

**Stakeholders Workshop on
National Health Policy Reformulation**

Group Work Documents

Group I

Policy Objectives 1,2,4,9 & 10 (Service Delivery)

Health Services

P.O. 1. Improved reproductive, maternal, newborn, child and adolescent health services

The services related to family planning, pregnancy, sexually transmitted diseases, breast and cervical cancer screening, prevention and treatment of infertility are still need to reach to the universal coverage scale. As such, the policy goal will be defined as: *‘Ensured reduction of maternal and infant mortalities and morbidities through effective delivery of sexual and reproductive health services and provision of quality services to adolescent.’*The priority policy strategies include the following:

- Ensure provision of quality health services to reproductive age-group, maternal, newborn, child and adolescents with focus on rural settings, especially in hard-to-reach areas;
- Enhance reproductive, maternal and newborn emergency services;
- Strengthen synergies between preventive and curative care services in reducing maternal, infant and under 5 (U5MR) mortality;
- Ensure the availability and awareness of comprehensive reproductive health literacy and services;
- Promote the healthy growth and development of school-aged children and adolescents;
- Ensure the knowledge essential health literacy fulfilled and practicing of healthy lifestyles for school children and adolescents and provision of Adolescent and Youth Friendly Health services;
- Strengthen services for infertility, family planning, pregnancy, sexually transmitted diseases, breast and cervical cancer, with priority basis for primary health care level; and
- Strengthen gender sensitive programs for both men and women in provision of health services.

P.O. 2 Improved Elderly Health Care Services

Ageing affects all aspects of the society including health, social security, education, socio-cultural transformation, family life, labour market and economic growth. In Myanmar more than 60 years old population is expected to be 20% in 2050 from 8.94% in 2014. The need for a healthy ageing strategy is critical. As such the policy goal will be defined as: *‘Strengthened support for the elderly in provision of age-friendly health facilities with emphasis on detection and treatment of chronic diseases and promoting healthy lifestyles.’* The action will be implemented through the following strategic areas;

- Build health workforce capacity in terms of both quantity and quality for integrated care and long-term care for older people;
- Ensure to develop guidance for supporting integrated health care for older people;
- Ensure to give opportunities for enabling age-friendly environment and health facilities;
- Strengthen prevention, early detection and control of chronic diseases for older people;
- Engage communities and supporting caregivers;
- Support the coordination of services delivered by multidisciplinary providers; and
- Promote research that address the current and future needs of older people.

P.O 4. Halt the rising burden of non-communicable diseases and mental disorders

Both morbidity and mortality rates are in rising trend as the life expectancy is also in the rising trend. The stopping in the rising trend needs a multisectoral efforts and a close collaboration with the professional associations, councils and social sector. It is also quite evident that patient from cancer, cardiovascular diseases, diabetes, chronic respiratory diseases and mental disorders who require health services are increasing. Habits of healthy eating and physical activities, especially among at-risk communities are worsening. The policy goal will be defined as: *‘Ensured reduction of mortality and morbidity due to noncommunicable diseases, including mental disorders through establishment of health promotion, treatment, rehabilitation intervention and creating awareness of risk factors.’* The policy priority strategies for stopping the rising burden of NCDs and mental disorders include:

- Create community awareness, advocacy and communication on NCD risk factors;
- Promote universal access to interventions addressing major non-communicable diseases and conditions and mental disorders in the country;

- Ensure that services relating to non-communicable diseases and conditions meet set standards, with a view to maximize utilization of the services the population has accessed to;
- Strengthen primary health care services, inclusive of NCDs prevention and control;
- Strengthen advocacy for health promoting activities including school setting and workplaces aimed at preventing increased burden of non-communicable conditions;
- Put in place the intersectoral programmes for prevention and control of non-communicable diseases including injuries;
- Design and implement integrated health services provision tools, mechanisms, and processes, with a view to enhancing comprehensive control of non-communicable diseases;
- Strengthen the decentralized screening services for non-communicable diseases to lower levels to increase access and early detection;
- Develop and integrate into ongoing surveillance system to monitor trends in non-communicable diseases and mental disorders, including risk factors, to inform policy and planning;
- Provide an appropriate framework for research on the prevention and control of NCDs; and
- Develop enabling environment especially health, social and workplace for people living with NCD, to ensure quality of their livelihood.

P.O.9 Minimized exposure to health risk factors

To minimize the health risks, the sector needs to strengthen health promotion intervention and facilitate the use of products and services that lead to healthy lifestyles in the population. As such the policy goal will be defined as: *‘Strengthened health promotion intervention, facilitating a healthy lifestyle.’* The key policy strategies are as follow:

- Promote healthy lifestyles across all lifecycles;
- Promote a healthier environment and intensify primary prevention of environmental threats to health;
- Ensure that Health Impact assessment (HIA) is conducted for any infrastructural development;

- Reduce unsafe sexual practices, particularly among key population;
- Mitigate the negative health, social and economic impacts resulting from the excessive consumption and adulteration of alcohol products;
- Encourage active livelihood across all lifecycles – exercise is health;
- Develop and implement the new tobacco control policy to reduce the prevalence of tobacco use and exposure to tobacco smoke and other harmful addictive substances; and
- Institute population-based, multisectoral, multidisciplinary; and culturally relevant approaches in promoting health, diet, and physical activity.

P.O 10 Realized exercise is health

The government has encouraged wider participation in physical activity, particularly by younger people and motivating healthy school settings. Moderate physical activity, in the form of everyday activities such as walking, also makes a vital contribution to positive health and active ageing. As such the policy goal will be defined as: *‘Encouraged daily moderate physical activity, contributing to positive health to all including active ageing.’* The policy priority strategies include:

- Institute physical exercise programme along with the health and wellness in all workplaces and schools;
- Provide formal exercise programmes and guidance to all levels in schools;
- Motivate the young ones through conducting varieties of sport competitions both within and outside the country; and
- Introduce special programme for active ageing.