

continues to finalize its by-laws. At the same time, Myanmar has been working on to finalize on National Policy on Ageing(Williamson, 2015).

## **CHAPTER 3**

### **Research mapping related to health and social services for ageing populations in Myanmar**

#### **Characteristics of the existing study/research/data**

The importance of governance in the health system is widely recognized, but there is a lack of evidence and evidence of how dynamically improved governance impacts on health system performance and health outcomes. It is still disputed which governance measures are appropriate for different health situations. This continuing lack of evidence may prompt policy-makers to avoid health-control efforts and rely too much on a limited number of governance measures. Best practices in developing and implementing policies, laws and regulations are critical to achieving UHC in low- and middle-income countries, but have been relatively neglected(Clarke et al., 2016).

The need for such evidence is growing as governments and their partners focus on the efficiency, accountability, transparency and strengthening of national policies and institutions for universal health insurance (UHC). Therefore, this task is to review the available evidence that stakeholders have used in planning, developing and adopting strategies, for the transition to UHC, with a focus on older people in the social and health sectors, in order to help policy-makers in the field of health Social security area inclusion a national health plan with equity and efficient interventions. The objective of this review, which focuses on policy and regulatory issues, is to make the available evidence more accessible and applicable, and to identify gaps in collective knowledge in the transition to UHC.

This review aims to map the main study sources available (at national level) of the study, which focus on older people and relate to UHC outcomes: (a) financial security (b) access to service (c) equity and (d) quality.

Despite the specific requirements, the system capacity and the local context differ. All countries are targeting UHC with the same goals. The concept of this review derived from the following definition of terms that linked in the UHC blocks (access, quality and equity and financial risk protection) and the pillars from MIPPA.

The terms **quality of care** in this review follow the WHO definition of quality of care “the extent to which health care services provided to individuals and patient populations improve desired health outcomes”(World Health Organization, 2019b). To achieve this, there must be safe, effective, timely, efficient, equitable and people-centered health services. In this context, service users must receive health care that minimizes the harmful risks of preventable injuries and medication errors. In addition, the health services offered should be based on evidence-based knowledge that is available promptly and efficiently, and that the services are delivered wherever they are, according to their preferences and wishes and the culture of their community.

The term “access to services” follow the conceptualized framework dimension which captured the determinants from both supply side and demand side, developed by Levesque et al(Levesque et al., 2013). They defined “access” as “the opportunity to identify healthcare needs, to seek healthcare services, to reach, to obtain or use health care services and to actually have the need for services fulfilled”. Moreover, it include five dimensions of the accessibility of the services; 1) approachability; 2) acceptability; 3) availability and accommodation; 4) affordability and 5) appropriateness (Levesque et al., 2013).

In addition, financial risk protection is an important element of UHC, providing citizens with safe and effective access to all medical services without financial difficulties. The most common approaches to measure financial risk are: 1) catastrophic health expenditures when budget OOP payments are too high for available resources, 2) impoverishment, which refer when depletion of OOPP budget below or further below the poverty line.

This review does not appraise the previous studies, but to investigate the situation of previous studies / surveys in Myanmar, including older people in developing evidence to support the policy-making process towards the goals of UHC 2030. The table below shows the studies that are likely to be available in Myanmar which probably including the elderly and the UHC objectives.

There are some findings from yearly assessment of the Elderly Program of Ministry of Health and Sports. In addition, project based preliminary assessment on situation of elderly in Mudon was conducted in early 2018. These findings are crucial to identify broader in order to understand the situation of elderly population. The followings are the findings from yearly assessment and project based finding from evaluation.

### Common health and social problems of elderly

According to the qualitative study that conducted for elderly in Mudon Project based study, major 5 commonalities and 7 psycho-social problems among the elderly was found out from the service provider's perspective. The quantitative study on elderly financial crisis also supported these financial facts that out of 384, over 300 elderly in Mudon Township are finally relying on the family members.

Commonalities	Psycho-social problems
<ol style="list-style-type: none"> <li>1) general physical debility, weakness</li> <li>2) Physical and Mental health deficiency</li> <li>3) Lack or limited knowledge on health promotion and practices</li> <li>4) High risk of diseases and injury</li> <li>5) Unable to adhere to health clinics/facilities</li> </ol>	<ol style="list-style-type: none"> <li>1) Need solely rely on other family members financially</li> <li>2) Retirement makes psychologically useless</li> <li>3) Rely physical support from other</li> <li>4) Loss/death of better-half, friends and seniors</li> <li>5) No understanding to elderly by family members</li> <li>6) Not in line with culture of the young people</li> <li>7) In terms of financially, the elderly don't have sufficient minimum wages</li> </ol>

The significant and major interest physical and social factors concerning to the elderly and disability issues from the elderly perspectives were also explored and skimmed from focus group discussion.

From the service providers' perspectives relating to the elderly issues; following are the physical and social findings

Physical findings (wellbeing/betterment)	Social factors
<ol style="list-style-type: none"> <li>1) Personal affairs, family affair</li> <li>2) Type of house living, custom, behaviour and habits</li> <li>3) Enabling environment;</li> <li>4) Personal hygiene, house sanitation</li> </ol>	<ol style="list-style-type: none"> <li>1) Relationship among the family</li> <li>2) Relationship and dealing with similar age elderly; outside communities</li> <li>3) Participation in social, volunteering jobs</li> </ol>

5) Free from chronic diseases, and 6) Self-active physical exercise or healthy habits	4) Education and job standard, Health Knowledge 5) Dependency on others for routine living status
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They are the major interesting and profound issue from the service provider perspectives.

The key findings from the pilot study conducted just recently are (sample size of elderly over 60 years N=406) as follows;

Finding from the Community Consultation (Mudon)	Health	Psycho Social
	Vision Impairment	Memory loss; can't remember
	Hearing Impairment	Depression, Alzheimer disease
	General Debility and Joint/body pain	Loneliness
	Breathing problem	Not very hygienic environment
	Heart Problems	No income; no livelihood;

**Common diseases that suffered by the elderly from the study are:**

- 1) Chronic airway diseases
- 2) Musculo-skeletal diseases and Pain
- 3) Hypertension
- 4) Heart and vessels (Cardiovascular Diseases)
- 5) Cataract and Glaucoma
- 6) Oral and Dental Diseases
- 7) Psychological disorder
- 8) Depression
- 9) Loss of memory
- 10) Loneliness

The risk factors are also identified in elderly during the study in Mudon when consultation with Township Health Personnel and health stakeholders;

- 1) Malnutrition due to unequal balanced diet

- 2) Inadequate consumption of fibres and fruits
- 3) Physical inactivity and sedentary life styles
- 4) Excessive alcohol consumption
- 5) Prone to accidents and injury
- 6) Increasing cancer
- 7) Heart diseases

### 3.2 Universal Health Coverage perspective

Policy mapping on elderly is one of the essential processes in developing elderly care policy and legislation on aging. This illuminates several factors, which integrate elderly concerns into the broad policy context. The Madrid International Plan of Action on Aging (MIPAA) and its Political Declaration were adopted in April 2002 by 152 countries. Many countries conducted elderly care policy mapping by using the broad framework MIPAA to conduct the analysis. The framework focused three key areas: (i) elderly development; (ii) health and well-being; and (iii) ensuring the enabling and supportive elements.

Back to 1990, there was a very limited research related to the aging population in Myanmar. Since after MIPAA, both government and researcher pay attention on elderly care. More extensive research on aging were occurred during the last few years in Myanmar (Knodel and Teerawichitchainan, 2017). However, most of the research related to elderly care in Myanmar focus on socio-economic, demography and health care services. There is still a considerable gap in policy analysis and policy mapping for elderly care.

There were two aging specific survey conducted nationwide or large scale in between 2012 and 2016: Survey of older persons in Myanmar or Myanmar Aging Survey 2012 (Knodel, 2014) and Survey on assessing health care by older population (Rajan and Sreerupa, 2016). In addition, the 2014 Census thematic report on Population Projections showed that Myanmar has started the process of aging and the projection estimated the number of person aged 65 and above will be over by 221% in 2050 (Department of Population, 2015).

Previous research recommended that further research on aging is required for Myanmar to guide the national strategy by covering areas from biomedical, economic, and socio-behavioural perspectives, to encourage empirical assessment of the situation of older persons, and to utilize realistic evidence to inform policy formulation and program designs for older populations.

This review focuses on policy, legislation and action plans focus on ageing and elderly care. The review includes a number of mainstream national policy documents to review in order to capture government actions on ageing beyond the policy, legislation or action plans for elderly population.

### Objectives

The overall objective of this mapping is to assess and evaluate the researches related to elderly care to provide necessary information and evidence on elderly care policy development in Myanmar.

The specific objectives include;

- To explore the country context of aging and elderly care situation in Myanmar
- To identify the information related to national policy development frameworks (policy context, content, process and actors)
- To extract policy recommendations from the available researches to mainstream UHC in the elderly care policy development
- To provide appropriate recommendations for policy and institutional development for elderly care in Myanmar

### Conceptual framework for Research mapping

The aim of the research mapping is to review and analysis articles, focusing to identify data and information on how the policy context, content, process and actors will mainstream the UHC in elderly care. Therefore, a conceptual framework was developed for research mapping to capture the research findings and recommendations, which are relevant to above themes (Table-2).

The framework;

- address what are the context that will favour or constraint to achieve UHC among elderly
- guide on how the policy content will be applicable for elderly care policy formulation
- identify what process and institutional arrangement are recommended in research to achieve the UHC for elderly
- indicate who are the stake holders play key roles in policy formulation and policy implementation of elderly care

**Table 4. Conceptual framework for research mapping on elderly care policy development**

Policy Development	Mainstreaming elderly in health and social system	Variables of the research
<ul style="list-style-type: none"> <li>• Governance</li> <li>• Laws</li> <li>• Policy Context</li> <li>• Policy Content</li> <li>• Policy Process</li> <li>• Policy Actors</li> </ul>	<p><b>UHC mainstreaming</b></p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Equity</li> <li>• Quality essential services</li> <li>• Health Workforce for elderly</li> <li>• Supply chain management –medicine</li> </ul>	<p><b>Social development</b></p> <ul style="list-style-type: none"> <li>• Work and labour force</li> <li>• Access to knowledge/training</li> <li>• Social Protection</li> <li>• Emergency funds for elderly</li> <li>• Emergency response</li> </ul>

	<p>and equipment</p> <ul style="list-style-type: none"> <li>• Financial Protection mechanism</li> </ul> <p><b>Institutional arrangement</b></p> <ul style="list-style-type: none"> <li>• Epidemiology of aging</li> <li>• Capacity gaps</li> <li>• Health and social systems</li> </ul>	<ul style="list-style-type: none"> <li>• Migration and elderly</li> </ul> <p><b>Health and social care</b></p> <ul style="list-style-type: none"> <li>• Health promotion</li> <li>• Well-being for elderly</li> <li>• Access to health services</li> <li>• Communicable d/s and NCDs</li> <li>• Nutrition</li> <li>• Training of health profession</li> <li>• Mental health</li> <li>• Disabilities</li> </ul> <p><b>Enabling Environment</b></p> <ul style="list-style-type: none"> <li>• Housing and living condition</li> <li>• Caregiver for support</li> <li>• Neglect abuse and violence</li> <li>• Images of aging</li> </ul>
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### Findings

Reference to the search strategy and methodology of policy review described in the previous session, 15 documents were eligible for the policy mapping for elderly policy development in Myanmar. Those includes; 6 policy reviews and reports, 5 survey and programme reports and 4 research articles, detail listed in the table-3. The policy context, policy content and process and policy actors involved in development and implementation of the elderly care services were reviewed according to the Walt policy model(Walt et al., 2008).

**Table 5. The lists of document eligible for policy mapping for elderly care in Myanmar**

Type	Title of the document	Agency/ Researchers	Year
Policy review and reports	National Health Policy	MOHS	2017-21
	Myanmar Senior Citizen Law	MOSWRR	2016
	Policy Mapping on Aging in Asia and Pacific Analytical Report	UNFPA, HelpAge	2015
	National Action Plan for Elderly Care 2014	Department of Social Welfare	2014
	Myanmar National Social Protection Strategic Plan	Department of Social Welfare	2014
	Overview of Available Policies and Legislation, Data and Research, and Institutional Arrangements Relating To Older Persons - Progress Since Madrid	UNFPA HelpAge	2011



Programme and survey reports	LIFT Annual Report	LIFT	2016
	Household Survey 2015	LIFT	2016
	A Situational Analysis of Disability and Aging in Myanmar	HelpAge	2016
	Myanmar Population and Housing Census Thematic Report on the Older Population	Department of Population	2014
	Myanmar Aging Survey 2012	HelpAge and UNFPA Knodel J, 2014	2012
Research articles	Aging in Myanmar	John Knodel, Bussarawan Teerawichitchaninan	2017
	Accessing Health Care by Older Population, Myanmar	Rajan, S. I., & Sreerupa	2016
	Health Care of the elderly in Myanmar	MyInt Han	2012
	Health seeking behavior of elderly in Myanmar	Moe S, Thar K, Naing KS and Htike MMT	2012

## Policy contexts

According to the review of reports and researches related to elderly care, Myanmar has developed both action plan and laws relevant to elderly care. The National Action Plan on Aging was developed in 2014 and the National Older Persons Act was enacted in 2016. In addition, review the existing health policies and adopt the necessary policies to address the current challenge for UHC is required to integrate elderly care in the National Health Policy 2017-22.

### National Action Plan on Aging

The analytical report on policy mapping and aging in Asia and the Pacific reviewed the policy, action plan, strategy and legislation for elderly care in 26 countries including Myanmar(Williamson, 2015). Myanmar's National Action Plan on Ageing 2014 focuses on three domains (i) older persons and social development; (ii) advancing health and well-being; and (iii) enabling environments for elderly people.

The policy for social development covered four main scopes, such as, work and development, social protection, knowledge and training and emergency and disaster response. However, migration and development was not covered in the development. In the domain of healthy aging, the policy covered health promotion, NCDs, health care access and health care training related to aging care. However, the areas of mental health,



HIV/AIDS and nutrition related to elderly were not covered. Regards to the enabling environment for elderly, the policy covered housing and living environment, care and support, disability, elderly right and the image for aging.

### **National Older Person Act (National Law)**

According to the LIFT annual report 2016, Myanmar promulgated the Older Person Act on 30 December 2016, by the Union Parliament. This law enacted upon citizen who are aged 60 and above and addressed the (i) rights of elderly, (ii) responsibility of relatives and (iii) responsibility of community and states. The national law covers health and social protection, creating enabling environment, participation in civil societies and institutional care for elderly. In addition, the law includes governance issues, issuance of IDs and registration for aging, recognition of INGOs for elderly care and trust fund for aging population.

To implement the older person act, the government institutionalized the national committee for senior citizen care, chaired by the Minister for social welfare with other nine relevant ministries, representatives from municipal committee and three civil based organizations. The committee will oversee enforcement and implementation of the law in coordinate with the Ministry of Health and Sports for provision of quality medical for elderly. A situation analysis of disability and aging in Myanmar highlighted that a specific category for elderly 'Frail Older People' is described within the Older Person Act. Those elderly are physical and mentally disable and cannot exist without assistance of caregivers. Under this law, elderly care services were provided either free or subsidize along with promotion of elderly health literacy and researches (Zeitzer and Disability Policy Solutions, 2017).

### **National Health Plan**

The MOHS launched the National Health Plan 2017-2021 in 2016 December. The NHP aims to strengthen the country's health system and pave the way towards Universal Health Coverage (UHC). The NHP defined UHC as all people having access to the needed quality health services without experiencing financial hardship. The main goal of NHP 2017-2021 is to extend access to the Basic Essential Package of Health Service (EPHS) to entire population by 2020 while increasing financial protection. The NHP focuses on system building on human resources, infrastructure, service delivery and health financing to provide EPHS through government sectors, ethnic health organizations, NGOs and private general practitioners.

### **Policy content, process and actors**

The United Nations Population Fund (UNFPA), HelpAge International and 9 other UN Agencies identified the framework on overview of available policy, legislation, data,

research and institutional arrangements related to older person in 2012 by following the Madrid international plan of action on aging 2002. This framework introduced systematic policy mapping and research to overview the policy content and process of elderly care in countries. In this review, the policy content and process for elderly care in Myanmar review in three major domain (i) social development (ii) health and social care and (iii) enabling environment by linking with UHC pathways, access, equity, quality essential care and financial protection for elderly.

### **Older person and social development**

The older people include in the vulnerable group for social development. Based on the previous lesson learned from MDG, the Sustainable Development Goals (SDGs) addressed many aspects on social and health needs for aging population. According to SDGs targets, elderly care is links to the following goals related to social protection: ending poverty and poor health, provision of quality education, promoting gender equity and empowerment and developing sustainable cities and communities.

The Myanmar national development plan significantly addressed the social development for the aging population. The MAS 2012 clearly highlighted the key socio-economic indicators for aging status and elderly care as (i) education attainment and (ii) household wealth. The MAS also indicated that a majority of older adults, specifically those in the bottom 60% of wealth distribution, live in abject poverty as measured by household possessions and quality of housing. Older people in Myanmar typically live in low-income households. Only 55% feel that their income is adequate to meet their daily needs on a regular basis.

The key research finding relevant to social development for elderly care includes: (a) work and labour force, (b) access to knowledge and training, (c) social protection, (d) emergency for elderly care, (e) emergency response and (f) migration and rural development.

#### *Work and labour force*

Work and labour force plays important role in elderly care to generate self-reliance and income generation for adequate care and support required for elderly population. Maintaining older people in work and labour force will promote equity and financial protection for achieving the universal health care.

MAPA 2014 aims to promote employment opportunity and job identification/matching programme for elderly through provision of vocational training and job opportunities. The plan also addressed micro-finance services and community income generation projects for older people in Myanmar, including provision of incentives for companies and employers to those who hire older people. The plan also introduced tax incentive measures to promote saving and encouraged national and international agencies to integrate older people's needs within employment, livelihood and food security programmes.

### *Access to knowledge and training*

Evidence based information, knowledge and skills is required to strengthen comprehensive elderly care services. The evidence from both public and non-public sectors is required to provide elderly care in the community beyond the health sectors. As the mankind needs lifelong learning, the policy for elderly care need to create learning opportunities, skills and training development for older people. The MAPA, includes aims to integrate lifelong education for elderly through provision of formal and informal education for all ages to prepare people for active ageing.

The policy review highlighted the importance of Older People Self Help Groups (OPSHGs) to ensure the knowledge of older people was fully utilized in the development process. OPSHGs have been established in 55 pilot villages in Mandalay, Sagaing and Ayeyarwady to implement the Older People Lead Rural Development Programs. HelpAge in collaboration with Department of Social Welfare conducted ageing related training and awareness sessions in project areas. The main programmes includes; training on agricultural technology, small business, building tube well and building water storage tanks for the dry zone.

### *Social protection (social pension)*

LIFT 2015 household survey reported that 23% of household surveyed reported to have increase the income in past 12 month where the project areas covered 337,000 households. 15% of female-headed households reported to have increased incomes as compared to 24% of male-headed households. The Framework for Economic and Social Reforms: Policy Priorities for 2012-15 towards the Long-Term Goals of the National Comprehensive Development Plan included the importance of developing social protection strategy for vulnerable older people.

Myanmar has social protection policy and social protection systems facilitate the ability of people, particularly the poor and vulnerable, to access essential services. This system addresses to older people in the form of social insurance or social assistance schemes. In January 2015, the Government gave a one-off cash transfer of approximate USD 200 to all older people above 100 years of age, covered approximately 650 older persons. The Government has allocated approximately 500 million kyats (USD 500,000) as a one-off cash transfer to all older people above 90 also(LIFT, 2016).

Civil service pension schemes providing non-contributory pension for civil or political service is provided starting from 2017. A social pension pilot project elderly was initiated by HelpAge International (HAI) with funding support from the LIFT in 2017. The project was scale up nationally in 2017 and Government acknowledge the importance of social pension for elderly and started the countrywide social pension programme in 2017/18(LIFT, 2016). The Ministry of Social Welfare Relief and Resettlement runs the voluntary homes for elderly in 55 townships, which cover 65 homes with 2,282 clients. Older Person Self-Help Groups

Services and cash benefits for social protecting, which includes loans, home care, livelihood programs, in Ayeyarwaddy, Mon, Kayin, Yangon and Mandalay(Williamson, 2015).

#### *Emergency funds for elderly care*

Under the UHC pathways, elderly person need financial protection from the catastrophic health care expenditure. Development of alternative health financing methods and risk pooling mechanism is required to enhance financial protection and expand fund for elderly care. As a piloted model, LIFT implemented emergency funds for elderly care in Dry Zone in between 2011 and 2015. Households received the loan for health emergency 10.8% in 2011 and 11.2 in 2015.

HelpAge's implemented the emergency social protection fund to six townships (30 villages) in collaboration with the Department of Social Welfare and General Administration Department in 2016-17. The project was aimed to tackle two main problems: the lack of strong community mechanisms to address the elderly, and the lack of government awareness and experience to put its social protection plans into action at household and community levels. During 2016, the project trained 40 village social protection committees to develop their village social protection annual plans and provided financing to establish village-based social protection mechanisms. The local authorities and public sector staff at all level were engaged to manage the cash-transfer schemes. A portion of fund between USD 77 and USD 385 was kept in the village cash for emergency requiring hospitalization or medication of elderly people. By the end of December 627 older people (597 older people age over 85 years) received emergency fund through village social protection committees and public service staff(LIFT, 2016).

#### *Emergency response:*

As Myanmar is a disaster prone counties In ASEAN, emergency response and disaster risk reduction and older people was included in the national plans on ageing 2014. These emergency responses considered older people in both ageing specific documents and within mainstream plans. Myanmar provided the Disaster Risk Management programmes for older people as a priority demographic group, and inclusion of this group in the DRM process. Action Plan on Ageing 2014 includes aims to: ensure older people are included in disaster contingency plans, ensure evacuation centres have specific facilities catering to the needs of the elderly, provide emergency training for older people, provide appropriate transport systems for older people during evacuation and provide medical care and assistance during times of emergency.

#### *Migration and rural development*

Myanmar has significant socio-economic changes since after democratic transition, which triggers internal and external migration of younger population in many rural areas. Consequently, older people left in the rural areas without family care giver. Although health

and migration influence elderly care in many countries, the effect of migration on older people was not mentioned in the MAS 2012 and other policy review related to elderly people. Similarly, there is a gap in older people and migration in other researches.

### **Health and Social Care**

Health and social care is the key topic for policy process of elderly care because implementation of elderly care programme depend on the quality of health and social care. In UHC, essential benefit package for elderly care is critical to be considered. The key finding related to health and social care are: (i) health promotion and well-being of older people (ii) equal access to health services (iii) older people and common diseases, NCDs (iv) older person and nutrition (v) mental health (vi) older person with disabilities (vii) training for caregivers.

#### *Health promotion and well-being for elderly*

Health promoting and well-being for elderly is essential to strengthen community engagement in health service deliver. According to the policy review for elderly care, community-based health care for elderly programme was started in NHP-1993-1996. NHP (2011-16) prioritized prevention, control and care of NCD and elderly care as life cycle approach. The department of public health promote public awareness of aging and capacity of elderly in in community in collaboration with volunteers, NGOs and INGOs. The home based care for older people was incorporated into elderly health care programme and expended the community-based and home based care programme for older people.

In addition, Social Protection Strategy 2014 included nutrition programme for older people who are facing social and economic hardship. Action Plan on Aging 2014 aimed to improve health promotion, disease prevention and self-care for elderly through provision of appropriate training, provision of counselling services in community health centre and hospitals and disseminating information to older people on health care and healthy aging.

#### *Universal and equal access to healthcare services*

In order to mainstream UHC, equitable access to health services for elderly people is essential, because elderly people required primary health care, secondary care and free medical services. To ensure the access to comprehensive and quality services for elderly care, the policy mapping is required to identify the essential health package for elderly as part of UHC. In Myanmar, NHP include provision of dedicated facilities for older people, special or preferential treatment reduced or waived costs for health care, and special programmes providing medical care to disable older people.

Furthermore, availability of quality and low cost essential medicine, equipment and technologies, infrastructure and supply chain is key to success the elderly care interventions. According to policy review on NHP in Myanmar, the essential medicines are currently provided at no cost for elderly. Primary health care services for elderly are provided once a



week at elderly clinic at Rural Health Center and Sub Centers one a week. Health staffs at the Rural Health Centre (Health Assistants, Lady Health Visitors and Midwives) are trained to be able to detect minor as well as some major illnesses of the elderly. The Ministry of Health and Sports provided institutional care for elderly in relevant hospital tailor to provide elderly care services.

Meta-analysis of eight research articles related to elderly care in Myanmar identified broad range of topics related to elderly care. The important topic included health disparities and health seeking behaviors among older adults, how families support for elderly care in terms of living arrangements and long-term care, how family support impacts upon the well-being of older adults, and intergenerational health care between grandchildren and grandparents(Knodel and Teerawichitchainan, 2017).

The situation analysis on disability in elderly highlighted that there are many over aged 60 in Myanmar with vision impairment restored their sight through surgery. However, it was impossible know the exact number and the solution need to enhance not only personal and equipment, but also surgical technique, screening and early referral, which is an integrated system between eye-care infrastructure and elderly care programme.

#### *Older persons and communicable diseases and NCDs*

Action Plan on Aging 2014 aimed to improve health promotion, disease prevention and self-care of elderly through provision of quality health care system and health security for older people, promoting help desks for older people in hospital and health facilities and encouraging the private sector to provide standard health care and social service for older people. In addition, the plan also addressed providing alternative medical care for elderly care and set up geriatric clinic, geriatric wards and long-stay care facilities to meet the needs of older people.

According to situation analysis on disability among elderly, Wednesday Clinic for older persons and NCD at primary health care centers follow the guidance provided from MOHS and WHO's model. The study observed that the clinic extended to three days a week (Wednesday, Tuesday and Friday), "Package of Essential Non-Communicable Diseases (NCDs)", particularly hypertension and diabetes at the clinic. The BHS also provide counselling, nutrition, Health Education and demonstrate physical fitness exercises. However, BHS in Myanmar have been trained in this package of services aimed at the older people and there were admitted constraints on the use of drug stocks.

#### *Nutrition*

Although Social Protection Strategy 2014 included nutrition programme for older people who are facing social and economic hardship, nutrition programme was not included in the older people strategy and legislation.

### *Training of care providers and health professionals*

Strengthening human resource and health workforce is one of the essential key pillars to provide the equitable and quality services under UHC. Myanmar faced challenges in workforce for elderly care because elderly care need specific technical skills and adequate human resources. Therefore, policy review need to address the HR capacity for elderly care.

According to the 2013 Japan Healthy Ageing ASEAN meeting report and 2007 MIPAA country report, Myanmar include training programme on elderly for BHS, VHW, Local NGOs, doctors and nurses(Guzman et al., 2012). Plan of Action on Aging 2014 aimed to establish geriatric institutions and research to strengthening decision making concerning health care for elderly. The plan also introduced standard and qualification for professional nurses for the aged and mainstreaming of geriatric care into the medical syllabus.

The plan also support and promote education and training in health care and elderly care for health and social professional. Furthermore, the plan include evaluation of the demand for health and social work professionals and arrange for further education/training programmes according the current demand in health care services.

### *Mental health needs of older persons*

The situation analysis of disability in elderly probed the gaps in Myanmar on mental health needs for older persons. There were no policies explicitly address mental in older people in Myanmar. 2014 Census covered the questions related to mental problem and failed to provide prevalence data for mental health for elderly, which is common in reality.

### *Older persons and disabilities*

According to MAS 2012 and situational analysis of disability in older people, the prevalence of physical difficulties (at least one) is approximately 57% among the older persons. The prevalence and mean number of physical disability sharply increased with age 40% of aged 60-64 and 90% of aged 80 and above reported one or more difficulties. Physical difficulties among older person were classified as functional limitation, Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) and combined physical disabilities. Among physical disabilities, function limitation was the most common (51%) and ADL difficulties were the least common (22%). Older persons had an average 2.5 physical difficulties. Approximately half of the oldest old had at least one ADL difficulty which tends to require intensive personal care. Furthermore, older women reported higher prevalence and larger mean numbers physical difficulty compared to their male counterparts.

According to WHO survey 2007, About 30-35% of adults age 65 and older have a hearing loss and it is estimated that 40-50% of people over age 75 have it. The MAS 2012 survey data identify that overall sensory impairment among older people was 35.1%, among which, visual impairment was 28.5%, hearing impairment was 14% and dual impairment was



7.4%(Zeitzer and Disability Policy Solutions, 2017). However, complete blindness and deafness were rare accounting for only 1% of elderly population. According to Myanmar Census 2014 thematic report on older population 2017, seeing was 15%, hearing was 9.2%, walking was 11.6% and memory and concentration was 8.6%. Older women were more likely to report sensory impairment than men. Similar to physical difficulties, sensory impairment increased sharply with age (25% among 60-64 ages compared to 60% among oldest old). In addition, the prevalence of both physical difficulties and sensory impairment decreased with the higher level of education and wealth quintile.

Myanmar established the disability-working group (DWG) in 2010 and signed the Convention on right of person with disabilities on 7 December 2011. The working group promote to increase mobility, accessibility and opportunity for older people with disability to actively contribute the economy and social development. There was a consistence increased in proportion of elderly receiving the care with the number of difficulties (42% who do not report any difficulty to 94% of those had 10 or more difficulties). Approximately three fifths of elderly received regular assistance in daily living.

### **Enabling Environment**

To support the elderly care policy implementation, enabling environment for elderly person is essential. The enabling environment in this research mapping covers (i) housing and living environment (ii) care and support for care givers (iii) neglect, abuse and violence (iv) image of aging.

#### *Housing and the living environment*

Geriatric institutes, aging home and the living environment for elderly people need appropriate design to provide safety and adequate health care. Some countries like India and Thailand takes the development assistance and loan to improve the design of elderly homes. In Myanmar Social Protection Strategy 2014 aims to establish the centers to take care for elderly persons with disabilities. However, the strategy first prioritized favorable living environment to focus on family and community based and home for aged only to be considered as the last options.

Action Plan on Ageing 2014 was aimed to pass a law on benefits on granting 20% discounts for public facilities for elderly, issuance of ID and formation of senior citizen establishments and offices. The standards for accommodation and living environment for elderly care were set up. Furthermore, the action plan set standards for accommodation and living environments, arrange the government and private sector in providing and coordinating accommodation and provide incentives to acquire low interest loans to renovate and buy the house for elderly.

Similarly, the action plan was aimed to improve public service systems to facilitate older people's mobility, discount on public transport systems, provide and improve public facilities to accommodate the needs of older people including those with disabilities and provide facilities for elderly people to exercise and relax(Williamson, 2015).

#### *Care and support for caregivers*

Regards to the elderly care support and the caregivers, the following studies contain the relevant information about situation of caregivers in Myanmar(Williamson, 2015).

MAS 2012 categorized the elderly caregivers in Myanmar as two major types: primary care givers who are family members who help daily activities of elderly (spouse, son, daughters, child in law and grandchild) and secondary care givers who are friends, neighbors and domestic helpers. According to survey, 64% of samples with difficulties reported to receive regular assistance in daily activities. Among care givers, 94% were family members and 6% were others. 55% of primary caregivers were children, majority were daughters 47% for elderly with difficulties and 43% for elderly without difficulties. The spouse were the second commonest caregivers for 26% of elderly with difficulties and 38% aged 60-64 years without any difficulties. This survey addressed the major gap of secondary care givers (less than 1%) as main care providers for policy consideration elderly care.

According to the situation analysis of disability and gaining in Myanmar, the majority of older person believed that their children should provide financial and personal care and two third of adult children supported elderly in practice. Taking care of older person with disability by families and relatives demonstrated the traditional system of elderly care by family member still pre-dominant. The proportion of people living in extended households is considerably higher for those with a disability than for those without a disability: 48.3 versus 39.4 %.

Policy Mapping on aging in Asia and the Pacific analytical report revealed that Myanmar has sufficient policy to support the caregivers which includes: (i) Social Protection Strategy 2014 aims to establish centers for elderly with disabilities (ii) National Health Policy 2011-16 to improve capacity in elderly care services (iii) Action Plan on Ageing 2014 aims to provide tax deductible incentives for caregivers, develop community services for elderly, mobile service in urban and rural and education, training and livelihood for volunteers, caregivers, health and social work professionals.

The Department of Social Welfare (DSW) recognized the long-stay aging homes and provide both technical and financial support for 64 recognized aging homes throughout the

countries. Day Centre has been opened in Yangon to provide social and health care. The training school in Yangon provides training for both voluntary caregivers and administrators of the aging homes. Furthermore, DSW encouraged the private sectors to follow standardized health care and social services for older people by promoting education and training in health care and elderly care.

#### *Neglect, abuse and violence*

People are more likely to suffer from ill health or disability at the oldest ages, resulting in higher medical costs at a time when their income may be more insecure. Action Plan on Ageing 2014 and law for senior citizen addressed older people rights, protection from exposed to abusive, unfair-treatment of negligence and violence. However, the analysis of unmet need concerning living arrangements showed how strongly related they are to the likelihood of unmet needs for care. Only 4% of older people who live with their children reported experiencing unmet needs. However, if they lived alone, even if their children lived nearby, approximately 25% of the older people reported experiencing unmet needs and 17% of elders who lived with only their spouse reported unmet needs. The proportions of unmet needs increase to 8% for those with 1-2 physical difficulties and 9% for those with three or more difficulties.

#### *Images of ageing*

Social protection strategy 2014 aimed to focus in all programme on social inclusion of elderly people on specific traditional and culture context. Myanmar celebrates International Older People's Day annually and ensure the availability of accessibility to information for older people through mass media to reflect older people's lives.

Action Plan on Ageing 2014 highlighted several ways to improve the image of ageing. Those includes to: promote public awareness on the importance of ageing with dignity and promote the participation of elderly in the social activities. The plan encouraged to utilize education as a mechanism to engage and assist people in society to embrace responsibility in taking care of older people in the community. Similarly, the plan promotes understanding of the multi-generational society and strengthens solidarity between generations through education, religion, culture and sports activities. The plan raised awareness of older people as mentors of society by capitalization on their past contributions and honour older people who have made outstanding contributions to society and the nation.

In addition, the plan delivers a OPSHG's replication strategy in selected regions to strengthen co-operation between the supporting networks and promote linkage between NGOs and Government network for supporting older people and support activities on aging issues(Department of Older Persons et al., 2018). A total of 118 OPSHG's have been formed in 118 villages, their main programmes are providing training and activities on health & home care, fund raising, income generation, agricultural technology, and small business, building tube well and building water storage tanks for the dry zone.

In sum, although there is limited research on elderly care in Myanmar, this policy review broad range of documents from policy and programme report to the research articles on elderly care. The review found out information related to elderly care, including the gaps and challenges. The review recommends further investment on evidence based elderly care researches, requirement of think-tank technical support and participation of academic and researchers to promote elderly care in Myanmar.

## CHAPTER 4

### Consultation with multiple stakeholders, qualitative and quantitative findings

**4.1 Consultation with Stakeholders was done particularly to the following personnel from area of Social and Health.**

The consultation was done individually to the stakeholders based on the required information after the review of Elderly Law, Bylaw, Disability Law, Disability bylaw, National Plan of Strategy for Social Protection, National Health Plan, Thematic Report on Disability of Census 2014 and older person thematic report of National Census 2014. Firstly, literature review for the above areas was done ahead of consultation. Then, we develop the questions that we required more specific information.

The questionnaires are varied among the stakeholders. E.g. if the stakeholder is from the side of Rehabilitation, the questionnaires are based on the finding of literature review on Disability Law, Bylaw and Disability and Elderly Thematic Reports. If the respondent is from social welfare, the questionnaires were based on the requirement of information after the review of National Elderly Law, Bylaw and National Social Strategy Plan etc.. to identify further information from the side of providers, how best we would address the mentioned services, or activities that are mentioned in these binding document.

Table 5. List of Personnel consulted for Elderly and Disability (Frail)						
No.	Name	Position	Venue	Office	Sector	Justification
1	Dr. Thuzar Chit Tin	Deputy Director General/State Health Director (Shan South)- Former Elderly Care Program Manager	Taunggyi, Shan (South)	Ministry of Health and Sports	public	She is former Elderly Program Manager and current DDG of Department of Public Health and Medical Services. She is also working with me for the social and health situation analysis of elderly together with me under the guidance of H.E Minister
2	U Myat Thu Win	President, Shwe Minn Thar Foundation Myanmar	Yangon	Shwe Minn Thar Foundation	NGO	U Myat is the President of Shwe Min Thar Foundation; General Secretary of Myanmar Disabled Association; and Joint Secretary of National Committee for Disabled led by Vice President of Myanmar Government. He is now working on public-private mix training to Disabled for agriculture; and livelihood areas; OpSvg
3	Dr. Myint Han	Retired DG and Geriatric Program Manager, MoHS;	Yangon	Freelance	private	Dr. Myint Han is Former Geriatric Program Director and Director General of Department of Medical Services of MoHS. He has great knowledge on implementation of elderly health services by the level of health care. Social issues were discussed how to make disabled to survive on their own

4	Mr. Win Naing Tun	Director General, Department of Rehabilitation	NaypyiDa w	Ministry of Social Welfare, Relief and Resettlement	public	Mr. Win Naing Tun is current Director General of Rehabilitation Department, MoSWRR
5	Mr. Swan Yee ya	Director, Unit of Vulnerable Risk Group, Department of Rehabilitation	NaypyiDa w	Ministry of Social Welfare, Relief and Resettlement	public	Mr. Swan Yee Ya is current Director of Rehabilitation Department. He is the one shared on disability related information
6	Dr. San San Aye	Director General, Department of Social Welfare	NaypyiDa w	Ministry of Social Welfare, Relief and Resettlement	public	Dr. San San Aye is Director General of Department of Social Welfare; she was also health economist/Director from MoHS. She has knowledge on Elderly and Disable Services.
7	Mr. Kyaw Linn Htin	Director, Department of Social Welfare	NaypyiDa w	Ministry of Social Welfare, Relief and Resettlement	public	U Kyaw Linn Htin is Director of Department of Social Welfare. He has been working for social services for Elderly and Disabled since 2014



8	Dr. Nyein Aye Htun	Assistant Director/Elderly Program Manager,	NaypyiDa w	Ministry of Health and Sports	public	Dr. Nyein is Current Elderly Program Manager. She is working on baseline study of elderly for 5 townships of Myanmar. The preliminary data was shared to me for further analysis on social issues of elderly		
9	Dr. Kay Thi Kyaw	Director (Social Welfare); Head of Day Care Center	Yangon	Ministry of Social Welfare, Relief and Resettlement	public	To understand any social services offered by the center		
10	Dr. Than Lwin Htun	Deputy General Health Services/NCD/Health Literacy and Promotion	Department of Public Health	Ministry of Health and Sports	public	Dr. Than Lwin is current DDG of Basic Health Services, NCD and Health Literacy Promotion Unit of Department of Public Health of MoHS. When I consulted to him for dealing with elderly program, it was found that he has huge interest on elderly and disability areas. The experience might be less but he can be reserved for consultation		

11	Dr. Nan Naing Naing Shein	Deputy Director, Basic Health Services, MoHS	Department of Public Health	Ministry of health and Sports	public	She is current (acting) Director from Basic Health Services of Department of Public Health. She was informed of study of Elderly in Social and Health issues in the light of UHC when the proposal was developed. She can be reserved as 2nd Line
12	Professor Than Zaw Htay	Deputy Program Manager, Geriatric Program	Yangon General Hospital	Ministry of Health and Sports	public	He is also current Deputy Program Manager/Physician and a lot of information on Elderly health care services for Disabled Population
13	Dr. Myo Paing	National Professional Officer (NCD and elderly)		World Health Organization	WHO	Dr. Myo Paing is current National Professional Officer of WHO/Myanmar in Elderly/NCD areas.
14	Dr. Than Win Nyunt	Professor (Geriatric Care)	Geriatric Unit, Yangon General Hospital	Ministry of Health and Sports	public	Nature of Geriatric Care/Services for Older Persons
15	Dr. Phone Wai Oo	Private Practitioner/Head of the Ramanya Charity Foundation;		Hnin Se Gone Home for the aged;	private	To understand the social services for elderly in Elderly Health and Social Care in Clinic/Minihospital
16	Daw Yupar Mya	Deputy Director Social General,	Social Welfare	Ministry of Social	public	

		Welfare		Welfare, Relief and Resettlement		
17	Dr. Myint Thein Oo	Township Medical Officer	Mudon Township Hospital	Mudon Township	public	To understand the township level elderly care and services (e.g. Wednesday Clinic)
18	U San Htay	Village Elderly Representative	Kautpara n Village	Mudon Township	private	To understand the community led elderly services
19	Dr. Kyaw Kan Kaung	Director of NCD Unit	NaypyiDa w	Ministry of Health and Sports	public	To understand the model of Wednesday (NCD) clinic
20	Dr. Hein Thet Soe	Program Manager (Social Protection)	Help Age International	Help Age	private	To understand the social protection, social care services for older persons and disabled

#### 4.1.1 What are the common health and social problems of elderly?

During consultation to Township, health officials including BHS were asked above questionnaire.

The group consulted that the commonalities are:

- 1) general physical debility, weakness
- 2) Physical and Mental health deficiency
- 3) Lack or limited knowledge on health promotion and practices
- 4) High risk of diseases and injury
- 5) Can't possible to adhere to health clinics/facilities

In addition, there is more psycho-social feeling that\_

- 1) Need solely rely on other family members financially
- 2) Retirement makes psychologically useless
- 3) Rely physical support from other
- 4) Loss/death of better-half, friends and seniors
- 5) No understanding to elderly by family members
- 6) Not in line with culture of the young people
- 7) In terms of financially, the elderly don't have sufficient minimum wages

The quantitative study on elderly financial crisis also supported these financial facts that out of 384 in Mudon Township, over 300 elderly are finally relying on the family members.

MoHS senior officials (as in attached list) from Nay Pyi Daw are interviewed and the question was asked if there are any specific objectives for elderly health education and promotion.

It was responded that:

- 1) MoHS has purposive health education to both elderly and their family members
- 2) The education and counselling are meant for family members to understand the life of elderly
- 3) Health awareness for elderly since the beginning of pre-elderly ages

Regarding the services, counselling is there and provided services until the level of villages and wards by the midwives. Focus group discussions to elderly people are conducted.

Moreover, the physical findings (wellbeing/ betterment) are related to:

- 1) Personal affairs, family affair
- 2) Type of house living, custom, behaviour and habits
- 3) Enabling environment;
- 4) Personal hygiene, house sanitation
- 5) Free from chronic diseases,

Self-active physical exercise or healthy habits

Social factors and findings are also discussed from consultation to senior officials of Ministry of Social Welfare and analysis of quantitative data that conducted for Mudon Township

They are:

- 1) Relationship among the family
- 2) Relationship and dealing with similar age elderly; outside communities
- 3) Participation in social, volunteering jobs
- 4) Education and job standard, Health Knowledge
- 5) Dependency on others for routine living status

#### 4.2 Discussion points for community based elderly Services (social and health) and Finding from face to face workshop

Discussion with Ministry of Health and Sports (MoHS) in the area of Disability and Elderly was done by level of service delivery. There is no social specific but all social and health are interrelated in this current National Health Plan (2017-2021)

Dealing with the elderly program, MoHS, senior officials (1) Senior Program Manager/Deputy Director General of Elderly; 2) Program Manager of Elderly Program/Deputy Director of Primary Health Care (she was discussed particularly in the areas of Elderly and Community Clinics), Deputy Director General of Basic Health Care under the Department of Public Health were interviewed

They discussed on the Elderly care services; social and health promotion for Elderly; how counselling services are trained for basic health staff; community volunteers and other interested organization including INGO. According to the census 2014 report, the population of elderly is now 4.7 million which 9% of the total population of Myanmar.

The key findings from the pilot study conducted just recently in Mudon are (sample size of elderly over 60 years N=406) as follows;

Finding from the Community Consultation	Health	Psycho Social
	Vision Impairment	Memory loss; can't remember
	Hearing Impairment	Depression, Alzheimer disease
	General Debility and Joint/body pain	Loneliness

	Breathing problem	Not very hygienic environment
	Heart Problems	No income; no livelihood;

According to the study, 1 out of 10 elderly people only have moderate acceptable daily life activity referencing to the source of literature from the regional and international. Common diseases that suffered by the elderly from the study are

- 1) Chronic airway diseases
- 2) Musculo-skeletal diseases and Pain
- 3) Hypertension
- 4) Heart and vessels (Cardiovascular Diseases)
- 5) Cataract and Glaucoma
- 6) Oral and Dental Diseases
- 7) Psychological disorder
- 8) Depression
- 9) Loss of memory
- 10) Loneliness

MoHS has started Community clinics since 2015 targeted to cover the services for the whole country. Regarding Comprehensive Health Care, MoHS strategized 4 services, namely:

- 1) Health Promotion
- 2) Prevention
- 3) Curative
- 4) Rehabilitative services

Quoted to Program Manager of Elderly from MoHS, the main objective of elderly health services is:

To promote the health status of elderly by getting reachable access to elderly health care by elderly population

#### Strategy

- 1) MoHS will follow Life process approach and healthcare for elderly since the childhood (e.g. to reduce the NCD; making sure that all vaccination are done to newborn a: micronutrient balance diet; )
- 2) Coordination Mechanism for incorporation and integration of elderly services in the nature of Private and Public Partnership
- 3) Community mobilization for elderly care; participation of family members in elderly care services
- 4) Implement qualified community health services for Elderly

Moreover BHS are assigned for working with volunteers in the community

- 1) For data collection and registration of elderly in the township and in the village/ward of her responsibility;
- 2) Set up coordination with other stakeholders , NGOs, CBOs by BHS for elderly health care Services Implementation
- 3) Proper health education to family members, caregivers, and volunteers for proper delivering of health services ensuring enabling environment for elderly

#### **4.3 Elderly Care and Disability**

##### **4.3.1 Social Welfare Perspective**

Key points:

- 1) Social protection scheme will support elderly financially (now planning over 85 years)
- 2) There are policy for elderly; the action plan for elderly and committee for elderly
- 3) Elderly Bylaw has been in the process of approval; the document had been submitted to Attorney General Office, then after finalized it will be submitted to the government office and then for the cabinet; probably the bylaw will be come out by end of this year 2018
- 4) Department is working for the elderly based welfare services, support for the techniques
- 5) Community based Elderly Care programmes are encouraged;
- 6) Day Care center is piloted in Yangon and gradually extend to other State/Region; plan to start the Day Care Center in Dawei City of Tainingthayi Region
- 7) There are also community initiated Day Care Centers in Myanmar and if contacted to Department of Social Welfare (DSW), it is ready to provide the necessary support in kinds of Day Care Techniques
- 8) The bylaw mentioned the activities doing for elderly, opportunities and rights of elderly
- 9) There are plans to recruit the elderly volunteers for elderly care; plan to extend the integrated self-help group
- 10) Trust Fund ToR are elaborated in Elderly Bylaw
- 11) Day care Training are being provided for the societies, groups that are running day care services; In addition, families who need training to support elderly, the Day care training for them are arranged;
- 12) If the family nor community can't support the elderly, the government has to continue to take care of them in institution;
- 13) The elderly is life event; the necessary action should be started since the beginning of the life (e.g. proper vaccination, balanced diet, eating healthy food)
- 14) The relevant miniseries will develop the budget related to the elderly services that they agreed in the elderly bylaw



- 15) The information for the volunteers who wish to work for elderly services are mentioned in Elderly Bylaw
- 16) The services and supplies should have at least modest standard for elderly either by private or public sector
- 17) The regulation are mentioned in bylaw and the necessary information sharing to public and private will be continued; role of private sector is mentioned in Elderly bylaw
- 18) The main challenge of the elderly services is the coordination mechanism among the different stakeholders which have different goals and objectives. Social protection strategy has its own budget and for fiscal year 2017/18, it activated the social pension.
- 19) There is category of provident fund (fund from prior contribution); so far, can't implemented yet
- 20) There is no possibly to provide social services and health services coverage for elderly over 65 years old so far
- 21) There is no possibility to provide social and health services by the degree of disability so far quoted from Director of Social Welfare (Mr. Kyaw, Director of Social Welfare);
- 22) Regarding registration to entitle for health and services by elderly, there is no registration by the level of disability for elderly yet; though this is registration process for elderly; the underserved elderly over 90 years old are announced in newspaper to get social pension.
- 23) Since the start for 1.5 years, now the eligibility for social pension becomes 85 years and will gradually extend only by the virtue of age (not counted for level of disability)
- 24) So for there are still debates whether the Social Protection is need based or by virtue of human rights; Myanmar just follow the unconditional offer for social pension started at 90 years and eventually now it becomes 85 years
- 25) Social Welfare Director also pointed out about the threshold of definition of disability in Myanmar (e.g. the disabled PWD in England is around 11% and Myanmar only has 4%; the issue is quite controversial based on definition and individualize on the interviewers during the census study
- 26) Gradually, the social benefits for elderly become by the level of disability and income based; but immediately it can't be happened
- 27) Regarding database to know the prevalence of disability and elderly, director of Department of Social Welfare was asked if there is database Management information system for elderly; he responded there is action plan workshop; DSW has term plan; immediate, short and long term; now within 2-3 months, there will be MIS features ready; will also collaborate with other ministries for data sharing; within 9 months to 16 months, there will be high management system in place;
- 28) There is no disability clearly stated for elderly care in Department of Social Welfare (DSW); but the issue will be discussed with the committee members;

- 29) Director of Department of Social Welfare stressed elderly in the future will be benefited (after bylaw is approved) e.g. waiver for some equipment for elderly (elderly related utensils can be bought cheaply); and the tax levy on the health equipment on elderly will be significantly reduced with the endorsement of Department of Social Welfare

#### 4.3.2 Disability/Frail Elderly

Disability/Frail Elderly area was discussed since the frail elderly are under this category.

- In 2010, there was National Plan of Action for PWD 2010-2012 developed;
- In 2011, Myanmar ratified the CRPD.
- In 2011, Myanmar committed to Bali Declaration on the enhancement of role and participation of the PWD in ASEAN community and Mobilization Framework of the ASEAN Decade of PWD 2011-2020
- 2014: National Social Protection Strategic Plan: identified PWD “are among the most vulnerable and marginalized groups
- 2015: Law on Rights of PWD developed; so that means the Department is working in line with international practices particularly for elderly
- 2014 Census gave information for policy development for disabled persons including frail elderly; In Myanmar disability is 2.311 million which is 4.6% of its population; more than a quarter has multiple disabilities; 1.11% with moderate or higher disability (N=559,880); 0.43%, severe disability (N=216,062); 1.7 million household (which is 16% of convention HH has at least 1 person living with disability).

Identified PWD’ are among the most vulnerable and marginalized groups; Director General (DG) of Rehabilitation Department was asked if there is variation of data for disability from the Labor Force which used to measure 6 thematic areas (seeing, hearing, walking, remembering, self-care and communicating). DG of Rehabilitation responded that the census disability thematic is the key source and the Department needs to review more for such comparison. Some deviation/difference is due to the sensitivity and specificity of definition for functional areas of disability; e.g. in census it defined disability as “a restriction or lack of ability because of impairment”

DG of Department of Rehabilitation was also asked on impression for the disability data in census. DG didn’t comment on the prevalence of disability comparison to the regional data (No questions asked for self -care and communicating). DG also stressed that vocational training school and institution were not discussed in thematic report though they are somehow working for the PWD. DG discussed that census provides the comparable data in line with international classification on function of disabilities and that need for progress towards the goal of Convention on Rights of Person with Disabilities (CRPD)

Director General of Department of Rehabilitation also stressed that the services and opportunities for disabilities are far left behind compared to ordinary without disabilities. DG was asked any accreditation and registration of People with Disability (PWD) so that they could receive health services, medical check-ups, disability privilege, disability rights for

travel, educating etc.... The process will be delegated to State/Region working committee for endorsing disability.

There will be more coordination mechanism among Ministry of Social Welfare , Relief and Resettlement (MoSWRR), other ministries, INGO/NGO and UNs as well as local stakeholders as the disability area can't be worked alone by the department and need supportive environment particularly for elderly. In bylaw of disability, formations of Association on PWD are allowed, registered and working with them (MoSWRR). For instance, Department of Rehabilitation is dealing with Shwe Min Thar Foundation and Federation to train mushroom farm to PWD in Delta and the knowledge will be multiplied to those PWD who are interested and run the business in other areas.

#### **4.4 Milestone Disability**

Director General and Director of Rehabilitation also discussed that survey on PWD conducted in Myanmar in 2009 and 2010 (samples over 1 lakhs HH in 120 townships); prevalence was 2.3% (he showed some literature). In 2014, Myanmar population and housing census was conducted and thematic report provided broad information of disability and elderly situation

##### **4.4.1 What is the current policy development for disability (this is asked because frail elderly were under this category)?**

Quoted to Department of Rehabilitation of MoSWRR, policy development is being done to:

- 1) Include PWD in national development polices
- 2) Review and revise existing laws, bylaws and policies to be in line with UN convention
- 3) Including persons with disabilities in all poverty reduction tasks
- 4) Mainstreaming issues and concerns of persons with disabilities in development tasks of international organizations and social welfare organizations
- 5) Mainstreaming disability in disaster policies and action plans

Out of 2.3 million with disabilities, it is found that 54.1% is persons with visual disabilities, 41.1% is persons with mobility disabilities, 36.2 % is persons with sensory or intellectual disabilities and 29.1 % are persons with hearing disabilities. (DG of Rehabilitation showed the references of Census).

Grossly it was shared that Disability is also one major area under Myanmar Constitution (2008) and it is clearly stated that Union will care for mothers and children, orphans , fallen defense service personnel's children, the aged and the disabled.

Myanmar National Strategy for the Development of Persons with Disabilities (2016-2025) was developed in line with the objectives, article (3) of the chapter (2) contain in the Right of Persons with Disabilities Law (2015).

Director General of Rehabilitation also discussed the aims of the disability strategic plans. They are:

- develop disability inclusive infrastructures, practices, systems and policies are in Myanmar
- ensure full participation of persons with disabilities in social, political, culture, economic and public sectors of the nation
- develop better life quality of persons with disabilities
- employ strategy as priority areas of the disability focused and related government organizations, NGO and local organizations
- entirely protect the rights of the persons with disabilities in accordance with the Right of Persons with Disabilities Law (2015)

The areas included for intervention are:

- 1) Prevention (e.g. supporting early childhood intervention services, vaccination, multivitamin and micronutrient supplementation)
- 2) Protection (gender equity, safeguarding PWD women etc...)
- 3) Habitation and Rehabilitation (e.g. enhancing disability inclusive community development measures) Sector development ( e.g. use of technologies, accessible public places and services for PWD)
- 4) Building Capacity (e.g. training to disability experts and professionals and developing advanced technologies and assistive devices)

Cooperation and Information sharing will be done as specific area when there is individual planning. Director of Rehabilitation Department under MoSWRR discussed that leading role of other stakeholders; Myanmar Federation of persons with Disabilities for the rights and development of persons with disabilities. The action plans on the rights and development of persons with disabilities will be worked with cooperation form government organization and private sector associations.

Director of Rehabilitation was asked for any operation research development under national strategy for frail elderly under the category of disability, it was discussed that this is one of the main areas under strategic plan to conduct the survey, analysis and promoting participation of persons with disabilities including frail elderly in conducting and sharing information disability research, survey and analysis.

According to the Strategy, Department of Rehabilitation plan to approach intervention with binding motive as follow; Awareness and practice barrier free and non-discrimination

1. The elderly require the demonstrator, volunteers for physical exercise that could mobilize all elderly and community

2. The event of physical exercise as formal event of gathering routinely which can be participated by either elderly or not
3. It would be good if Township health department should assign the BHS (one or 2) to check up physical fitness of elderly as routine screening;
4. The elderly wants such services (massage, physical exercises etc...) to disabled frail elderly who are totally or partially bed ridden as regular, scheduled, and formal visit.

#### **4.5 What are the challenges for implementation of elderly and disability services?**

Township Medical Officer (TMO) of Mudon was consulted for the future possibility of elderly and disability services. TMO responded that the elderly and disabilities are areas that need to improve having opportunities. From the health perspectives, there is no specific policy in elderly health care; no social security for most of the elderly in health services; no sufficient services defined for social and health areas of elderly and ageing population; there is no fundamental knowledge on health and social problems of elderly.

#### **4.6 Recommendation and further action for Disability and Elderly**

As disability and PWD are one of the areas of Sustainable Develop Goals (SDG), Department of Rehabilitation will work with all relevant government departments and other organizations to plan for more disabled inclusion in their development

E.g. the health infrastructures are built with the sloping platform, rail guard, other functional disability services; the pattern patch for disability walking path in the areas particularly in public places where the disabled and frail elderly need to have routine lives; even to join the political and social sectors; full access to education and social benefits, non-discrimination against PWDs and setting up polices and pre-planning for the rights of PWDs.

2017 International Day of Persons with Disabilities theme was "Transformation towards sustainable and resilient societies for all". Dept. will plan for the action that PWDs could utilize the skills they acquired from various campaigns to aid in disaster risk management projects and rural development.

Now department of rehabilitation is under the guidance of Minister of SWRRL and overarching principles, the committees are formed for ensuring success of operations for the rights of PWDs, planning laws, bylaws and strategic plans concerning PWDs.

#### **4.7 Clarification on further information for disability and elderly**

New Elderly People Act has been started since 2017. There is no determination on debilitated elderly for the social and health services; No department is doing on that; it was advised to have such levelling to differentiate elderly by this category for proper distribution of either health or social services. Regarding difference on old people home vs. elderly people care, quoted from Director General of Social Welfare, we have only home for the