

# From PHC to SDGs and Role of BHS in Myanmar

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What is Public Health  
all about?





**Public Health Is Your  
Health Too!**

**Working together for better health**

**HFA and PHC**

# Introduction of HFA

- In **1978**, the international conference in **Alma-Ata**, USSR, WHO set a high ambitious goal '**Health for All (HFA) by 2000**' which was an **historic event** for health and a **milestone** in the field of public health

- The declaration is well-known as **Alma-Ata Declaration of 1978**
- "Health for All" became a campaign of the WHO and it was defined as the attainment by all people of the world by the year 2000 of a level of health that would permit them to lead a socially and economically productive life

- The declaration identified the **Primary Health Care** as the means in the achievement of the goal to secure the health and well being of people around the world by adopting **revolutionary strategies**



e.g. empowering individual

community participation;

health promotion;

enhancement of quality of life;

appropriate use of resources; and

inter-sectoral action

- The declaration **urged** governments, international organizations and the whole world community to take the program as **a main social target** in the spirit of **social justice and equity**.

- In **1981**, HFA was **defined broadly** by Halfdan Mahler, Director General (1973-1983) of the WHO

# Highlighted points

- **Health** is to be brought **within reach** of everyone in a given country;
- **Enables** a person to lead a **socially** and **economically** productive life;
- The **removal** of the **barriers** to health - the barriers are:  
Malnutrition, Ignorance, Contaminated drinking water, Unhygienic housing, and Lack of doctors, hospital beds, drugs and vaccines;

- **Economic** development;
- **Literacy** for all;
- Continuous **progress** in **medical care** and **public health**;
- The health care services must be **accessible** to all through primary health care;

- A person individually is no more responsible for sound health, rather need **combine approach** to ensure **healthy people**, **healthy society**, and a **healthy nation**.
- Universal coverage of **immunization**;

- It was a **holistic** approach of **combined efforts** in **agriculture**, **industry**, **education**, **housing**, and **communications** sectors of a given country;
- The **environmental** and **social** factors were identified as **major determinants** of health;





# What is Primary Health Care?



# Primary Health Care- Definition

Primary Health Care **extends beyond** the traditional **health sector** and includes all **human services** which play a part in addressing the **inter-related determinants** of health.

**Income & Social Status**

**Social Environments**

**Employment /  
Working Conditions**

**Culture**

**Physical Factors**

**Social Support Networks**

**Prenatal / Early Childhood  
Experiences**

**Level of Education**

# Principles of Primary Health Care

Accessibility

Appropriateness

Intersectoral /  
Interdisciplinary

Continuity of Care

Population Health

Community Participation

Efficiency

Affordable & Sustainable

# Primary Care - Definition

- **Primary Care** is the first level of contact with the health system to **promote health, prevent illness, care for common illnesses,** and **manage ongoing health problems.**



- Primary Health Care includes:
  - Primary Care (physicians, midwives & nurses);
  - Health promotion, illness prevention;
  - Health maintenance & home support;
  - Community rehabilitation;
  - Pre-hospital emergency medical services; &
  - Coordination and referral to other areas of health care.



## Primary Health Care: *Working Together for Better Health*



# Primary Health Care Reform

## Medical model

- Treatment
- Illness
- Cure
- Episodic care
- Specific problems
- Individual practitioners
- Health sector alone
- Professional dominance
- Passive reception



## Primary Health Care

- Health promotion
- Health
- Prevention, care, cure
- Continuous care
- Comprehensive care
- Teams of practitioners
- Intersectoral collaboration
- Community participation
- Joint responsibility

# NOW

- **Misperceptions:**
  - PHC is only for **poor developing** countries
  - PHC is **cheap and low quality care**
  - PHC is only for the **rural** populations
  - PHC is **primary care** or first point of contact
- Needs for better **partnership** with the **private sector**. Alma-Ata did not specifically address it.
- **Health Systems Strengthening** using PHC approach to better accommodate the needs of various vertical programmes.



# Health for all 2000

- **Not achieved** in 2000
- HFA as a **vision** for health development, **no definite time line**
- There is **misperception** also:
  - *in the year 2000 the health professionals provided health care for everybody or that nobody would be sick or disabled.*
- Proposed **new definition**:
  - "A stage of health **development** whereby everyone has **access** to **quality** health care or practice self-care protected by **financial security** so that no individual or family is experiencing catastrophic expenditure that may bring about **impoverishment**".

# CHALLENGES IN IMPLEMENTING PRIMARY HEALTH CARE

- **Misinterpretations** of the concept of Primary Health Care
- **Burden** of diseases
- **Inequity** in health
- Escalating health care **cost**
- **Interdependence** of the world

# CHALLENGES IN IMPLEMENTING PRIMARY HEALTH CARE

- Inadequate **performance** or **low efficiency** of the health system
- Need for more **research**
- **Financing** the health system
- Need for **integrated** services
- Public Private **Partnership**
- **Climate change**

# REVITALIZING PRIMARY HEALTH CARE THE WAY FORWARD

- Reaffirm **high political commitment** toward PHC
- Improve health **equity** through specific actions in health sector
- Foster more effective **multi-sectorial collaboration** for establishment and implementation of Healthy Public Policy
- Strengthen **health workforce** including CBHW and CHV

COMMUNICATING THE PROBLEM

**DECISION MAKING PROCESS**

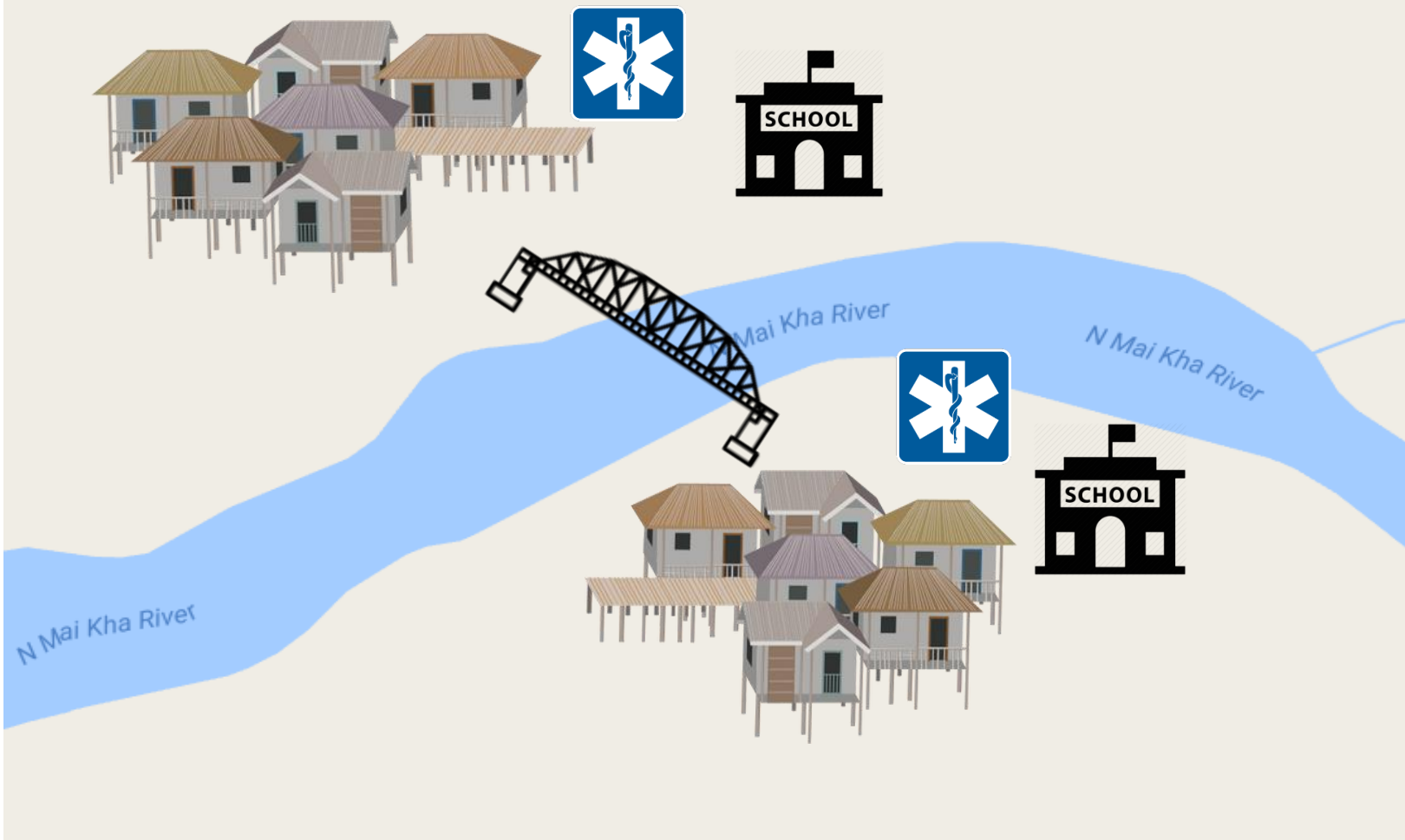
DESIGN CONSIDERATION

BUILDING CODES

RESILIENT INFRA.

GREEN INFRA.

TEAM EXERCISE



# Millennium Development Goals



# MDGs

- A **universal framework** for:
  - development and a means for developing countries and their development partners to work together

# MDGs

- At the beginning of the new millennium, **world leaders** gathered at the **United Nations** to shape a broad **vision** to **fight poverty** in its many dimensions.
- That vision, which was translated into **eight** Millennium Development Goals (MDGs), has remained the overarching development framework for the world for the past **15** years



- The eight Millennium Development Goals (MDGs) - which range from **halving extreme poverty** to **halting the spread of HIV/AIDS** and providing **universal primary education**, all by the **target date of 2015**

- Despite many successes, the poorest and most vulnerable people are being left behind

- Although significant **achievements** have been made on many of the MDG targets worldwide, **progress** has been **uneven** across regions and countries, leaving significant gaps.
- Millions of people are being **left** behind, especially the **poorest** and those **disadvantaged**
- **Targeted efforts** will be needed to reach the most **vulnerable** people.



- "The new agenda is a **promise** by **leaders** to all people everywhere. It is an agenda **for people**, to **end poverty** in all its forms - an agenda for the **planet**, our **common home**."



# SUSTAINABLE DEVELOPMENT GOALS

**1** NO POVERTY

**2** ZERO HUNGER

**3** GOOD HEALTH AND WELL-BEING

**4** QUALITY EDUCATION

**5** GENDER EQUALITY

**6** CLEAN WATER AND SANITATION

**7** AFFORDABLE AND CLEAN ENERGY

**8** DECENT WORK AND ECONOMIC GROWTH

**9** INDUSTRY, INNOVATION AND INFRASTRUCTURE

**10** REDUCED INEQUALITIES

**11** SUSTAINABLE CITIES AND COMMUNITIES

**12** RESPONSIBLE CONSUMPTION AND PRODUCTION

**13** CLIMATE ACTION

**14** LIFE BELOW WATER

**15** LIFE ON LAND

**16** PEACE, JUSTICE AND STRONG INSTITUTIONS

**17** PARTNERSHIPS FOR THE GOALS

SUSTAINABLE DEVELOPMENT GOALS

GOAL 1 END POVERTY

GOAL 2 END HUNGER

GOAL 3 WELL-BEING

GOAL 4 QUALITY EDUCATION

GOAL 5 GENDER EQUALITY

GOAL 6 WATER AND SANITATION FOR ALL

GOAL 7 AFFORDABLE AND SUSTAINABLE ENERGY

GOAL 8 DECENT WORK FOR ALL

GOAL 9 TECHNOLOGY TO BENEFIT ALL

GOAL 10 REDUCE INEQUALITY

GOAL 11 SAFE CITIES AND COMMUNITIES

GOAL 12 RESPONSIBLE CONSUMPTION BY ALL

GOAL 13 STOP CLIMATE CHANGE

GOAL 14 PROTECT THE OCEAN

GOAL 15 TAKE CARE OF THE EARTH

GOAL 16 LIVE IN PEACE

GOAL 17 MECHANISMS AND PARTNERSHIPS TO REACH THE GOALS



8 Millennium  
Development  
Goals (2000-2015)

21 Targets

60 Indicators

17 Sustainable  
Development Goals  
(2015-2030)

169 Targets

¿¿Indicators??

We are here

MDG and SDG Comparison



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Development  
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¿¿Indicators??

We are here

MDG and SDG Comparison

# GOAL 3

A graphic featuring a white heartbeat line on a green background with a red heart in the center. The heart is filled with a textured, brush-stroke pattern. The heartbeat line is composed of several peaks and troughs, with the central peak being the largest and most prominent.

ENSURE HEALTHY LIVES AND  
PROMOTE WELL-BEING FOR ALL AT ALL AGES

**SUSTAINABLE DEVELOPMENT GOALS**

More at [sustainabledevelopment.un.org/sdgsproposal](https://sustainabledevelopment.un.org/sdgsproposal)

# SDG 3

- (13) targets

Focused on promotion and prevention through **PHC approach**

# UHC 2030

- **Universal coverage of health care** means that **everyone** in the population has **access** to **appropriate promotive, preventive, curative** and **rehabilitative** health care when they **need** it and at an **affordable cost**.
- Universal coverage thus implies **equity of access and financial risk protection**.

# Strategic Areas

- Identify the Essential Health Package ensuring access to comprehensive quality health services for all;
- 2015 to 2020 ----- **Basic** Essential Package
- 2020 to 2025 ----- **Intermediate** Package
- 2025 to 2030 ----- **Comprehensive** Package

# Strategic Areas

- Enhance **HRH** management
- Ensure the **availability** of **quality**, **efficacious** and **low cost** essential medicines, equipment and technologies
- Enhance the effectiveness of Public Private **Partnerships**

# Strategic Areas

- Develop **alternative health financing** methods and **risk pooling** mechanisms
- Strengthen the **community engagement**
- Strengthen the **evidence based** information

# Strategic Areas

- **Review** the existing Health **Policies** and **adopt** the necessary policies to address the current challenges for UHC
- Intensify the **Governance** and **stewardship** for attainment of UHC



**No one left behind**

# Current Situation of BHS

- Existing health workforce in rural area
  - Station Medical Officer (SMO)
  - Health Assistant (HA)
  - Lady Health Visitor (LHV)
  - Public Health Supervisor I (PHS I)
  - Midwife (MW)
  - Public Health Supervisor II (PHS II)

- In 2015-----

- Expansion of **post in RHC** ; one MW & one PHS 2 in main center

- **RHC staff** 13 to 15 (1684)

- **PHS I** post in all Station Hospitals (561)

- Vacant posts of **MW** filled in majority of places

- “3000 “**PHS (2)** were deployed in Jan,2016

• In 2017-----

– BComm H 300

– PHS 2 3000

– MW 1959

# Current Situation

- Capacity Development
  - Regular **CME** at townships ( Fulfill the needs?)
  - Project oriented **trainings**
  - **Opportunities** not equal
  - Not considered in **promotion/ PG exam**
  - Trainings vs quality service (Follow up **assessment?**)

- **Financial Incentive**

- World Bank Loan

- Project supports

- No regular, adequate allowance

# Professional / Personal support

- Better **living conditions**
- Safe and supportive **working environment**  
Construction of Health Facilities; SH, RHC & SRHC Housing for Staff in SH, RHC & sRHC  
(Not covered all)
- **Outreach support**  
Some project support the outreach  
World Bank loans mainly for outreach activities

# Professional / Personal support

- Career development program
  - Medical doctors must sit PG entrance exam
  - MW & PHS II also must sit entrance exam for nursing, LHV & PHS I
  - LHV & PHS I must sit entrance exam for HA



- **Professional networks**
  - Association of health professionals in different specialties
- **Public recognition measures**
  - No special Award for rural health workforce
  - Outstanding BHS & VHW programme biannually

# Policy on posting & Transfer

- Policy is in place but
  - Turn over of BHS is not so high as medical doctors
  - Transfer to other states/regions done when they requested/ applied
  - BHS from hard to reach and difficult area want to move/transfer but there's no vacancy in their proposed place
  - Posting for new comers also assigned in H2R

# Issues & Challenges

- Lack of proper **HRH plan**
- No regular review of **curriculum** that reflects rural health issue
- No **incentives** for H2R
- Lack of proper continuous **professional development**
- **Public recognition** measures not established yet

NEVER STOP  
LEARNING,  
BECAUSE LIFE  
NEVER STOPS  
TEACHING

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**THANK YOU!**

