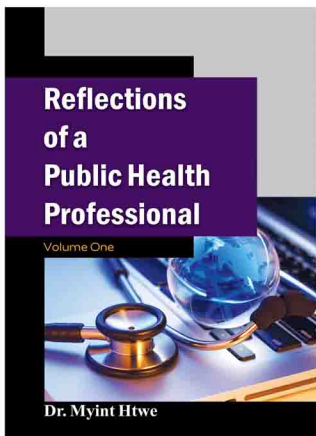


# Achieving Long-Term Dividends in Population Health



**Dr Myint Htwe**

## 4. Achieving long-term dividends in population health

The above statement is in the mind of each and every public health professional. We have been striving hard to uplift the health status of the population for decades through several means and avenues with varying degrees of success and failure. We have fielded numerous public health interventions and strategies, special and *ad hoc* health programmes and projects under the umbrella of national health plans involving WHO, United Nations agencies, international and local NGOs, organizations, foundations, associations, local government authorities, civil society, bilateral agencies, government-to-government collaborative networks, etc. The government has also increased its budgetary allocation to health over the years, especially during last three to four years.

It is high time *to seriously review the role played by each of these players* and their effectiveness together with the big question: “*How many of our health programmes are inefficient, less effective, redundant and duplicating in nature?*” We need to sunset some health programmes, which are no longer necessary in the context of the current epidemiological situation. We need to further intensify the programmes which are indispensable and also strengthen the programmes which are weak.

“*Are we properly, rationally and appropriately allocating our scarce resources to health care delivery programmes?*” Here, we need to cross reference with updated National Health Accounts. It will definitely expose many interesting scenarios. The *composite review* or so-called overall review of all programme evaluation reports of the last three or four years will reveal critical and contentious issues that need to be tackled and resolved. This is the most cost effective way of exposing the ground reality in a timely manner.

From the perspective of achieving sustainable long-term health dividends, we need to reinforce and give top priority to the following programmes or activities. We need to have:

- (i) Strong and action-oriented health literacy promotion programmes all over the country;*
- (ii) Efficient and dynamic school health programmes in all schools, in collaboration with the Ministry of Education;*
- (iii) Effective noncommunicable diseases control programmes in collaboration with civil society and community-based organizations;*
- (iv) Technically efficient as well as effective national immunization programmes with proactive involvement of local governments and nongovernmental organizations and civil society;*
- (v) Compact and integrated national health plans with a built-in monitoring system; (The national health plans must also include the specific role to be played by various stakeholders for various activities and for different geographical areas).*
- (vi) Multi-media and radio (different major local languages) channels solely dedicated to contemporary health issues and health knowledge enhancement especially for remote and underserved areas of the country;*
- (vii) Research programmes emphasizing on conducting “implementation research” in support of various health programmes of the Ministry of Health;*
- (viii) Systematic and concrete collaboration on certain specific health related issues between the Ministry of Health and other relevant ministries (Industries, Transport, Agriculture, Social Welfare, etc.) under an agreed framework of collaboration;*

## *Reflections of a Public Health Professional*

- (ix) Guidelines for modus operandi with international and local NGOs for effective collaboration at the ground level are essential as the number of these organizations is increasing over the years; and*
- (x) Regular and institution-based capacity building training programmes for community-based health workforce (CBHWF) and workers of community-based organizations (CBOs), an essential workforce with less probability of internal and external migration.*

It is hoped that *implementation of aforementioned activities numbers (i), (ii), (iii) and (iv) will specifically result in a very large cohort of a healthy population, who can further propagates good health practices and healthy behaviour to their counterparts.* We all need to strongly promote, especially the above four activities without reservation.

To facilitate the above activities, there must be a concomitant production of fully committed and fully qualified health professionals (public health, medical, nursing, medical technology) with reasonable incentivizing schemes in the course of their career. Systematic continuing medical education (CME), continuing nursing education (CNE) and continuing public health education (CPHE) programmes in collaboration with Myanmar Medical Association (MMA), Myanmar Academy of Medical Science (MAMS) and various societies (such as General Practitioners Society, Preventive and Social Medicine Society) under MMA, must be established as soon as possible. We do have such programmes in place but they are *not running in a systematic and regular manner.* From time to time, we may conduct a national-level seminar or conference on public health or even conduct a Peoples' Health Assembly involving representatives of civil society, local-level associations, community-based organizations, (CBOs), community leaders, political organizations, basic health care service workers, etc.

## **Conclusion**

The above-mentioned points are some of the unrestricted thoughts, not exhaustive, which may be considered, as appropriate, by all those concerned and policy makers at the higher level. In conclusion, it could be said that positive thinking, team spirit, the collaborative and compromising attitude of health professionals, and application of phase-wise and step-wise approach to deal with a situation are some of the basic requirements for improving the performance of the health care delivery system. *The above-mentioned activities are a long-term investment which will yield long-term dividends for promoting population health all over the country.*

(NB. This is the updated version of the article, which appeared in Bulletin of Preventive and Social Medicine Society, Volume 1, Number 2, January 2015.)