



ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန
အမျိုးသား ကျန်းမာရေး အသုံးစရိတ်
(၂၀၁၆-၂၀၁၈)
အသိပေး ဖြန့်ဝေခြင်း

ဒေါက်တာသန့်စင်ထူး

လက်ထောက်အတွင်းဝန်

ရုံးအမှတ်-၄၊ ကျန်းမာရေးနှင့် အားကစားဝန်ကြီးဌာန

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Presentation Outline

- ☐ Overview of NHA
- ☐ Findings & Regional Comparison
- ☐ Policy Implication
- ☐ Challenges and recommendations for next round



Overview

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

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

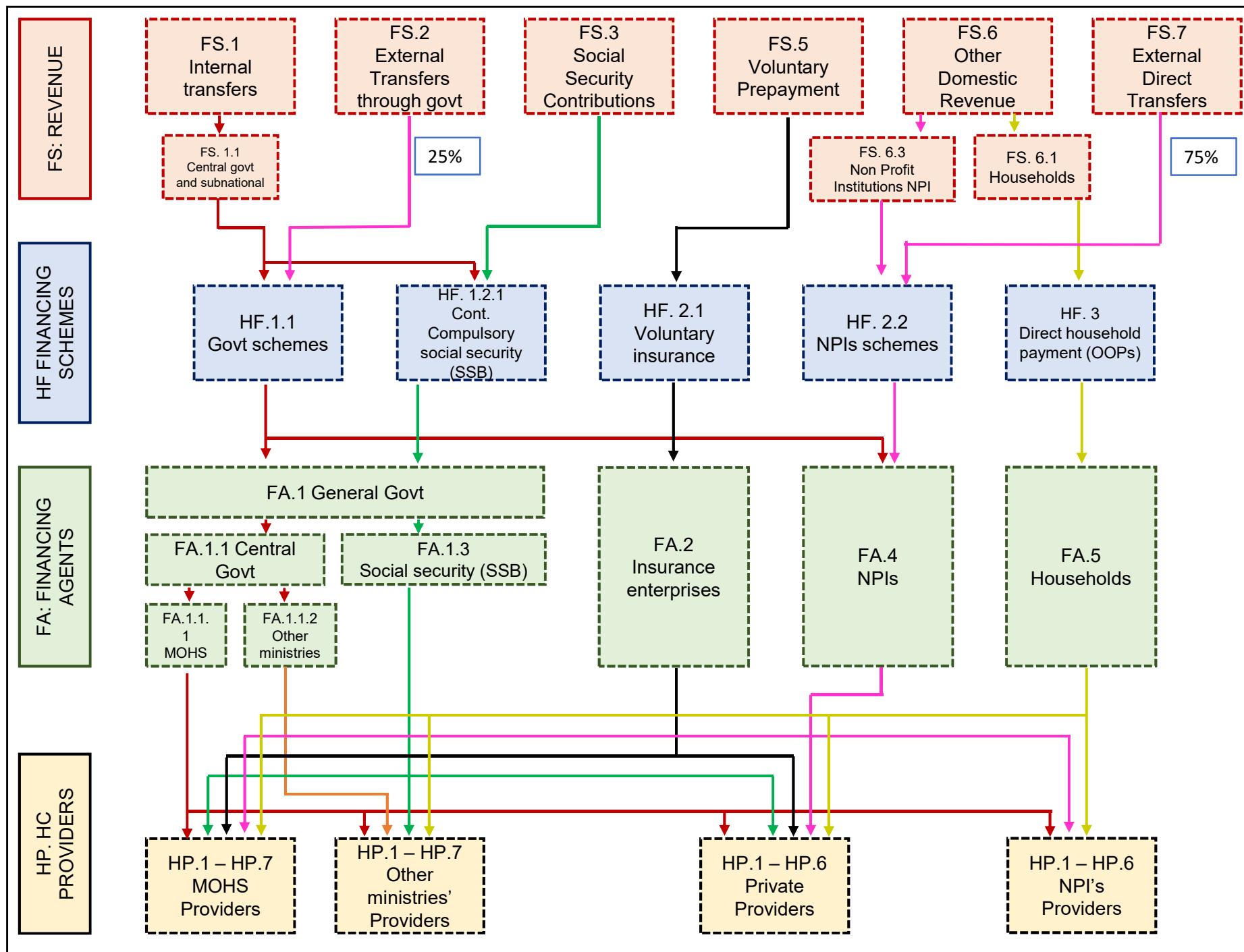
- Use New accounting framework: SHA 2011
- Fiscal year: 2016-17 FY, 2017-18 FY and 2018 mini budget
- Calendar Year: 2016, 2017 and 2018



Findings of National Health Accounts 2016-2018

MYANMAR HEALTH FINANCING FLOWS



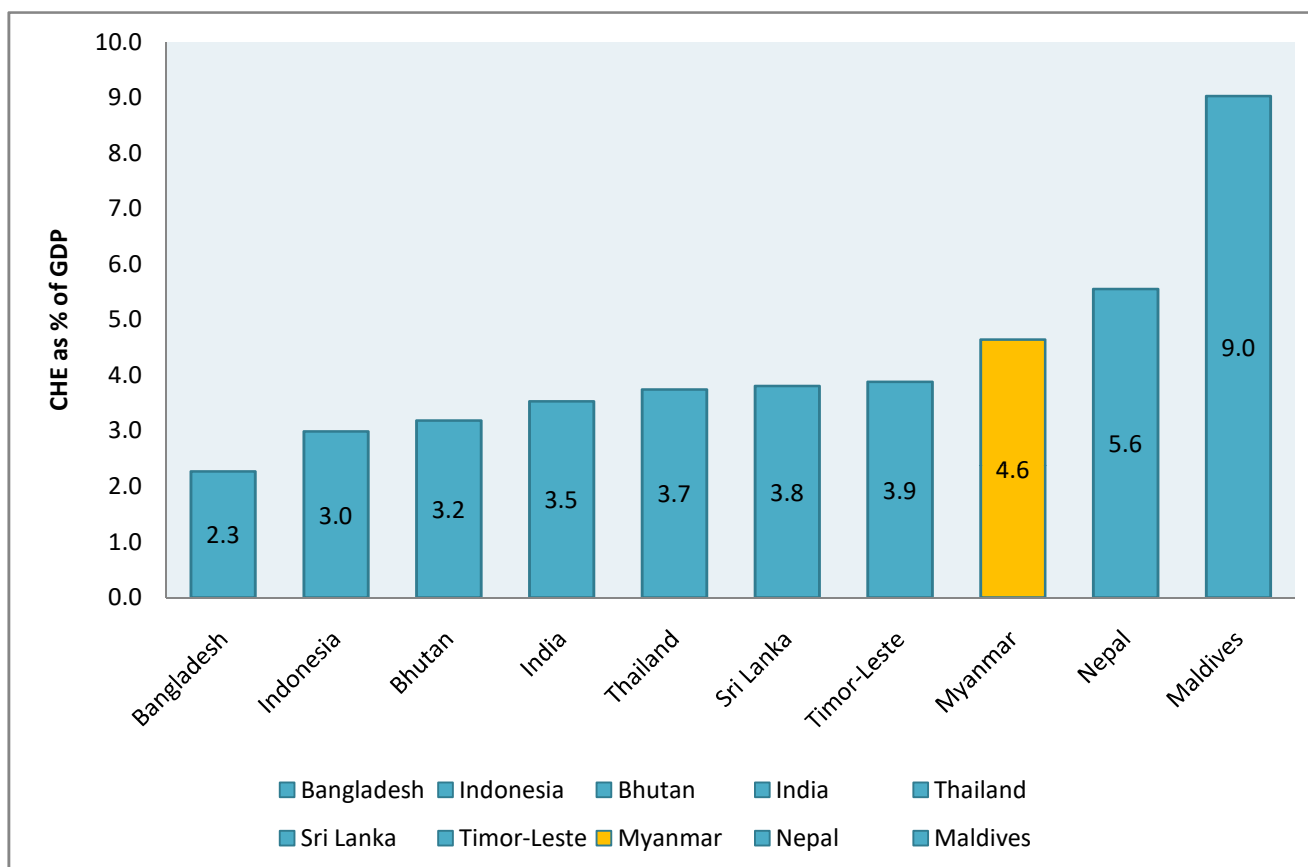


1. Key Health Expenditure Data for Myanmar

Indicator	2005	2010	2016	2017	2018
Current Health Expenditure(MMK Million)	285,089	725,943	3,795,582	4,201,705	4,546,586
Capital Expenditure (MMK in Million)	7,988	26,661	312,821	327,610	269,792
Total health expenditure (MMK in Million)	293,077	752,604	4,108,403	4,529,319	4,814,488
Per capita CHE (USD)	5.7	15.1	58.12	57.87	56.9
CHE as % of GDP	2.00%	1.80%	4.80%	4.65%	4.79%
General Government Health Expenditure(GGHE) as % of CHE	7.30%	9.80%	13.54%	14.34%	14.26%
General Government Expenditure (GGE) as % of GDP	13.20%	14.60%	21.33%	19.74%	20.38%
GGHE as % of GGE	1.10%	1.20%	3.02%	3.37%	3.35%
OOPs as % of CHE	82.50%	80.70%	76.67%	75.69%	76.48%
External Health Expenditure as % of CHE	10.20%	9.40%	9.34%	9.52%	8.69%
Social security as % of CHE	0.10%	0.60%	0.44%	0.45%	0.58%



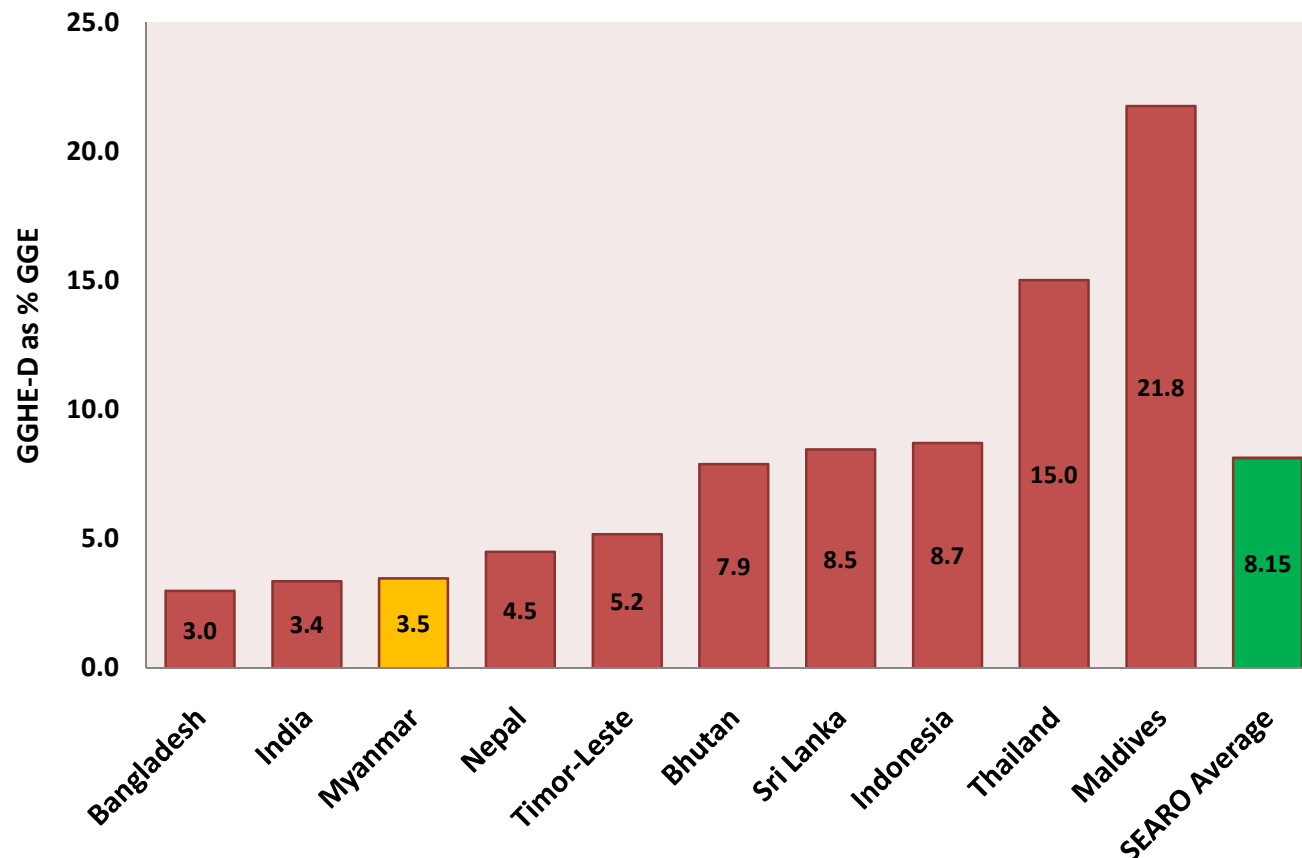
How big is the health sector in Myanmar?



Current Health Expenditure as the share of GDP, 2017



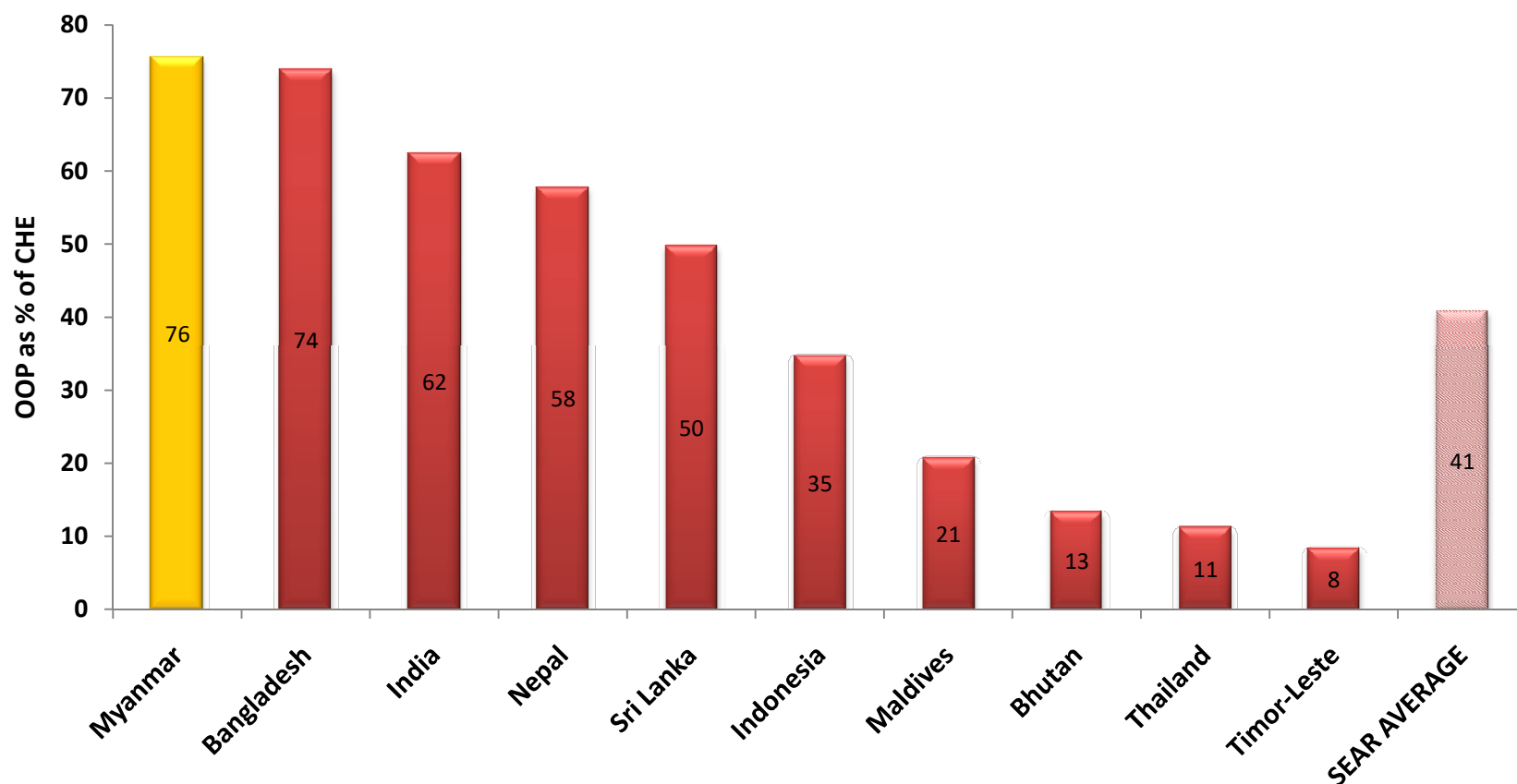
How much government prioritize health?



Domestic General Government Health Expenditure (GGHE-D) as % General Government Expenditure (GGE), 2017



How much financial burden is shared by households?



Out-of-pocket (OOPS) as % of Current Health Expenditure (CHE) 2017

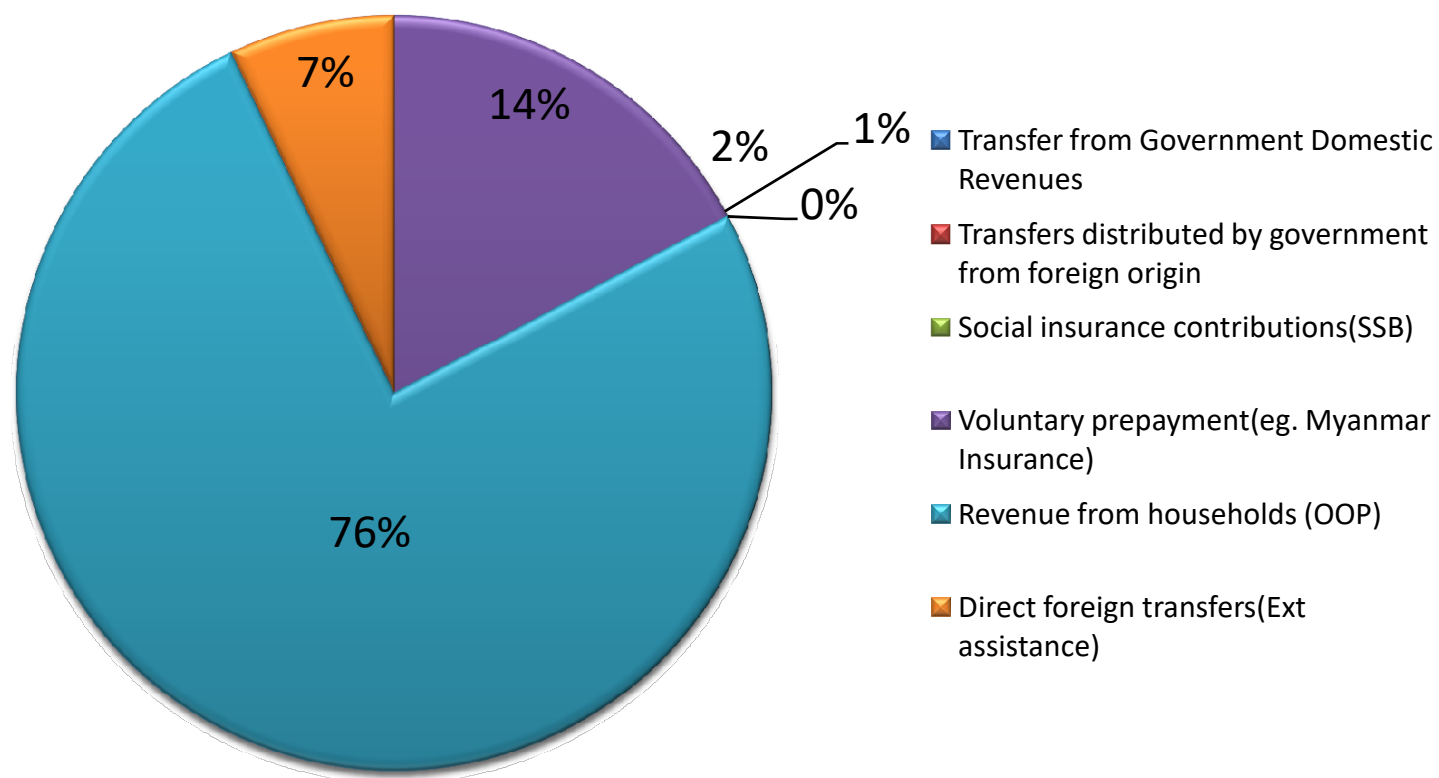


Regional Comparison on per capita health expenditure

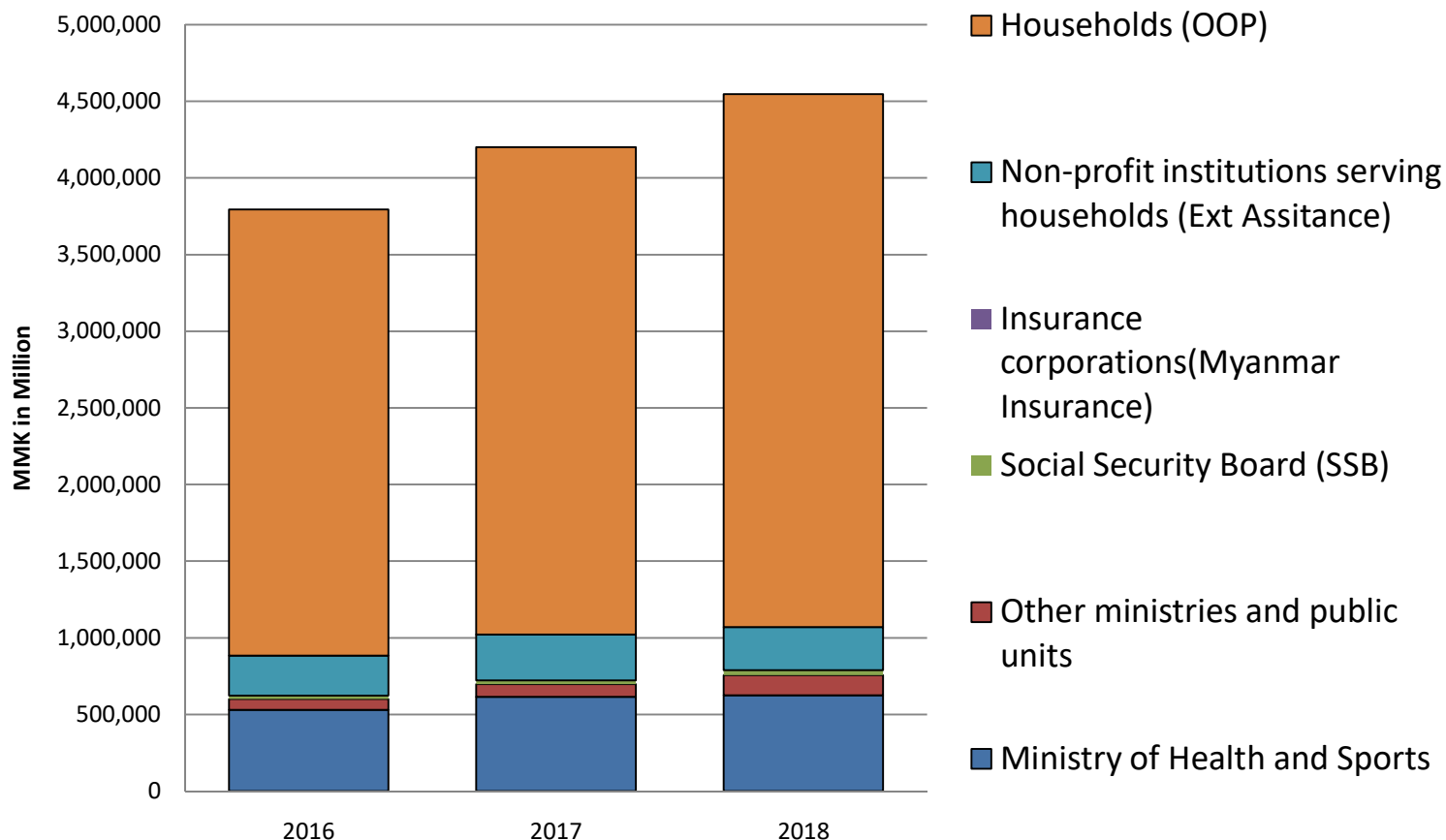
SEARO Countries	Current Health Expenditure (CHE) per Capita in US\$	Domestic General Government Health Expenditure (GGHE-D) per Capita in US\$	Out-of-Pocket Expenditure (OOPS) per Capita in US\$
Bangladesh	36	6	27
Bhutan	97	72	13
India	69	19	43
Indonesia	115	56	40
Maldives	1,007	720	208
Myanmar	58	9	44
Nepal	48	11	28
Sri Lanka	159	68	79
Thailand	247	188	28
Timor-Leste	83	55	7



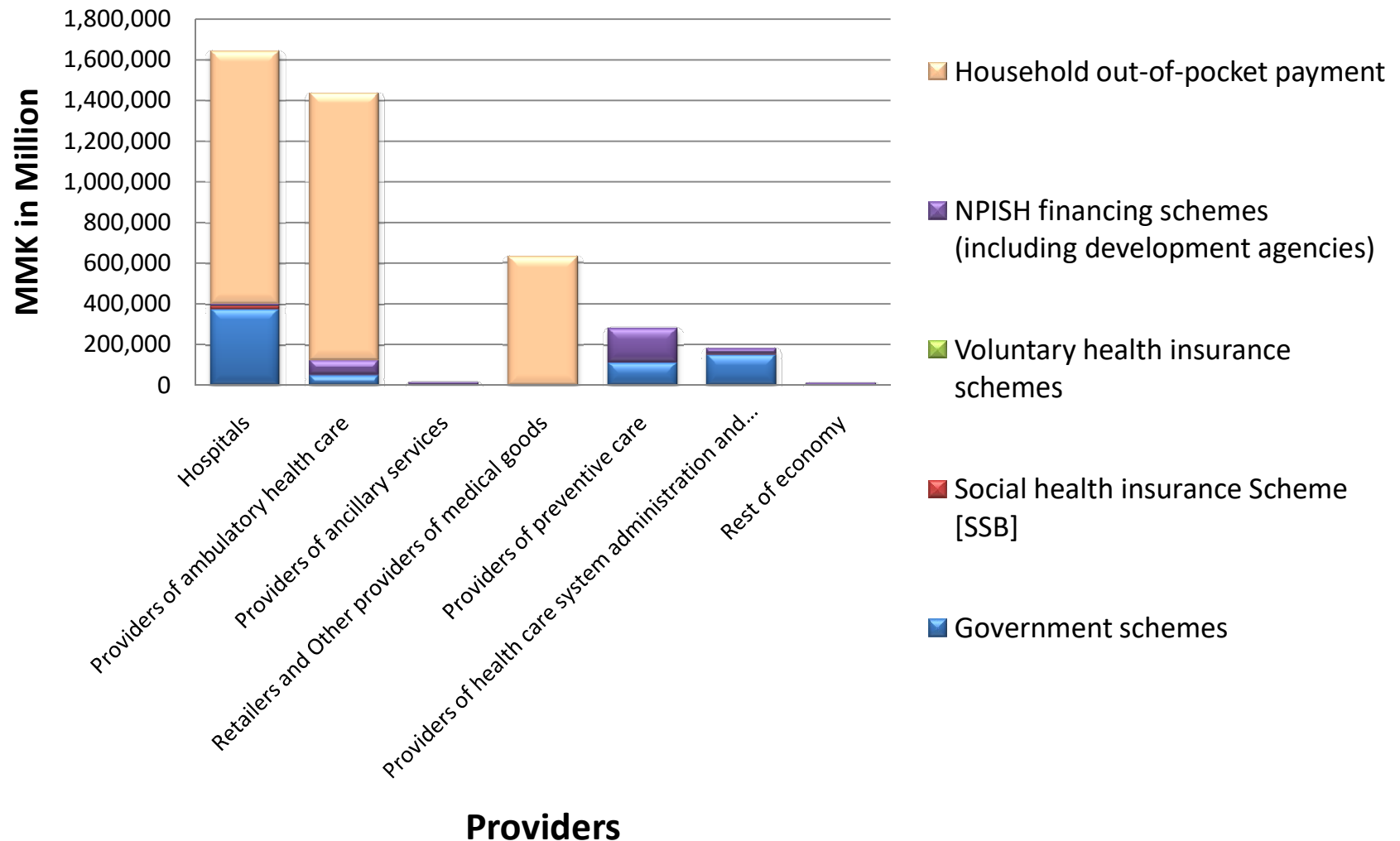
2. Health Financing Revenue: Where did the money come from?(2017)



Financing Agent: Who Managed the money? (2016 ,2017, 2018)



4: Health Providers: Who are providing health services?



Health Providers and their related schemes (2017)

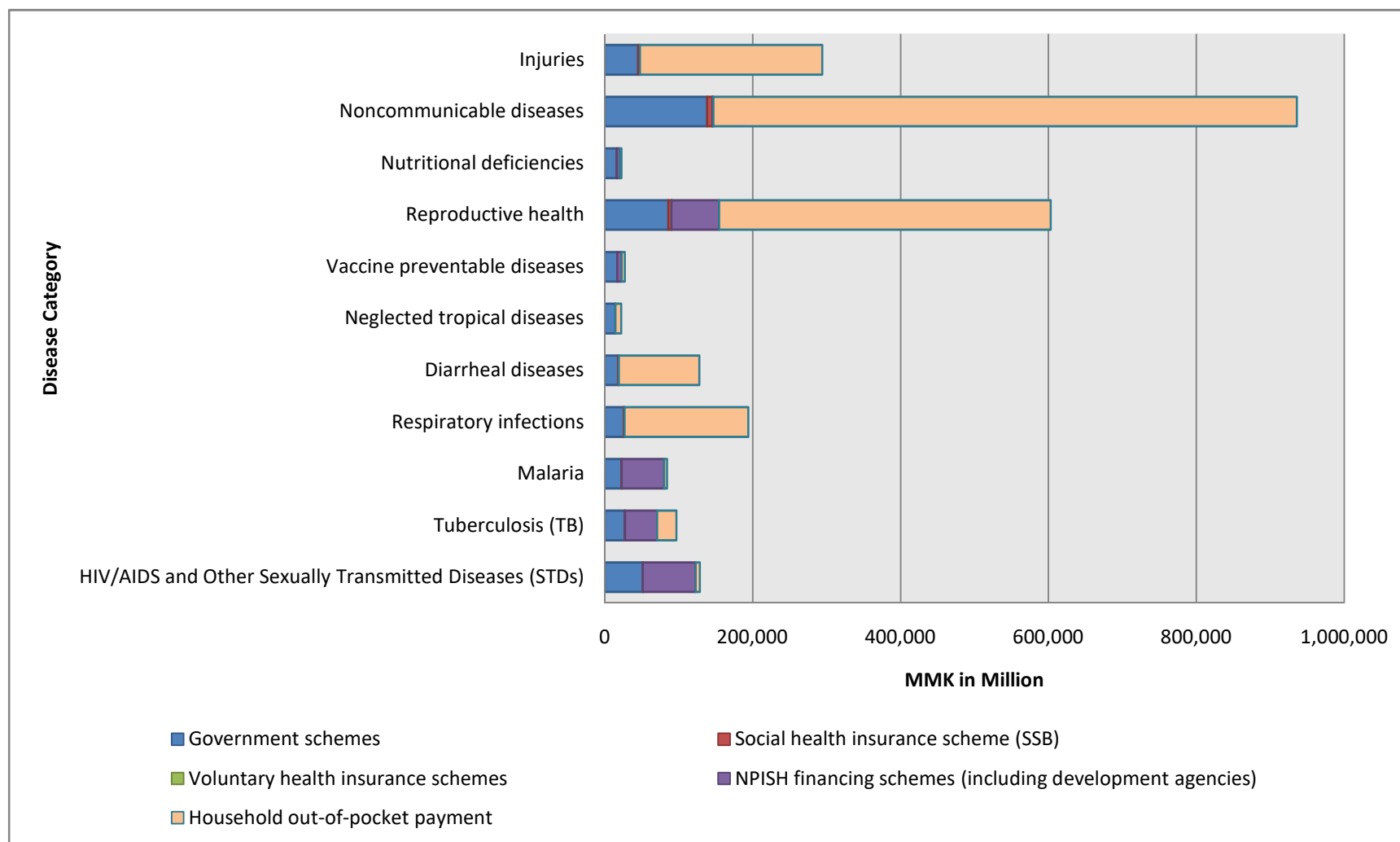


5: Health Services: What are we paying for? (2017)

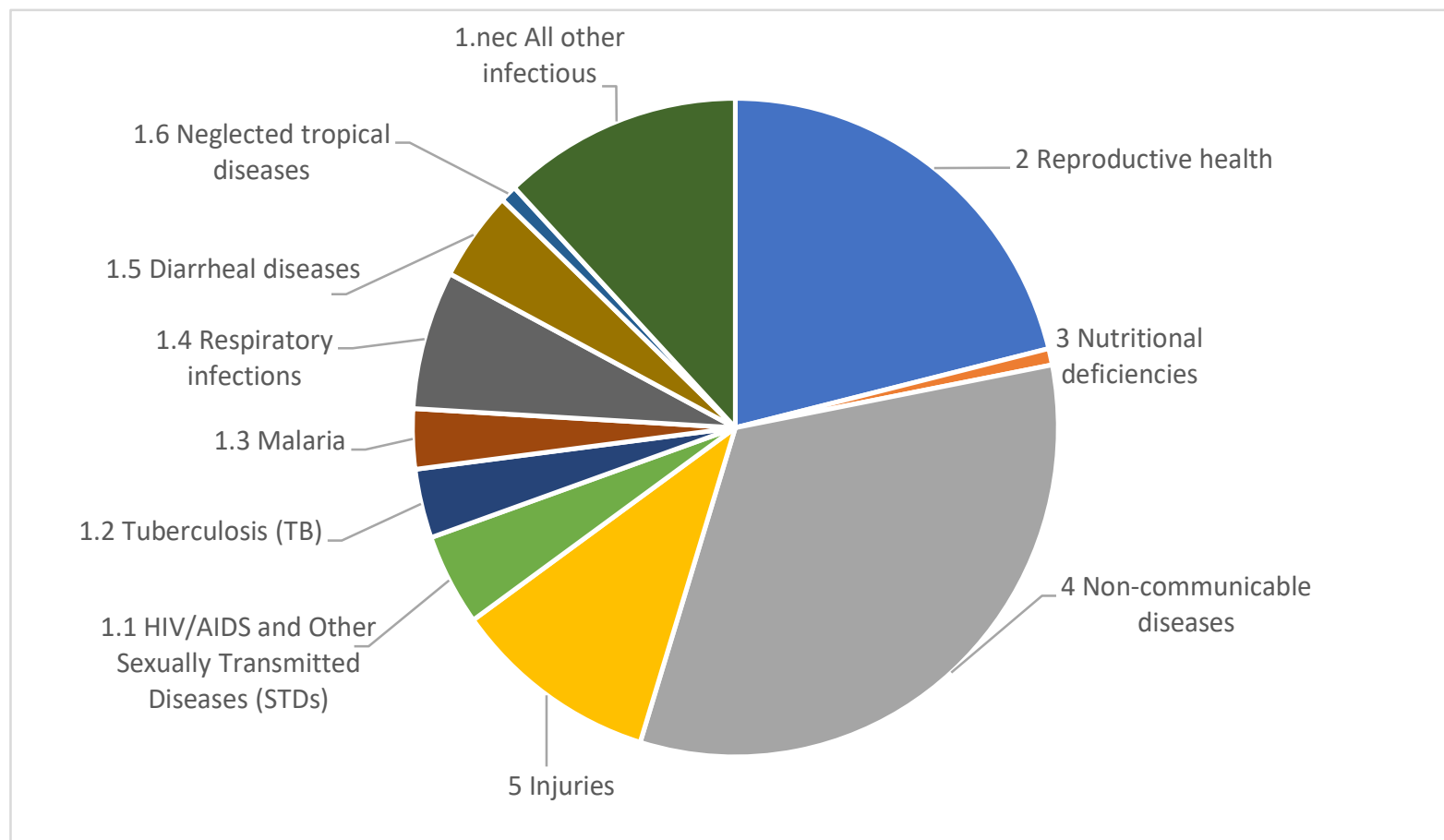
Financing schemes(HF) Kyat (MMK), Million Health care functions(HC)	All HF	Shares %	Government schemes MMK in Million	SSB MMK in Million	Voluntary health insurance MMK in Million	NPISH MMK in Million	Household OOPs MMK in Million
Curative care and rehabilitative care	3,067,734	73	412,073	20,057	18	73,603	2,553,667
Inpatient curative and rehabilitative care	1,152,968	27	288,613	15,433	14	9,729	830,021
Outpatient curative and rehabilitative care	1,918,129	46	122,385	4,624	4	63,597	1,723,646
Home-based curative and rehabilitative care	111						111
Long-term care (health)	4,626						4,626
Ancillary services (non-specified by function)	11,842		4,003			9,411	
Laboratory services	5,216		3,788			2,785	
Patient transportation	5,510					5,510	
Medical goods (non-specified by function)	626,491	15					626,491
Preventive care	297,954	7	120,770			172,044	
Immunisation programmes	31,235	1	24,147			7,150	
Early disease detection programmes	20,850	1	7,379			13,471	
Epidemiological surveillance and risk and disease	173,630	4	67,095			106,576	
Governance, and health system and financing	179,425	4	159,307	3,748	3	23,003	
Shares	4,201,705	100	16.7	0.6	-	6.8	75.9



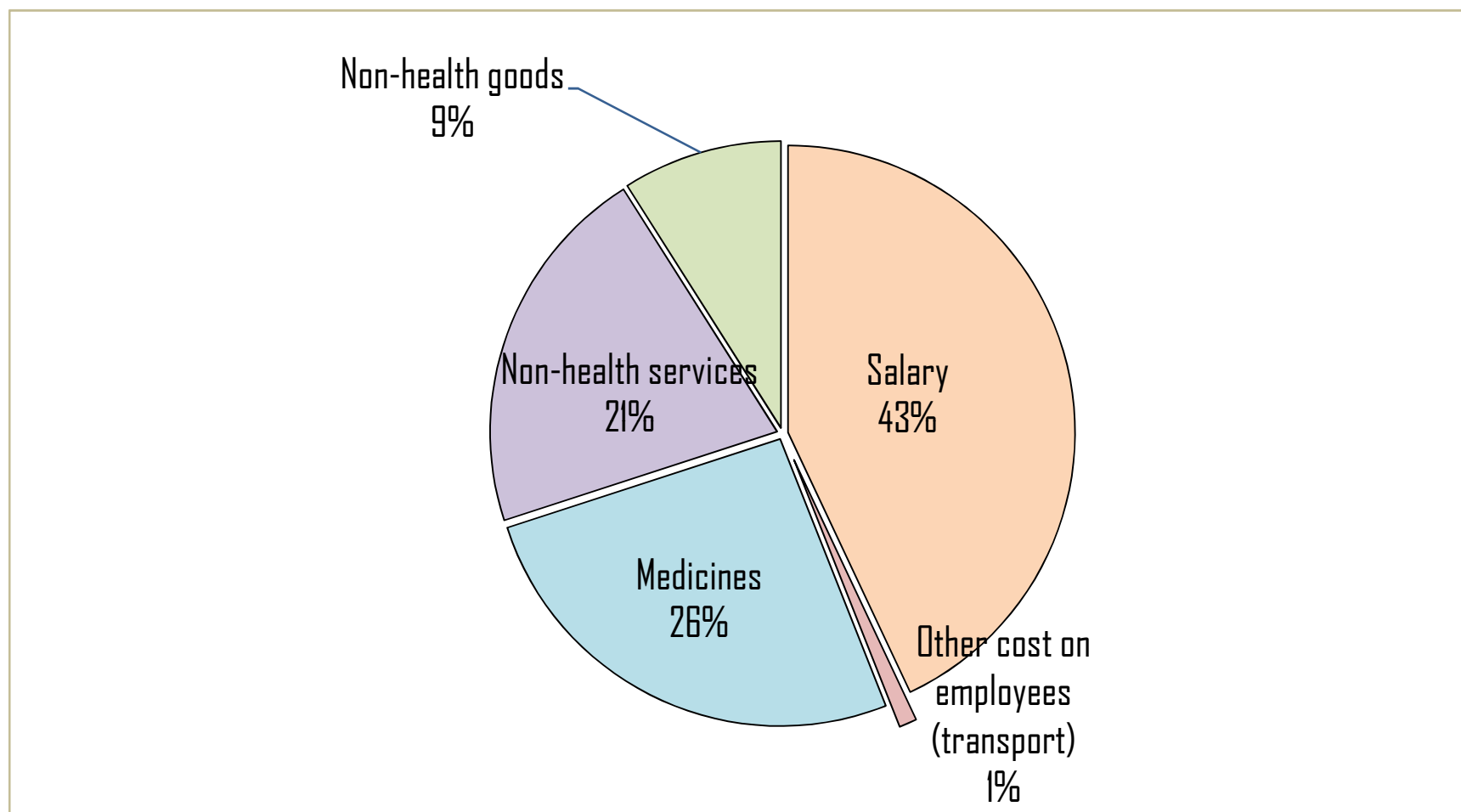
6: Diseases/health conditions: For which disease are we spending money? (2017)



Expenditure distribution by disease/health condition groups. Myanmar 2017.



Factors of provision in MOHS health care, Myanmar, 2017



MOHS budget as per SHA2011 Factors of Provision coding.



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?

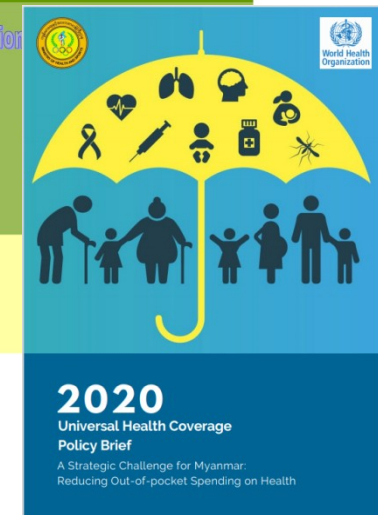
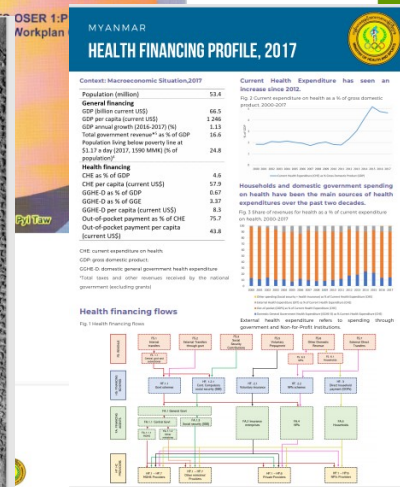
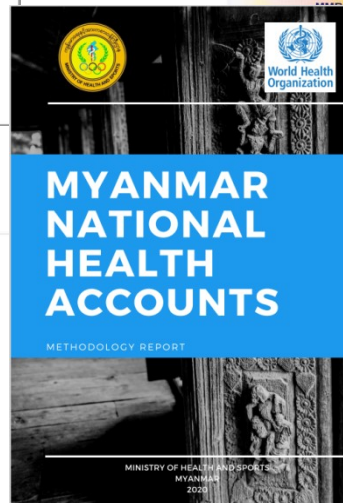
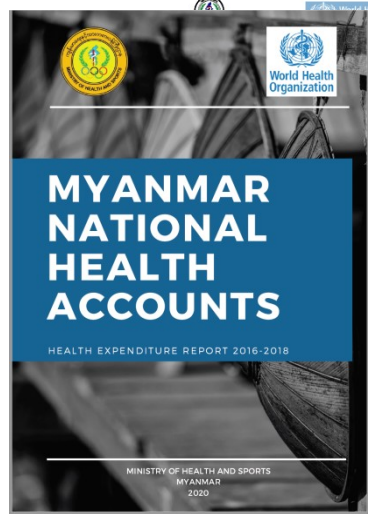
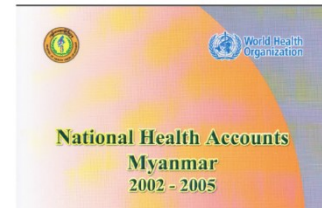
Recommendations for next round of NHA

- **Institutionalization**
 - to update and release the NHA on a routine basis
 - to promote the utilization of the results by decision makers by monitoring all policies in place.
- **Working with Stakeholders**
 - **Governmental bodies**
 - sub-national level analysis
 - Including the expenditure relating COVID-19
 - **Donors and NPIs**
 - need to have a routine data reporting system of health expenditure to MOHS with a common template
 - **Private sector**
 - needed to have access to detailed business registries and surveys from private facilities



National Health Accounts

Myanmar (1998-2001)



National Health Accounts

Myanmar (2012-2013)



MOH: WHO 2014-2015 Work Plan
UNMD: UNICEF, UNFPA, UNWFP, UNWOMEN

National Health Accounts

Myanmar (2014-2015)

Ministry of Health and Sports
WHO (2016-2017) Workplans

January, 2018



Download: MOHS website

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UNIVERSAL HEALTH COVERAGE

A Strategic Challenge for Myanmar: Reducing Out- of-pocket Spending on Health



What is Out of Pocket Spending (OOPS)?

- **Any direct health related payments made by households at the point of service**
- OOPS includes payments to healthcare providers, including laboratories and pharmacies.
- To progress towards UHC, policy makers should aim to reduce **OOPS to less than 20 percent as a share of total current health expenditure.**



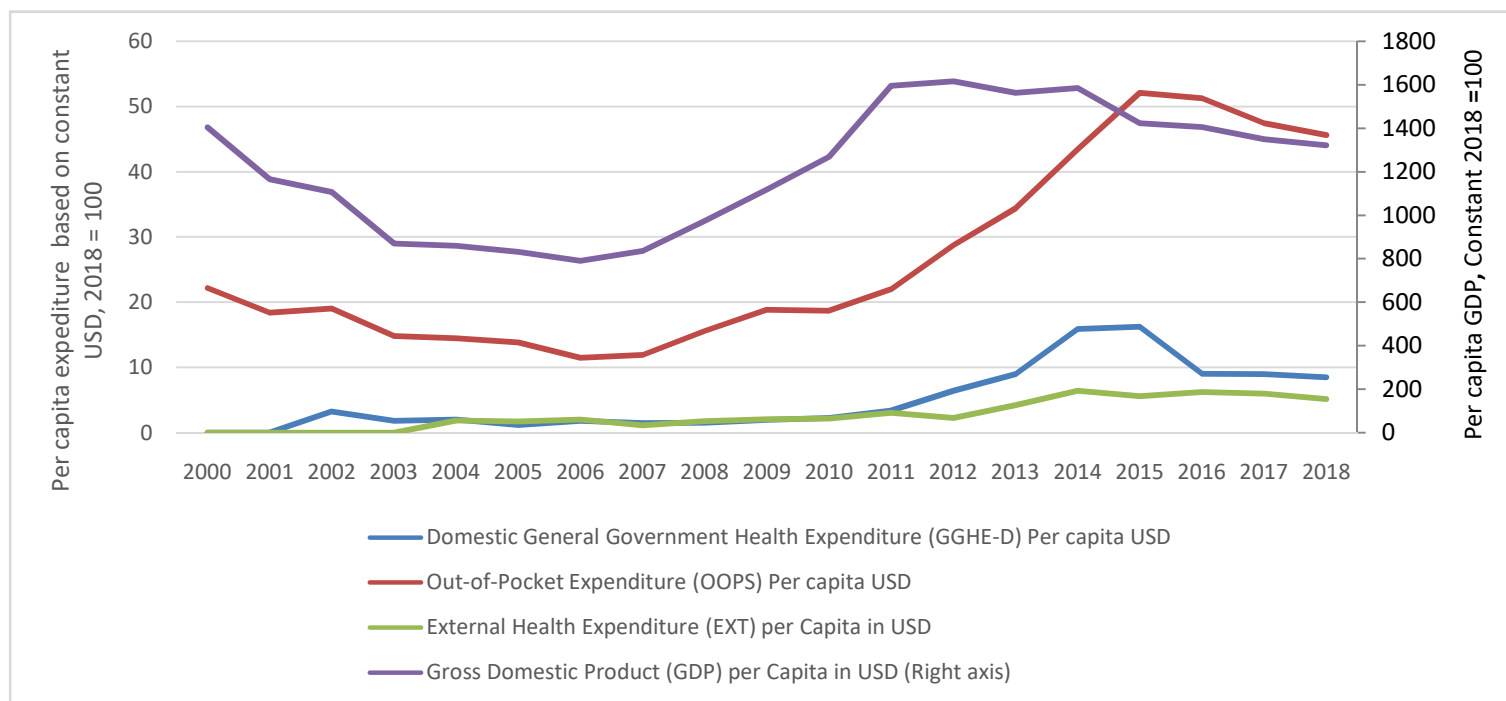
What is the impact of high OOPS on health and welfare?

- high OOPS contributes to financial hardships and drives families, particularly the poor and near poor, further into poverty
- a barrier to accessing health services
- An inefficient and inequitable way to finance health services



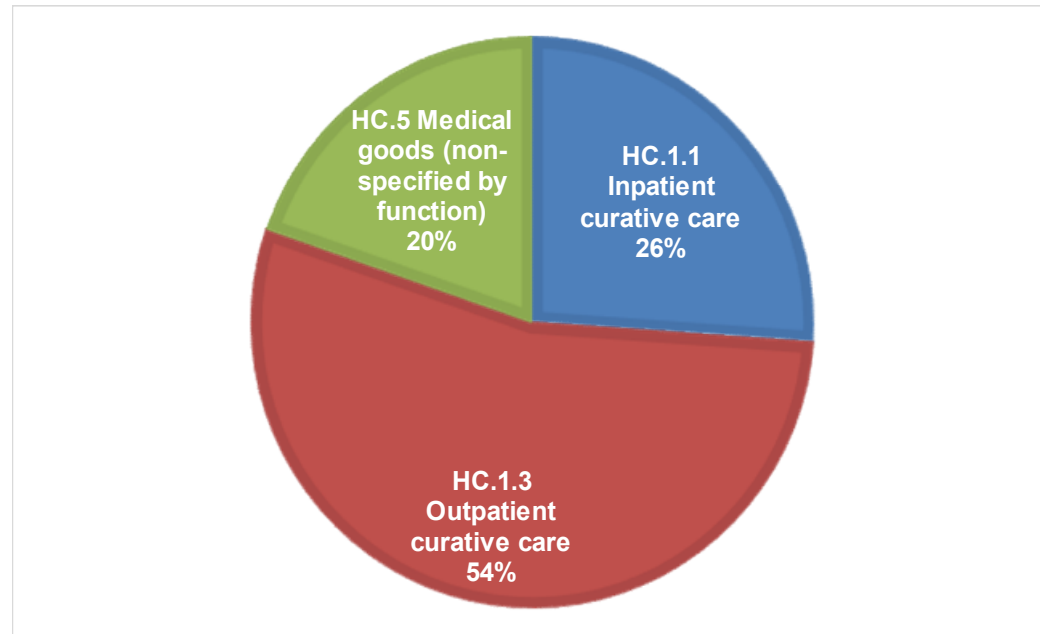
What is the level of OOPS in Myanmar and for what type of services?

- Trends in Health expenditure, by source of payment and GDP per capital



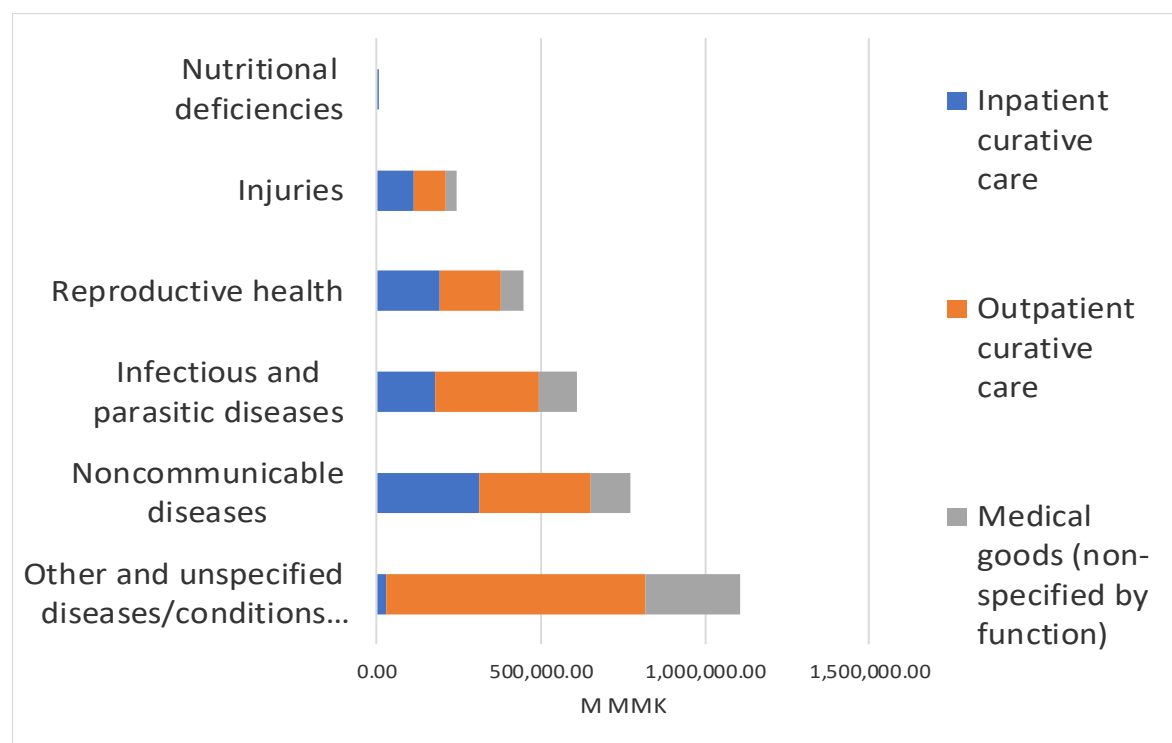
Level of care and types of services:

- Percentage of household spending by types of services (2017)



Level of care and types of services:

- Household direct payment by types of diseases, Myanmar 2017 (Million MMK)



Policy recommendations to reduce OOP

- **Policy Recommendation 1:** Increase government revenue and expenditure.
- **Policy Recommendation 2:** Advocate for larger allocation of spending on health within existing government budget.

Policy Objectives: OOPS 20% CHE	
Current OOPS (2017, Million MMK)	3,180,158
OOPS 20% of CHE in Million MMK	840,200
Difference in Million MMK	2,339,958
To reach the objective of reducing OOPS to 20% if CHE: Increase D-GGHE by 4.9 fold	



Policy recommendations to reduce OOP

- **Policy Recommendation 3: Improve efficiency in public health expenditure**
 - Within the limited resources allocated, MoHS needs to make strategic choices on
 - *what* to prioritize;
 - *how* to efficiently and effectively achieve the goals; and
 - *how* to improve program planning and implementation in order to increase utilization of allocated funds
 - Efforts should be accelerated, particularly as the GDP is likely to contract in 2020 as a result of global recession.
 - Funding the EPHS nation-wide via enhanced public finance management mechanism



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