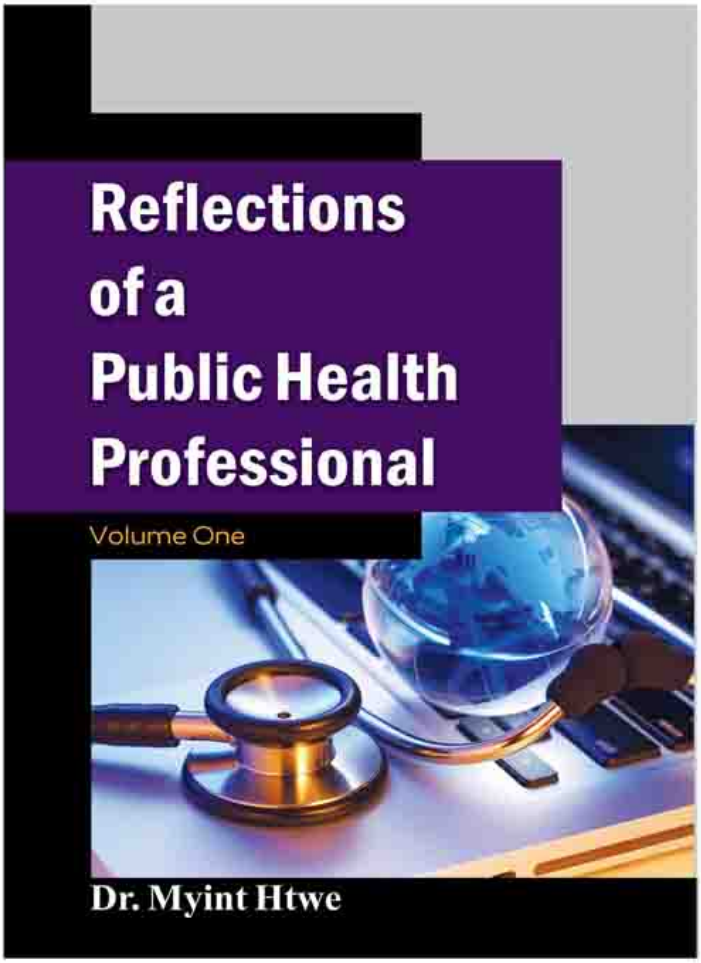
Approaches to Achieving Universal Health Coverage



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5. Approaches to achieving Universal Health Coverage

(This is the text of the talk at the academic session of the Myanmar Academy of Medical Science (MAMS) annual meeting (2014-2015) held on 19 September 2015 at the University of Nursing, Yangon.)

The objectives of the talk were:

(i) To obtain critical views, comments and suggestions on Universal Health Coverage (UHC) from members of MAMS and special invitees representing a broad spectrum of disciplines;

(ii) To share non-directional practical views and thoughts in overcoming challenges along the path to achieving UHC;

(iii) To inculcate a spirit of sincere collaboration among stakeholders;

(iv) To emphasize the importance of applying innovative and holistic approaches in tackling issues related to UHC;

(v) To make clinicians and public health professionals more cohesive and team-spirited;

(vi) To create a sense of ownership of public health programmes by clinicians and other stakeholders; and

(vii) To pinpoint the crucial role of training institutions in achieving UHC.

It should be pointed out that some of the predictors or controlling factors to achieve UHC are beyond the control of the Ministry of Health (MoH). Therefore, high importance must be accorded to inter-sectoral collaboration and coordination, which should not be underestimated. Without public-private mix and an acceptable level of health knowledge, attitude and practice of the population, the time required to achieve UHC can be unduly lengthened and the road to achieve UHC will not be smooth. In addition, project/programme managers of various technical areas must always consider nine strategic areas/ directions of UHC during planning and implementation of activities of their respective projects and programmes.

What are the principles to be applied in considering UHC issues?

There are certain basic principles that may be considered if rational conclusions are to be drawn when discussing issues related to UHC. These are:

(i) To think out of the box or revolutionary thinking;
(ii) To apply epidemiologic thinking in sorting out issues;
(iii) To exercise systems approach and systems thinking;
(iv) To prioritize and consider phase-wise and step-wise approach in implementing programmes;
(v) To practice "fact finding rather than fault finding";
(vi) To regularly undertake introspection;
(vii) To inculcate compromising rather than confronting attitude; and
(viii) To initiate an atmosphere of mutual respect especially in dealing with development partners.

What are desirable background conditions required to achieve UHC?

Certain background conditions are desirable and should be created if we really want to achieve UHC. The goals and objectives of UHC must always be borne in mind by programme managers during discussions with development partners, collaborating external agencies and entities, international and local non-governmental organizations as well as while conducting capacity building activities for professionals in MoH. Integrating, sun-setting, reducing or reinforcing programme activities should be done as required. Issues of human resource for health must be tackled to the extent possible as per the "Health Workforce Strategic Plan (2012-2017)".

Current and future activities of MoH must be aligned with nine strategic areas/directions of UHC. It is strongly suggested that the number of meetings and workshops in MoH should be drastically reduced. Instead, a priority

recommendations made at recent meetings, workshops, seminars, symposia, forums and evaluation reports is essential. Some actions must be initiated based on the recommendations.

What is "High Powered Independent Task Force on UHC" and why is it required?

MoH has been spearheading numerous public health promoting and health care activities all over the country through various programmes and projects for the benefit of the population. Each activity is important and essential by itself. However, it cannot be denied that many activities are redundant, duplicated and not cost-effective in view of changing epidemiological conditions. All these activities need to be reviewed in the context of making them more concrete and cost-effective with UHC goals in mind.

In order to oversee and improve the scenario as mentioned above, it is desirable that a "High Powered Independent Task Force on UHC", with time-bound and concrete terms of reference, should be formed. The *members must be technically savvy, dynamic and independent*. Full decision-making authority on technical matters must be given to the task force. In order that the decisions are unbiased, chairmanship may be assigned on a rotating basis for each meeting and all members should preferably be at the same level, i.e., Director. Provision of full-time secretariat, budget and facilities are required. The task force should report directly to the Minister or Deputy Ministers of Health only for policy matters and for final decision-making on controversial issues, if any. The decisions on technical matters should be the sole responsibility of the task force. This will make the task force more dynamic, responsive and responsible.

The general objectives of establishing this task force are to oversee activities along the path to UHC:

(i) Attaining an efficient health care delivery system;

(ii) Improving responsiveness and robustness of health information system related to UHC;

(iii) Rendering quality services to the population;
(iv) Rational resource allocation and utilization;
(v) Smooth collaboration and effective networking with other ministries and development partners;
(vi) Improving health care financing mechanisms; and
(vii) Weeding out redundant, duplicated, ineffective and inefficient programme activities.

The fact of the matter is:

(i) UHC needs continuing high-level commitment and push;
(ii) UHC cannot be achieved easily in a short period of time;
(iii) UHC is an ongoing and lengthy process;
(iv) Strategies of UHC always need to be reviewed, aligned and improved;
(v) Always need to consider long-term perspectives in tackling issues in UHC;
(vi) No ad hoc measures, no stop-gap measures, no symptomatic management, no face-saving measures, but go for root cause in improving UHC; and
(vii) Need to be sincere, unbiased and unfazed in exposing real scenarios along our path to UHC.

What are the main gatekeepers along our path to UHC and what are the strategic areas/directions for UHC?

The activities of UHC should be implemented within the framework of the main gatekeepers of UHC such as overall *government policy, decisions of National Health Committee, National Health Policy, Myanmar Health Vision 2030, National Health Plan, Health Workforce Strategic Plan 2012-2017, National Health Research Policy, National Population Policy and the nine strategic areas/ directions for UHC.*

The nine strategic areas/directions of UHC are as follows:

(i) Identify essential health package ensuring access to comprehensive quality health services for all;

(ii) Enhance human resource for health (HRH) management through implementation of health workforce strategic plan to address current challenges hindering equitable access to quality services;

(iii) Ensure availability of quality, efficacious and low-cost essential medicines, equipment and technologies including supply chain management and infrastructure at all levels;

(iv) Enhance effectiveness of public-private mix;

(v) Develop alternative health financing methods and risk pooling mechanisms to expand the fiscal space for health in order to alleviate catastrophic health care expenditure of the community and enhance financial protection;

(vi) Strengthen community engagement in health service delivery and promotion;

(vii) Strengthen evidence-based information and comprehensive management information system including non-public sector;

(viii) Review existing health policies and adopt necessary policies to address current challenges for UHC; and

(ix) Intensify governance and stewardship for the attainment of UHC.

It is high time that we sincerely ask ourselves, *"Did we do anything concrete on the above nine areas of work or strategic directions of UHC?"* The answer is a definite "Yes", but not strong enough to have an impact. Therefore, we need to sort out issues and consider managing it appropriately in a phase-wise and step-wise manner, with built-in, simple monitoring mechanisms.

What is UHC?

UHC can be viewed from several perspectives taking into consideration different contexts in the country. The World Health Organization has mentioned that the goal of UHC is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. The main objective of UHC is for the *quality of health services* to be good enough to improve the health of those receiving services. This requires a *strong, efficient, well-run health system meeting priority health needs; a system for financing health services; access to essential medicines and technologies; and a sufficient capacity of well-trained, motivated health workers.* The full spectrum of essential, quality health services should be covered including health promotion, prevention and treatment, rehabilitation and palliative care.

In a nutshell, *UHC means everyone gets quality health services, people are accessible to health services, and people will not suffer financial hardship due to payment for health services.* WHO Director-General Dr. Margaret Chan also mentioned in her opening remarks at the WHO/World Bank Ministerial-level Meeting on UHC in February 2013, in Geneva, Switzerland, that *"UHC is the single most powerful concept that public health has to offer. It is inclusive. It is the ultimate expression of fairness. It unifies services and delivers them in a comprehensive and integrated way, based on PHC".*

Who are the key players in UHC?

It is to be emphasized that MoH is only one of the players providing quality and accessible health services, essential medicines and health knowledge to the population. Other ministries also play an important role for easy accessibility to health facilities, health, social insurance, social assistance, health financing, health budget increase, etc. International and local NGOs,

civil society organizations (CSOs) and community-based organizations (CBOs) also play an equally crucial role in various avenues for promoting health along the path to UHC. Development partners are involved in providing technical and funding support. Of all the players, we should not forget the role of communities in terms of collaboration and understanding, apart from possessing a reasonable level of health knowledge and information in accessing the health services rendered by the MoH.

How are we going to make players work harmoniously along our path to UHC?

The principle of *"combined effort is synergistic and progressive"* must be the order of the day. The progression may be geometric rather than arithmetic. Each player involved in UHC has a common goal and similar objectives. Therefore, exercising mutual respect, plan together and chalk out the division of labour, practicing a compromising rather than confronting attitude, promoting networking, and jointly developing *"Implementation Activities Framework (IAF)"*. These are some of the avenues that can lead to smooth collaboration among players along our path to UHC. Powerful and unbiased coordination is required. The International Health Division of MoH can coordinate this aspect effectively. This "IAF" can easily be linked and integrated with existing development partners' collaborative action plans, and activities already identified in the National Health Plan. The outcome will be the country's Master Plan of Action to achieve UHC.

What are we going to do now along our path to UHC?

The issues and facts mentioned below are put forward for consideration. We need to promote the notion of tripartite collaboration. *Tripartite means clinicians including general practitioners; public health professionals ranging from epidemiologists to programme managers to basic health service workers; and health institutions which include the University of Public Health, University*

of Community Health, Universities of Nursing, Universities of Medical Technology, Universities of Medicine, etc. Tripartite collaboration within MoH is a basic necessity and should be strengthened through the application of various means and avenues.

Why are clinicians crucial in achieving UHC ?

The demarcation line between clinicians and public health professionals must be removed. Several options to achieve this are available, viz., enhance involvement of clinicians in MoH activities such as:

- *Development of strategies and interventions for communicable and non communicable diseases control;*
- *Formulation of national health policy, national health plan, national health research policy;*
- *Annual programme planning and evaluation workshops;*
- *Relevant public health activities of the University of Public Health and University of Community Health; and*
- *Strategic and policy level meetings and workshops organized by MoH and collaborating UN agencies.*

Clinicians must be asked to emphasize preventive, promotive and rehabilitative aspects of diseases and conditions in their didactic lectures and also during ward rounds in hospitals. A short preventive and promotive health talk by clinicians, on a rotation basis, in hospitals while discharging the patients will yield significant and long lasting results as patients, including their attendants, who are in a receptive mode for getting information about the diseases/conditions they have been suffering.

In other words, *clinicians must be brought on board* in public health programmes. People have more confidence in clinicians as the services rendered by them result in diseases being treated. Clinicians treat dengue haemorrhagic fever and patients get cured in a few days. However, it will take months to see

the impact of public health approaches to preventing the occurrence of dengue fever in the community. But nobody notices the outcome of public health activities in preventing hundreds if not thousands of dengue and dengue haemorrhagic fever cases in the community. We need to create a sense of ownership of clinicians in public health programmes. Other advantages of involving clinicians are to acquire *more bonding between clinicians and public health professionals* and also in obtaining innovative views and ideas from the clinical perspective, which is desirable. In addition, the positive impact of public health programmes can be more noticeable due to the active involvement of the community.

How can we involve general practitioners along our path to UHC?

General practitioners are an important group of health professionals as they are widely distributed all over the country. It is crucial to strategize for greater involvement of general practitioners in public health activities of the MoH. Through the General Practitioners Society of Myanmar Medical Association, we should harness their services for supporting public health activities of MoH. General practitioners are in close contact with the population and their bonding with the community is strong. They can be involved in health promotion activities of MoH, controlling disease outbreaks, reporting unusual occurrence of diseases, reporting notifiable diseases, and in special activities of MoH such as National Immunization Days, World Health Days, and management of disasters. Networks of general practitioners for effective collaboration with MoH can be created.

MoH may also consider conducting continuing medical education courses for general practitioners in collaboration with Myanmar Medical Association and Myanmar Academy of Medical Science. Courses such as basic principles of public health, prevention and control of diseases of contemporary importance, control of disease outbreaks, management of disasters, etc. may be considered. It is high time that the policy on involvement of general practitioners in MoH

activities be revisited because of the limited number of health workforce (HWF) in MoH.

What is the role of health institutions in achieving UHC?

For getting long-term dividends, the crucial role of health institutions in producing public health-minded graduates must not be forgotten. To achieve this, *public health curriculum in health institutions* must not only be dynamic but also attractive and contemporary. There is an imbalance in terms of the number of hours for subjects being taught in medical institutions. Public health is only one of the subjects among (12) major subjects (medicine, surgery, obstetrics & gynecology, pediatrics, pathology, forensic medicine, preventive & social medicine, pharmacology, microbiology, biochemistry, physiology, anatomy). There are preventive aspects in almost all the subjects.

It is important to emphasize the importance of public health so that interest in *preventive aspects could be inculcated in the minds of young medical graduates.* If we scrutinize the health workforce (HWF) of MoH, more than 50% or the majority are public health professionals. One quick solution may be that public health subjects be taught throughout MBBS scholastic years. We need to *strengthen the University of Public Health and the University of Community Health* on a priority and urgent basis. Currently, the performance is not outstanding. We need strong public health professionals if we are to achieve UHC as per the target of 2030 and beyond.

Some of the public health topics that can be appropriately allocated and taught throughout MBBS scholastic years are basic epidemiologic principles and methods, basic data presentation and analytical methods, basic research methods (both quantitative and qualitative), bioethics which includes research ethics, public health ethics and medical ethics, responsible conduct of research (RCR), basic management techniques (Delphi, Delbecq, Brainstorming, etc.), basic medical statistics including morbidity and mortality statistics, basic principles of communicable and noncommunicable disease transmission and

control, principles of management of disease outbreaks, and natural history of diseases of public health importance.

How are we going to promote the role of public health professionals to achieve UHC?

Public health professionals must exercise provocative, futuristic, out-of-the-box and epidemiologic thinking in their day-to-day management of public health activities. The MoH can arrange and create a formal and informal platform or forum to discuss contemporary and contentious public health issues of importance on a regular basis. Annual or biennial *National Public Health Conferences and Peoples' Health Assemblies* (state and region-wise) may be conducted in collaboration with development partners and especially UN agencies and like-minded organizations.

In order to enhance and streamline the performance of public health professionals working at different levels of health care delivery system, it is worthwhile to produce a *compendium* (either electronic or paper version) which will include, among others, standard operational guidelines for various purposes, important directives and circulars of MoH, basic rules and regulations pertaining to administrative and management issues, speeches of Chairperson of National Health Committee, Ministers of Health, and Deputy Ministers of Health made at several high-level policy meetings, important conferences, events, forums, and seminars. It should also be regularly updated. Through this compendium, all professionals in MoH will be communicating to each other using the *same wavelength* and understanding. It will result in achieving a significant and positive impact along our path to achieve UHC.

What is the role of public-private partnership (PPP) in achieving UHC?

The role of the private sector in the health domain is expanding yearly and with increasing momentum. Partnerships can be either with local or external (abroad) entities. The impact of partnership can be augmented if networks of partners are formed within a set framework. The success of PPP depends on

stipulated and mutually agreed upon rules and regulations which should be unbiased or well balanced and all partners must be put on an equal footing. If we aim at a one-sided benefit or imbalanced benefit, the partnership will be disintegrated in no time.

Linkages with private clinics, hospitals, laboratories, information communication technology companies, and pharmaceutical industries in areas of telemedicine, tele-consultations, training, pre-hospital care, generic medicines, hospital information system, emergency care, ambulance services for easy referral and improving accessibility, health and the social insurance system are just a few examples. We may need to urgently *revisit policies and strategies of MoH on PPP* in the context of prevailing conditions. The PPP can greatly facilitate in overcoming the challenges in achieving UHC.

Why is HWF a key player or driver to achieve UHC?

The health workforce (HWF) is the driver of the health care delivery system to achieve UHC. Driving without a sense of direction or aimlessly or without control or guidance is detrimental to achieving our goal of UHC. Thus, *proper training and reorientation courses* for HWF are required to get quality HWF for rendering quality health services leading to quality UHC. It is important to consider and take action appropriately on all factors, which can influence HWF to perform their jobs efficiently and effectively. We should aim at getting ethically minded, fully committed, motivated, technically savvy and cordial HWF. It is utopian but we must try our best to achieve it. It is a long process where training institutions are fully responsible for it. HWF should be managed strategically but it is easier said than done. The possible strategies are mentioned below for consideration as appropriate.

What are the possible strategies and solutions for obtaining efficient HWF along our path to UHC?

In order to make health professionals perform their jobs efficiently and effectively, studies made on various perspectives on HWF need to be reviewed

and improved appropriately. It is worthwhile to conduct quick qualitative studies by way of key informant interviews, focus group discussions and in-depth face-to-face interviews regarding the performance of health professionals. Functional analysis of the performance of HWF can be made. Based on the research findings, *review and revamp staff selection methods; appointment system; transfer system; promotion system; supervision system; career pathways; monitoring and assessment system; and reward and punishment system of HWF.* Additionally, pre-service and in-service training programmes could be reviewed from various perspectives and improved accordingly in line with the contemporary situation and requirement. All these actions can be supplemented taking into consideration key recommendations arising out of many meetings, workshops, and evaluation missions on HWF conducted earlier.

What is the framework for review of HWF in achieving UHC?

The "HWF Strategic Plan (2012-2017)" has identified four pillars of human resource for health policy. These are:

(i) Strengthening leadership and management of human resource for health;
(ii) Improving availability of human resource for health;
(iii) Improving quality of human resource for health; and
(iv) Ensuring equity in human resource for health.

The "HWF Strategic Plan (2012-2017)" is very comprehensive and well written. It is desirable that the concerned department takes action on the strategic plan in a phase-wise and step-wise manner, subject to availability of funding resources. All along the process of achieving UHC, it is important to emphasize strategic direction number two of UHC, which is *"Enhance health workforce management through implementation of HWF strategic plan to address current challenges hindering equitable access to quality services"*. Quality services connote public health services as well as hospital services.

What should we urgently need to do for effective management of HWF?

We need to urgently review and determine various types of HWF needs state/region-wise in the light of UHC. A team led by the state/regional director should organize the review with technical support from the central level. Establishing a *computerized HWF database system* can facilitate many HWF issues. We need to ensure that HWF responds better to wants, needs and demands of the population. *Equitable distribution of adequate, committed, competent, and ethically minded* HWF is crucial along our path to UHC. In order to know the optimum mix and performance of HWF, professionals from the Departments of Medical Research, Public Health, Medical Services, Traditional Medicine,Food and Drug Administration, and Human Resource for Health should jointly carry out *"implementation research"*.

While carrying out UHC activities, it is advisable to continuously monitor HWF performance and make adjustments as appropriate. This function should preferably be taken care of by the state/regional team rather than by the central level. Changing trend of training needs of HWF must be taken care of by health institutions as per the need identified by state and regional HWF team. It is worthwhile to consider giving enhanced training support to HWF of community-based organizations and civil society organizations. MoH may need to review its policy for dealing with these organizations.

What is the role of the central level to get quality HWF for UHC?

The central level should focus only on overall monitoring and evaluation of HWF scenario, development of standard operating procedures and guidelines, and policy matters. The central level could systematically coordinate involvement of all stakeholders (INGOs, development partners, agencies, organizations and relevant ministries) in HWF matters. It is desirable that the central level should decentralize several HWF-related matters such as state/regional HWF planning depending on capacity and capability of each state/region. The central level should oversee implementation of "HWF Strategic Plan (2012-2017)" in coordination with state/regional HWF teams.

Composite analysis of all available strategies and activities of MoH in Myanmar

There are numerous overarching strategies and activities currently being implemented in the field of health in Myanmar. Some activities are donor driven and some are just a matter routine continuation of ongoing activities. Many activities appear to be redundant and some are similar. It is a sheer waste of scarce resources if we continue to let it go. It could even be said that the conduct of these activities is *unethical.* It is sensible to do a quick mapping of all strategies and activities of MoH. After weeding out unwanted, redundant, duplicated and non-essential ones, the remaining activities can be prioritized in the light of nine "strategic areas/directions of UHC" and station it in the "Implementation Activities Framework".

What is "Implementation Activities Framework" (IAF)?

It is, in fact, an activity tree to be considered along our path to achieving UHC. It includes responsible entities to implement, the source of funding, resource allocation, a timeline for each prioritized activity. Brainstorming among all stakeholders must be done in developing "IAF". The following principles ought to be applied while developing a realistic "IAF", viz., fact finding and not fault finding, compromising attitude, mutual respect, collaboration, down-to-earth and doable approach, no hidden agenda, sun-setting redundant and duplicated activities and involving all stakeholders on equal footing. *Activities in IAF should be prioritized, interlinked, integrated and properly sequenced.* "IAF" will serve as a concrete road map to achieve UHC by 2030 and beyond.

How will we know that we are progressing well along our path to UHC?

The High Powered Independent Task Force on UHC alluded to earlier must oversee the modus operandi of activities currently being conducted and steer them appropriately. The activities and performance of existing "UHC and Service Delivery" Task Force may be reviewed and considered for possible

merging into the "High Powered Independent Task Force on UHC". An unbiased and critical review of scenario on UHC without undue influence from higher officials is essential. Provision of built-in "implementation research" in programmes is a *sine qua non* and must be incorporated. It would be beneficial to conduct *qualitative research to elicit recipients' perspectives* on UHC in order to streamline the activities in "IAF".

Strategies to enhance financial risk protection (In view of the vastness of this subject matter, it will be discussed separately)

Rational allocation and efficient utilization of the tremendous increase in the health budget currently are crucial in order to have a notion of *"value for money".* There is an urgent need to *update National Health Account,* which could serve as an important input to health planning process for UHC.

A composite review on social protection schemes, health financing mechanisms, health insurance schemes, community cost-sharing scheme (user fees), hospital trust funds, revolving drug funds, social security benefits, etc. must be conducted on a priority basis. All these entities have already been tested in Myanmar but best approaches are yet to be identified.

Conclusion

The following points are noteworthy in considering the approaches and strategies to achieve UHC, viz.,

(i) HWF is the key driver to achieve UHC;
(ii) MoH is only one of the players;
(iii) Inter-ministerial and inter-sectoral collaboration is a must;
(iv) Systematic collaboration and coordination with development partners, local and international NGOs, community-based organizations and civil society organizations are essential;
(v) PPP is an essential ingredient to achieve UHC;
(vi) Clinicians must be brought on board;

(vii) Role of training institutions is crucial;

(viii) Built-in implementation research is a *sine qua non;*

(ix) "High Powered Independent Task Force on UHC" could facilitate dramatically and quicken the process to achieve UHC;

(x) Overall government policy is a key predictor for successful UHC; and

(xi) Collective thinking, collaborative approach, mutual respect and compromising attitude should be practiced by all professionals along our path to UHC.

The strategies and activities to achieve UHC are interconnected and interdependent. Weakness in one nodal point can weaken the whole chain of events. All *programme managers should have a sense of ownership of UHC* and work in a team-spirited manner to become one dynamic and cohesive entity. Under the *insightful leadership of MoH*, guided by our National Health Plan, Myanmar Health Vision 2030, National HWF Policy and HWF Strategic Plan (2012-2017), let us move ahead with the Nine Strategic Areas/Directions for UHC. Concrete, cohesive and innovative strategies and activities for UHC should be identified and incorporated in our forthcoming *National Health Plan, 2017-2021.*

The possible options and practical approaches mentioned above to achieve UHC could be considered in the context of *prevailing and changing epidemiological, socio-economic and political situations* and implementation can be done in phase-wise and step-wise manner.

Further reading

1. *Strategic Directions for UHC*, Myanmar
2. Report of the *Technical Consultation on Issues and Challenges: UHC in Myanmar*, Nay Pyi Taw, 9-11 July, 2012

3. *HWF Strategic Work Plan (2012-2017)*, Ministry of Health, Myanmar
4. World Health Report 2010 entitled *Health Systems Financing: The Path to UHC*
5. *UHC: The Post-2015 Challenge* by Dr Margaret Chan, WHO Director-general, Keynote Address at the Ministerial Meeting on UHC: The Post-2015 Challenge, Singapore, 10 February 2015
6. *Research for UHC* by Dr Margaret Chan, WHO Director-general, Remarks at the Launch of the World Health Report 2013, Beijing, China, 15 August 2013
7. *More Countries Move Towards UHC* by Dr Margaret Chan, WHO Director-general, Opening Statement at the International Forum on UHC: Sustaining UHC: Sharing Experiences and Supporting Progress, Mexico City, Mexico, 2 April 2012
8. *Towards Universal Coverage* by Dr San San Aye, PSM Bulletin, Vol 1 Number 1, 10 September 2014
9. *Equity-oriented Health System: A Policy Challenge for Myanmar*by Dr Than Tun Sein, PSM Bulletin, Vol 1 Number 1, 10 September 2014
10. *Promoting the Role of GPs in PHC* by Dr Swe Win, PSM Bulletin, Vol 1 Number 1, 10 September 2014
11. *Role of GPs in Promoting Overall Health Status of Population in Myanmar* by Dr Myint Htwe, PSM Bulletin, Vol 1 Number 1, 10 September 2014
12. *Improving the Domain of PH in the Country* by Dr Myint Htwe, PSM Bulletin, Vol 1 Number 1, 10 September 2014
13. *Health security for the Poor: An Essential Ingredient for Poverty Alleviation* by Dr Than Tun Sein, PSM Bulletin, Vol 1 Number 2, 1 January 2015
14. *PH Approaches and Epidemiologic Thinking* by Dr Myint Htwe, PSM Bulletin, Vol 1 Number 1, 10 September 2014
15. *Empowering Health Personnel is Imperative in the Path to UHC* by Dr Kan Tun, PSM Bulletin, Vol 1 Number 1, 10 September 2014

16. *Long Term Investment for Uplifting the Health Status of Population* by Dr Myint Htwe, PSM Bulletin, Vol 1 Number 2, 1 January 2015
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19. *Are we Ready for Health Care Reform?* by Dr Myint Htwe, PSM Bulletin, Vol 1 Number 3, 1 June 2015
20. *What is needed to Achieve UHC? Aligning Structure of Health System with People Centered Development, Human Resource for Health*, Presentation by Dr Myint Htwe at National Health Forum, Nay Pyi Taw, 28-29 July 2015
21. *Message to MPH students* by Dr Myint Htwe, PSM Bulletin, Vol 1 Number 2, 1 January 2015
22. *From MDGs to SDGs, and Beyond* by Dr Sid Naing, PSM Bulletin, Vol 1 Number 2, 1 January 2015
23. *Myanmar's Experiences and Lessons Learnt on Policy Mapping of Rural Retention* by Dr Nilar Tin, PSM Bulletin, Vol 1 Number 2, 1 January 2015
24. *Community-based Health Care: The Bedrock of the Health Systems* by Dr Wai Wai Han and Dr Saw Saw, PSM Bulletin, Vol 1 Number 3, 1 June 2015
25. *Strengthening International Health Coordination at the Country Level* by Dr Myint Htwe, PSM Bulletin, Vol 1 Number 3, 1 June 2015
26. *Decision Making in Public Health* by Dr Myint Htwe, PSM Bulletin, Vol 1 Number 3, 1 June 2015
27. *UHC: Supporting Country Needs*. WHO/HIS/HSF/13.1
28. *The Path to UHC* by Dr Margaret Chan, WHO Director-general, Statement to the Press at the launch of World Health Report: Health Systems Financing, Berlin, Germany, 22 November 2010

29. *Best Days for Public Health are Ahead of us* by Dr Margaret Chan, WHO Director-general, Address to 65th World Health Assembly, Geneva, Switzerland, 21 May 2012
30. *Sustainable and Equitable Growth through UHC* by Dr Margaret Chan, WHO Director-general, Welcoming Remarks at the High-level Ministerial Forum on Sustainable and Equitable Growth through UHC, Tokyo, Japan, 6 December 2013
31. Opening Remarks by WHO Director-General Dr Margaret Chan at the WHO/World Bank *Ministerial-level Meeting on UHC,* Geneva, Switzerland, 18 February, 2013
32. *Economic Dimension of UHC* by Dr Margaret Chan, WHO Director-general, Opening Remarks at the World Bank Group – IMF Spring Meeting, Washington DC, USA, 11 April 2014
33. *Mexico City Political Declaration on UHC* (April 2012)
34. *Bangkok Statement on UHC* (January 2012)
35. *Tunis Declaration on Value for Money, Sustainability and Accountability in the Health Sector* (July 2012)
36. *WHO Director-general address to 65th World Health Assembly*, May 2012 Geneva, Switzerland

(NB. This is the updated version of the article, which appeared in Bulletin of Preventive and Social Medicine Society, Volume 1, Number 4, October 2015.)