

# HEALTH POLICY, LEGISLATION AND PLANS

## Health Policy

Policy guidelines for health service provision and development have also been provided in the Constitutions of different administrative period. The following are the policy guidelines related to health sector included in the Constitution of the Republic of the Union of Myanmar (2008).

### The Constitution of the Republic of the Union of Myanmar 2008

#### Article 28

The Union shall :

- (a) earnestly strive to improve education and health of the people;
- (b) enact the necessary law to enable National people to participate in matters of their education and health;

#### Article 32

The Union shall :

- (a) care for mothers and children, orphans, fallen Defence Services personnel's children, the aged and the disabled;

#### Article 351

Mothers, children and expectant women shall enjoy equal rights as prescribed by law.

#### Article 367

Every citizen shall, in accord with the health policy laid down by the Union, have the right to health care.

## National Health Policy 1993

The National Health Policy was developed with the initiation and guidance of the National Health Committee in 1993. The National Health Policy has placed the *Health For All* goal as a prime objective using Primary Health Care approach. The National Health Policy is designated as follows:

- 1 To raise the level of health of the country and promote the physical and mental well-being of the people with the objective of achieving "Health for all" goal, using primary health care approach.
- 2 To follow the guidelines of the population policy formulated in the country.
- 3 To produce sufficient as well as efficient human resource for health locally in the context of broad frame work of long term health development plan.
- 4 To strictly abide by the rules and regulations mentioned in the drug laws and by-laws which are promulgated in the country.
- 5 To augment the role of co-operative, joint ventures, private sectors and non-governmental organizations in delivering of health care in view of the changing economic system.
- 6 To explore and develop alternative health care financing system.
- 7 To implement health activities in close collaboration and also in an integrated manner with related ministries.
- 8 To promulgate new rules and regulations in accord with the prevailing health and health related conditions as and when necessary.
- 9 To intensify and expand environmental health activities including prevention and control of air and water pollution.
- 10 To promote national physical fitness through the expansion of sports and physical education activities by encouraging community participation, supporting outstanding athletes and reviving traditional sports.
- 11 To encourage conduct of medical research activities not only on prevailing health problems but also giving due attention in conducting health system research.
- 12 To expand the health service activities not only to rural but also to border areas so as to meet the overall health needs of the country.
- 13 To foresee any emerging health problem that poses a threat to the health and well-being of the people of Myanmar, so that preventive and curative measures can be initiated.
- 14 To reinforce the service and research activities of indigenous medicine to international level and to involve in community health care activities.
- 15 To strengthen collaboration with other countries for national health development.

## Health Legislation

Both nationally and internationally the field of public health and the execution of public health powers and services depend on public health law. In its early history public health and its legal regulations covered communicable disease prevention and environmental sanitation. It included some limited control of the disposal of human and other wastes, some concerns for water purity and the hygiene of housing, a limited interest in food and milk sanitation, some incipient school health controls, and very little else.

To protect health government told industry, business and people generally what to do and what not to do. Public health programmes seek to enhance public health not only by prohibiting harmful activities or conditions, but also by providing preventive and rehabilitative services to advance the health of the people. Instead of regulating, policing, and prohibiting unwholesome conduct or conditions, public health laws establishes services to create a more healthful environment and provides the facilities and trained professionals to prevent and treat disease, to educate people to protect themselves, and to improve their conditions.

As part of fulfilling the responsibility to improve and protect health of the citizens the government has enacted some health laws. Majority of current health laws are found to be related to the public health law promulgated in 1972. Existing health laws may be categorized as; health laws for promoting or protecting health of the people, health laws concerned with standard, quality and safety of care and laws relating to social organization.

## Health laws for promoting or protecting health of the people

<p><b>Public Health Law (1972)</b></p>	<p>It is concerned with protection of people's health by controlling the quality and cleanliness of food, drugs, environmental sanitation, epidemic diseases and regulation of private clinics.</p>
<p><b>Dental and Oral Medicine Council Law (1989) (Revised in 2011)</b></p>	<p>Provides basis for licensing and regulation in relation to practices of dental and oral medicine. Describes structure, duties and powers of oral medical council in dealing with regulatory measures.</p>
<p><b>Law relating to the Nurse and Midwife (1990) (Revised in 2002)</b></p>	<p>Provides basis for registration, licensing and regulation of nursing and midwifery practices and describes organization, duties and powers of the nurse and midwife council.</p>
<p><b>Myanmar Maternal and Child Welfare Association Law (1990) (Revised in 2010)</b></p>	<p>Describes structure, objectives, membership and formation, duties and powers of Central Council and its Executive Committee.</p>
<p><b>National Drug Law (1992)</b></p>	<p>Enacted to ensure access by the people safe and efficacious drugs. Describes requirement for licensing in relation to manufacturing, storage, distribution and sale of drugs. It also includes provisions on formation and authorization of Myanmar Food and Drug Board of Authority.</p>
<p><b>Narcotic Drugs and Psychotropic Substances Law (1993)</b></p>	<p>Related to control of drug abuse and describes measures to be taken against those breaking the law. Enacted to prevent danger of narcotic and psychotropic substances and to implement the provisions of United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.</p> <p>Other objectives are to cooperate with state parties to the United Nations Convention, international and regional organizations in respect to the prevention of the danger of narcotic drugs and psychotropic substances. According to that law Central Committee for Drug Abuse Control (CCADC),</p>

	Working Committees, Sectors and Regional Committees were formed to carry out the designated tasks in accordance with provisions of the law. The law also describes procedures relating to registration, medication and deregistration of drug users.
<b>Prevention and Control of communicable Diseases Law (1995) (Revised in 2011)</b>	Describes functions and responsibilities of health personnel and citizens in relation to prevention and control of communicable diseases. It also describes measures to be taken in relation to environmental sanitation, reporting and control of outbreaks of epidemics and penalties for those failing to comply. The law also authorizes the Ministry of Health to issue rules and procedures when necessary with approval of the government.
<b>Traditional Drug Law (1996)</b>	Concerned with labeling, licensing and advertisement of traditional drugs to promote traditional medicine and drugs. It also aims to enable public to consume genuine quality, safe and efficacious drugs. The law also deals with registration and control of traditional drugs and formation of Board of Authority and its functions.
<b>Eye Donation Law (1996)</b>	Enacted to give extensive treatment to persons suffering from eye diseases who may regain sight by corneal transplantation. Describes establishment of National Eye Bank Committee and its functions and duties, and measures to be taken in the process of donation and transplantation.
<b>National Food Law (1997)</b>	Enacted to enable public to consume food of genuine quality, free from danger, to prevent public from consuming food that may cause danger or are injurious to health, to supervise production of controlled food systematically and to control and regulate the production, import, export, storage, distribution and sale of food systematically. The law also describes formation of Board of Authority and its functions and duties.

<p><b>Myanmar Medical Council Law (2000)</b></p>	<p>Enacted to enable public to enjoy qualified and effective health care assistance, to maintain and upgrade the qualification and standard of the health care assistance of medical practitioner, to enable studying and learning of the medical science of a high standard abreast of the times, to enable a continuous study of the development of the medical practitioners, to maintain and promote the dignity of the practitioners, to supervise the abiding and observing in conformity with the moral conduct and ethics of the medical practitioners. The law describes the formation, duties and powers of the Myanmar Medical Council and the rights of the members and that of executive committee, registration certificate of medical practitioners, medical practitioner license, duties and rights of registered medical practitioners and the medical practitioner license holders.</p>
<p><b>Traditional Medicine Council Law (2000)</b></p>	<p>Enacted to protect public health by applying any type of traditional medicine by the traditional medical practitioners collectively, to supervise traditional medical practitioners for causing abidance by their rules of conduct and discipline, to carry out modernization of traditional medicine in conformity with scientific method, to cooperate with the relevant government departments, organizations and international organization of traditional medicine. The law describes formation, duties and powers of the traditional medical council, registration as the traditional medical practitioners and duties and registration of the traditional medical practitioners.</p>
<p><b>Blood and Blood Products Law (2003)</b></p>	<p>Enacted to ensure availability of safe blood and blood products by the public. Describes measures to be taken in the process of collection and administration of blood and blood products and designation and authorization of personnel to oversee and undertake these procedures.</p>

<p><b>Body Organ Donation Law (2004)</b></p>	<p>Enacted to enable saving the life of the person who is required to undergo body organ transplant by application of body organ transplant extensively, to cause rehabilitation of disabled persons due to dysfunction of body organ through body organ donors, to enable to carry out research and educational measures relating to body organ transplant and to enable to increase the numbers of body organ donors and to cooperate and obtain assistance from government departments and organizations, international organizations, local and international NGOs and individuals in body organ transplant.</p>
<p><b>The Control of Smoking and Consumption of Tobacco Product Law (2006)</b></p>	<p>Enacted to convince the public that smoking and consumption of tobacco product can adversely affect health, to make them refrain from the use, to protect the public by creating tobacco smoke free environment, to make the public, including children and youth, lead a healthy life style by preventing them from smoking and consuming tobacco product, to raise the health status of the people through control of smoking and consumption of tobacco product and to implement measures in conformity with the international convention ratified to control smoking and consumption of tobacco product.</p>
<p><b>The Law Relating to Private Health Care Services (2007)</b></p>	<p>Enacted to develop private health care services in accordance with the national health policy, to enable private health care services to be carried out systematically as and integrated part in the national health care system, to enable utilizing the resources of private sector in providing health care to the public effectively, to provide choice of health care provider for the public by establishing public health care services and to ensure quality services are provided at fair cost with assurance of responsibility.</p>

## National Health Committee (NHC)

The National Health Committee (NHC) was formed on 28 December 1989 as part of the policy reforms. It is a high level inter-ministerial and policy making body concerning health matters. The National Health Committee takes the leadership role and gives guidance in implementing the health programmes systematically and efficiently. The high level policy making body is instrumental in providing the mechanism for intersectoral collaboration and co-ordination. It also provides guidance and direction for all health activities. The committee is reorganized in February 2014.

### Composition of National Health Committee

1.	Vice President, The Republic of the Union of Myanmar	Chairman
2.	Union Minister, Ministry of Health	Vice-Chairman
3.	Deputy Minister, Ministry of Home Affairs	Member
4.	Deputy Minister, Ministry of Border Affairs	Member
5.	Deputy Minister, Ministry of Information	Member
6.	Deputy Minister, Ministry of Immigration and Population	Member
7.	Deputy Minister, Ministry of Sports	Member
8.	Deputy Minister, Ministry of Education	Member
9.	Deputy Minister, Ministry of Health	Member
10.	Deputy Minister, Ministry of National Planning and Economic Development	Member
11.	Deputy Minister, Ministry of Labour, Employment and Social Security	Member
12.	Deputy Minister, Ministry of Social Welfare, Relief and Resettlement	Member
13.	Deputy Minister, Ministry of Science and Technology	Member
14.	Deputy Minister, Ministry of Environmental Conservation and Forestry	Member
15.	Council Member, Naypyitaw Council	Member
16.	President, Myanmar Red Cross Society	Member
17.	President, Myanmar Maternal and Child Welfare Association	Member
18.	Deputy Minister, Ministry of Health	Secretary
19.	Director General, Department of Health Planning, Ministry of Health	Joint Secretary

## Health Development Plans

Aiming towards the “Health for All Goal”, series of National Health Plans based on primary health care services have been systematically developed and implemented. The Ministry of Health has formulated four yearly People’s Health Plans starting from 1978. From 1991 onwards, successive National Health Plans have been formulated and implemented.

Considering the rapid changes in demographic, epidemiological and economic trends both nationally and globally, a long-term (30) years health development plan had been drawn up to meet the future health challenges. Myanmar Health Vision 2030 (2000-2001 to 2030-2031) was formulated during last decade and composed of (9) main areas: health policy and law; health promotion; health service provision; development of human resources for health; promotion of traditional medicine; development of health research; role of co-operative, joint ventures, private sectors and NGOs; partnership for health system development; and international collaboration. The expected benefits for the long-term visionary plan are as follows:

### Expected Benefits

Indicator	2001	2011	2021	2031
Life expectancy at birth	60 - 64	64 - 71	-	75 - 80
Infant Mortality Rate/1000 LB	59.7	40	30	22
Under five Mortality Rate/1000 LB	77.77	52	39	29
Maternal Mortality Ratio/1000 LB	2.55	1.7	1.3	0.9

## National Comprehensive Development Plan (Health Sector) (2010-11 to 2030-31)

As an integral component of the long-term visionary plan, the National Comprehensive Development Plan (NCDP) (Health Sector) (2010-2011 to 2030-2031) has been formulated based on changing situation. The formulation of the NCDP must link with related sectors as well as also link with the States and Regional Comprehensive Development Plans. This long term visionary plan with its objectives will be a guide on which further short-term national health plans are to be developed. So also it links with the Spatial Planning.

Aiming towards the health sector development, the following strategies has been being implemented.

- a. Health System Strengthening
  - Health Policy and Legislation
  - Universal Health Coverage
  - Strengthening of Health Information System
  - e-Health Development
  - Township Health System Development
- b. Disease Control Programme
  - National AIDS and Sexually Transmitted Disease Control
  - National Tuberculosis
  - Malaria Control
  - Lymphatic Filariasis Control
  - Dengue Hemorrhagic Fever Prevention and Control
  - Leprosy Elimination
  - Trachoma Control and Prevention of Blindness
  - Prevention and Control of Non-communicable Disease and other Related Conditions
- c. Public Health Programme
  - Basic Health Services
  - Maternal and Child Health
  - Adolescent Health
  - School Health
  - Nutrition Promotion
  - Food Safety
  - Pharmaceuticals, Medical Devices and Cosmetic Quality and Safety

- d. Curative Services Programme
  - Promoting Quality of Hospital Services
  - Expanding Health Care Coverage in Border Areas
  - Promoting Laboratory and Blood services
  - Provision of Essential Medicine
- e. Development of Myanmar Traditional Medicine Programme
  - Upgrading of the quality of teaching skills in traditional medicine
  - Expansion and Upgrading of traditional medicine clinics and hospitals
  - Supervision and monitoring of safe and quality assured traditional drugs manufacturing
  - Strengthening the capability of research in traditional medicine
  - Conservation of scarce medicinal plants and production of quality raw materials for traditional medicine drug factory
- f. Human Resources for Health Development Programme
  - Produce different categories of health professionals according to the human resources for health needs
  - Development of infrastructure, teaching/learning materials, technology, libraries, upgrading laboratories to meet the international standard
  - Regular review, revise and update of curricula for relevance to the changing trends in medical education
  - Strengthening of human resource information and research activities
- g. Promoting Health Research Programme
  - Conduct health research programme especially health policy and system research
  - Conduct research on emerging and reemerging communicable diseases
  - Conduct research on non-communicable diseases increasing with the changing life style
  - Implement research on the danger of environmental pollution
  - Conduct research activities concerned with traditional medicine
  - Explore technologies for the diagnosis, management and control of common diseases/conditions
  - Strengthen research capacity through development of infrastructure and manpower, and human resources development, necessary for effective health research
  - Dissemination of research findings through websites of Departments of Medical Research

## National Health Plan (2011-12 to 2015-2016)

Based on Primary Health Care approaches the Ministry of Health had formulated four yearly People's Health Plans from 1978 to 1990 followed by the National Health Plans from 1991-1992 to 2006-2011. These plans have been formulated within the frame work of National Development Plans for the corresponding period.

National Health Plan (2011-2016) in the same vein is to be formulated in relation to the fifth five year National Development Plan. It is also developed within the objective frame of the short term first five year period of the National Comprehensive Development Plan (NCDP) – Health Sector, a 20 year long term visionary plan.

With the ultimate aim of ensuring health and longevity for the citizens the following objectives have been adopted for developing programs for the health sector in ensuing five years covering the fiscal year 2011-2012 to 2015-2016.

- To ensure quality health services are accessible equitably to all citizens
- To enable the people to be aware and follow behaviors conducive to health
- To prevent and alleviate public health problems through measures encompassing preparedness and control activities
- To ensure quality health care for citizens by improving quality of curative services as a priority measure and strengthening measures for disability prevention and rehabilitation
- To provide valid and complete health information to end users using modern information and communication technologies
- To plan and train human resources for health as required according to types of health care services, in such a way to ensure balance and harmony between production and utilization
- To intensify measures for development of Traditional Medicine
- To make quality basic/essential medicines, vaccines and traditional medicine available adequately
- To take supervisory and control measures to ensure public can consume and use food, water and drink, medicines, cosmetics and household materials safely

- To promote in balance and harmoniously, basic research, applied research and health policy and health systems research and to ensure utilization as a priority measure
- To continuously review, assess and provide advice with a view to see existing health laws are practical, to making them relevant to changing situations and to developing new laws as required
- In addition to providing health services, to promote collaboration with local and international partners including health related organizations and private sector in accordance with policy, law and rules existing in the country for raising the health status of the people

Consequently, to achieve these objectives current National Health Plan (2011-2016) is developed around the following 11 program areas, taken into account prevailing health problems in the country, the need to realize the health related goals articulated in the UN Millennium Declaration, significance of strengthening the health systems and the growing importance of social, economic and environmental determinants of health. For each program area, objective and priority actions to be undertaken have also been identified.

### Program Areas

1. Controlling Communicable Diseases
2. Preventing, Controlling and Care of Non-Communicable Diseases and Conditions
3. Improving Health for Mothers, Neonates, Children, Adolescent and Elderly as a Life Cycle Approach
4. Improving Hospital Care
5. Traditional Medicine
6. Human Resources for Health
7. Promoting Health Research
8. Determinants of Health
9. Nutrition Promotion
10. Strengthening Health System
11. Expanding Health Care Coverage in Rural, Peri-Urban and Border Areas