



ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန

Preliminary Findings of

National Health Account (2016-2018)

ဒေါက်တာသန့်စင်ထူး
လက်ထောက်အတွင်းဝန်
NIMU

ရုံးအမှတ်-၄၊ ကျန်းမာရေးနှင့် အားကစားဝန်ကြီးဌာန
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Presentation Outline

- ☐ Objectives of the Meeting
- ☐ Overview of NHA
- ☐ Process
- ☐ Findings & Regional Comparison
- ☐ Policy Implication
- ☐ Challenges and recommendations for next round
- ☐ Next Step to disseminate the NHA 2016-18



Objectives of the Meeting

- To present the preliminary outputs of data analysis of the National Health Accounts 2016-2018
- To validate these results and get the endorsement for wider dissemination
- To jointly identify the use of the results for policy-making.



Overview

National Health Accounts (NHA) are designed to track the health expenditure in a systematic, comprehensive, and consistent manner.

Expenditures on consumption of health care services and goods, in a country, for a reference year, are included.

NHA have been previously released in Myanmar.
Starting from 1998 up to 2015 (using SHA 1.0 framework)

Reports are available on MOHS website

Current round of NHA

- Use New accounting framework: SHA 2011
- Fiscal year: 2016-17 FY, 2017-18 FY and 2018 mini budget
- Calendar Year: 2016, 2017 and 2018 (6mths)



Key steps in the HA process

Planning and launch
(May-June 2019)

- Work planning, SHA 2011 training, launch workshop, prepare survey instruments

Data collection
(June-Dec 2019)

- Institutional data collection, verification & discussion, collection of secondary and household data

Data analysis (Dec
2019-March 2020)
and report writing

- Data cleaning, assigning SHA codes and production of HA tables

Dissemination
(March 2020)

- Discussion of policy implications and next steps



Data collection

Surveys collected from the following entities involved in health:

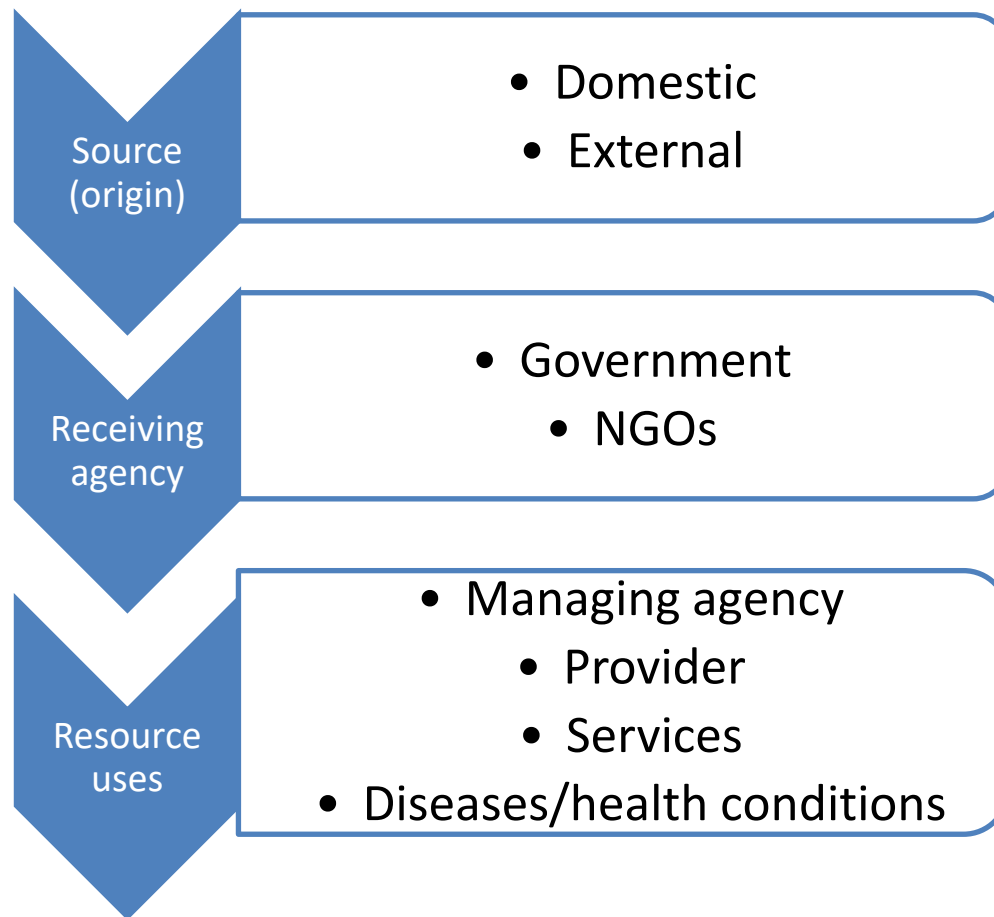
- INGO
- Donors

Secondary/supplementary data collected from:

- MOH and other ministries
- Central Statistical Office(MOPFI)



Survey format with information needed



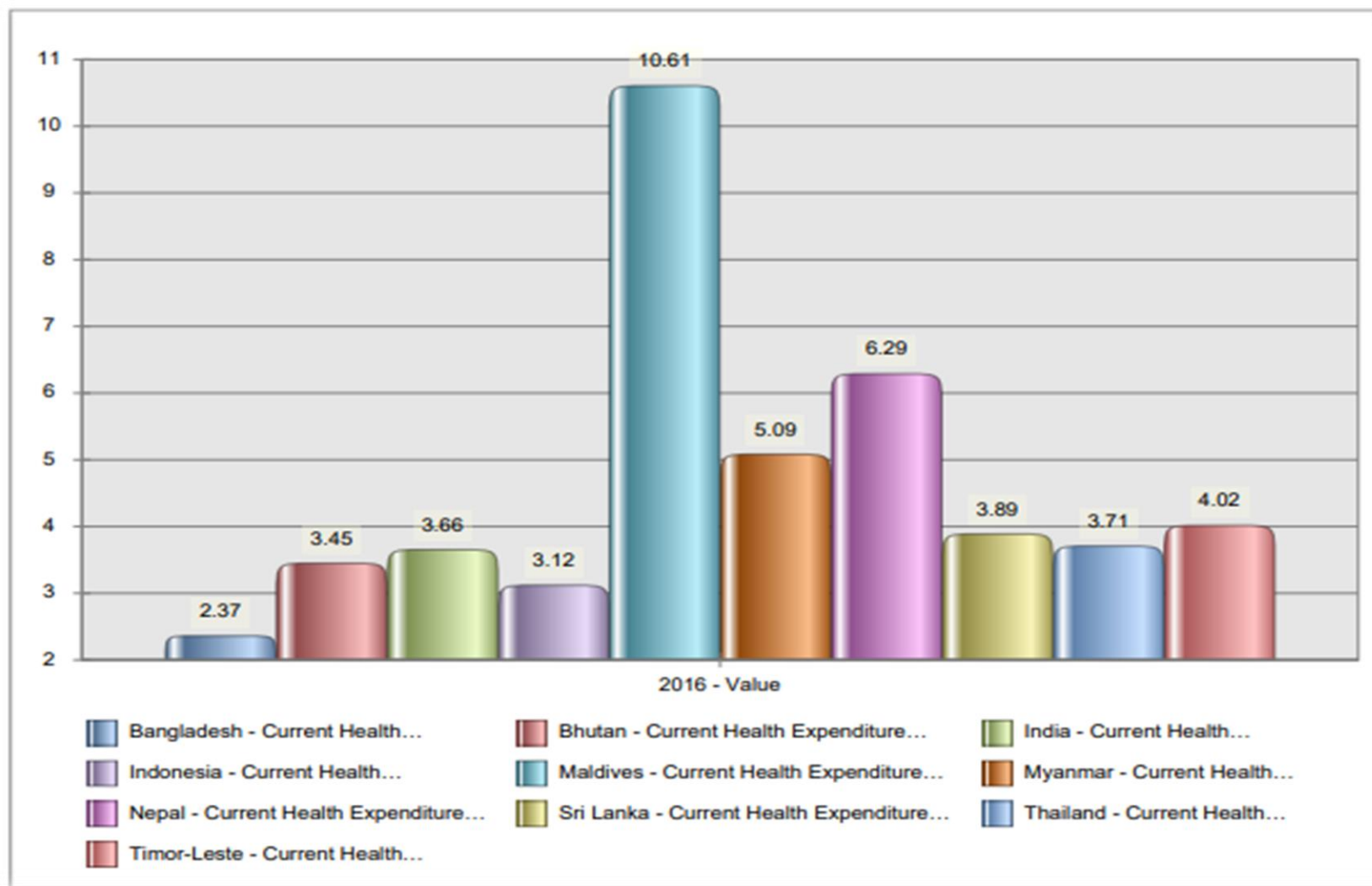
Preliminary Findings of NHA 2016-18

1. Key Health Expenditure Data for Myanmar

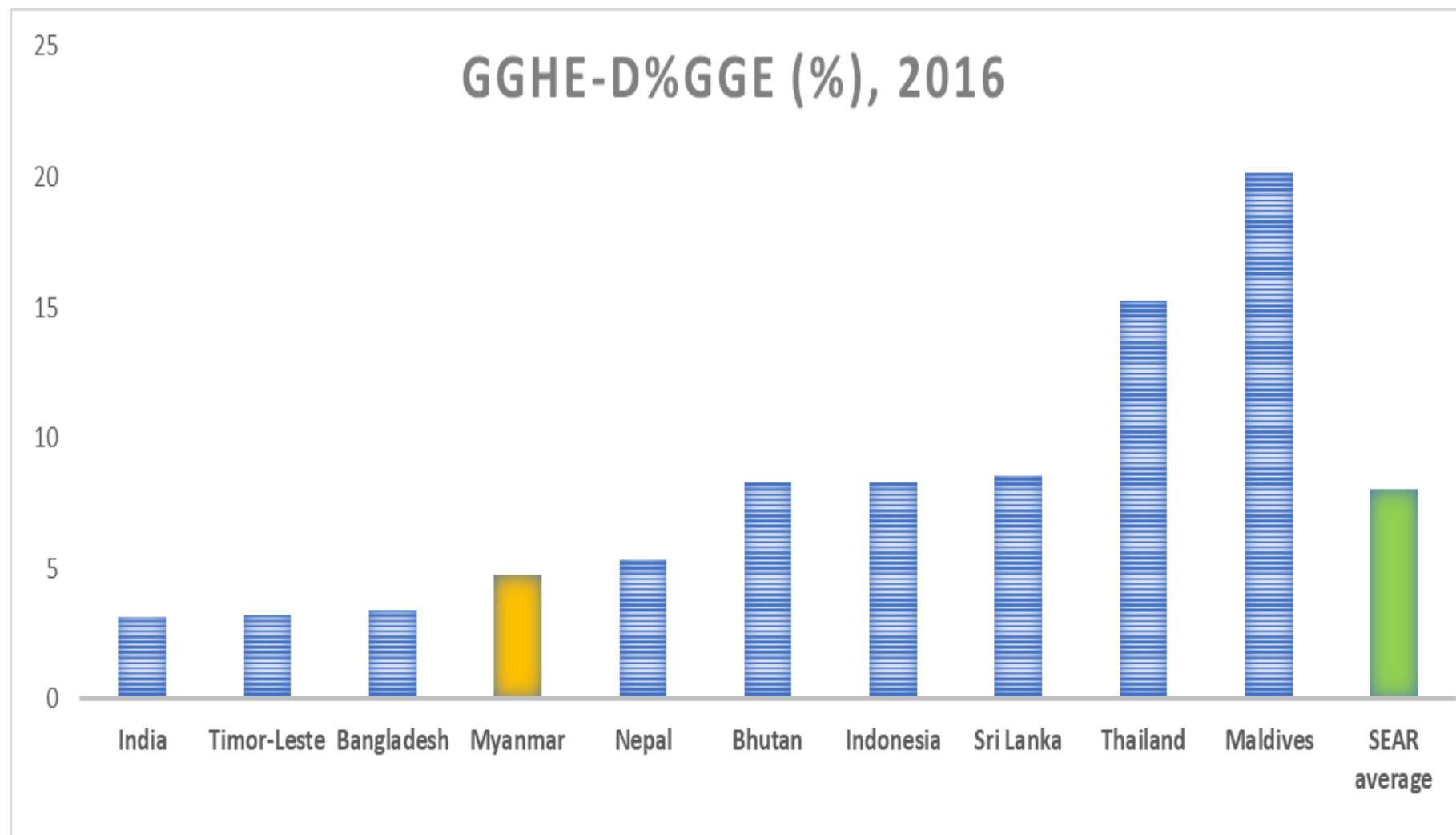
Indicator	2005	2010	2015	2016	2017	2018
Current Health Expenditure (CHE)						
(MMK in Million)	285,089	725,943	3,779,032	3,795,582	4,201,705	2,366,962
Capital Expenditure (MMK in Million)	7,988	26,661	345,841	312,821	327,610	148,540
Total health expenditure (CHE + HK) (MMK in Million)	293,077	752,604	4,124,873	4,108,403	4,529,319	2,515,502
Per capita CHE (USD)	5.7	15.1	64.6	58.12	57.87	28.45
CHE as % of GDP	2.00%	1.80%	5.40%	4.80%	4.65%	5.00%
Capital expenditure as % of GDP	0.10%	0.10%	0.50%	0.40%	0.40%	0.38%
General Government Health Expenditure as % of CHE	7.30%	9.80%	22.00%	16.00%	17.00%	20.10%
General Government Expenditure (GGE) as share of GDP	13.20%	14.60%	23.90%	21.33%	19.74%	20.38%
General Government Health Expenditure as share of General Government Expenditure	1.10%	1.20%	4.80%	3.60%	3.90%	2.50%
OOPs as % of CHE	82.50%	80.70%	70.50%	76.70%	75.70%	73.40%
External Health Expenditure as % of CHE	10.20%	9.40%	7.60%	9.00%	9.50%	9.20%
Social security as share of CHE	0.10%	0.60%	0.40%	0.60%	0.60%	0.70%



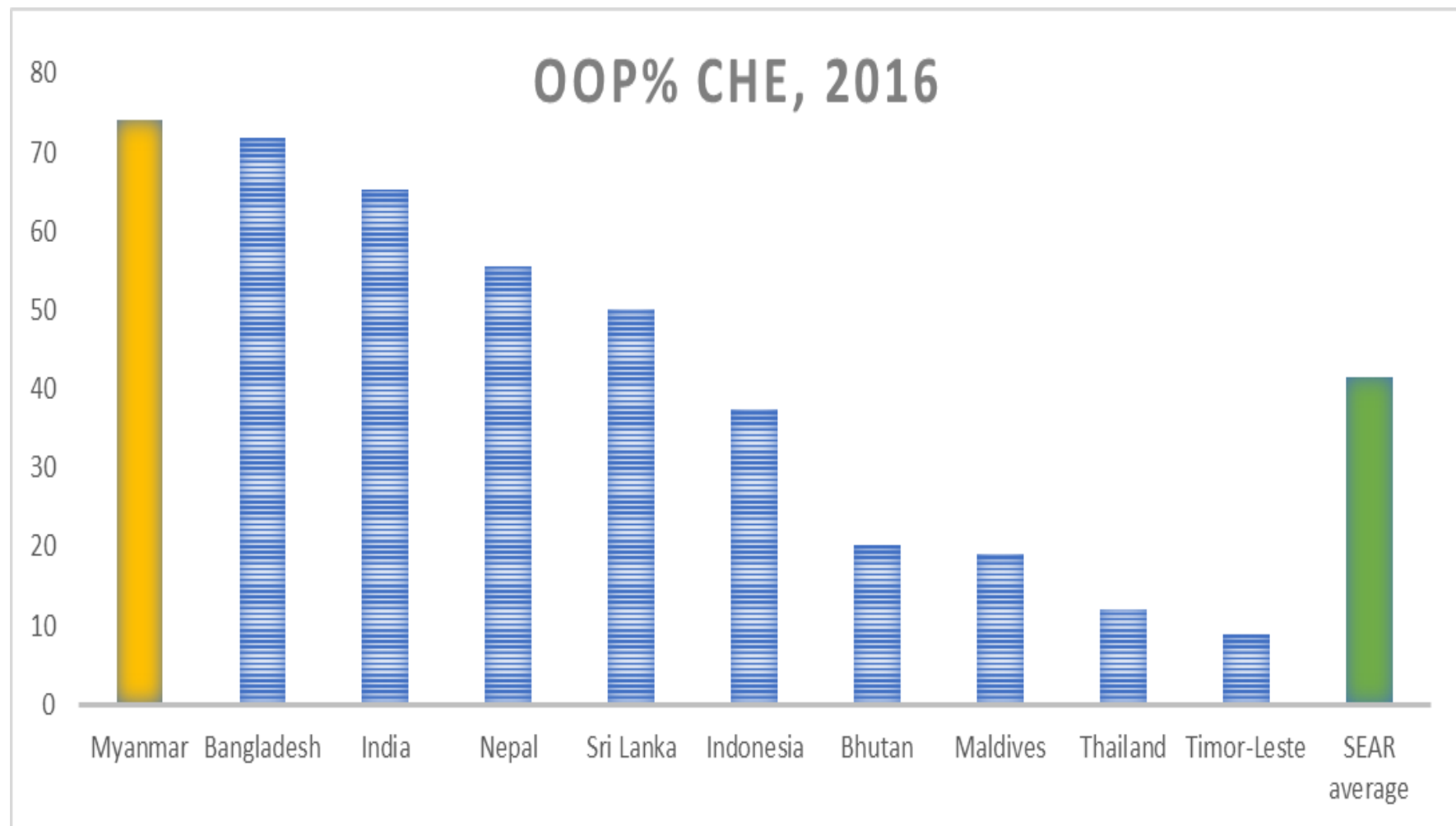
Current Health Expenditure as share of GDP,2016



How much government prioritize health?



How much financial burden is shared by households?



2. Health Financing Revenue: Where did the money come from? (2016 & 2017)

Revenues of health care financing schemes		Kyat (MMK in Million)	% Share	Kyat (MMK in Million)	% Share
		2016		2017	
FS.1	Transfers from government domestic revenue (allocated to health purposes)	526,456	13.90%	602,725	14.34%
FS.2	Transfers distributed by government from foreign origin	80,845	2.10%	101,388	2.41%
FS.3	Social insurance contributions	16,822	0.40%	18,908	0.45%
FS.5	Voluntary prepayment	13.1	0.00%	20.50	0.00%
FS.6	Other domestic revenues n.e.c.	2,909,747	76.70%	3,180,158	75.69%
FS.7	Direct foreign transfers	261,699	6.90%	298,505	7.10%
All FS	Total CHE	3,795,583	100%	4,201,705	100%



3: Financing Agent: Who Managed the money? (2016 & 2017)

Financing agents				Kyat (MMK in Million) 2016	% Share 2016	Kyat (MMK) 2017	% Share 2017
FA.1			General government	624,123	16.4%	723,026	17.2%
	FA.1.1		Central government	623,573	16.4%	722,463	17.2%
		FA.1.1.1	Ministry of Health and Sports	530,420	14.0%	614,684	14.7%
		FA.1.1.2	Other ministries and public units (belonging to central government)	71,797	1.9%	83,974	2.0%
		FA.1.1.4	Social Security Board	21,356	0.6%	23,805	0.6%
	FA.1.2		State/Regional/Local government	551	0.0%	559	0.0%
FA.2			Insurance corporations	13.1	0.0%	21	0.0%
FA.4			Non-profit institutions serving households (NPISH)	251,699	6.9%	298,505	7.1%
FA.5			Households	2,909,747	76.7%	3,180,158	75.7%
Total FA			Total CHE	3,795,583	100%	4,201,705	100%



4: Health Providers and their Related Schemes (2017)

HEALTH CARE PROVIDERS	FINANCING SCHEMES	TOTAL KYAT (MMK) MILLION	HF 1.1	HF 1.2	HF 2.1	HF 2.2	HF 3	
			Govt scheme %	Compulsory Contributory health Insurance schemes %	Voluntary Health Insurance schemes %	NPISH financing schemes %	HH OOPS %	Total
All HP	Total	4,201,70 5	16.7	0.6	0	6.8	76	100
HP.1	Hospitals	1,643,840	22.4	0.9	0	0.6	76	100
HP.2	Residential Long-term care facilities	4,626				100.0		100
HP.3	Providers of ambulatory health care	1,436,016	3.7	0.3	0	4.9	91	100
HP.4	Providers of ancillary services	13,1943	28.3			71.7		100
HP.5	Retailers and Other providers of medical goods	626,491					100	100
HP.6	Providers of preventive care	282,508	40.5			59.5		100
HP.7	Providers of health care system administration & financing	179,356	85.7	2.0	0	12.3		100
HP.8.3	Community health workers (Rest of the economy)	12,043				100.0		100
HP.nec	Unspecified health care providers (n.e.c.)	2,880	94.6			5.4		100

5: Health Services: What are we paying for? (2017)

Health care functions	Financing schemes	All HF	HF.1.1	HF.1.2	HF. 2.1	HF.2.2	HF.3	
	Kyat (MMK), Million	Shares %	Government schemes MMK in Million	Social Security MMK in Million	Voluntary health insurance MMK in Million	NPIS MMK in Million	Household OOPs MMK in Million	
HC.1+HC.2	Curative care and rehabilitative care	3,067,734	73	412,073	20,057	18	73,603	2,553,667
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	1,152,968	27	288,613	15,433	14	9,729	830,021
HC. 1.3+HC.2.3	Outpatient curative and rehabilitative care	1,918,129	46	122,385	4,624	4	63,597	1,723,646
HC.1.4+HC.2.4	Home-based curative and rehabilitative care	111	0				111	
HC.3	Long-term care (health)	4,626	0				4,626	
HC.4	Ancillary services (non-specified by function)	11,842	0	4,003			9,411	
HC.4.1	Laboratory services	5,216	0	3,788			2,785	
HC.4.3	Patient transportation	5,510	0				5,510	
HC.5	Medical goods (non-specified by function)	626,491	15					626,491
HC.6	Preventive care	297,954	7	120,770			172,044	
HC.6.2	Immunisation programmes	31,235	1	24,147			7,150	
HC.6.3	Early disease detection programmes	20,850	1	7,379			13,471	
HC.6.5	Epidemiological surveillance and risk and disease	173,630	4	67,095			106,576	
HC.6.nec	Unspecified preventive care (n.e.c.)	54,972	1	20,505			29,477	
HC.7	Governance, and health system and financing	179,425	4	159,307	3,748	3	23,003	
HC.7.1	Governance and Health system administration	160,283	4	159,307			7,615	
HC.7.2	Administration of health financing	19,115	1		3,748	3	15,364	
HC.9	Other health care services not elsewhere classified	13,584	0	3,068			2,204	
		4,201,705		16.7	0.6	-	6.8	

6: Diseases/health conditions: For which disease are we spending money? (2017)

Classification of diseases / conditions	% Share of DIS	General government	Central government	Ministry of Health	Other Ministries	SSB	S&R/Local government	Private Insurance	(NPISH)	Households	Total
Infectious and parasitic diseases	23.9%	204,841	204,840	187,202	14,090	3,547	1	1	188,758	608,599	1,002,198
HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	3.1%	51,240	51,240	50,823	362	55			71,486	5,727	128,453
Tuberculosis (TB)	2.3%	27,627	27,627	26,434	858	334			43,504	25,776	96,907
Malaria	2.0%	22,635	22,635	22,341	255	39			57,534	3,984	84,153
Respiratory infections	4.6%	25,979	25,979	21,290	3,698	992		0		167,292	193,272
Diarrheal diseases	3.0%	18,124	18,124	14,105	3,213	806		1		107,735	125,859
Neglected tropical diseases	0.6%	14,327	14,327	13,665	574	87				8,964	23,291
Vaccine preventable diseases	0.6%	16,250	16,250	16,152	85	13			5,870	1,328	23,448
Other and unspecified infectious and parasitic diseases (n.e.c.)	7.8%	28,660	28,659	22,393	5,045	1,221	1	0	10,363	287,792	326,815
Reproductive health	14.4%	91,220	91,220	73,330	14,476	3,415		2	64,537	448,660	604,419
Nutritional deficiencies	0.5%	15,186	15,186	7,834	7,332	21			4,205	2,158	21,550
Non-communicable diseases	21.7%	133,814	133,814	106,296	22,997	4,521		3	1,192	772,883	908,020
Injuries	6.9%	45,207	45,207	35,601	8,011	1,595				245,610	290,817
Non-disease specific	3.9%	159,393	159,310	147,229	8,333	3,748	84	3	2,097		174,977
Other and unspecified diseases/conditions (n.e.c.)	28.6%	73,363	72,886	57,193	8,736	6,957	478	12	24,103	1,102,249	1,199,728
Total CHE	100.0%	723,026	722,463	614,684	83,974	23,805	562	21	284,892	3,180,158	4,210,175



Policy Implications

High out of pocket spending translates into catastrophic health expenditure (19% in Myanmar at 10% threshold). This OOP happens in pharmacies, ambulatory care and relatively less in hospitals. Tackling the issue would require increasing operational resources and medicines at facility level.

Out of pocket spending is only relatively low in AIDS, TB and Malaria spending, where donors are allocating significant amount of funding. In all the other categories OOP is the main source of funding by far.

Government spending needs to increase significantly in order to reduce OOPS level. OOP grows in line with economic growth. Addressing it will require to increase public spending faster than the economy and move towards strategic purchasing where, for example, budget is allocated based on need and performance.

To start using benefit package as the basis for planning and budgeting rather than by specific programs/diseases.
To monitor Primary Health Care spending related to accessibility and quality



How to improve
National HA in next
round?

Key Stakeholders involved in the process

HA are a product of collaboration and coordination of all stakeholders in the health system

HA exercise led by MOHS-NIMU, with support from:

- MOHS different departments especially finance section/Planning section and specific programs under department of Public Health
- Health related Ministries including Ministry of Planning, Finance and Industry (CSO, Budget Department, Myanmar Insurance), Ministry of Defence, Ministry of Labour, Immigration and Population (SSB), Ministry of Transport and Communications, Ministry of Construction, Ministry of Social Welfare, Relief and Resettlement, Yangon/NPT/MDY city development committees
- Donor organizations/INGOs for external assistance
- Imperative to monitor private health care spending: Statistical Law



Recommendations for next round of NHA

- Need to have the routine data reporting system of health expenditure to MOHS with common template That template should be clear, no difficulty in filling the data, but complete information which services and diseases are covered by which provider types for which population
- Strong cooperation and coordination for data reporting of the stakeholders
- Proper Institutionalization of the National Health Account Unit in the Ministry to release the NHA as a routine basis and promote the utilization of the results by decision makers



Next steps

- Integrate comments from this meeting to finalize analysis of data
- Integrate comments from next meeting with MOHS stakeholders
 - Refine assumptions
 - Review data
- Generate Health Accounts methodological report
- Develop Health Accounts data report
- Generate policy briefs / expected data uses
- Set date for Dissemination Workshop to share findings and distribute materials



NHA Working Team

- Dr. Thant Sin Htoo, Assistant Secretary, NIMU
- Dr. Ye Min Htwe, Deputy Director, NIMU
- Dr. Phyu Win Thant, Assistant Director, NIMU
- Dr. Khin Thu Htet, Assistant Director, NIMU
- Dr. May Lynn Htun, Assistant Director, DMS
- Dr. Kaung Myat Oo, Medical Officer, NIMU
- U Htun Win Latt, Health Assistant, DPH



- လမ်းညွှန်မှု နာခံတင်ပြအပ်ပါသည်။

