

**Opening remarks by Dr Myint Htwe, Union Minister for Health and Sports at the opening ceremony of 13<sup>th</sup> Biennial Myanmar Conference of Anesthesia and Intensive Care 2019 (Draft)**

Sule Shangri-La Hotel, Yangon

8<sup>th</sup> February 2019

- Good Morning to all anesthesiologists and delegates from my country and to all our guests who came all the way from far away and neighboring countries and also to my Permanent Secretaries, Directors-General, Rectors, Deputy Directors-General and all professionals related to the domain of anesthesia and intensive care discipline.
- It is my pleasure and honor to open the conference.
- Firstly, I would like to convey my appreciation to the Presidents of Myanmar Medical Association, Myanmar Society of Anesthesiologists and Organizing Committee members for making this conference a reality.
- This conference, like any other conferences, is an excellent platform for sharing and exchanging experience and state-of-the-art techniques in the field of anesthesia and intensive care among the professionals. It is also conducive to strengthening networking at the personal level as well as among institutions.
- It is all the more important for upcoming young generation of anesthesiologists not only to learn more but also to get inputs for their future career in choosing areas of subspecialty in anesthesia.
- I urge them to make the most out of the conference.
- I would also request the Organizing Committee to share conference materials, lectures and key discussion points to all anesthesiologists who are unable to attend the conference and are working in various states and regional hospitals across the country.
- I do not want them to leave behind especially in seeking additional knowledge in the field of anesthesia and intensive care.

Ladies and Gentlemen,

- I did a quick glance on the agenda of the conference.

- To my satisfaction, although I am not an anesthesiologist, I found out many interesting topics in the field of anesthesia.
- I am really glad to note that many of the topics are taken care of by our colleagues from outside the country for sharing their experience. It shows the true nature of professionalism happening in the anesthesia domain.
- I have inaugurated many conferences in Myanmar and also outside the country. The conference is really unique because it has several topics which happen to cover the whole spectrum of anesthesiology and intensive care.
- Plenary topics such as “Challenges in Global Anesthesia (low and middle income countries)”, and “Strengthening Our Workforce: Planning for 2030” are of special interest to me as a minister, as we are struggling hard to increase and improve the quality of health workforce in all clinical disciplines including anesthesiology and intensive care: doctors, nurses and allied paramedical professionals alike.
- In Myanmar, currently, 194 M.Sc. (anesthesia) and 16 doctoral students in anesthesia are pursuing postgraduate studies in four Medical Universities. This number, in fact, is too small for a country like Myanmar which has a population of more than 52 million and we have 1140 hospitals ranging from 16 to 2000 bedded to serve them.
- We have about 270 in-service anesthesiologists working in government hospitals and 38 anesthesiologists serving as faculty members in Medical Universities. These numbers are also very small with reference to the work load for serving the population at large. Since the start of this government, we have increased the intake of postgraduate students in all disciplines. We hope to overcome the challenges sooner rather than later.
- I am going to discuss and consult with professors of anesthesia to produce more M.Sc. (Anesthesia) specifically to meet the need of the country.
- This is essential giving the fact that increasing number of accidents, injuries and trauma are being noticed in our country.

Ladies and Gentlemen,

- I have noted one important milestone in the field of surgery and anesthesia in WHO: i.e., you may wish to recall that in 2015 the World Health Assembly had passed the resolution 68.15 which is “strengthening emergency and essential surgical care and anesthesia as a component of Universal Health Coverage”.
- This resolution is really significant in the context of the role of anesthesia to achieve Universal Health Coverage on our way to SDG in WHO 194 member countries.
- The resolution, among others, urged the member states to enhance quality and safety; availability of anesthesia services at primary health care and first referral hospitals; to integrate emergency and essential surgical care and anesthesia in primary health care facilities and first referral hospitals.
- Coincidentally, the conference theme is “perioperative Care: Enhancing Quality and Safety”. This is very much in line with the World Health Assembly Resolution.
- My ministry had taken note of it and I will pay necessary attention for our planning to further improve the domain of anesthesia and intensive care to serve our population effectively.
- Desirable characteristics of anesthesiology are that it specifically focuses on improving patient safety at the time of surgery; delivering complicated medical or surgical conditions to undergo surgical interventions successfully; preventing or ameliorating pain after surgery; and caring critically ill patients in Intensive Care Units.
- The more expertise the anesthesiologist had, the better will be the outcome of surgical procedures.
- Research much also be built-in to the work of anesthesiologists if we really would like to improve the domain of anesthesia in my country. Universities and hospitals in developed countries are engaged deeply in clinical research, basic research and implementation research.
- Along that line of thinking, we are promoting this research culture in hospitals, medical and paramedical universities and departments under

Ministry of Health and Sports very seriously. The Ministry of Health and Sports had also allocated reasonable amount of budget for conduct of research.

- I am confident that within a few years, we will be achieving this research culture firmly embedded in the health institutions in Myanmar. Research is required for the development of any discipline including anesthesia.
- Research topics such as Responsible Conduct of Research, Research Ethics, International Conference on Harmonization: Good Clinical Practice and Research methods are now being taught and discussed in post graduate courses in my country.
- The field of anesthesiology in developed countries is evolving very fast. We need to keep abreast of what is happening around the world.

Ladies and Gentlemen,

- I am pleased to note that World Federation of Societies of Anesthesia (WFSA) also officially endorsed the statement on Anesthesiology and Universal Health Coverage. It was approved unanimously by an extraordinary resolution of WFSA's General Assembly.
- As a matter of fact, it is very much in line with the policy of many countries all over the world which are going in the direction of UHC and SDG. Myanmar is no exception.
- On behalf of the Ministry of Health and Sports, I pledged that we will try to understand and achieve this notion of "Anesthesia and Universal Health Coverage". We need to work closely, of course proactively, with Myanmar Society of Anesthesiologists.
- The idea of Anesthesia and Universal Health Coverage is supported by the fact that "The Lancet Commission on Global Surgery recently found that five Billion of world's seven Billion population are without access to safe and affordable surgical care and anesthesia when needed. We need to urgently address this crisis to meet SDG number three which is aiming to achieve UHC by 2030.
- The limited number of anesthesiologists in my country is somewhat associated with high mortality rates on some surgical cases. Who

knows? – There may be many patients who need surgery but could not be operated due to scarcity or lack of anesthesiologists in rural or primary care level or hard to reach areas.

- This is not acceptable in the context of medical ethics. Let us work together especially with MSA. My stance is that “Anesthesia workforce is essential to achieve Universal Health Coverage and that anesthesiologists must be part and parcel of the clinical team working with public health team”.
- I would also like to have your views on training non-anesthesiologist providers as an interim measure to fill the gap of full-fledged anesthesiologists. I also noted the fact that WFSA position is “All non-anesthesiologist providers must be led or overseen by physician anesthesiologists”. Because, anesthesiology, as mentioned by WFSA, is a complex and potentially hazardous and optimal patient care depends on effective team work.
- Finally, I just want to say that if we really want to promote, enhance, and expand the field of anesthesiology, the responsibility rest on the anesthesiologists themselves.
- This notion must be ingrained in the minds of anesthesiologists and also it depends to a significant extent on the Society of Anesthesiology.
- So, let us work together to achieve universal access to safe anesthesia.
- Thank you.