

National Health Plan (2017-2021) Dissemination Meeting

Opening remarks by Union Minister for Health and Sports Dr. Myint Htwe

Hotel Horizon Lake View, Nay Pyi Taw, 15 December 2016

- Greetings
- First of all, I would like to thank core group members, all development partners, INGOs, NGOs, EHOs, CSOs, like-minded organizations, and members of Technical Advisory Group on Public Health domain in developing this document which will be a milestone achievement for all of us in the coming years.
- This is not an easy task. You have racked your brains to arrive at this point of having a very concrete and cohesive plan. I have noticed that there may be uneasiness during the process of developing the plan, conflict of thoughts, ideas and approaches to be used.
- In fact, this is good for the MoHS and for the country, i.e., the plan is not a product of a handful of professionals. It is the result of collaborative approaches and combination of thoughts, views and ideas and all of these are embedded in this plan.
- The more the discussions you have made, especially the heated discussions, the better will be the product, which is the plan in front of all of you. I would like to suggest you when you are developing the operational plan or framework or road map based on this plan, please feel free to give your views and thoughts frankly and sincerely but with no ulterior motive and with no bad intention at the back of your mind.
- Although I was not there in person during the development of this plan, I got a lot of information regarding positive/negative aspects, different views and ideas on the process, etc., through emails, messengers, viber messages, and even phone calls.
- I did not give comments or concrete remarks but just listening to it. I do not want to give my views without knowing the background discussion points in the process in detail. But, I really appreciate and welcome all those comments / views /

ideas and I'm sure that all those points will be considered when you are developing an operational plan / framework / road map.

- However, the notion which I have is by receiving all those inputs mean “there is a sense of ownership in developing the NHP (2017-2021)”. If there is no sense of ownership, nobody will comment, which is the very good sign for our MoHS in terms of getting quality product.
- Even in social media like Facebook, some of them criticized the work of MoHS if there is a small lapse on our part, but I do not mind. For those people who gave ideas to MoHS, which are reasonable and appropriate, we take into consideration and we discuss with my Permanent Secretary and Directors-General as to how we should go about.
- The fact of the matter is that if our staff did something wrong or not appropriate, they expanded and blew out of proportion but they did not see many good activities and services rendered by MoHS. That's why we've issued MoHS Newsletter starting last month and when you read that you will know what we are doing and also this newsletter is on our website. We produced 2,500 printed copies and we are sending to state and regional governments, relevant ministries, all our staff including Township Medical Officers. In other words, this newsletter is one form of propagating and let people know what MoHS is doing within the available resources for improving the health status of the people of Myanmar.
- I would also like to especially thank the core group who devoted their time and effort and this document is really good, compact and cohesive.
- But one important thing I would like to request the secretariat is to translate the plan to Myanmar language as soon as possible and distribute to all state and regional directors, some Township Medical Officers, Myanmar Medical Association, Health Assistant Association, Myanmar Nurses and Midwives Association, local NGOs and Community based organizations to give their views and comments, if any.



- Then, the core group will do the composite analysis of the additional ideas that may be emanated and use these when we are formulating the detailed operational plan in the coming two to three months.
- In other words, this would be some sort of reference document for all our staff. When you develop the operational plan, not necessarily you need to stick to those mentioned in this document but you can put additional points.
- For English version also, try to send a copy each to all the INGOs, international agencies and like-minded organizations, which are here in this country and request them to give additional comments and inputs.
- We will not change this plan / document, which in itself is well acceptable. All these comments that we will be receiving additionally will be considered when we formulate the operational plan.
- I did the quick review of this NHP (2017-2021) document. Basically, to implement the plan we need optimum mix and quality human resources for health, financial resources, infrastructure, and system of work which is *sine qua non*.
- If our system of work is good, efficient and effective, we will definitely be able to achieve the objectives set in this particular plan / document. We are now trying to systematize the activities of the health care delivery system so that the activities will be efficient and effective. We will try to finish this process of systematizing within one to one and one half-year period. We are updating all the standard operating procedures and guidelines and to make the hospital work efficiently and also to make our public health centers such as Rural Health Centers and sub-centers to work in a much more efficient manner. We hope that we will be on track in another one year time.
- No doubt, as mentioned in the context, we have allocated 3.65% of the total budget on health, which is low compared to other countries. But, that's what our government can afford and give to MoHS and we have to keep in mind that our country is not that rich. But we have to do our work whatever resources that are available at this point in time. Available resources mean internal resources as well

as from the outside agencies such as UN agencies and organizations, World Bank, 3MDG, Global Fund, GAVI, USAID, JICA, INGOs, bilateral aid, etc..

- In our forthcoming operational plan, we will try our level best so that there must be less duplication or redundancy of work in terms of geographical areas as well as technical areas.
- The biggest challenge in terms of budget right now is how to allocate this budget most appropriately and in the most rational manner and we will do it to the extent possible. We have to allocate the budget where there is a need. If there is no need, we will reduce the budget to that particular segment or particular sub-domain. Budget allocation is really important. We will consider seriously when we formulate the operational plan.
- Much more important than budget allocation is how to reduce the wastage of resources in utilization the budget. State and regional directors are more important in utilization of budget. They must be vigilant and take proper care and supervision so that the budget will not be wasted.
- It is a proven fact that substantial amount of budget is wasted in the procurement of supplies and equipment, especially medicines. We will devise a mechanism so that there will be less wastage. Starting 1st April 2017, we will implement this new mechanism with the combined input of all of our Directors-General, State and Regional Directors as to how to utilize the budget effectively and efficiently so that there will be less wastage.
- We have found substantial documentary evidence such as buying the same medicine with different prices, sometimes as high as ten times. In our coming year, we will not let it happen again.
- Another fact which is compounded is that many of our medicines get expired for reasons that we all know and at the same time we all know how to reduce the loss. I visited many big hospitals and I found medicines got expired in some hospitals. I felt bad to see all those medicines expired in medical stores located in the hospital. It had happened because we do not have as yet National



Health Supply Chain Management System and regional health supply chain management.

- For that matter, we are working closely with UNFPA and USAID supported PCM. If these two systems are in place correctly and effectively, there will be few incidences of expired medicines. We are also going to do store management training for all those medical store-keepers and this program should be put in our operational plan.
- This particular incidence must be given special attention when we formulate the operational plan in the coming months based on the "general framework" of this document.
- I am sure that surplus money will be coming out if we properly allocate and utilize the budget and it could be used in other purposes and activities within the existing financial rules and regulations.
- When you are translating this plan into operational plan, please try to identify very concrete activities which can have specific outputs and outcomes to benefit the population we are serving.
- In drawing the operation plan, we need to work very closely with our State and Regional Directors. They know the ground reality and they can give additional inputs to our plan. In fact, their views and thoughts will be very useful for us. I would like to send this document even to some senior Township Medical Officers, some senior Health Assistants, senior matrons, sisters, nurses and midwives. All players of MoHS must be involved depending on the sub-domain that will be discussed.
- In addition to our MoHS players, I would like professionals from UN agencies, organizations, INGOs, local NGOs etc to involve proactively when we formulate the operational plan. I would like to get their views and ideas because our views and ideas may be right for us from our perspective but those may be totally/ partially different from their perspectives.
- I would like to inform you that in order to get all these voices from different players, we plan to conduct "Peoples' Health Assembly" in late January or first

week of February 2017. In this assembly, we will be inviting social ministers from States and Regions as well as all the leading community based organizations, ethnic health organizations and other civic organizations who are working at the ground level.

- I would like to hear their voices and these will be taken into consideration in the detailed operational plan. In fact, we already had the voices of the community. Some five months ago, I requested the States and Regional Directors to go to the community and get the voices. We already had a bundle of voices.
- But, this Peoples' Health Assembly will expose the holistic viewson what is happening in our country in all States and Regions. The requirement of one State or Region may be different from the other. All these needs will be taken into account in our operational plan.
- In the “context” section, it is mentioned that Myanmar health system currently faces many “challenges”. This is good. We will transform all these so-called “challenges” into “opportunities”. With combined effort with all of you sitting in this room, we will then make the “opportunities” into concrete outputs or outcomes. The more can we identify the challenges the better will be our products.
- We talk about UHC in the plan and we are systematizing the activities of health care delivery system so that our path to UHC will be smooth with less hitches and glitches.
- Of the series of NHP, this segment of our plan for 2017- 2021 is really important. This segment will serve as a foundation for improving our system in years to come. This foundation must be very strong and sturdy. From technical perspectives, I have noticed that all important points and characteristics of the good plan are here in this document.
- I would be not wrong if I say that this plan is far better than previous plans, which appear to be simplistic.
- Most important aspect is professionals from MoHS and like-minded partners need to be thinking in the same direction possibly based on the valid and reliable data set or information. To make this happen we have to make more informal



meetings with professionals from UN organization and agencies such as WHO, UNFPA, UNICEF, INGO, and like-minded organizations frequently. This *modus operandi* should be included in our operational plan.

- As we formulate our operational plan, the components or even the contents in the plan can be further streamlined and modified as per the principle of health planning process.
- One caveat that we should all be aware of is that we should not be too possessive of the plan and each program manager must not be too obsessive with their own plan. They have to make a compromise, if required.
- Having said that, it does not mean that the plan is not good. It just connotes that epidemiological situations are always changing and always in the state of flux. We have to adjust to these changes.
- I really appreciate the notion of geographical prioritization, service prioritization, planning at the township level, system building, supportive/ enabling environment and community engagement as mentioned in the document.
- These six entities must be seriously taken into account when we formulate the operational plan. I am sure that you will do so and you must have already many ideas to put into action.
- We can add a few more entities such as proper resource allocation, disciplined resource utilization, vigorous and responsive Health Information System, effective and efficient internal review and technical assessment mechanism.
- In the implementation, at least eight immediate tasks were spelled out, which appear to be very desirable.
- As in any planning process, there are several ways by which we can formulate the operational plan. I will leave this task to the core group. The group can be expanded by co-opting additional members with expertise in some areas that will be required in formulating the operational plan. I would like the operational plan to be completed at the latest by middle of February 2017 so that we can start our implementation on 1<sup>st</sup> April 2017.

- I would also like to suggest the group to contemplate having the so-called "Implementation Activities Framework" (IAF), based on the operational plan.
- UN agencies, INGOs or NGOs can easily take any part of IAF which is related to their mission statements and work plan. As I have alluded to earlier, INGOs, NGOs or any organization can grab a particular segment of IAF and work together with MoHS.
- This IAF was used in the framework of National Health Supply Chain System also. This is somewhat like an activity tree under the rubric of several sub-domains of NHP.
- Strengthening systems to support operationalization of the NHP was nicely written under these four sub-domains: human resource for health, infrastructures, service delivery and health financing. Under the heading operationalization at the local level also included several important sub-domains such as prioritization in terms of service, geographical prioritization, prioritization of each township.
- Developing a supportive environment also includes several important sub-domains such as policies regulation, oversight body and accountability. If we put more weight on this supportive environment, it will be much better and our plan will be more doable.
- Of all domains and sub-domains, from my perspectives, I would like also to emphasize the following sub-sub-domains: oversight, monitoring and evaluation, prioritization, human resource for health, health information system, resource flow analysis and National Health Account.
- As we go along, the resource flow analysis must be always monitored. In research, we used to do research resource flow analysis. We have to think how the existing program areas should be incorporated or merged into the operational plan.
- To all intents and purposes, please do not be too serious or I should say not to be too obsessive about costing. We have to do it. However, there are issues which are beyond our control.
- I have in mind that we may need to form a totally independent "Internal Review and Technical Assessment Group" to oversee whether the national



operational plan is going on in the right direction with the appropriate or acceptable pace. The reason for forming this is that we do not want the National Health Plan resting on the shelves. This operational plan will be on my desk all the time and we will follow up and communicate with ground level on a continual basis. When senior professional travel we will take this operational plan as a reference working document and discuss with the professional working at the ground level. If the additional support, either financial or program activities, are coming in from outside, we will refer to this document and incorporate it.

- Before we formulate the operational plan, I would like to urge the program managers of MoHS the following points.

1. To do a very quick holistic review of how your program activities are being implemented at the states, regions and township level.
2. Try to reduce the number of activities by lumping or grouping similar activities.
3. To review the number of capacity building activities and workshops and try to reduce to the bare minimum level to be conducted in 2017-2021, and possibly integrated generic capacity building activities with programs of similar nature.
4. Review the information system of your program and whether you have analyzed your data or not for improving your program. Please also review your framework of your information system for possible linking with main Health Information System.
5. Review your budget allocation from different external agencies and also from government budget in a very clear-cut manner.
6. Any issue or challenge that you are encountering and put them in operational plan and try to work out how you contemplate to overcome these.

- Then, think of how and to which part of your program activities be incorporated appropriately into the operational plan.

- I would urge you to be very serious about these requests. After you do it, just submit what you've found to respective Director-General, Permanent Secretary and then to the Minister.
- We will change the way that we are working in 2017-2021. If required we will combine the programs and sunset some of the programs and some new programs can be emerged.
- In conclusion, I would like to put on record that on behalf of MoHS, I highly appreciate the technical inputs given by all those involved making this basic NHP document which is technically acceptable and also covering all key aspects of essential components of the health plan.
- If we continue to work like this in a collaborative manner, we will definitely achieve our objectives of improving the overall health status of our population.

THANK YOU VERY MUCH.