



Ministry of Health and Sports, Health Care Services in Rakhine State (Draft)

As of 18th September 2017

I. Background

- Since the beginning of the crisis in June and October 2012, The Ministry of Health and Sports had dispatched rapid response teams (RRTs) to affected areas starting from March 2014 until now.
- Provision of Health care services were delayed in some areas due to 2016 October terrorist attack.
- Recently, primary health care services are being provided with increasing momentum as the security conditions are improved.
- The Ministry of Health and Sports developed the Comprehensive Health Plan for providing health services through collaborative efforts with Rakhine State Government, UN agencies, INGOs and NGOs and five year plan for 2017-2021 has been also drafted.

II. Key Strategic Directions for Health Services in Rakhine State

1. Establishing emergency health care including referral system
2. Prevention and control of communicable diseases, strengthening of early warning alert and response system (EWARS), outbreak investigation and management
3. Revitalization of health services
4. Health system strengthening, overall health development and capacity building
5. Coordination with health partners

III. Health Activities by Ministry of Health and Sports

1. Regular Health Cluster Sector and Coordination Meeting

- Monthly Health Sector meetings were held in Nay Pyi Taw, Yangon and Sittwe to discuss improvement of health services and how to overcome difficulties (by collaboration with UN agencies, INGOs and NGOs).

2. Mobile Medical Teams and Rapid Response Teams (RRTs)

- Mobile medical teams and RRTs from Ministry of Health and Sports which are the first responders in emergency phase have been deployed to the Rakhine State for emergency medical care, referral, diseases control and public health activities.
- MOHS in cooperation with other local NGO/INGO is providing primary health care services in 208 sites in 12 Townships through 40 mobile health teams.
- In addition, (10) MoHS mobile health teams have been deployed to improve access to primary health care services in Northern Rakhine State, MoHS by the support of WHO, is currently implementing Central Emergency Response Fund (CERF) activity which include providing primary health care services in Buthidaung and Maungdaw Townships for 4 months (16th July – 16th November, 2017).

Table 1. MoHS/UN/INGO Mobile Clinics in Rakhine

No.	Township	Agency/ Organization	Mobile teams	Sites served (camps/villages)
1.	Sittwe	MoHS	4	5
		MRCS	2	15
		IRC	4	12
		Mercy Malaysia	4	9
		MSF-H	1	5
		MMA	2	30
		MHAA	1	16
2.	Ponnagyun	MSF-H	0 (deployed from Sittwe/Pauktaw)	2
3.	Rathedaung	IRC	1	9
		MHAA	1	5
4.	Pauktaw	MSF-H	2	4
		MHAA	1	4
5.	Myebon	Relief International	2	2
		MHAA	1	2
6.	Minbya	MHAA	1	11
7.	Mrauk-U	MHAA	1	6
8.	Kyauktaw	MHAA	1	15
9.	Kyaukphyu	MHAA	1	15
10.	Toungup	MHAA	1	2
11.	Maungdaw	Malteser International	7	3 (new sites under discussion in Buthidaung and Ratehdaung)
		MSF-H	2	9
		MoHS	5	15
12.	Buthidaung	MoHS	5	25
	Total		50	248 (Sites overlap but service provision differs)

Table 2. Total Number of OPD and Referred Patients by Mobile Clinics

	2012	2013	2014	2015	2016	2017 (as of June)
Total OPD patients	169,475	227,821	303,891	343,891	246,434	119,784
Total emergency patient referred	137	229	287	423	623	656

3. Emergency Referral Services

- For referral of emergency patients from IDP camps and villages, responsible persons for mobile teams and volunteers for villages and village administrators have been assigned to facilitate the community with State Public Health Department. The State Public Health Department will arrange in coordination with local NGOs, INGOs and administrators by arranging ambulance and speedboats for referral to Sittwe General Hospital.

Table 3. Number of referred patients treated as In-patients, Out-patients and Operated patients in Sittwe Hospital

Medical Services in Sittwe Hospital	2012	2013	2014	2015	2016	2017 (as of June)
In-patients	362	650	440	900	959	656
Out-patients	45	451	155	856		
Operated patients	72	138	96	164	165	137

4. Referral to Specialist OPD

- For those patients who need consultation with specialists are also referred to the respective specialties. From 2017 January to May, total 1,350 patients have been referred and consulted with specialists in Dar Paing Hospital Specialist OPD.

Table 4. Referral to Specialist OPD

	Physician	Surgeon	OG	Pediatric	Ophthalmologist	Ortho	ENT	Psychiatrist	Other	Total
Total	312	131	135	208	200	70	67	1	226	1,350

5. Prevention and Control of Communicable Diseases

Table 5. HIV, other epidemic prone diseases and emerging diseases

	2014	2015	2016	As of June 2017
ART treated	854	1,108	1,199	1,408

- The Ministry of Health and Sports and MSF (Holland) jointly provide the ART treatment at combined clinics at Buthidaung and Maungdaw. The combined mobile clinics were also opened in Inn Dinn, MyinGan, AlelThanKyaw villages.

6. Maternal & Child Health Care and Nutrition

- Annual nutrition assessment for under 5 year children is carried out in Rakhine State and IDP camps between 2013-2015 and nutritional support are provided to malnourished children by strengthening nutrition

surveillance and case management. It is found that PEM prevalence among under 5 year children is reduced in IDP camps and community.

- On-going Activities

1. Screening, early detection and providing nutrition care and management of acute malnutrition, Referral if necessary
2. Promotion of infant and young child feeding (exclusive breast feeding and complementary feeding)
3. Promotion of Universal Salt Iodization
4. Nutrition education to the whole community for practising balanced diet through Basic Health Staff, volunteers and all available channels
5. Growth Monitoring of under five children
6. Micronutrient supplementation
 - Micronutrient tablets to all pregnant women since 1st AN care (180 tablets per pregnancy)
 - Iron supplementation to adolescent school girls (1 tablet biweekly during academic year)
 - Vitamin B1 tablets to all pregnant women starting from 9th month of pregnancy till 3 months after delivery (total 4 months)
 - Vitamin A capsule supplementation to 6 month to under-five children (6 monthly) and post-natal mother during 1st month after delivery (one time)
 - Deworming to pregnant women after 1st trimester (Mebendazole 500 mg) and children between 2 to 9 years (Albendazole 400 mg)
7. For better nutrition promotion health services, Community Infant and Young Child Feeding (CIYCF) Trainings were held and (465) basic health staffs and (543) voluntary health workers in (5) Townships have been trained in 2016.

8. From (2016) November to (2017) March, (7.5) million of Micronutrient Tablets have been distributed in (17) Townships.

7. Immunization Services

- Routine immunization services have been strengthened in IDP camps since December 2013. All children and pregnant women in IDP camps are immunized.
- In response to the 2 cases of VDPV type 2 in April, 2015 and October, 2015, NID, Sub-NID and Mopping Up Immunization Campaign were done.
- Regarding Japanese Encephalitis (JE) outbreak during 2014 and 2015, a total of 43,869 doses of JE vaccinations was done as outbreak response immunization and planned to continue during 2016.
- To increase immunization coverage and elimination of Polio in Rakhine State, supplementary immunization activity of Polio vaccine (Polio SIA) will be simultaneously implemented in all Townships of Rakhine State (1st round in 21st -25th July 2017, 2nd round in 21st – 25th August 2017).

8. Established early warning surveillance system

- Emergency Operations Center (EOC) has been established at MOHS and Rakhine State Public Health Department which oversees the all health activities.
- Early Warning Alert and Response System (EWARS) training was done and the system is established. No DHF, JE and diarrhoea disease outbreak occurred in IDP camps.
- Conducting Early Warning Alert and Response System-EWARS in the State to strengthen Communicable Disease Surveillance and Response for rapid containment of outbreaks.

- Strengthening cross border communicable disease surveillance and response.
- Stockpiling of emergency medicine and training of rapid response teams in State/ District/ Township as a part of disaster risk reduction

9. Construction and Upgrading of Health facilities

- MoHS has been increasing yearly revenue for upgrading of health infrastructures in 17 Townships of Rakhine State to increase health service coverage and access.
- For over 3.3 million population of Rakhine State, MoHS is providing health care services by 1 (five hundreds bedded hospital), 5 (hundred bedded hospitals), 52 (fifty bedded hospitals), 6 (twenty five bedded hospitals), 46 (sixteen bedded hospitals), 121 (Rural Health Centers) and 558 (Sub-Rural Health centers).
- For (2016-2017) fiscal year, the Union Government has allocated capital budgets of 3676.75 million kyats for 44 new projects.

Table 6. Rural Health Centres and Sub-Rural Health Centres

RHC/ Sub RHC	2011	2012	2013	2014	2015	2016	2017
RHC	105	106	110	114	121	121	121
Sub RHC	460	470	491	523	558	558	558

Table 7. Capital Budget Allocation

Fiscal Year	New Tasks	Budget (Million Kyats)
2011-12	10	626
2012-13	38	2,677
2013-14	16	1,220
2014-15	29	2,655
2015-16	6	1,640
2016-17	44	3,676.75

- Expansion of Sittwe, Thet Kae Pyin Hospital (1 patient ward building, one staff building) completed since 2017 June. This hospital previously provided hospital care with morning and evening assigns but now it is providing 24/7 hospital care.

10. Human Resource Development

- MoHS makes prioritized action on human resource development in rapid appointment on vacant posts throughout the country in accordance with Human Resource Development Plan. For the purpose of improved public health care activities, 542 PHS (II) were appointed in the country in 2015. In the Rakhine State, 37 mobile clinics with a total of 162 staffs including NGOs and INGOs staffs who are carrying out health care provision activities through mobile clinics.

Table 8. Health Manpower in State Public Health Department (As of August-2017)

Sr.No	Designation	Section	Appointed	Vacant
1	Doctor	293	23	270
2	THA	6	3	3
3	HA (I)	29	17	12
4	HA	213	124	89
5	NO	3	3	0
6	THN	65	19	46
7	Nurse	106	24	82
8	LHV	186	108	78
9	MW	896	799	97
10	PHS (I)	157	48	109
11	PHS (II)	857	724	133
	Total	2,811	2,144	667

Table 9. Health Man Power in State Medical Service Department (As of August-2017)

Sr.No	Designation	Appointed
1	Specialist Consultant	14
2	Specialist AS	35
3	AS	158
4	Matron	-
5	Sister	2
6	SN	231
7	TN	428
8	Officer	-
9	Others	688
	Total	1,556

Table 10. Human Resource Development

Category	2011	2012	2013	2014	2015
Doctor	130	133	173	197	228
Nurse	415	430	546	605	654
MW	573	591	643	692	742
PHS (I)	37	35	40	41	43
PHS (II)	44	69	108	326	542

11. Strong Integration with UN Agencies and INGOs

- Activities of the all health partners are integrated for mobile clinics, polio mopping up campaigns for diseases surveillance and EWARS (Early Warning and Response System).

12. MoHS is also implementing the health related recommendations of the Advisory Commission on Rakhine State (chaired by Kofi Annan)

Recommendation: The government should quickly finalize a plan for the expansion and refurbishment of Sittwe State Hospital, for the benefit of all communities and rapidly expand primary health care services in the southern and northern parts of Rakhine State (for instance through mobile health clinics).

- To finalize a plan for the expansion and refurbishment of Sittwe State Hospital quickly,
 - Medical Superintendent of Sittwe State Hospital met the representative team led by Senior National Advisor and Rakhine Health Programme Manager of 3MDG Fund on 28th April 2017
 - MoHS team led by Union Minister met Norway Ambassador on 9th May 2017
 - Department of Medical Service Team met the representatives of Norway Embassy, UNOPS, WHO, 3MDG and DFID on 23rd May 2017
- Main themes to finalize a plan for Sittwe State Hospital
 - situation and requirement of main Hospital building,
 - the status of sanctioned and required staffs
 - hospital equipment status
 - assessment of health service need by the local community
- The working committee was organized with Dr. Htay Aung (Deputy Director General, Department of Medical Service), Dr. Moe Khaing (Director, Department of Medical Service), Dr. Shwe Thein (Director Sittwe State Department of Medical Service), Dr. Kyaw Naing Win (Medical Superintendent, Sittwe State Hospital), Dr. Myint Zaw (Medical

Superintendent, Sittwe State Hospital), Daw BaBi Khin Cho (Engineer, Sittwe State Hospital) and the process of finalizing of the plan will be continued.

- For the benefit of all communities and rapidly expand primary health care services in the southern and northern parts of Rakhine State (for instance through mobile clinics).
- MoHS in cooperating with local and international non-government organizations which are performing health service in Rakhine State and providing primary health care services in 208 IDP camps within 12 Townships through 40 mobile clinics. These mobile clinics provided health service over 100,000 patients and transferred 589 emergency patients to the hospitals.
- To expand primary health care services through mobile health teams, with the support of WHO Central Emergency Response Fund (CERF), MoHS and WHO is implementing a special project started from 2017 July including mobile clinics and immunization services in Buthidaung and Maungdaw Townships.
- In this project for the use of mobile clinics, 59 kinds of medicines (valued 163,761,500 kyats) has been purchased and distribution in progress in collaboration with WHO.
- In order to increase immunization coverage and elimination of Polio in Rakhine State, two times of additional administration of polio vaccination was simultaneously implemented in all townships in 2017 July and August respectively.

Recommendation: The Union government and the Rakhine State government should ensure – and publicly state – that all communities have equal access to health treatment, irrespective of religion, ethnicity, race, gender, or citizenship status. The authorities should commence the removal of administrative obstacles that impede access to health care.

- MoHS has been providing equal access to health treatment, irrespective of religion, ethnicity, race, gender, or citizenship status in line with medical ethic.
- In State level Health Cluster Meeting held in February, 2017 consulted for the difficulty in TB patient transfer. State Minister of Social Welfare negotiated with State Minister of Security Welfare for the security instruction to give permission of easy access for patient with medical record book.
- Hospitals and Clinics are providing equal health services to the patients who need hospital care.
- In order to notify the people that all communities have equal access to health treatment, MoHS is providing primary health care service such as medical care service through mobile clinics, immunization services, maternal and child health care services, nutrition promotion services etc. to all communities without any discriminations.

Recommendation: The Commission recommends that the Government of Myanmar roll out a comprehensive birth registration campaign - with door-to-door visits carried out by mobile teams - in order to reach all children. International actors (including the United Nations and donors) should assist such efforts technically and financially in accordance with needs.

- Ministry of social welfare, relief and resettlement held a meeting on 28th April 2017 to organize a working committee in order to roll out a comprehensive birth registration process in line with current rules and regulations.
- Awareness raising campaigns were also held for successful door to door birth registration campaign.
- MoHS (with 4 Station medical officers, 5 assistant surgeon from Department of Public Health, 1 assistant surgeon from Department of Medical Service) in cooperation with other related sectors led by “Rakhine Birth Registration Issuing Working Committee”, implemented under 5 year old children door-to-door visit birth registration campaigns in Buthitoung and Moundaw Townships.
- Since 26th May, a total of 15,290 children were issued birth registration certificate by door-to-door visit birth registration campaign.
- Moreover, Department of Medical Service, Rakhine has given instruction respective hospitals to issue birth registration certificate to every hospital born baby at once.