

National Comprehensive Development Plan
(Health Sector)
(2011-2012 to 2030-2031)

Introduction

1. With the objective of uplifting the health status of the entire nation, the State has provided policy guidance for implementing health development activities through the National Health Plans. With expansion of health services to improve the health care coverage including hard to reach and remote border areas, promoting quality of health care services with competent health care providers by using advanced technologies and modernized equipments, improving socio-economic standard and health knowledge of the people, morbidity and mortality of communicable diseases have been decreased significantly and life expectancy and health status of the people has been increased.
2. The Ministry of Health is providing comprehensive health care services, covering activities for promoting health, preventing diseases, providing effective treatment and rehabilitation up to the grass-root level.
3. Aiming towards the “Health for All Goal”, series of National Health Plans based on primary health care services have been systematically developed and implemented. The Ministry of Health has formulated four yearly People's Health Plans starting from 1978. From 1991 onwards, successive National Health Plans have been formulated and implemented. Thus, the health status of the people has been raised in all aspects.
4. In 1990, maternal mortality ratio was 1.87 per 1000 live births in rural and 1.02 per 1000 live births in urban and has reduced to 1.52 per 1000 live births in rural and 1.13 per 1000 live births in urban in 2009. Infant mortality rate has decreased to 27.8 per 1000 live births and 25.7 per 1000 live births in rural and urban respectively in 2009 compared to 1990 where mortality rate was 48.8 per 1,000 live birth in rural and 47.0 in urban area. The under-five mortality rate has declined from 72.2 per 1,000 live births in 1990 to 36.5 in 2009.

5. In 1988, the life expectancy at birth was 56.2 years for males and 60.4 years for females in rural area and 59 years for males and 63.2 years for females in urban area. In 2009, life expectancy at birth has improved to 64.1 years for males and 67.5 years for females in rural area and 65.5 years for males and 70.7 years for females in urban area.

6. It is needed to ensure quality and comprehensive health services are accessible equitably to all citizens and also required to promote the quality health care services of private sector by proper supervision and monitoring mechanism.

Review of the Current Issue of Health Sector

7. In Myanmar, communicable diseases; non-communicable diseases; injury; maternal, neonatal and child health conditions; and geriatric health were identified as priority country health problems. Moreover, utilization of qualified human resources for health, expansion of health infrastructure in rural area, provision of drugs and medical equipments, strengthening of administrative management of health care delivery system, proper allocation of budget and reduction of catastrophic health expenditure are current challenges for health sector.

8. Besides, there is still needed to improve rural health development and poverty alleviation, better transportation, widespread dissemination of health education and information, utilization of modern technology, prevention of natural disasters, recruitment of voluntary health workers, reduction of out-of-pocket health expenditure and establishment of community-based health insurance system.

9. Among challenges of the health system, transportation, literacy, culture and belief, socio-economic condition, migration and co-operation and coordination with health related sectors are the key influencing factors.

10. The health care coverage is difficult to reach the mobile population. For example, the vaccine preventable diseases and infectious diarrhea are common among the mobile population and it is difficult to control.

11. Although there is collaboration and co-operation between health and health related sectors including NGOs, formulation of health care programs and accessibility and availability of information are still necessary.

Policy and Institutional Arrangements

12. With the ultimate aim of the raising the health status of the people, Ministry of Health has adopted the following policies-

- (a) To uplift the health status and ensuring health and longevity for the citizens
- (b) To strive the sustainable development of the health care services in accordance with international standard
- (c) To improve the determinants of health
- (d) To implement health development programs appropriately according to international declarations, agreements and commitments
- (e) To accelerate the health sector development in line with the ASEAN Economic Community

13. Comprehensive health care covering promotive, preventive, curative and rehabilitative services are provided by various categories of health institutions at Central, State & Regional, District, Township and Village/Ward levels.

14. National Health Committee is composed of health, health related ministries and NGOs. The National Health committee takes the leadership role and gives guidance in implementing the health programs systematically and efficiently. Under the guidance of the National Health Committee, various health committees had been formed at each administrative level for monitoring, supervision and coordination with health related sectors and NGOs.

15. Infrastructure for service delivery is based upon sub-rural health center and rural health center where Midwives, Lady Health Visitors and Health Assistant are assigned to provide primary health care services to the rural community. Those who need to special

care are referred to the Station Hospital, Township Hospital, District Hospital and to Specialist Hospitals successively.

16. The rural health center takes the responsibility of health care in the rural areas. There is 13 basic health staff in the rural health center and one midwife is taking care of about 5,000 to 10,000 people.

Strategic Directions

17. Aiming towards the health sector development, the following strategies has been being implemented.

a. Health System Strengthening

- Health Policy and Legislation
- Universal Health Coverage
- Strengthening of Health Information System
- e-Health Development
- Township Health System Development

b. Disease Control Programme

- National AIDS and Sexually Transmitted Disease Control
- National Tuberculosis
- Malaria Control
- Lymphatic Filariasis Control
- Dengue Hemorrhagic Fever Prevention and Control
- Leprosy Elimination
- Trachoma Control and Prevention of Blindness
- Prevention and Control of Non-communicable Disease and other Related Conditions

c. Public Health Programme

- Basic Health Services
- Maternal and Child Health
- Adolescent Health
- School Health
- Nutrition Promotion
- Food Safety
- Pharmaceuticals, Medical Devices and Cosmetic Quality and Safety

d. Curative Services Programme

- Promoting Quality of Hospital Services
- Expanding Health Care Coverage in Border Areas
- Promoting Laboratory and Blood services
- Provision of Essential Medicine

e. Development of Myanmar Traditional Medicine Programme

- Upgrading of the quality of teaching skills in traditional medicine
- Expansion and Upgrading of traditional medicine clinics and hospitals
- Supervision and monitoring of safe and quality assured traditional drugs manufacturing
- strengthening the capability of research in traditional medicine
- Conservation of scarce medicinal plants and production of quality raw materials for traditional medicine drug factory

f. Human Resources for Health Development Programme

- Produce different categories of health professionals according to the human resources for health needs
- Development of infrastructure, teaching/learning materials, technology, libraries, upgrading laboratories to meet the international standard
- Regular review, revise and update of curricula for relevance to the changing trends in medical education
- Strengthening of human resource information and research activities

g. Promoting Health Research Programme

- Conduct health research programme especially health policy and system research
- Conduct research on emerging and reemerging communicable diseases
- Conduct research on non-communicable diseases increasing with the changing life style
- Implement research on the danger of environmental pollution
- Conduct research activities concerned with traditional medicine
- Explore technologies for the diagnosis, management and control of common diseases/conditions
- Strengthen research capacity through development of infrastructure and manpower, and human resources development, necessary for effective health research
- Dissemination of research findings through websites of Departments of Medical Research

Conclusion

18. The Ministry of Health is providing comprehensive health care inclusive of promotive, preventive, curative and rehabilitative services to raise the health status of the country and people, utilizing the human, monetary and material resources in the most efficient ways.