’S COMMITMENT AND POLICIES, CHALLENGES AND POLICY /PROGRAMME OPTIONS
MYANMAR’s commitment towards UNSG’s Global Strategy

- Increase ANC coverage, deliveries by Skilled Birth Attendants (SBA) by 80%
- 70% access to Emergency Obstetric Care (EmOC)
- Increase in newborn care within first week by 80%
- Increase PMTCT coverage 80% and integrate with MCH
- Universal coverage for the expanded immunization
- Increase CPR 50%; reduce unmet need for contraception to under 10%;
- Improve ratio of midwife to population from 1/5000 to 1/4000; and
- Develop a new human resources for health plan for 2012-2015.
Five Year Strategic Plan for RH 2009-2013

- Priority areas for action and partnership
  - Setting enabling environment: supportive policy, legislative and regulatory framework etc
  - Improving information base for decision making: strengthening HMIS, monitoring universal access to RH etc
  - Strengthening health systems capacity for delivery of reproductive health services – health workforce, financing, private-public partnerships. STI management etc
  - Improving community and family practices
Challenge: deliveries by skilled birth attendants (Target-80%)

Source: FRHS surveys as quoted in Situational Analysis of Population, RH and Gender 2010 (UNFPA)
Challenge: Deliveries by SBA

- Do all nurses and midwives meet SBA competencies?
- Home deliveries – 76% (majority by Auxiliary Midwives (AMWs) and TBAs)*
- Proportion of population covered by midwives in rural areas is very limited

Underlying reasons:
- Adequate numbers produced?
- Midwives’ posts- sanctioned posts adequate? Filled?
- Competency of midwives to function as SBA?
- Supervisory system – the role of Lady Health Visitors?
- Regulatory issues: life saving procedures during obstetric emergencies

*Source: FRHS surveys as quoted in Situational Analysis of Population, RH and Gender 2010 (UNFPA)
Options to improve coverage by SBA - pregnancy, delivery, postnatal care

- MNH work force plan: Assessment of current MNH work force including MOs and LHV, HR plan for MNH workforce

- Interim:
  - Unemployed midwives – Register, assess skills of those interested in employment, employ on contracts (Eg. Philippines), posting in remote areas with incentives
  - ? Midwifery led maternity units in remote areas – Indonesia (Pre-requisites: registration, accreditation and referral linkages, funding, fee structure, sustainability)
  - Consider providing opportunities to eligible AMWs training to become midwives (Malaysia in early days, Lao PDR)- provide scholarships

- Strengthening supervision – role of LHV
Challenge: Limited access to Emergency Obstetric Care

- Target – 70% coverage
- EMOC NA done in 2008
- Two thirds of designated facilities not functioning
  - Shortage of specialists (O&G, Anesthesia, nurses/midwives with skills in basic emergency obstetric care)
  - Full complement of EmOC services not provided
  - Facilities- inadequate infrastructure, equipment and supplies
- Transport
- Poor quality of services (high CFR in some states)

MOH and UNICEF: Assessment of EMOC in Myanmar 2010 – Covered four states and three divisions -101 facilities
Options to improve access to EMOC

- MNH workforce plan should cover issues related to human resources
- Short term courses in EMOC and Anesthesia for non-specialists
- Changes in regulations and policies to enable practice
- Establishing systems for monitoring availability (every Qr)
- Private-public partnership:
  - Provision of services - vouchers to poor to utilize private hospitals Example: Chiranjeevi scheme in Gujarat state of India (pre-requisite: standards, equity concerns)
  - Ambulance services – Pakistan, India
Trend in Current use of contraception

Source: MOH  Presentation made by MOH at the UNFPA Workshop on Universal Access to RH
Contraceptive Prevalence Rate in RH project townships

Source: MOH RH-MIS(Project Report from RH project Townships) presented by MOH at the UNFPA workshop on Universal access to RH
Challenge: Unmet need of FP

- Target: CPR modern methods -50% and reduce unmet need to 10%
- Current level: CPR -38% and unmet need 17.7% (increased)
- Abortions among married especially young people (data on unmarried not available) and deaths due to complications a significant cause of maternal deaths
- Availability of contraceptives – One third of the country – no access to free contraceptives – consequences such as unwanted pregnancies and abortions, complications are well known
- Stock outs of contraceptives
Options for reducing unmet needs for FP

- A plan for contraceptive commodity security based on costed projections - Proportionally increasing allocations from national budget for contraceptives with an exit plan (investments needed by donors)
- Strengthening logistics system
- Expanding the provision of method mix at RHC level
- Community based distribution of contraceptives by CHWs and AMWs
- Policy change to enable AWs to provide injectables (LHWs in Pakistan)
Challenge: Integration of PMTCT and STIs with MCH

- Current coverage of PMTCT services limited to more than 50% townships (not integrated with MCH) and rural reach is very limited.
- Screening for syphilis during ANC in few townships (initiated in 6 townships).
- Inadequate numbers of providers skilled in providing the services.
- Laboratory services limited.
Options: Integration of PMTCT with MCH

- Review of the current health system to identify opportunities to integrate PMTCT with MCH
- Expansion of syphilis screening in ANC to appropriate levels of the system
- Training of all midwives in syndromic management of STIs and PMTCT as relevant
- Provision of FP services for HIV positive
Challenge: High out-of-pocket expenditure- major barrier for the poor

Health expenditure and out of pocket expenditures – selected ASEAN countries

Source: Countdown to 2015 report (2007)
Options to reduce out-of-pocket expenditures (OOPE)

- Increased financing for MNH (includes FP) and ensuring efficiency and equity
- Track allocations and expenditures for MNH (part of the accountability framework of the global strategy)
- Interventions to reduce financial barriers:
  - Conditional cash transfers, vouchers (Cambodia, India, Bangladesh)
  - Equity funds (Cambodia)
  - Maternal health insurance in Indonesia, Phil health in Philippines
- Important to ensure quality, entitlements, are benefits reaching poor, OOPE reduced, sustainability? (contributions to reducing OOPE and maternal mortality not well documented)
Accurate data on maternal mortality

Challenges:

- Different sources quote different data (UN estimate (2008)-240, IHME(2010)-464, MOH causes of death-316)
- Maternal death notifiable – poor implementation
- Maternal death reviews – facility based and verbal autopsy- limited coverage
- Vital registration – coverage poor

Options:

- Strengthen vital registration
- Census- Maternal mortality module, household surveys
- Expand maternal death reviews to district level?
- Use of mobile phones to report (Cambodia, India) (coverage of services critical –this could be part of infrastructure investments – private sector involvement)
Commitment

- Under the leadership of RC, the UN agencies are committed to supporting the Government in meeting its commitments to the Global strategy (through its own resources and through donor partners and INGOs).

- Let us make a commitment to make childbirth a time of joy for many mothers in Myanmar.