Leadership for UHC - L4UHC

Leading the way in Bringing Universal Health Coverage to Life

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Presentation Outline

- Overview of the Program
- Module 1 in Brief
- Sri Lanka Health System at a glance
- Inspirations and Practical Phase
- Module 2 in Brief
- Kazakhstan PHC in brief
- Inspirations and Country Roadmap
- National Health Workers' Day Video

Organized and funded by

Participants of the Program

Myanmar Team Members

Name	Organization
Dr Kyaw Swar Myint	Kayin SHD, MoHS
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Dr May Nwe	DoPH, MoHS
Dr Wai Khin	Social Security Board
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Nwe Zin Win	Pyi Gyi Khin
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Dr Moh Moh	PSI
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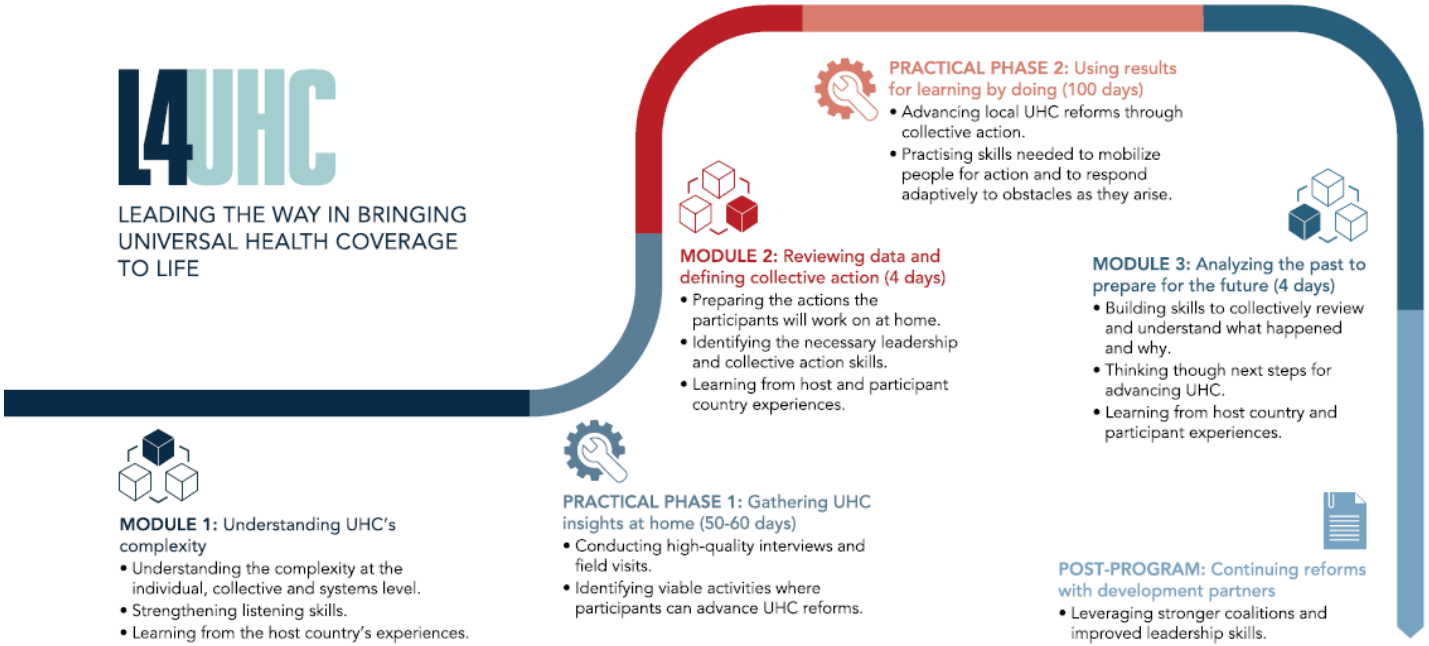
The leadership Journey

❖ **One year program with three modules in three different countries**



Module 1: Sri Lanka

Module 2: Kazakhstan

Module 3: Japan

The leadership journey

Module 1: Understanding UHC's complexity (Sri Lanka)

Module 2: Reviewing data and defining collective action (Kazakhstan)

Module 3: Analyzing the past to prepare for the future (Japan)

Practical Phase 1: Gathering UHC insights at home (50 – 60 days)

Practical Phase 2: Using results for learning by doing (100 days)

Post Program : Continuing reforms with development partners

Program content Overview in Module -1

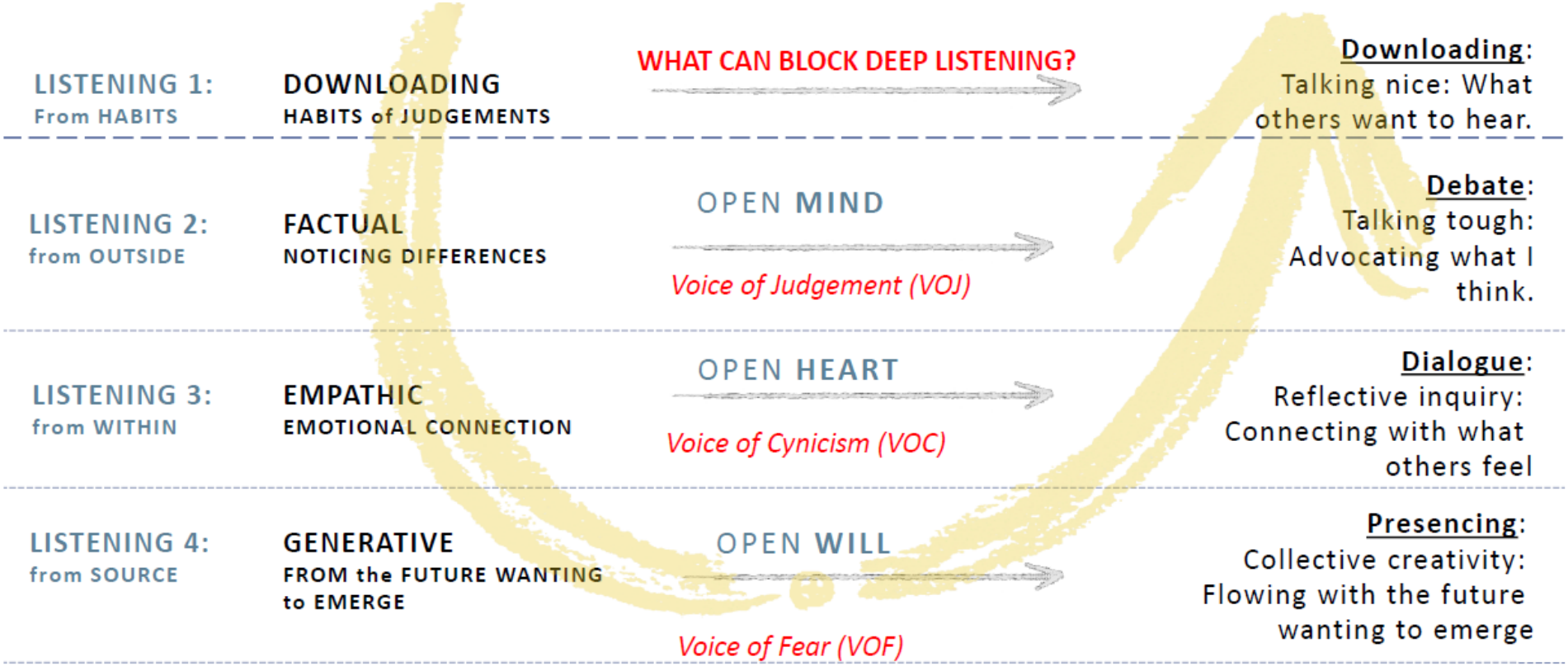
- **JOURNEY**
  - Takes participants on a journey of personal and collective reflection
- **COMPLEXITY**
  - Creates space to understand UHC complexity
- **SELF LEADERSHIP**
  - Allows for the development of leadership competencies
- **RESULTS**
  - Allows for practice in collective action

Module 1: UHC complexity

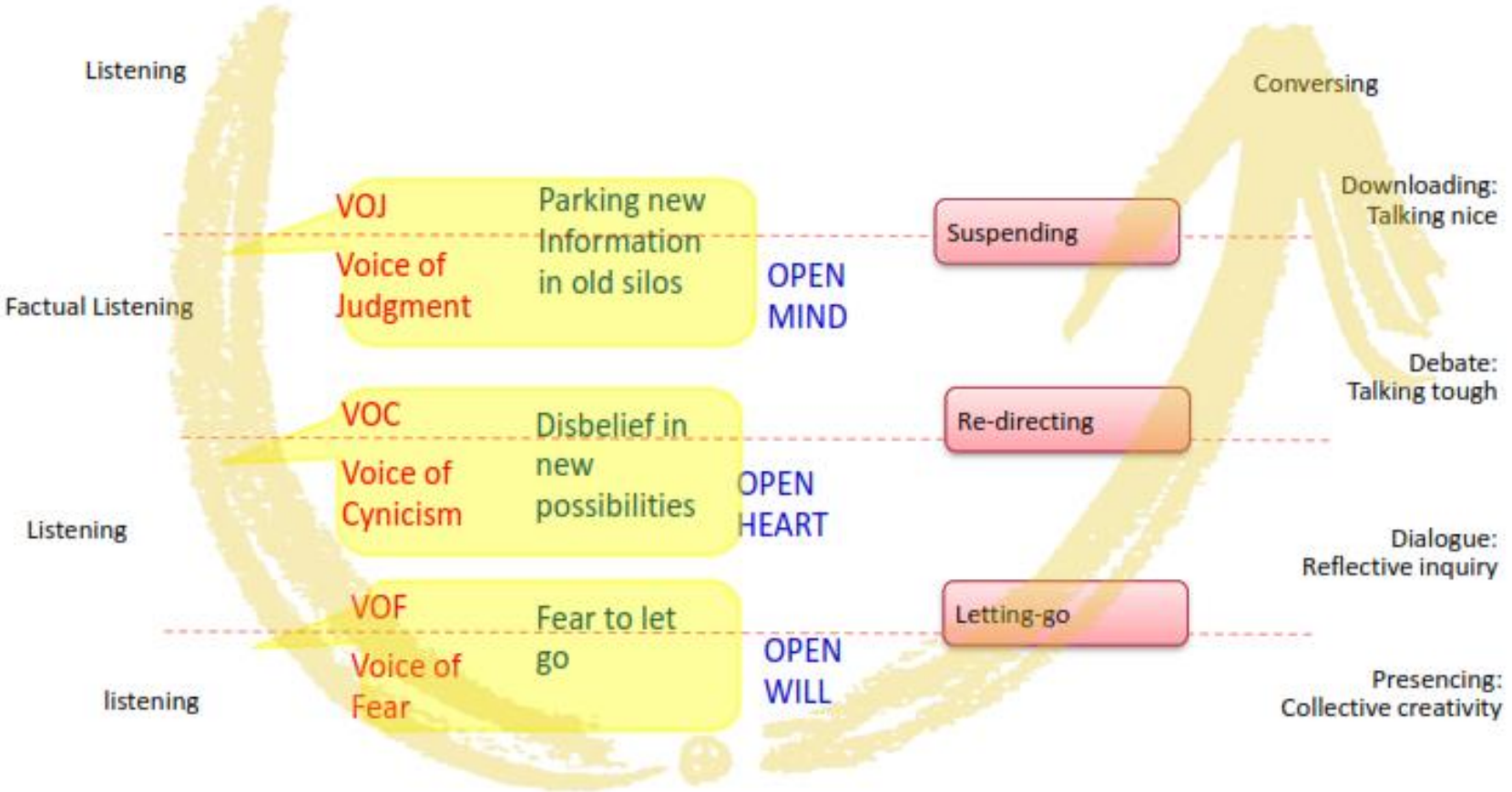
System thinking :

- You can't understand the system unless you change it (K. Lewin)
- You can't change a system unless you shift awareness
- You can't shift awareness unless you make a system see and sense it

Leading by listening (Deep Listening)



Leading by dialogue (Debate vs Dialogue)



Learning points from the program

- Leadership is essential in UHC
- Importance of deep listening

- Open mind, open heart and open will are crucial for innovation and adaptive leadership
- Approach to overcome challenges: technical problems and adaptive challenges
- Political system allows people and politicians to reflect values and priorities in overall health system goals
- Team work and adaptive change is important

Learning points from sensing journey

- Administration created its own association very early
- Modern recruitment, data driven management and learning approaches
- Doctors have incentives to work in the public system
- High literacy rates in Sri Lanka helped
- Civil society helps with priority setting

- Strong role of trade union (GMOA)
- Long history including country values created a foundation

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Background information: Sri Lanka

Health coverage indicators and outcomes of Sri Lanka (2012-2017)	
GDP per capita (USD)	4,074
GDP per capita (PPP) of USD	12,835
Total health expenditure (% of GDP)	3.4
Government health spending (% of GDP)	1.5
Out-of-pocket spending (% of Total Health Expenditure)	46
Skilled birth attendance (%)	99
Measles vaccination rate of infants (%)	99
Outpatient visits to doctors per capita	6
Hospital admissions per 100 population	28
Infant mortality rate (per 1,000 live births)	8
Life expectancy at birth (years)	75

Some surprise /Aspirations

- Teaching Family medicine in under-graduate course and practical in paid clinics (under MoH)
- Presence of only-one institution for different post-graduate courses
- Retired or in-service or outside physicians volunteer in teaching of under- & post-graduate students
- Government took sole-responsibility for citizen's health
- Costly secondary and tertiary care in public facilities are accessible by the public free of charge

Prioritization of equitable access over consumer quality

- Ensuring no stock-out of emergency medicines and supplies
- Asking patients to buy medicine prescribed during OPD service

Module 2: Kazakhstan

Objectives

- to reconnect after Module 2
- to remember the place in the program and share knowledge
- to learn from the host country: sensing on implementation & coalitions
- to practice listening & coalition building skills & identify the focus of our Collective Action Initiatives
- to prepare ourselves & coalition for leadership interventions and collective action

Coalition and Team level : Working together

How to mobilize others' activities

Rule 1: Don't touch the legos

Your task: 10 mins to create directions and drawings

Coalition and Team level : Knowledge cafe

How to create a sense of **urgency** around the work?
(Host: Julia)

How to create real **ownership & account ability**?
(Host: Uzair & Claude)

How to **manage risk when things are political** and there is potential for conflict?
(Host: Hirut)

How to manage **non-state stakeholders** : civil society, private sector, unions, citizens?
(Host: Manish)

Coalition and Team level : Deep listening and engage others

Deep listening – be aware how we COMMUNICATE with others

1. Voice of Judgement
2. Voice of Cynicism
3. Voice of Fear

How to communicate an issue so that it opens up minds, hearts & wills to COLLABORATE?

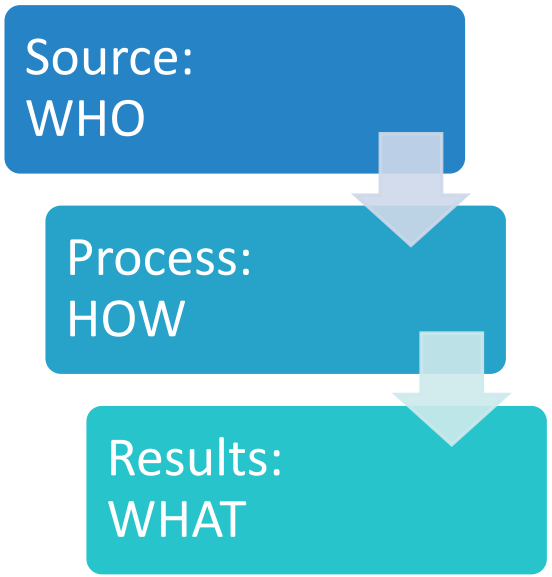
1. Language: Is it inclusive, or does it push people away?
2. Does it carry hidden assumptions about power, roles, responsibility?
3. Does it create silos, build walls, isolate actors or pit them against each other?

FRAMING the issue in a POSITIVE way

Individual level : Inner and common competencies of leadership

1. Deep listening & Dialogue
2. Sensing Journeys – Suspending Judgements, Observing, Asking Adaptive Questions.
3. Systems Thinking: Seeing whole systems (deeper layers of iceberg), Identifying leverage points to shift the system
4. Convening people to understand and design things together
5. Helping people refine the focus of their work so it's more specific (clarity on indicators, desired results, underlying assumptions)
6. Managing politics for 'win-win' opportunities
7. Oratory skills and writing skills
8. Inclusive design: designing for implementation

Blind Spot: Inner place from where we operate



Leading by Sensing (Sensing Journey)

Insights/Inspirations

1. One stop service (specialist care) – FOC
2. Only one research/ training/ tertiary center for neuro surgery
3. Medical tourism (neuro & cardiac)
4. Strong patient Info Mx system
5. 3 yrs bond after scholarship – recipients have to serve in rural area
6. Career development/ satisfaction/ motivation
7. Advanced teaching materials and methodology e.g. 3D anatomy

Questions to ourselves?

1. How to start consider to develop patient info Mx mechanism?
2. How to plan a proper HR Mx including capacity development?
3. How to advocate polyclinic model?
4. How can we do scholarship program for medical students from rural area?

Key policy changes in Health Reforms

1991

Allowed private practice – private clinics, nursing colleges & institutions

1992

Decentralized governance by local health departments
Strengthening Primary Health Care (PHC)
Patients allowed to choose public health providers

1996

First introduced health insurance
Failed in 1998 – corruption, wrong design, mismanagement, public mistrust

1998

Created national center for health prevention with branches in all regions (provinces) – State focus on prevention, health literacy, health promotion

1998

First Law adopted on "citizens' health protection"

1999

Budget financing new models:
- Two-component per capita payment for PHC
- Nationally introduced DRGs to pay for inpatient care

2000

Consolidated public funding at "Oblast" (province) level

2006-2010

Conceptual reform of higher education in medicine and pharmacy

2009-2010

Introduced single national funding model – MoH Information System
- Patients could chose provider and payment followed the patient
- Competition among providers for patients and their funding

Key policy changes in Health Reforms

2009

- Landmark new law – Code on Health – that re-defined and clarified health system operation
- Centralized purchase of medicines for public funds
- Independent licensing of health professionals introduced
- DRGs linked to tariffs, link to IT

2011

Care reimbursement via DRGs

2013

First Concept (reform) on Digital Healthcare

2009 - 2015

World Bank Loan – Health reform

- accreditation system for HCO (30%) – patient safety & care quality; JCI (international) accreditation – 7 HCOs
- national health accounts (health financing information collection)
- rational use of medicines – KNF, national center for drug information
- HTA – agency, trained people
- Independent licensing examination for clinicians (doctors, nurses, allied healt
- medical education reform
- nursing bachelors degree introduced
- pilot on Disease Management Program

2015 - 2018

Preparations to health insurance reform
Self-sustained support of WB reforms

2016

Strategic partnership of Med.Universities
Joint Quality Commission at MoH

2017

Project Management approach by MoH and all branches of Gov't

- State Program 2016-2019 implemented via 10 MoH "projects"
- Public Health service & governance re-created
- 16 regions developed health care infrastructure plans (HCO maps)
- Deregulation in healthcare to ease & support private market

2018

- Social Health Insurance Fund functioning as single payer for public $
- massive digitalization in health care
- Primary Health Care national reform
- Global Conf. on PHC, Astana Declaration
- second loan from WB started for Health Insurance reform (failed to start the reform in 2018, postponed to 2020)

Inspirations from Kazakhstan

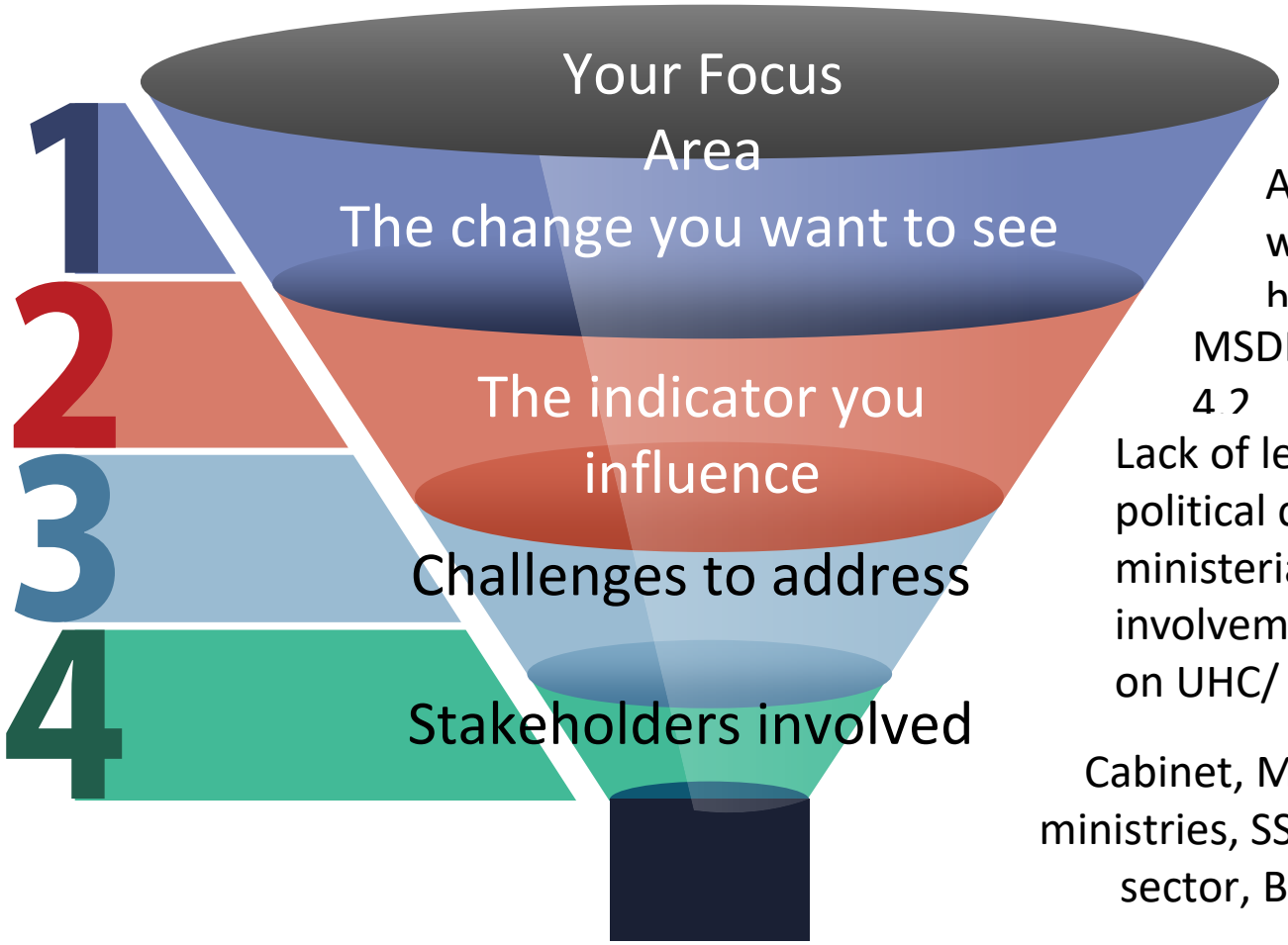
- Insights- Value of medical professionals (Health staff)
- National Health Workers' Day -2 days event and award giving ceremony attended by Prime Minister, Health Minister
- Poly clinic by MoH- FOC for registered patients(from catchment area, electronic recording system, annual screening for registered patients), but paid system for unregistered patients
- Medical tourism- especially Neuro and Cardiac Surgery
- Experience of Vietnam- PHC Forum with all the IPs, division of labour

Myanmar UHC reframing

Frame
UHC " Health Ministry's Agenda

Re-Framing
UHC reframed as "National Agenda & Everyone's Concern"

Collective Action Initiative



UHC as National Agenda & Everyone's concern

Access to quality health without suffering financial hardship

MSDP, Pillar 3, Goal 4, Strategy 4.2

Lack of legal framework and highest political commitment, poor inter-ministerial collaboration and involvement, low people awareness on UHC/ insurance and ownership

Cabinet, MOHS, MP, MOPF & other ministries, SSB, INGO, CSO, EHO, Private sector, BHS, Community, Media

Myanmar Roadmap

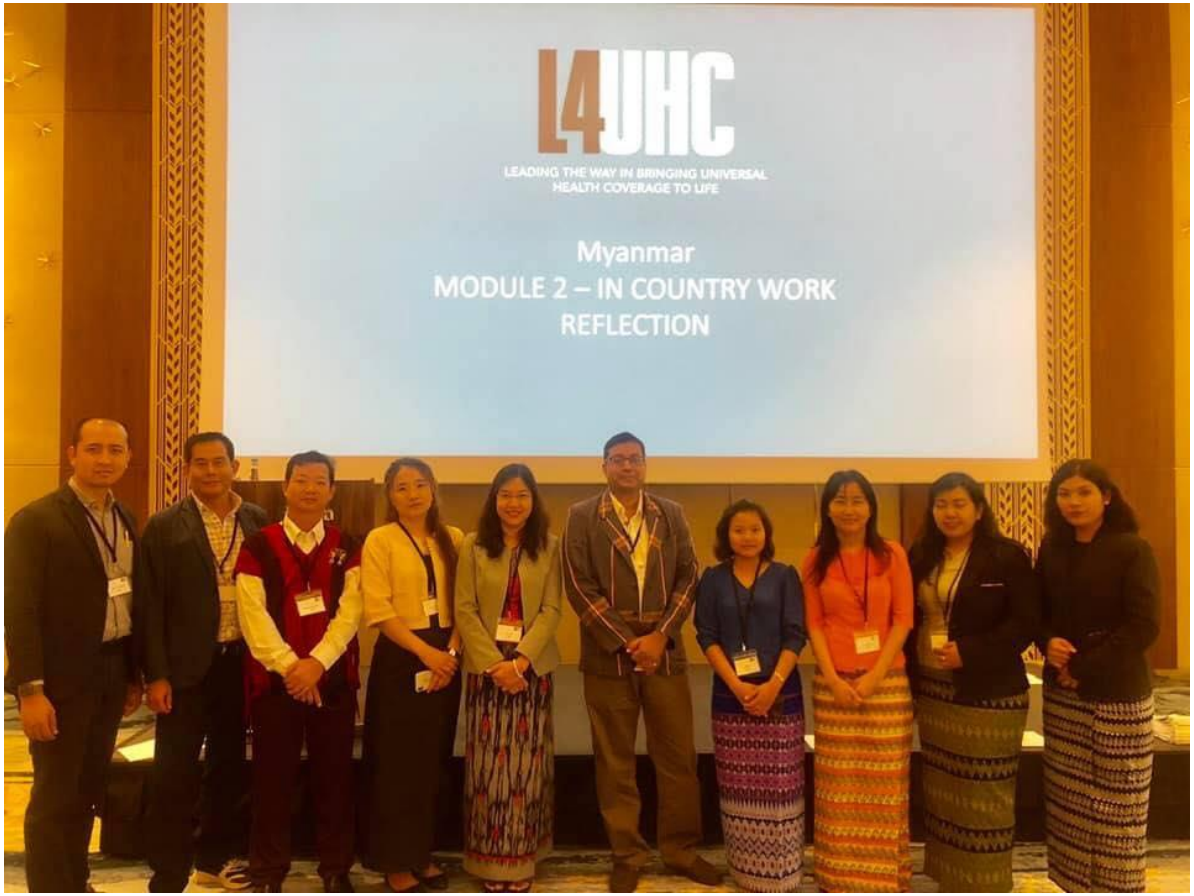
DATE (completed)	July 2019	July 2019	Aug - Sep, 2019	Aug - Sep, 2019	Sep 2019	November 2019	December, 2019
MILESTONE	Detailed plan drawn and got approval from MOHS	High level commitment and support from MOHS	Initiation of Kayin State as a model for UHC	Exploration of ground situation b/t plan and implementation	Concise action plan is developed.	Kayin State Health Plan	UHC topic is raised as a national agenda
PERSON RESPONSIBLE	Dr May Nwe Soe	Dr Su Su Lin	Dr Kyaw Swar Myint	Dr Su Su Lin	Ma Nwe Zin Win	Dr Kyaw Swar Myint	Dr Su Su Lin, Ma Nwe Zin Win, Dr Moh Moh Lwin, Dr Nay Nyi Nyi Lwin
DETAILS	1st follow up meeting of L4UHC team in NPT	Advocacy meeting with Union Minister & Senior Officials in NPT for briefing the trip and get full support	Advocacy meeting with key stakeholders in Kayin State	Sensing journey to Kayah State (State Health Plan and implementation)	2nd follow up meeting (L4UHC planning meeting)	Development of SHP and implementation for supply side readiness - Pilot	UHC day event at NPT – targeting key stakeholders UHC day event at YGN – targeting public
	Continuous Advocacy - NHP Joint review group - Members of Parliament -Union Minister of MOHS						
RISK MITIGATION	Busy schedule of L4UHC team members can postpone the meeting.	Event approval & Low profile of the event can be risks. In-person advocacy and advanced planning can	Event approval & Low profile of the event can be risks. In-person advocacy and advanced planning can	Event approval & Low profile of the event can be risks. In-person advocacy and advanced planning can	Busy schedule of L4UHC team members can postpone	Multi-stakeholder collaboration to draw the plan may be an risk. Coordination and task-	Event approval & Low profile of the event can be risks. In-person advocacy and advanced

Country Commitments and Suggestions

- to continue the action plan implementation for the doable action plan
- Advocacy to key stakeholder groups
- UHC Day Activity -as National level event
- to consider “National Health Professionals’ Day”

National Health Workers Day

Thank You


L4UHC
LEADING THE WAY IN BRINGING UNIVERSAL HEALTH COVERAGE TO LIFE
Myanmar
MODULE 2 – IN COUNTRY WORK
REFLECTION