Health Care Service Delivery

Immunization

Antenatal Care

RDT for Malaria

Provision of safe blood

Medical Care 943Hosp

DOTS treatment

Examination for Lepra

Medical Care 943Hosp

Provision of safe blood
Preventive & Promotive Health Interventions

Health Education on HIV/AIDS

School Nutrition

Nutrition GMP by MCWA

Referral of patient

ITN demonstration

H5N1 Prevention
Department of Medical Science

Responsible for training and producing all categories of HRH
14 Medical and allied Universities and 46 Nursing and Midwifery Training Schools

Post graduate Training courses; (44) Doctorate courses, (29) Master courses & (6) Diploma courses

Fellowships in terms of MRCP, MRCS, MRCOG and MRCPCH from respective Royal College in UK
Diploma, Master and PhD courses in regional/extra regional countries according to different funding resources (WHO/CMB/SEAMEO TROPMED/TDR grants etc)
Departments of Medical Research

1. Basic, applied and health systems research
2. Dissemination of research findings & encouraging utilization
3. Provision of technical and financial assistance
4. Strengthening and upgrading of research facilities & capabilities
5. Contribution and provision of teaching and research facilities to universities under ministry of health and other related universities
- Formulation of National Health Plan
- Health Financing and National Health Accounts
- Health Management Information System
- Health Policy and Research
- Networking and E-Health (including GIS mapping for the whole country)
Department of Traditional Medicine

University of Traditional Medicine, Mandalay

- Provides TM care: (14) TM Hospitals and (237) TM clinics
- Distribution of TM kits to primary health care level

- Quality assurance of TM
- Issue TM manufacturing license according to TM Drug Laws

- Develop and Establish (8) Traditional Medicine Gardens

- Traditional Medicine Research and Development
<table>
<thead>
<tr>
<th>s/n</th>
<th>Indicators</th>
<th>Indicators</th>
<th>Source/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Life expectancy at birth</td>
<td>65.1 (male) 70.5 (female)</td>
<td>(Statistical Year Book 2009) 2008</td>
</tr>
<tr>
<td>2</td>
<td>Infant Mortality Rate (per 1000 live births)</td>
<td>37.5</td>
<td>Multiple Indicator Cluster Survey 2009-2010</td>
</tr>
<tr>
<td>3</td>
<td>Under 5 Mortality Rate (per 1000 live births)</td>
<td>46.1</td>
<td>Multiple Indicator Cluster Survey 2009-2010</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Mortality Ratio (per 100,000 live births)</td>
<td>240</td>
<td>UN Interagency 2010</td>
</tr>
<tr>
<td>5</td>
<td>Delivery by Skilled Birth Attendants</td>
<td>64.8</td>
<td>HMIS</td>
</tr>
<tr>
<td>6</td>
<td>HIV/AIDS prevalence rate</td>
<td>0.61</td>
<td>Estimated by NAP and partners, 2010</td>
</tr>
<tr>
<td>7</td>
<td>TB Prevalence (per 100,000 population)</td>
<td>525</td>
<td>Nationwide TB Prevalence survey 2010</td>
</tr>
<tr>
<td>8</td>
<td>Malaria Prevalence (per 1000 population)</td>
<td>11.7</td>
<td>VBDC Report, 2010</td>
</tr>
</tbody>
</table>
Myanmar Health Care Situation

Health Care Priorities

- National Health Plan (2006-2011) identified and ranked 42 priority diseases and health conditions: 2/3 classified under communicable, maternal, perinatal and nutritional conditions. HIV/AIDS, malaria and tuberculosis topped the list.
- NCDs: cardiovascular diseases, cancer, diabetes mellitus and mental illness were also included in the priority list.
- Accidents and injuries are also included in the list.

NHP (2011-2016) have been prepared in multi-disciplinary, multi-sector approach and become a part of national, social and economic group

- Issues on importance of Human Resource for Health, health financing and systems development came up as priority areas apart from CDs and NCDs
WHERE ARE WE IN SEAR?
Proportion of births attended by skilled health personnel

Reference year of data vary from 2000 to 2005

Source: Country reports on MDG
<table>
<thead>
<tr>
<th>Country</th>
<th>Deliveries attended by skilled health personnel</th>
<th>MMR (maternal deaths per 100,000 live births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand</td>
<td>14</td>
<td>98</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>97</td>
<td>98</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>47</td>
<td>97</td>
</tr>
<tr>
<td>Maldives</td>
<td>72</td>
<td>87</td>
</tr>
<tr>
<td>Indonesia</td>
<td>307</td>
<td>72</td>
</tr>
<tr>
<td>Myanmar</td>
<td>380</td>
<td>68</td>
</tr>
<tr>
<td>India</td>
<td>301</td>
<td>54</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>660</td>
<td>32</td>
</tr>
<tr>
<td>Bhutan</td>
<td>225</td>
<td>32</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>380</td>
<td>30</td>
</tr>
<tr>
<td>Nepal</td>
<td>281</td>
<td>20</td>
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</tbody>
</table>

**Notes**: Reference year of data vary from 2000 to 2005

*Not a univariate relation as there are other determinants of it*
Where are we in relation to this population norm?

Number of (Doctors + Nurses + Midwives) per 1,000 population

Threshold 2.28

<table>
<thead>
<tr>
<th>Country</th>
<th>Doctors + Nurses + Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAN</td>
<td>0.00</td>
</tr>
<tr>
<td>BHU</td>
<td>0.00</td>
</tr>
<tr>
<td>DPRK</td>
<td>7.00</td>
</tr>
<tr>
<td>IND</td>
<td>2.00</td>
</tr>
<tr>
<td>INO</td>
<td>1.00</td>
</tr>
<tr>
<td>MAV</td>
<td>3.00</td>
</tr>
<tr>
<td>MMR</td>
<td>2.00</td>
</tr>
<tr>
<td>NEP</td>
<td>1.00</td>
</tr>
<tr>
<td>SRL</td>
<td>3.00</td>
</tr>
<tr>
<td>THA</td>
<td>3.00</td>
</tr>
<tr>
<td>TLS</td>
<td>2.00</td>
</tr>
</tbody>
</table>
High Out-of-Pocket Expenditure on Health

Health Expenditure in South East Asia Countries, 2006

*Total funds mobilized by the health system; sum of general government and private expenditure on health.

Source: WHO NHA data 2008
The WHO Health System Framework

Building blocks combine to meet health system goals

**SYSTEM BUILDING BLOCKS**
- Service delivery
- Information
- Medical products, technologies
- Health workforce
- Financing
- Leadership / governance

**OVERALL GOALS / OUTCOMES**
- Access
- Coverage
- Improved health (level and equity)
- Responsiveness
- Quality
- Financial risk Protection
- Safety
- Improved efficiency
Health Systems Strengthening-Service Delivery
Identifying Gaps- and Measures to counter

- Mapping for
  - Physical HTR
- Package of service/in group of providers
  - TA & DA for performance
  - Support fuel cost/vehicles
  - Check list for supervision & monitoring -CTHP

- Evidence based research
  - Consideration for infrastructure
  - Happy working environment
  - Welfare
  - Incentives and motivation
  - Recognition

- Insufficient Supplies & equipment
  - Increase GE for health
  - Logistics and supply management
  - Support from organizations

- Existing HMIS
  - DQA
  - Adequate forms/records
  - Improve reporting system
  - Capacity building for L&M x TMOs

- Economic HTR
  - Protection of the Poor
  - Health Equity Fund
  - TBHP scheme
  - CBOs
  - DSF- Maternal Voucher Scheme
  - Hardship allowance
  - P4P
Objectives of MOH
1. To enable every citizen to attain full life expectancy and enjoy longevity of life.
2. To ensure that every citizen is free from diseases.
THANK YOU FOR YOUR KIND ATTENTION