

DISCUSSION GUIDE FOR  
“REFORMING MYANMAR’S HEALTH SYSTEM”  
a video interview with Dr. Phyu Phyu Thin Zaw,  
Shorenstein Asia-Pacific Research Center



- Organizing Questions**
- What challenges does Myanmar confront as it attempts to modernize?
  - What is it like to live in a place without a developed health care system?
  - How has Myanmar’s history affected its health system?

**Summary** The new government that came to power in Myanmar in 2011 after decades of military rule has introduced sweeping reforms to the country, including to its health care system. By some measures, Myanmar’s health care system was the second-worst in the world in 2010, yet the government has set a goal of universal health coverage by 2030. In this short video, Dr. Phyu Phyu Thin Zaw talks about the challenges involved in reforming Myanmar’s health care system as well as the sweeping reforms initiated in 2011.

- Objectives** During and after viewing this video, students will:
- understand challenges facing Myanmar as it attempts to develop into a modern country after decades of authoritarian rule and international isolation;
  - gain empathy for people trying to access health care in a place where health insurance does not exist; and
  - examine the recent history of Myanmar through its health care system.

<b>Materials</b>	Handout 1, <i>Recent History of Myanmar</i> , pp. 4–5, 30 copies Handout 2, <i>Quiz on Myanmar</i> , p. 6, 30 copies Handout 3, <i>Video Notes</i> , pp. 7–9, 30 copies Handout 4, <i>Analyzing Health Care Data</i> , pp. 10–11, 10 copies Projection, <i>Answers to Quiz</i> , p. 12 Answer Key 1, <i>Video Notes</i> , pp. 13–14 Answer Key 2, <i>Analyzing Health Care Data</i> , p. 15 Teacher Information, <i>Video Transcript</i> , pp. 16–18 Video, “Reforming Myanmar’s Health System,” online at <a href="https://spice.fsi.stanford.edu/multimedia/reforming-myanmars-health-system">https://spice.fsi.stanford.edu/multimedia/reforming-myanmars-health-system</a>
<b>Equipment</b>	Computer with Internet access and a Flash-enabled or HTML5-supported web browser Computer projector and screen Computer speakers
<b>Teacher Preparation</b>	Instructions and materials are based on a class size of 30 students. Adjust accordingly for different class sizes. <ol style="list-style-type: none"><li>1. Make the appropriate number of copies of handouts.</li><li>2. Set up and test computer, projector, speakers, and video before starting the lesson. Confirm that you are able to play the video with adequate audio volume.</li><li>3. Preview Video, “Reforming Myanmar’s Health System.”</li><li>4. Become familiar with the content of handouts, answer keys, and projection.</li></ol>
<b>Time</b>	One or two 50-minute class periods
<b>Procedures Before Day One</b>	<ol style="list-style-type: none"><li>1. Explain to students that they will be watching a short video about the changes in Myanmar’s health system. This video provides a window into how to build a quality health care system as well as the transformations occurring in Myanmar, one of the most closed countries in the world until 2011.</li><li>2. Distribute one copy of Handout 1, <i>Recent History of Myanmar</i>, to each student. Ask students to read the handout as homework and come to the next class period prepared to answer some questions about Myanmar.</li></ol>

- Day One**
1. Distribute one copy of Handout 2, *Quiz on Myanmar*, to each student. Allow students 5–10 minutes to answer the questions on the sheet.
  2. Display the correct answers using Projection, *Answers to Quiz*. Ask students to correct their responses as needed and answer any questions they have.
  3. Distribute one copy of Handout 3, *Video Notes*, to each student. Allow students several minutes to read through the questions and defined terms before they view the video.
  4. View the video, “Reforming Myanmar’s Health System.” If necessary, pause the video at various points to allow students to respond to the prompts on Handout 3.
  5. Once the video has ended, allow students several minutes to write their answers to the questions.
  6. Organize the class into groups of three students each. Distribute one copy of Handout 4, *Analyzing Health Care Data*, to each group. Allow groups 15 minutes to discuss and respond to the questions on the handout.
  7. Collect Handout 3, *Video Notes*, from each student and Handout 4, *Analyzing Health Care Data*, from each group for assessment. Use the corresponding answer keys to assess student responses.
- Optional Activities**
1. After collecting Handout 4, *Analyzing Health Care Data*, ask one person from each group to share what the group found most interesting about the data. Display Answer Key 2, *Analyzing Health Care Data*, and answer any questions students have about the responses.
  2. Ask each student to choose either Thailand or Cuba and research its health care system along the five dimensions covered in the video. Based on their research, students must then write a memo to Myanmar’s Minister of Health with their recommendations on what the ministry can learn about improving its health care system from Thailand or Cuba.
  3. As a concluding activity, allow students 15–20 minutes to write a timed essay that lists and makes the case for recommended steps on what Myanmar should do to improve its health care outcomes. Collect and evaluate students’ essays.

## RECENT HISTORY OF MYANMAR

Myanmar (officially the “Republic of the Union of Myanmar,” and formerly known as Burma) is the second-largest country in Southeast Asia, smaller than only Indonesia. It is bordered by China to its northeast, Laos and Thailand to its east, Bangladesh and India to its west, and the Indian Ocean to its south and west.



The Irrawaddy River runs north-south through the country. The extreme north of Myanmar is mostly dense jungle with few people, while highlands dominate the eastern third of the country.

In 2017, Myanmar had a population of around 55 million—roughly the same as South Africa. Its largest city is Yangon (also known as Rangoon), which also served as the capital until 2006 when the new capital, Nay Pyi Taw, was established. However, most Burmese live in rural areas; only 34 percent live in cities—a relatively low percentage for Asia. Most of the population lives near the Irrawaddy River or on the coast. About 68 percent of Myanmar’s population is ethnic Burman (Bamar), but there are substantial ethnic minorities, including the Shan (nine percent), Karen (seven percent), Rakhine (four percent), and Chinese (three percent).

Myanmar went through several distinct stages of government during the 20th century. After decades of conflict, the United Kingdom

conquered the lands that now form Myanmar in 1886 and governed it as part of its Indian Empire. Myanmar’s territory became a separate colony in 1937, and then emerged as an independent country in 1948.

From 1948 to 1962, Myanmar had an elected government, but General Ne Win took power in a 1962 coup. The military ran the country in an authoritarian manner for nearly 50 years, severely repressing any opposition and isolating the country from international trade and contact.

Protests forced General Ne Win to resign in 1988, but the military remained in power. The main opposition party won a huge victory in

**coup (coup d’état)**—the sudden overthrow of a government and seizure of political power

**authoritarian**—of, relating to, or favoring a concentration of power in a leader or an elite not constitutionally responsible to the people

**junta**—a group of persons controlling a government, especially after a revolutionary seizure of power

elections for the legislature in 1990. However, the military junta ignored the election results and consolidated its power by arresting the opposition leader, Aung San Suu Kyi.

The military junta was dissolved in 2011 after a military-supported political party won national elections in 2010. The new government released hundreds of political prisoners, introduced legal reforms, signed cease-fire agreements with armed ethnic groups throughout the country, and granted increasing freedom of the press and civil society. Aung San Suu Kyi, who had been barred from public service for two decades, was elected to the national legislature in April 2012. Three years later, her political party, the National League for Democracy, won huge victories in the national election for the legislature and elected Htin Kyaw as president. He is an ally of Suu Kyi, and became the first legitimately elected leader of Myanmar in over 50 years when he took office in March 2016.

**sanctions**—measures taken by one or more nations to apply pressure on another nation to conform to an international agreement or norms of conduct, typically in the form of restrictions on trade or on participation in official sporting events

With the end of military dictatorship and increasingly free elections, Western governments began lifting their sanctions against Myanmar; the United States ended its sanctions in November 2016. The economic reforms that began in 2011 and the newfound ability to sell goods and services to major economies has led to strong economic growth in Myanmar in recent years. The country has several natural resources and a young, cheap labor force. Its biggest trade partners are its neighbors China and Thailand.

Despite the political and economic reforms that have taken place since 2011, Myanmar remains a very poor and unequal country. The 70 percent of the population engaged in agriculture has very limited access to medicine and education. An estimated 26 percent of the population lives in poverty, a legacy of Myanmar's previous economic isolation and the failure of prior governments to invest in education, transportation infrastructure, and electricity. The new government is trying to enact reforms to improve agricultural productivity, develop transportation and electricity infrastructure, and improve the banking system.

**infrastructure**—services and facilities that support day-to-day economic activity. Infrastructure includes roads, electricity, telephone service, and public transportation.

Another of the country's biggest challenges is the continuing armed conflict between the government and several ethnic minorities. Insurgencies began shortly after Myanmar became independent from the United Kingdom in 1948 and continue today, leading some to call this fighting the "world's longest running civil war." At some points during the military dictatorship, an estimated 20 ethnic minority groups were fighting against the government. The Shan and Karen minorities have engaged in the most intense and sustained fighting.

While peace treaties have been signed with some groups since 2012, tensions between the country's Rohingya Muslim minority, Buddhist extremists, and the military have erupted into deadly fighting on several occasions, demonstrating the depth of long-simmering hostilities within Myanmar.



## VIDEO NOTES

*You are about to watch a 12-minute video interview with Dr. Phyu Phyu Thin Zaw, a visiting scholar at the Walter H. Shorenstein Asia-Pacific Research Center at Stanford University. Dr. Phyu Phyu Thin Zaw will talk about the challenges of Myanmar's health care system as well as the sweeping reforms to the system initiated in 2011. Use the space below to answer each question; you may want to take notes on another sheet of paper as you watch the video.*

- 1) Dr. Phyu Phyu Thin Zaw discusses five components of Myanmar's health system, listed below. For each component, describe at least one problem with Myanmar's current health care system.

A) Leadership

B) Health care financing

C) Personnel and infrastructure

D) Health system information and technology

E) Service delivery

2) Why does Dr. Phyu Phyu Thin Zaw cite the health systems of Thailand and Cuba as models for Myanmar?

3) In what four ways has Myanmar's health care system improved since 2011?

**Reference: Defined Terms (in order of mention)**

**out-of-pocket payment**—direct, complete payment in cash (rather than credit)

**health insurance**—insurance against incurring medical expenses among individuals

**social security system**—a system in which a government collects taxes to provide monetary assistance to people who have inadequate or no income to ensure their economic security or social welfare

**service delivery**—how health care services are given to a population

**curative care**—health care given to address an existing disease or illness

**preventive care**—measures taken (such as vaccines, screening tests, and well checks) to prevent disease

**midwife**—a person who is trained to assist women in childbirth but who is not a physician

**universal health coverage**—a state in which all people have access to needed health services of sufficient quality without suffering financial hardship when paying for these services

**World Health Organization (WHO)**—a health-focused agency of the United Nations

**Association of Southeast Asian Nations (ASEAN)**—an organization of 10 countries in Southeast Asia aiming to accelerate economic growth, social progress, and cultural development among its members, and promoting regional peace

**premium**—an amount to be paid for an insurance policy

**NGO**—the abbreviation for non-governmental organization, an organization created by private persons as opposed to governments

**Paris Declaration on Aid Effectiveness**—an international agreement signed in Paris in 2005 that sets forth guidelines and indicators on how to improve the effectiveness of international aid

## ANALYZING HEALTH CARE DATA

Review the two tables below, then answer the questions on the following page as a group.

**Table 1: Myanmar in comparison: health care outcomes**

Indicator	Global Average	Southeast Asia Average	Myanmar	Thailand	United States
Life expectancy at birth (years)	71.4	68.9	<b>66.6</b>	74.9	79.3
Mortality rate for children under five years old (# per 1000 live births)	42.5	42.5	<b>50.0</b>	12.3	6.5
Mortality rate attributed to exposure to unsafe water, sanitation, and hygiene (# per 100,000 population)	20.1	12.4	<b>10.4</b>	1.9	0.6

Source: World Health Statistics 2017, World Health Organization, online at [http://www.who.int/gho/publications/world\\_health\\_statistics/2017/en/](http://www.who.int/gho/publications/world_health_statistics/2017/en/)

**Table 2: Myanmar in comparison: health care inputs**

Indicator	Global Average	Southeast Asia Average	Myanmar	Thailand	United States
Proportion of births attended by skilled health personnel (percentage)	78%	78%	<b>60%</b>	100%	99%
Density of skilled health professionals (# per 10,000 population)	45.6	24.6	<b>15.0</b>	24.7	117.8
General government health expenditure (as % of general government expenditure)	11.7%	9.3%	<b>3.6%</b>	13.3%	21.3%

Source: World Health Statistics 2017, World Health Organization, online at [http://www.who.int/gho/publications/world\\_health\\_statistics/2017/en/](http://www.who.int/gho/publications/world_health_statistics/2017/en/)



## Answers to Quiz

- 1) China, Laos, Thailand, Bangladesh, and India
  
- 2) Most of the population lives near the Irrawaddy River, which runs north-south through the country, or along the coast. Most Burmese live in rural areas.
  
- 3) Myanmar became independent in 1948 after being ruled by the United Kingdom for 62 years (since 1886).
  
- 4) About 50 years (from 1962 to 2011)
  
- 5) Several ethnic minority groups have been fighting government forces for years. Some of these insurgencies started as long ago as 1948, when minority groups began to resist what they saw as repression by the newly independent government.

## VIDEO NOTES

1) Dr. Phyu Phyu Thin Zaw discusses five components of Myanmar's health system, listed below. For each component, describe at least one problem with Myanmar's current health care system.

## A) Leadership

- *All policies come from above.*
- *There is no transparency around how policies are made or how budgets are decided.*

## B) Health care financing

- *The country has no health insurance system, so people have to pay for all of their health expenses on their own.*
- *Government spending on health care is extremely low as a percentage of the country's economy. In fact, it is probably one of the lowest in the world. This means that out-of-pocket expenditures are among the highest in the world.*

## C) Personnel and infrastructure

- *There are far fewer health care workers than the global standard of 2.3 workers per 1,000 people.*
- *Hospitals and hospital beds are limited.*
- *Essential medicines are scarce.*

## D) Health system information and technology

- *The national health information system is weak.*
- *In part, this is because the population census does not occur frequently, so there is limited information on the characteristics and needs of the population.*

## E) Service delivery

- *Services are extremely limited in rural areas. To get quality care, one needs to have the money and time to travel to cities and pay for the care directly out-of-pocket.*

2) Why does Dr. Phyu Phyu Thin Zaw cite the health systems of Thailand and Cuba as models for Myanmar?

*Thailand is a neighbor of Myanmar, so it has a similar geography and culture. It also recently introduced universal health coverage, which has led to improved health outcomes.*

*Cuba, like Myanmar, has been relatively isolated from the global economy for decades due to economic sanctions. It also has few natural resources. Despite these economic obstacles, Cuba achieved universal health coverage quite early. It focuses on preventive medicine, which means that many potential health issues are avoided.*

- 3) In what four ways has Myanmar's health care system improved since 2011?
- *Government expenditure on health care has increased dramatically. In three years (from 2012 to 2015), it increased from 2.4 percent of Myanmar's total economic activity to 3.8 percent; this is about a 58 percent increase in three years.*
  - *In 2012, the government set a goal of providing health insurance to all citizens by 2030, and it has taken many steps toward this goal since then. Most significantly, the government increased the tax on workers' paychecks. This has paid for health insurance for government employees and employees of some large corporations.*
  - *Some private health insurance systems were recently launched, so people have options for paying for health insurance rather than having to pay for all health care services directly.*
  - *Myanmar has started working with some international health organizations, as well as NGOs.*

## ANALYZING HEALTH CARE DATA

- 1) Based on the data in the first table, what health issues are people more likely to face in Myanmar than in the United States?
  - *People in Myanmar are likely to die at a younger age (almost 13 years younger on average).*
  - *Compared with the United States, children in Myanmar are more than seven times as likely to die between birth and age five.*
  - *Unsafe water, sanitation, and hygiene conditions are more likely to cause death in Myanmar.*
  
- 2) In narrative form, how would you summarize Myanmar's health care system in comparison with the other groups in the tables?
  - *In general, Myanmar lags behind the United States, Thailand, Southeast Asia, and global averages both for health care outcomes and inputs.*
  - *The one area in which Myanmar leads some comparison groups is its mortality rate from poor water, sanitation, and hygiene. Its rate of 10.4 deaths per 100,000 people is lower than the global and Southeast Asia averages, though it is still much higher than the rates in Thailand and the United States.*
  - *Most notably, the percentage of government spending that goes to health care in Myanmar is much lower than all other comparison groups.*
  
- 3) In one sentence, what correlation, if any, can you draw between health care inputs and health care outcomes?
 

*In general, countries that invest more in health care have better health care outcomes. This is the general pattern, though there are some inconsistencies in this correlation.*
  
- 4) In the video, Dr. Phyu Phyu Thin Zaw suggested Thailand as a good model as Myanmar reforms its health care system. Do the data in the tables support that statement? Why or why not?
 

*The data show that Thailand has better health care outcomes than Myanmar and that Thailand's government spends much more on its health care system than Myanmar's. Thailand also has a higher density of health care professionals and — impressively — a skilled health worker is present at every birth in Thailand. These reinforce Dr. Phyu Phyu Thin Zaw's recommendation that Myanmar can learn much from Thailand as it reforms its health care system.*

## VIDEO TRANSCRIPT

**On-screen text:****Reforming Myanmar's Health System  
a discussion with Dr. Phyu Phyu Thin Zaw****On-screen text:****Dr. Phyu Phyu Thin Zaw  
Shorenstein APARC Visiting Scholar and WHO/HRP Career Development Fellow**

**Phyu Phyu Thin Zaw:** When we talk about a health system, we have certain components that we should look at. Historically, Myanmar's health system has been shaped by different political systems and regimes. From 1885 to 1948 is a colonial period; Myanmar's health system is developed based on [the] British health system. From 1948, Myanmar gained independence, as I said before, and Myanmar's health system is temporarily interrupted due to armed conflicts in the area, in the country. Then, from 1962 to 2011 [Myanmar] is [a] military regime. Due to lack of investment in health, Myanmar's health system [has] deteriorated over time. This is just a brief history.

When we look at details of Myanmar's health system, we have five components to look at. For example, leadership. Myanmar's health system is run by Ministry of Health, Myanmar. During [the] military regime, the leadership is totally bureaucratic. The policies came from above. There is almost no autonomy or transparency concerning budget allocation to policymaking.

Another component we have to look at is health care financing. Myanmar spent very little on health in the past almost 60 years. Government health expenditure in Myanmar is the lowest in the Southeast Asian countries; it is around 2.4 percent in 2012. In the United States, the government spent 17 percent to 20 percent of its GDP for health. So Myanmar spent very little on health. Another important thing is Myanmar people had to pay [for] everything out-of-pocket concerning with health. To simplify, the majority of the population in the country has to take care of their own health by their own means. The out-of-pocket health expenditure in Myanmar is the highest in [the] Southeast Asia region, and probably the highest all over the world. There is no health insurance system in the country, so the majority of the population [is] not covered by any social security system.

The third component we have to look at is health care personnel and health infrastructure. There are not enough health care personnel in the country. It is far below the global standard of 2.3 health personnel per 1000 population. Essential medicines and other essential health care infrastructure like hospitals and hospital beds are also very limited in the country.

The fourth component we often look at is health system information and technology. Concerning this issue, Myanmar's health information system is very weak. The population survey—a nationwide survey—cannot be carried out as frequently as needed, and so policymaking is very difficult when we don't have enough data to base [it on]. The habit, the culture, of evidence-based policymaking is very limited—not very developed—in the country.

The fifth component that we should look at is service delivery. Myanmar health system's service delivery has two components: the curative and preventive. To simplify, the availability of the services depends on where you live in the country. If you live in a rural area, all you can get is a midwife or a rural health center. In the urban area, you can go to hospitals, private hospitals, et cetera. This is also the rural-urban gap. But anyway, as long as you have enough money to

travel and to pay the service fee, you can go to any service delivery place, because there is no gatekeeping mechanism, and almost everything you have to pay [for] out of your pocket.

**On-screen text: What health systems can serve as models for Myanmar?**

**Phyu Phyu Thin Zaw:** The good example that Myanmar should follow is Thailand’s universal health coverage scheme. Of course this scheme has its own drawbacks, but it is still worth learning from Thailand, because Myanmar and Thailand have very similar backgrounds.

Another good example that I should give is Cuba’s health system. Cuba is also an isolated country. Cuba has very limited natural resources and it is under sanctions by the United States for almost half a century. However, Cuba was able to manage to achieve universal health coverage since very [early on]. Cuba’s health system is based on preventive medicine, and Cuba’s research and information technology concerning health is very developed. As WHO put it, limited resources should not be an excuse to provide [poor] health care to the population; it is just the outcome of the lack of political will. So Cuba is a good example that Myanmar should follow.

**On-screen text: What progress has Myanmar’s health care system made in recent years?**

**Phyu Phyu Thin Zaw:** My research looks at the current changes made by the Ministry of Health starting from 2011 to date. When we look at the changes, the most obvious change is government expenditure. The government expenditure has increased from 2.4 percent in 2012 to 3.8-something percent in 2015. It is really a prominent increase. But still it is below the ASEAN standard of government health expenditure. This is the first change.

Another change is concerning universal health coverage. Myanmar set a goal to achieve universal health coverage in 2030. To achieve this goal, Myanmar carried out so many reforms from 2012 to date. For example, they increased the payroll tax financing to give social security and health insurance to government employees and some corporate employees. But 70 percent of the population is living in the rural area. This is a big problem still; we don’t know how to cover this population—how to collect the premiums from this group, et cetera. So there is a social security policy enacted in 2014 to find ways to cover this population. Still it is under discussion.

Another improvement is [that] there are some private health insurance systems recently launched in the country so that the people who can buy health insurance [are] able to do so.

Another good change is that Myanmar has started to collaborate with international organizations in the health sector. Previously, Myanmar received very little international aid due to political constraints. Now Myanmar has started to open up to international organizations, and I think this is very positive. Lots of NGOs are now starting to work in the country. The only problem is how the government will make those organizations adhere to the Paris Declaration on Aid Effectiveness.

**On-screen text: What consequences will these changes have for the people of Myanmar?**

**Phyu Phyu Thin Zaw:** This is a very important transitional period. The changes being made [during] this particular period will affect millions of lives in the country. If the policymakers and health personnel in decision-making positions—if they do the changes right, millions of lives will be saved, and millions of [people] will have a [much] better quality of life. So this is a very sensitive transitional period. What I would like to conclude about these changes is not to make any mistakes and to learn from the past.

## teacher information

Another important issue that I should highlight here is the disparities in the allocation of health care services between rural and urban, as well as between conflicted areas and non-conflicted areas. This is a very sensitive issue, but we should not ignore the fact.

This is the time to review the health care resources and budget allocation very intensively. We should provide [more to] those areas which received least in the past, and we should review the very pressing health needs of each state and region. The budget allocation and health care resources should be allocated based on those pressing needs. There should be a very strong principle on this issue because it is an equity issue. Without equity, Myanmar will never go forward—not only in the health sector, but also in every sector.