

Healthcare availability, accessibility, and affordability in Myanmar: What do the experts say?

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Abstract: The objective of this study was to examine the present status of healthcare availability, accessibility, and affordability in Myanmar, a country in a state of transition from military government to a civilian government. Data were collected through semi-structured interviews with four health experts. The findings confirmed that the country was in a state of healthcare transition with several initiatives in progress or being re-evaluated. However, it was evident that the government of Myanmar would be required to considerable investments to develop and maintain the country's healthcare infrastructure. Furthermore, the execution of the existing public-private model of healthcare would have to be improved and more subsidies would have to be introduced to make healthcare more affordable to the poor. Additionally, it could be seen that the availability of services in all regions of the country required attention.

Keywords: Myanmar, Healthcare, Availability, Accessibility, Affordability.

1. INTRODUCTION

Myanmar is Southeast Asia's largest nation and is located at the intersection between South and Southeast Asia. It has five countries as neighbours namely, Bangladesh, China, India, Laos, and Thailand (Devi, 2014). Since gaining independence from the British in 1948, Myanmar has continued to experience various domestic conflicts and health-related calamities. These, and varied manifestations of government have contributed to a fragmented environment in the country where development of integrated health programmes has been laborious, and often unfeasible (SMRU, 2017).

After decades of military rule, a civilian government took charge in Myanmar in March 2011, leading to accelerated democratic processes (Latt et al., 2016), though it is safe to assume that these changes are still underway as the indications of socio-political change are beginning to emerge (van Rooijen, Myint, Pavlova, & Groot, 2018). Nevertheless, Myanmar remains one of Southeast Asia's poorest nations. Moreover, it is ranked 147 on the Human Development Index (HDI), out of 189 listed and falls into the category "Medium Human Development" behind neighbouring countries such as, Philippines, Indonesia, and Vietnam (UNDP, 2018).

From the perspective of healthcare, however, several problems continue to exist with respect to healthcare, such as problems in quality of healthcare services, nutrition, maternal and child health, infectious disease controls, access to healthcare services, etc. (Kyaing, Sein, Sein, Htike, Tun, & Shein, 2012; Parmar et al., 2015; Saw et al., 2013; Sayburn, 2015).

Historically also, Myanmar does not have a sterling record of healthcare. For instance, the World Healthcare Organisation (WHO) ranked the healthcare system in Myanmar as the worst overall in a comparative ranking of the healthcare systems of 190 nations in the year 2000. Currently, Myanmar continues to be a grade three level of alarm to the WHO implying that public health in the country has been affected by numerous major events (Sheps, 2018).

Current status of healthcare provision in Myanmar:

Table 1 compares the expenditure related to healthcare in Myanmar with a few of its neighbours. It can be seen that the bulk (~74%) of healthcare provision in Myanmar is obtained through Out-of-Pocket (OOP) payments (WHO, 2015a).

Table 1: Healthcare Financing of Myanmar and its neighbours

Indicator	Myanmar	Cambodia	Laos	Malaysia	Singapore
Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)	4.95%	6.08%	2.81%	3.91%	4.25%
Out-of-pocket (OOPS) as % of Current Health Expenditure (CHE)	73.91%	58.42%	45.37%	35.67%	31.55%
Compulsory Financing Arrangements (CFA) as % of Current Health Expenditure (CHE)	23.55	27.32	51.17	52.88	51.88
Compulsory Health Insurance (CHI) as % of Current Health Expenditure (CHE)	0.35	0.12	1.72	0.69	10.40
Social Health Insurance (SHI) as % of Current Health Expenditure (CHE)	0.35	0.12	1.72	0.69	5.22
Voluntary Financing Arrangements (VFA) as % of Current Health Expenditure (CHE)	76.45	72.68	48.83	47.12	48.12
Voluntary Health Insurance (VHI) as % of Current Health Expenditure (CHE)	0.00	0.49	0.18	9.80	2.15
Other Financing Arrangements as % of Current Health Expenditure (CHE)	2.54	13.77	3.29	1.66	14.42

Source: WHO, 2015a

Nevertheless, a bold long-term health development plan, ‘Myanmar Health Vision 2030,’ was drawn up in 2000 with the objective of meeting future health challenges. This plan was supported by the recent launching of a new five year National Health Plan (NHP) 2017-2021 by the Government of Myanmar to offer a planned vision for health in the country. The key focus and aspiration of the NHP is universal health coverage by 2030 (WHO, 2018).

A WHO report (WHO, 2014) reported that the Ministry of Health (MOH) was the most significant stakeholder in the country’s health sector both from the perspective of governing agency and provider of wide-ranging healthcare. Nevertheless, due to the changing political and administrative situation, several key players are playing more enhanced roles. Furthermore, healthcare financing was chiefly funded by the government, with virtually free services being provided until 1993 when user charges were established through a cost sharing model. Ever since the main source of healthcare finance has been household OOP. The same report indicated that both public and private systems were part of the country’s health system both from the perspective of provision and financing. The MOH’s Department of Health serves as the service provider and also undertakes to perform the Ministry’s regulatory functions with regard to protecting the nation’s health (WHO, 2014).

A series of Policy Notes on Myanmar (WHO, 2015b, 2015c, 2015d, 2015e) provided insights regarding the transition of health systems in Myanmar. Challenges reported by these notes include: the low priority accorded to health and the poor functioning of health services. Further, it appears that in Myanmar,

- Health receives low priority in government budgets.
- OOP payments are the predominant source of healthcare funding which places a tremendous burden on the poor.
- Social security is in the early stages and emphasises the formal sector. Private health insurance and social security have not affected health spending patterns.
- Hospital services take precedence over primary care, i.e., more funding is directed towards urban hospitals rather than rural primary care.
- There is no balance in access to healthcare services, e.g., between rural and urban areas, between rich and poor.
- Poor households have a greater reliance on private providers. User charges do not favour the poor.
- Staff retention and deployment are significant issues. However, budget constraints limit further recruitment.
- Resources are scarce and are incompetently allocated.

Recommendations for healthcare provision in Myanmar:

The Policy Notes on Myanmar (WHO, 2015b, 2015c, 2015d, 2015e) offer some recommendations to relieve the challenges associated with the present issues in healthcare provision. For example:

- Intensify health-related financial investment as a foundation of development that places emphasis on people;
- Develop the required partnerships and governance mechanisms to guarantee that improved health is the consequence of programmes and policies in all sectors;
- Reinforce the township health system (THS) with a fresh emphasis on fairness and competence.
- Allocate greater funds for health – from public or other sources.
- There is an urgent need for financial risk protection for the poor and those in the informal sector.

In this context, a need could be perceived to understand what experts had to say about the overall status of healthcare provision in Myanmar in order to provide recommendations regarding the enhancement or modification of healthcare services in the country. Accordingly, the objectives of this paper are to understand the perceptions of experts regarding the features and current status of healthcare services in Myanmar; the availability, accessibility, and affordability of healthcare services in Myanmar; and the factors impeding the provision of healthcare services in Myanmar.

The objectives of the study are as follows:

1. To understand the features and current status of healthcare services in Myanmar and experts’ perceptions on the same.
2. To obtain experts’ perceptions regarding the availability, accessibility, and affordability of healthcare services in Myanmar.
3. To recognize the perceptions of experts with regard to the factors impeding the provision of healthcare services in Myanmar.
4. To identify, from the perceptions of experts, potential avenues to improve the provision of healthcare services in Myanmar.

Accordingly, two broad aspects of the healthcare system are explored from the perspectives of a few experts: 1) the current healthcare system in Myanmar and 2) improving healthcare services in Myanmar. Based on these, the extent of consensus among the participants is investigated and implications are derived. It is hoped that the insights obtained from the experts’ perceptions will help to identify potential avenues to improve the provision of healthcare services in Myanmar. The study offers a base for discussion and debate related to healthcare policy development in the country.

2. METHODOLOGY

This study was undertaken in the period July-August 2018 and was part of a larger study exploring the availability, accessibility, and affordability of healthcare provision in different Asian countries. Purposive sampling was used to identify four (4) experts associated with the healthcare industry in Myanmar. Semi-structured interviews were used as the method of data collection. The interviews were between 60 to 75 minutes in length and were either face-to-face or through Skype. The demographic details of the participants are summarised in Table 2.

Table 2: Demographics of the experts

Demographic Factor	Expert 1	Expert 2	Expert 3	Expert 4
Educational qualification	B. Sc., B. Ed., MA. (Rohilkhand University, India)	Master’s in Business (RMIT Australia).	Not provided	M.B.B.S., M.Med.Sc. (Internal Medicine) (University Of Medicine, Mandalay)
Overall work experience and Roles played	>20 years	> 30 years	>30 years	>35 years
Current Organization	Leading pharmaceutical	Leading pharmaceutical	Leading pharmaceutical company in Myanmar	Myanmar Government

Demographic Factor	Expert 1	Expert 2	Expert 3	Expert 4
	company with operations in Cambodia, Myanmar and India.	company in Vietnam with presence in ASEAN and CIS countries.		Agency
Previous Organizations	USV and Wockhardt, TELPHA INC and RV-TELPHA.	RANBAXY and MEGA and RV healthcare	Not provided	Civil Services in department of health under Ministry of Health, Myanmar
Current Role/Designation	Company Founder/Founder and Director, Heading Sales and Marketing	Company Founder/Founder and Chairman	Company Founder/ Founder and Chairman	Involved in strategic planning and formulation of policies at primary and secondary care level/Senior Member and Honorary Head
Previous Roles	Various; ranging from Medical Representative to Managing Director	Various; ranging from Medical Representative to Managing Director	Not provided	Physician; in various levels in Ministry of Health, Myanmar
Role in healthcare, in Myanmar	Pharma Sales and Marketing in Myanmar	Pharma Manufacturing, Sales and Marketing in Myanmar	Pharma Sales and Distribution in Myanmar	In-charge of implementing government health care programs and also ensuring timely availability of medicines at all healthcare centers.
Affiliation(s) with regard to healthcare provision in Myanmar	Part of local Pharmaceutical enterprises association, Myanmar chamber of commerce.	Part of local manufacturer association to build up Myanmar manufacturing capabilities	Honorary member and Ex-Chairman of Myanmar Medical Association	Department of Health, Ministry of Health, Myanmar
Duration of association with this agency/organization	5 years	One year	More than a decade	More than 35 years
Role of agency/organization in the context of healthcare provision in Myanmar.	Building up capabilities and capacities for local businesses and developing pharmaceutical industry in the country.	Building up capabilities and capacities for local manufacturing. Involved in manufacturing and distribution in Myanmar.	Strengthening distribution network to make medicine available across the country. Involved in distribution as well as actively providing suggestions to committee's responsible for health programs in Myanmar.	Implement and monitor government health care programs at primary and secondary levels. Ensure healthcare and medicine availability along with basic facilities.

The interview data were analysed by coding the transcripts as per the different aspects of healthcare provision included in the interview. In other words, the analysis approach used was summative qualitative content analysis (Hsieh & Shannon, 2005). This analysis uses keywords which are identified before and during the analysis. The keywords are obtained from a review of literature or the researcher's interest (Hsieh & Shannon, 2005).

3. FINDINGS

As mentioned in the preceding section, semi-structured interviews were conducted with four experts with affiliations to healthcare in Myanmar. The interview data are organised and presented according to different key themes. Table 3 summarises the themes and sub-themes present in the interview data. The next sections expand on the themes. Representative quotes from the participating experts are provided where appropriate.

Table 3: Themes and Sub-themes

Key themes	Sub-themes
Perceptions of current healthcare system in Myanmar	Existing Model of healthcare
	Structure of healthcare system
	Stakeholders in Healthcare Provision
	What works in the Myanmar healthcare system?
	Nature of healthcare services
	Availability of services
	Accessibility of services
	Affordability of services
Perceptions of measures to improve healthcare services	Changes in delivery of healthcare services
	Proposed Model of healthcare
	Measures to increase availability
	Measures to increase accessibility
	Measures to increase affordability

Theme 1: Perceptions of current healthcare system in Myanmar:

The first theme in the interviews with the experts was their perceptions with regard to the current healthcare system in Myanmar. Eight sub-themes could be identified, each pertaining to a different aspect of the current state of healthcare provision in Myanmar.

Sub-theme 1: Existing Model of Healthcare

The participants’ narratives confirmed that the OOP model was the most prevalent model of healthcare in Myanmar. They also drew attention to the newly commenced National Health Insurance scheme which was under the purview of the Myanmar Insurance Company, a government initiative. Moreover, it was evident that there is very low coverage under this scheme at present.

Another insight was provided by Expert 1 who mentioned that “*although Myanmar has free healthcare system but most of the hospitals don’t have sufficient fund to provide health care to population.*”

Sub-theme 2: Structure of Healthcare System

The narratives of the experts indicated that the healthcare system in Myanmar was dominated by government hospitals and small private clinics. As mentioned by Expert 1, “*Most of the doctors working in the government hospitals also have their private practices in the evening. In Yangon and Mandalay, there are [a] number of new private hospitals coming up.*” Expert 3 highlighted that the number of private hospitals in Yangon and Mandalay “*have increased in last decade.*” Expert 4’s close association with the Department of Health helped him describe the structure of the healthcare system in great detail. The structure described by him is captured in Figure 1.

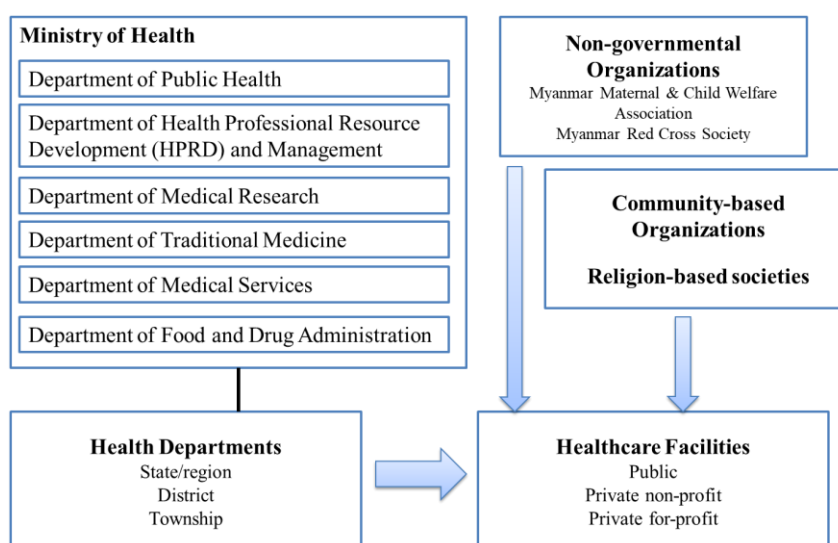


Figure 1: Healthcare System Structure – Myanmar (Expert 4)

The experts' narratives also indicated that secondary and tertiary level healthcare facilities were available in Myanmar. As explained by Expert 3, these facilities were driven by "government hospitals and private clinics. However, the experts also drew attention to the "lack of funds" and the "need to revamp."

Sub-theme 3: Stakeholders in Healthcare Provision

The experts confirmed the primary role of the government in providing healthcare to people in Myanmar. As observed by Expert 1, "Government has prime responsibility for providing healthcare and last few years there has been significant improvement in government hospitals and significant more funds have been allocated to healthcare sector." However, it was evident that there were some shortcomings with the government provision as could be seen in Expert 2's observation that "Still the hospitals are lacking in funds and government needs to further allocate more funds."

Moreover, it could be seen that the cities of Yangon and Mandalay were receiving more fund outlays from the government indicating that rural areas were being overlooked. However, as highlighted by Expert 2 "these facilities are only for rich patients and there is much needed to be done for poor patients." Thus, it appeared that the poor patients were not receiving much consideration in the current system of healthcare in Myanmar.

Expert 3's perception of the Government's activities in healthcare were more favourable:

"The Government is working on Universal Health Coverage Policy with its major focus being Health for All by 2030. Government has also created a free environment for local industry. Four Private hospitals have been encouraged to tie-up with Social Security or Insurance companies to improve healthcare financing."

Due to his role in the government, Expert 4 was able to again provide more detailed insights from the insider's perspective:

"The government is already taking steps to boost health care expenditure, with the sector one of the major winners in the 2015/16 budget that came into force on April 1. A total of MMK757.4 billion (\$592.3 million) was allocated for health spending this fiscal year, a nearly 7 percent increase over the previous budget....The funds will be earmarked for the purchase of advanced medical equipment, including electro-surgical technology, as well as the provision of free medical treatment for government employees. In addition, the government has committed to training some 5,600 medical professionals and 1,300 nurses over the course of the current budget cycle to help to bridge the shortage of medical professionals. At present, Myanmar has fewer doctors per capita than other countries in the region."

It could be seen from Expert 4's narrative that there were several activities in progress to boost healthcare infrastructure and staffing in the country.

Apart from the government, the experts' narratives revealed that there were other stakeholders in healthcare provision in Myanmar such as, private hospitals, developing partners (NGOs, UN, Red Cross, etc.) and Health Insurance firms. Expert 4's narrative highlighted the significance of the private sector in healthcare provision in the country.

"With such high out-of-pocket expenditure and limited public sector capacity, the private sector is an essential part of the health system. People rarely consider the private sector when they think about health system strengthening. It's always about the public sector, when in Myanmar, 80% of health services come through the private sector and therefore private sector is important in terms of making healthcare affordable and accessible. Healthcare financing companies and NGO's are equally important."

The experts also provided insights regarding the relative importance of public and private stakeholders in healthcare. For instance, Expert 1 mentioned:

"In the area of healthcare public stakeholder are more important as investments in this sectors needs to done considering social and humanitarian cause .For Private sector the purpose is investment is generally looking at return on investment ...The best model for country like Myanmar is Public private partnerships"

Expert 4 reiterated the importance of the private sector in making healthcare affordable and accessible. Overall, it was evident that both sectors were required to ensure greater provision of affordable services.

Sub-theme 4: What works in the Myanmar healthcare system?

The perceptions of the experts regarding what was effective in the current healthcare system indicated that there were shortcomings in the system. As Expert 2 mentioned, "Myanmar healthcare system is still under developed and not

comparable to other ASEAN countries . Myanmar has large poor population and need government to provide free healthcare and also need to upgrade existing healthcare system.” He recommended that this situation could be rectified by “Public private partnerships to improve existing hospitals...Improving and promoting local Manufacturing to improve distribution systems and generate skills and capabilities in the country...Opening up private hospital sector to foreign companies and hospitals.”

Expert 3’s narrative also revealed similar perceptions:

“The best model for country like Myanmar is Public private partnerships ...Myanmar has large poor population and need government to provide free healthcare and also need to upgrade existing healthcare system. Communication and Skilled workers are two important factors required to improve overall healthcare services across Myanmar. Current system does not work very well up to district level...There is a vast difference between Urban and Rural Health care. While availability is ok ,accessibility is a big challenge. Primary health Care covers all citizens but not adequate because of gap between rural and urban population.”

Again, Expert 4’s access to the actual activities of the government revealed considerable insights regarding what was the actual status of the healthcare system in Myanmar. He said:

“I think system strengthening is recognised by government as needed. At [a government-led strategy meeting in February 2012], the government basically said ‘everything needs to be reformed, so you can choose your sector and topic’ ... someone said, ‘we need to reboot’. Support and encouragement for a system strengthening approach seems to have developed organically in response to the reforms, the suspension of sanctions and also recognition that there is a better way of facilitating health activities than through vertical programming.

The inadequacy of appropriate resources within the health system was noted by most agencies, and in particular human resources. Many areas have a low health staff/patient ratio, more due to the lack of paid positions than lack of employable staff. Many health workers are ‘inadequately trained’ or ‘stretched to the limit’ . Although some agencies have identified some ‘very talented’ and motivated staff, underinvestment in the sector, an absence of career development pathways and inadequate remuneration mitigates against nurturing a skilled and motivated workforce.

The Global Fund and other international partners are reported to facilitate access to drugs and vaccines, as well as support public health worker training activities through fund flow mechanisms. However, they are unable to donate directly to the public health system; vaccination campaigns and health services are therefore implemented through UN agencies and INGOs because the public sector lacks the capacity to absorb donations.

MoH has been struggling for funds and resources, because it is one of the lower priorities in the government. Whilst there is a willingness to do better, they just don’t have the resources....However, as with human resources, it is not a lack of resources but an inability to manage what is available.

Use of health data has also been a major challenge. Myanmar has not had any Demographic and Health Surveys or censuses in recent years, and routine collection of data from health facilities is also impractical due to the underutilization and imbalanced distribution of services.

There’s a lack of information on what the true situation is on the ground ... on which to base good decisions ... it’s hard to set priorities when you don’t have data to base it on.”

Sub-theme 5: Nature of Healthcare Services

The nature of healthcare services required in Myanmar ranged from primary healthcare with free medication to emergency medical services. For example, Expert 1 indicated that the *“Immediate need is to provide primary healthcare with free medication to poor population. Also upgrade and open specialised hospital in Yangon and Mandalay ...Most important will be to increase coverage and bring more people under healthcare insurances.”* This view was supported by Expert 2 and Expert 3. Further, Expert 3 added that the country *“needed emergency medical services like Dial 108 in India. There is a need to revamp existing health policy to make is more accessible and affordable.”* Expert 4 agreed with these views as he observed, *“there is a need to redesign existing health policy to make is more implementable so as to reach the users on time every time. There is lack of emergency medical services.”*

Moreover, the experts agreed that the healthcare service needs in rural and urban regions were different. For instance, Expert 2 highlighted that the healthcare needs in *“rural areas is primary needs and need general hospitals where as in the*

Urban region needs more specialised hospitals.” Expert 3 added that “In spite of rapid development there is lack of speciality hospitals in urban areas like Yangon whereas in rural areas making a good hospital available itself is a challenge.”

Sub-theme 6: Availability of services

Regarding availability of healthcare services, the experts indicated that the services available in the country were very basic and people who could afford it went abroad for treatment. This could be seen in the comments of Expert 1 who said, “*Healthcare services available are very basic in the country. Most of the rich patients go to neighbouring countries like Thailand, Singapore and India.*” Expert 3 added more detail on this: “*For super speciality services like cancer, kidney transplant, etc., rich patients go to neighbouring countries like Thailand, Singapore and India.*”

Sub-theme 7: Accessibility of services

Regarding accessibility of services, the experts indicated that the services were less accessible to the poor. Expert 2, for instance, stated, “*Myanmar has large population and have very few specialised hospitals. More importantly poor patient have low income to access the costs in these specialised hospitals.*” Expert 3 highlighted the disparity in services between cities and other places when he said, “*Urban areas have a better accessibility to healthcare while in rural areas it is a challenge. However accessibility of speciality services is a challenge to both urban and rural patients.*” Expert 4 also highlighted this disparity: “*There are inequalities in access to health services across the country. In particular, bridging gaps in service delivery between urban and rural communities and for minority ethnic groups.*”

Nevertheless, the experts only agreed partially that healthcare is more accessible to the rich. This could be explained to an extent by the need for improvement in healthcare services. As Expert 3 explained, “*Most of the rich people go the neighbouring countries for treatment.*” Hence, it could be inferred that those who could more easily access the healthcare services (i.e., rich) chose to go elsewhere to obtain services since they felt that the healthcare services in Myanmar needed improvement.

Problems reported by the experts concerning the experience of people in Myanmar when accessing appropriate healthcare included “*less number of hospitals especially specialised hospitals*” (Expert 1); “*Under developed hospital and lacking modern equipment*” (Expert 2); “*large population not covered by insurance and cannot afford cost of modern medicines*” (Expert 1). Expert 3 added “*Few number of Hospitals... of hospitals especially specialised hospitals....Existing hospital lacking modern infrastructure and devices...Health care financing through Insurance does not have a vast coverage and restricted to few.*”

Expert 4 also provided insights on different problems:

“*Shortage and Misdistribution of primary health workers, lack of essential medicines, equipment, infrastructure and allowances hampered the delivery of outreach and static primary health services. Only few rural health centres met the 13-health workers standard; while most sub centres do not have sheltered premises for service provision. Poverty, low education, financial, geographical and social barriers are key demand side barriers.*”

Sub-theme 8: Affordability of services

The overall perception of the experts with regard to affordability of healthcare services, was that it was not affordable for the general population. For example, Expert 2 mentioned: “*Healthcare services are basic and provided by government hospital. How ever treatment available is very basic and any serious disease is expensive and OOP. Thus over all it is not affordable for large population.*” Expert 4, again, was able to provide a closer view because of his role in the government:

“*Myanmar government health investment is uncovered to total population and health fair is poor. Poor population can't afford to go to hospital for their health problems. Although the government put more investment as three-fold between 2001 and 2006, the health is still under resource. One of the main reasons for Myanmar common people is health insurance. Most of the hospital charges are out of pocket. In this condition, the poor people have financial problem to go to hospital. In 2003, the general government expenditure on health is 19.4% of all expenditures the left-over 80.6% was out of pocket.*”

The Experts reported that the measures taken to ensure that healthcare in Myanmar could be afforded by all citizens include increased funding to government hospitals and the introduction of hospital tenders to bring down prices. Expert 3 further added, that the government has “*started centralized tendering process to reduce cost of medicine procurement.*”

The public healthcare has been given more power and there is also a lot more political commitment from the government. The healthcare spends account of 3.65% of GDP which is near to spend of countries like India and Sri Lanka. National health Policy has been revised to ensure health Coverage for all."

The findings related to the second theme are discussed next.

Theme 2: Perceptions of measures to improve healthcare services:

Sub-theme 1: Changes in delivery of healthcare services

The experts' narratives described what they believed should be changed to improve the delivery of healthcare services in Myanmar. Expert 1 indicated that the government could pursue "*public private partnership to improve existing healthcare infrastructure.*" On the other hand, Expert 2 indicated that it was important to "*improve coverage to include large population under insurance coverage.*"

Expert 3 suggested:

"Private public partnership through government programs. Improve healthcare financing through Insurance companies. Arrangement of free medicine and healthcare in case of emergency. Educating the implementers of healthcare programs. Government can work to provide subsidy on essential medicines."

Sub-theme 2: Proposed Model of healthcare

The experts did not suggest significant changes to the existing model of healthcare. Instead, they suggested it be better executed. Nevertheless, all of them suggested the introduction of a "*National health insurance model.*" As Expert 4 mentioned, "*There should be a government health financing through insurance.*"

Sub-theme 3: Measures to increase availability

Measures suggested by the experts to increase the availability of health services in Myanmar included "*Increase number of hospitals and primary health centres in the country. Also increased coverage of people under national health insurance. Hospital tenders with focus on locally produced product to increase easy availability for medicines in small areas*" as suggested by three of the experts. Expert 4 suggested "*Increase number of primary health Care units and speciality hospitals... Should have adequate staff to implement government healthcare programs effectively.*"

Overall, it could be seen that the government investment and effort was required to improve the availability of healthcare services in the country.

Sub-theme 4: Measures to increase accessibility

The experts indicated that the accessibility of health services in Myanmar could be increased by increasing "*coverage in national health insurance and also private health insurance.*" Another suggestion was to "*Setup more hospitals and government pharmacies across country. Focus on providing emergency medical care like 108.*"

Overall, it could be seen that the government involvement was required to improve the accessibility of healthcare services in the country.

Sub-theme 5: Measures to increase affordability

Measures suggested by the experts to increase the affordability of health services in Myanmar again included "*Increase in number of hospitals in both public and private hospital to bring in competition to reduce increasing healthcare cost . Hospital tenders all across the country with preference to locally produced medicines to improve accessibility and affordability.*" Another suggestion was to "*reduce cost of medicine by less dependence on imports and promote local manufacturing. Hospital tenders all across the country with preference to locally produced medicines to improve accessibility and affordability.*"

Expert 4's awareness of the actual performance of the country from a global perspective led him to mention that:

"Myanmar is committed to achieving the health-related Millennium Development Goals (MDGs) but progress is categorised as 'insufficient'. These goals are unlikely to be achieved without a significant increase in sector funding and access to basic health services for the poorest and most vulnerable populations. Increasing access to services will also

require a change in the way that services are delivered, including more coherent and integrated programming. There is a demand for local production of medicines at low cost to make it more affordable. There should be government subsidy on critical medicines and like other countries maintenance medicines for diabetes, cardiac, etc. should have a government price control.”

Overall, it could be seen that the government had to make substantial investment to improve the affordability of healthcare services in the country.

4. CONCLUSION AND IMPLICATIONS OF THE STUDY

This study investigated the overall status of healthcare provision in Myanmar. This was achieved by scrutinising the perceptions of experts who were affiliated to different healthcare organisations (private and government) with interests in healthcare provision in the country. Overall, it could be seen that the country was still in a state of healthcare transition with several initiatives in progress or being re-evaluated. Nevertheless, it was evident that the government of Myanmar would be required to considerable investments to build and sustain the healthcare infrastructure of the country. Moreover, the government would have to improve the execution of the existing public-private model of healthcare and increase subsidies to make healthcare more affordable to the poor. In addition, the availability of services in all regions of the country requires attention as there is a gap between the services provided in urban areas and in rural areas.

It must be noted that there are some limitations to this study chiefly to do with the participants. The experts were from diverse areas of healthcare and had differing agendas with regard to Myanmar healthcare. Moreover, a limited number were interviewed which could have narrowed the perceptions obtained for scrutiny. Nevertheless, it is hoped that this paper provides insights for present and potential stakeholders in Myanmar healthcare to inform their participation in the sector.

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