Submission to the UN Universal Periodic Review: Right to Health in Myanmar

37th Session of the UPR Working Group (January/February 2021)

Submitted by

MYANMAR HEALTH CSOs NETWORK AND PYI GYI KHIN

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About the submitting organizations

Myanmar Health Civil Society Organizations Network ('MHCN') is a network of domestic Civil Society Organizations ('CSO') involved in health sector activities, and was established in 2015 to contribute to Myanmar's health care system reform to achieving Universal Health Coverage ('UHC') goals by 2030. MHCN consists of local CSOs from all states and regions of Myanmar representing diverse identities and ethnic groups, and providing various health-related services. Currently, MHCN is serving as a network hub for nearly a thousand local CSOs around the country. Through the engagement with the Ministry of Health and Sports ('MoHS') of the Republic of the Union of Myanmar, MHCN members are striving to participate in and strengthen the efforts of Myanmar's healthcare system reform to achieve UHC goals by 2030. With advocacy strategy, MHCN assists the MoHS and Myanmar Government to establish and implement necessary actions to reform healthcare system providing quality healthcare for its citizens so that they can enjoy the health rights set forth in the international human rights instruments.

PYI GYI KHIN (PGK) is a Myanmar local Non-Government Organization founded in 1997 and currently implementing HIV/AIDS and MDR-TB prevention and treatment services. PGK is also implementing the policy and legal advocacy activities on UHC in Myanmar and development of Right to Information legislation since 2014. PGK is one of the central committee and working group members of MHCN.

Summary of the submission

This submission aims to strengthen Myanmar's efforts to reform healthcare system to achieve the UHC goals and fulfill right to health enshrined in international human rights instruments. As a member state of the United Nations ('UN'), Myanmar government has obligations to fulfill the rights of its citizens set forth in international treaties for which it has ratified. Myanmar ratified the International Covenant on Economic, Social and Cultural Rights ('ICESCR') in 2017[1] and developed many plans to realize the provisions of ICESCR including providing quality healthcare to its citizens. Moreover, the Sustainable Development Goals[2] ('SDGs') also emphasized on the achieving of UHC in its target 3.8 and therefore, Myanmar has an obligation to take part in the SDGs agenda to achieve UHC by 2030.

In 2016, MoHS developed the National Health Plan (NHP) 2017-2021 which laid out the roadmap for the transition of healthcare system reform to achieve UHC goals. MHCN representatives participated in the development of the NHP and its Annual Operation Plans (AOP), and as a result of its active and productive participation, the role of domestic CSOs has been recognized in working towards UHC goals.[3] However, implementation of the NHP has been hindered by many factors, *inter alia,* concern over the ability of the government to allocate high amount of funds for health sector budget, challenges in the need to rapidly improve the readiness of service provision (supply side readiness) especially in the public sector, and

[1] United Nations Treaty Collection (Link)
[2] The 2030 Agenda for Sustainable Development (A/RES/70/1)
[3] *National Health Plan (2017-2021)* (Link) and *Second Year's Annual Operational Plan (2018-2019)* (Link)

entrenched negative attitudes held by some government officials towards the CSOs based on suspicions instilled historically.

This submission focuses on the following key areas related to the healthcare system of Myanmar:

- Follow up on the Implementation of the 2nd Cycle Recommendations related to Health
- Reducing financial burden on Health
- Social Accountability in Health
- Recommendations

Follow up on the 2nd cycle's recommendations

During the 2nd cycle UPR session, Myanmar accepted nine recommendations related to health from Brunei Darussalam, Lao People's Democratic Republic, Democratic People's Republic of Korea, Viet Nam, China, Sweden, Timor-Leste, Nigeria and Panama. In summary, these recommendations include to take appropriate steps towards achieving UHC in the country, to increase government's budget allocation and earmark additional financial sources for health sector, and to adopt and implement all the necessary measures to continue improving health care, food and education services. Since then, Myanmar has taken some steps to fulfill these recommendations and following session provide alternative view on the Myanmar's efforts to implement the recommendations.

Government's budget allocation on health sector

MoHS has developed the NHP 2017-2021 and laid a foundation for moving towards UHC goals in Myanmar. NHP introduces the Basic Essential Package of Health Services[4] ('BEPHS') that requires to standardize the healthcare service quality and costing. In order to implement the BEPHS formulated in NHP, it requires, *inter alia*, significant increment of budget and resources allocation. Since the 2nd UPR, the government's spending on health has slightly increased yearly. The Government Health Expenditure ('GHE') as % of General Government Expenditure ('GGE') increased from 1.03% in 2010-2011 fiscal year to 4.58% in 2018-2019 fiscal year. Moreover, GHE as % of GDP also increase from 0.2% in 2010-2011 fiscal year to 1.21% in 2018-2019 fiscal year. It is recognized that Myanmar government is trying to increase the health expenditure since 2011. However, the expenditure is still far from the recognized global benchmarks which are the 15% for the GHE as % of GGE and 5% for the GHE as % of GDP respectively.

In the last UPR, the Myanmar government accepted the recommendation made by the Vietnam to earmark the additional financial resources to health services and reduce the financial burden faced by vulnerable groups in accessing medical care. However, the government of Myanmar has yet to develop the policies and laws on the earmarking financial resources since the finished of 2nd cycle UPR. It is crucial for a developing country such as Myanmar to set clear and executable policies and laws to earmark any possible opportunity to mobilize the available resources into health sector.

Preparation for the supply side readiness

Aside from the incrementation of budget allocation in health sector, the government of Myanmar also needed to prepare for the infrastructures and human resources. Life expectancy at birth of Myanmar was

[4] *National Health Plan (2017-2021)*, Context viii

slightly increased from 65.81 in 2015 to 66.87 in 2018.[5] However, this rate is still lower than the 2018 global average of life expectancy at birth which is 72.56 and lowest among the Southeast Asian Nations. Moreover, infant mortality rate (per 1,000 live births) has also decreased from 40.6 in 2015 to 36.8 in 2018.[6] Despite the rate has decreased during 2015 to 2018, Myanmar still has one of the highest mortality rate in the Southeast Asian region. Coherent to NHP 2017-2021, Myanmar government is currently expanding the healthcare facilities in some of the prioritize areas and this is also linked with the availability of health budget. Moreover, MoHS developed the Myanmar Human Resources for Health Strategy 2018-2021 to increase workforces in health sectors. Despite these efforts by the government of Myanmar, the results of the planned policies and plans are yet to be seen and country's health status is not significantly changed.

Other influencing factors

Healthcare service provision is related not only to the efforts by Ministry of Health and Sports but also the contexts of the country. Internal armed conflicts are widely present in Myanmar especially in ethnic areas. Despite the efforts of MoHS in recognition of and engagement with some Ethnic Health Organizations ('EHO') to create constructive dialogue to improve healthcare services in the ethnic areas, the ongoing conflicts still affect health service in some states. Areas such as Rakhine, Chin and Kachin States are already considered as the hard-to-access areas, and burdened more so by the existing conflicts. These conflicts caused barriers to access healthcare services in these conflict areas and allocating health workforces.

While the need for support in the areas affected by conflicts is intense and visible, the need of the vulnerable populations in non-conflict but developmentally deprived areas receive little support and attention by the international donors. Lack of external interest negate the possibility of non-profit entities to fill the service gaps in case of deepened vulnerabilities such as disasters and unpredictable incidents.

Reducing financial burden on Health

According to the World Bank data, the out-of-pocket expenditure (OOPE) % of current health expenditure in Myanmar is 76.23 in 2017 which is one of the ten highest rates in the world.[7] Comparing to the OOPE% of 70.45 in 2015, the increment of OOPE should be solved immediately to reduce financial burden of people seeking healthcare services. This indicates that the financial burden of people seeking health services are pushing them towards impoverishment due to health expenditures. This is the significant underperformance of Myanmar as a country in reaching the global benchmark on OOPE % of Total Health Expenditure which should be less than 15-20%. Significant portion of Myanmar people seek health services from private sector providers where cost control could be difficult and can pose financial burden to the patients and their families. There have been several reasons why some patients and their families choose expensive private healthcare facilities over the public health ones. Since the increase expenditure in the public health care sector, particularly for free drugs and medications, there has been an increase utilization of government hospitals and clinics which can also place burden on other needs of the network of public facilities. A strong and effective referral system, and mechanisms for strategic purchasing are needed if the current OOPE is to be brought down.

[5] *The World Bank*, Life expectancy at birth, total (years) – Myanmar, (Link)
[6] *Ibid*, Mortality rate, infant (per 1,000 live births) – Myanmar, (Link)
[7] *Ibid*, Out-of-pocket expenditure (Link)

Another area which deserves attention is a recommendation made by China to increase the amount of spending on health with special attention to women and children as both maternal and child health MDGs were not met for Myanmar. Although the government budget for health sector has been increased, there may be a specific need to address systemic barriers and insufficiencies in services for sexual and reproductive health and rights including policies and legal contexts around the issue.

Social Accountability in Health

Civil society is still seen as a rescue service provider in case of emergencies and gaps, and not regarded as qualified to have the capacity to look and provide inputs into the assurance, quality, equity and efficiency of health services in Myanmar. Political stability, consistent collaboration between public sector machineries and non-profit entities, empowering domestic civil society, and establishment of simple and strong systems in measuring, analyzing and promoting social accountability are areas of gap in this intersection.

With the launching of NHP (2017-2021), the MoHS opens space for CSOs to participate in monitoring and implementation of healthcare services. NHP explicitly recognizes the roles of CSOs as 'watchdog' with respect to health service planning, delivery, and monitoring, especially as it relates to the BEPHS to which the population will be entitled. Health CSOs were also invited to participate in the development process of AOP. However, although CSOs were provided with limited space to participate at the policy making level, recognitions on the roles of CSOs set forth in NHP and AOP at implementation level are totally different from the provision of NHP and AOP. According to the health CSOs connected with MHCN, only a few state/regional level health authorities selected and allowed local health CSOs to be in their respective health committees and a few more CSOs can participate at District or Township level health committees. It is necessary to develop guidelines to ensure that Township Health Working Groups (THWGs) are functioning properly and are composed of a fully representative range of stakeholders to promote accountability and transparency.

Public participation

Public participation is one of the key pillars in ensuring social accountability. In healthcare sector of Myanmar, local CSOs providing various services in all around the country playing an important role to implement public healthcare services. Moreover, local health CSOs not only providing charitable activities to contribute public healthcare services but also bridging between government's services and community. On a wider aspect, CSOs and local community altogether should have a space to engage directly with public authorities to provide feedbacks on their services and needs of the community. Currently, Myanmar does not have a concrete system to accommodate public participation especially in healthcare sector. The voice of public will be greatly contributed not only to the healthcare system reform but also to the improvement of public health services.

Access to information

Access to information is an important aspect of social accountability in health. Without the access to information, the service users will face many difficulties in receiving healthcare services when they needed. Currently, the government health facilities do not proactively provide enough information to public and it creates confusions among the people who try to seek healthcare services. The information relating to healthcare services for which the users may be charged or not is currently not proactively

available to the pubic such as the costs related to medicines, equipment and other services. Moreover, information about emergency health issues such as COVID-19 pandemic are not accessible by public at conflict areas due to the internet shutdown by the government. It is recorded that the internet shutdown at some areas of Rakhine and Chin State has been over one year which is one of the longest internet shutdown in the world. The shutting down of internet not only affects the economic and social status of people living in those areas but also imposes people to access to information relating to the COVID-19 pandemic including prevention and current status of the pandemic.

Recommendations

- Increase investment to help close significant coverage gaps and to meet health targets.
- Immediately develop and enact UHC law to strengthen the healthcare system reform and ensure the financial protection for the people seeking healthcare services
- Enact supplementary laws and policies to reduce the financial burden of healthcare costs and earmark the additional financial resources to health sector.
- Reform public financial management system to ensure the efficient and effective use of funds.
- Develop and implement policies and regulations to reinforce supply side readiness of health sector.
- Focus on the resourcing and improving conduciveness of services and protection around maternal and child health. Reform of the policy and legal barriers deterring women, young people, and disadvantaged groups' right to access to sexual and reproductive health with an approach to empowering the individuals, groups and communities.
- Take steps to develop and implement a plan to collaborate with Ethnic Health Organizations (EHO) for joint health worker training and accreditation.
- Develop and implement guidelines to strengthen engagement with health CSOs, EHOs and community at township, district, state/regional and national levels.
- Strengthen existing mechanisms such as Myanmar Health Sector Coordination Committee, devise new channels such as formal regular joint fora, and arrange to sustain resource support (both financial and technical), and contribute measurement of the impact (quantitative, qualitative and systemic), for the local civil society, international and regional non-profit entities, and other non-state contributors in Myanmar health sector.
- Practice access to information for public at all healthcare facilities.
- Restore access to internet in conflict areas and develop the effective ways to provide essential health information to the population in these conflict areas.