

Yangon/Bangkok, 4 April 2011 - With a new government recently sworn in, a former Myanmar health official is calling on leaders to invest more in healthcare for the country's poorest.

"Our country is sorely in need of a health insurance programme. The government should introduce a health insurance programme like the 30 Baht scheme that Thailand adopted for poor households," said Aung Tun Thet, former Health Ministry director-general of planning and statistics and secretary of the inter-ministerial National Health Committee from 1989-1992.

In 2001, Thailand introduced a universal coverage scheme to improve healthcare access for its poorest citizens. Low-income patients are charged 30 Baht (approximately US\$1) per medical consultation. The service is free for those younger than 12, over 60, and the very poor.

Though there is no national health insurance in Myanmar, all public hospitals offer a medical cost-sharing plan - first introduced in 1993 - where patients cover medicine and laboratory fees and the state pays doctors' fees.

Soldiers in military hospitals are exempt from paying for medicine or lab tests, and tuberculosis patients are not required to pay for drugs at a public hospital.

Cost-sharing

According to state media, Health Minister Kyaw Myint recently rejected a proposal by opposition parliamentarians to boost coverage for the poor, stating that the existing cost-sharing system was sufficient.

But for Ma Oo*, mother of a nine-month-old child, medical and lab fees were unaffordable on her husband's income as a rickshaw and bicycle repairman in the economic capital, Yangon, when their baby needed an emergency operation.

"When doctors and nurses told me I had to buy medicine for the operation, I felt so sad and helpless because I could not afford it." She said nurses "scolded" her for not having the money. After realizing the child would not get the life-saving operation otherwise, Ma Oo said the medical staff asked her to sign a letter testifying her family could not afford the medication to justify not paying for drugs.

Aung Tun Thet said these ad-hoc arrangements offered some hope to poor patients. "There are some healthcare providers that give free healthcare to poor people so the poor can get treatment even if they cannot afford medical fees."

A new medical graduate who preferred anonymity confirmed that hospitals could not "deny any patient".

Instead, hospitals ask patients who can afford to do so to purchase extra medication, and even medical supplies such as syringes, to donate to the poor. A doctor working in central Myanmar

who gave his name as Htway said this stock is then distributed. "We health workers always check the [leftover] drugs donated by some patients to find out whether they are still valid."

Myanmar had the world's 44th highest rate of child mortality in 2009, with an estimated 71 children dying before their fifth birthdays out of every 1,000 live births.

While government data show an estimated 66 percent of children in this age group with suspected pneumonia infections - a leading childhood killer - were taken to a health facility from 2005-2009, there is no record how many of them received antibiotics.

Stop-gap measures

A technical officer and health financing specialist at the UN World Health Organization (WHO), Riku Eloviano, said community-based health insurance plans - such as higher-income patients subsidizing care for poorer patients - "have had some positive impact in making access to care and medicines more affordable for people... They [community health insurance schemes] provide a formal expression of solidarity where [the] rich can subsidize the poor and the healthy can subsidize those who are sick."

However, she said: "These schemes often... cover only a relatively small number of the population, which means that the resources gathered through member contributions are low, which in turn hampers the ability of these schemes to act as an effective risk protection mechanism... They are often not financially viable as a long-term solution."

Rather, the government should boost medical spending to ensure everyone from "hawkers to farmers" could afford care, suggested Aung Tun Thet. "Hopefully a new government will consider investing more in the health sector."

Of WHO member countries that supplied information in 2007, Myanmar devoted the lowest percentage of its GDP to healthcare, about 1.9 percent. But this was still an increase over previous spending, according to government records.

Total government spending on healthcare increased more than 100 times from 464.1 million kyat in 1988-89 (approximately \$72.4 million at the official exchange rate) to 51.7 billion kyat in 2008-09 (\$8 billion).

Health administration and insurance accounted for 4 percent of total spending in 2009.

*Not her real name □

Source: [IRIN](#)