5.7.1 Political leadership and commitment for health policy reform

Myanmar needs the strong political leadership and commitment of the government for health policy reform to Universal Health Coverage. Thailand achieved UHC within one year with "30 Baht Policy or Universal Coverage Scheme" because of the triangle movements which is the interaction between (1) the political commitment, (2) leadership and technical capacity of policy elites from Ministry of Public Health, (3) strong social movement(Thaiprayoon and Wibulpolprasert, 2017). Knowledge is created through health systems research and is effectively communicated through some policy elites in the ministry, who have close connections with both strong CSOs and in significant role in promulgating laws. Knowledgeable CSOs can mobilise public support to influence political decisions(Tangcharoensathien et al., 2014).

5.7.2 Elderly Care Policy: In Myanmar, there should be a strong National policy, political leadership and commitment for older persons and ageing population. The ageing forum stated that political will and leadership mean that governments must have commitment to develop programmes for ageing, keeping in mind that diversity in the ageing population means we need different strategies to meet different requirements of older people (Tin et al., 2010). This forum also highlighted that to push elderly policy on to the government agenda and build the political will, the media, professional movements and independent evaluation of impact of programmes and activities can promote evidence-based policy making. Policy should be integrated and address all issues related to population ageing e.g. active ageing, financial literacy, health care and preparing young people for old age. Cost is always a challenge for governments but should not be an excuse for inaction; experience from other countries shows that even a poor country can afford a social pension, for example, Thailand (Tin et al., 2010). National Strategic Plan for elderly person should develop after the legislation on Elderly Act. The policy development requires a clear understanding of the socioeconomic and cultural context. It is recommended that countries need to foster better integration between health and social care to improve and maintain older adults' physical and cognitive capacities (Tin et al., 2010). For example, Reforms in Thailand have fostered better integration between health and social care.

5.7.3 Promoting the efficiency in revenue collection and prioritization of government expenditure

The first step to UHC in Myanmar is to strengthen the revenue collection with domestic diversifying methods. According to the WHO 2010 report, the government prioritization on health is essential to reach UHC and the total government spending on health should be at least 5-6% of gross domestic product (GDP). Currently, Myanmar government ultimately increase public spending on health up to 5% of GDP in 2014, however, they need to country should explore and diversify sources of domestic financing for health by using innovative ways for example, levy on currency transaction, excise tax, tourism tax. In Ghana, for instance, 2.5% of funding of National Health Insurance Scheme comes from value added tax(Sachs, 2012). It is stated that 50% increase in tobacco excise taxes would increase 25%

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of government health spending in several countries(Zaw et al., 2015).

(a) ***Reform tax revenue***: It is supported that the government could not guarantee universal access to a basic package of health services without adequate domestic budget(Brondolo et al., 2008). So, Myanmar should revamp its tax system by collecting tax not only from individual but also from large companies. In Indonesia, due to the tax reform, the revenues raised from 9.9% to 11% of non-oil GDP within four years(Savedoff et al., 2012a). **(Link to Risk pooling and financing mechanism???)**

(b) ***Domestic fundraising***: Furthermore, Myanmar should consider two major mechanisms for domestic fundraising, which are tax on foreign exchange and excise taxes. India, for example, has daily turnover of US$ 34 billion because of a substantial foreign exchange market(Moreno-Serra and Smith, 2012). It is indicated that when the excise taxes were raised, there was more than 10% decrease in consumption level and more than triple increase in revenues up to 38% of total health spending in 12 low-income countries(Zaw et al., 2015). In Thailand, 2% additional surcharge on tobacco and alcohol excise tax, which is used for campaigning on various health risks including tobacco, alcohol, HIV/AIDS, non-communicable diseases and road safety(Thaiprayoon and Wibulpolprasert, 2017).

(c) ***To increase the total government expenditure***: Next step is to increase the total government expenditure on health because it should be 15% of the total government budget according to 2001 Abuja Declaration. It is clear that an income growth and commitment in prioritization of health are essential to buy more health services for more people(Thaiprayoon and Wibulpolprasert, 2017). It is reported that 10% increase in government health expenditure per head leads to 2.5- 4.2% reduction in children under 5 mortality and 4.2-5.2% in maternal mortality ratio(Savedoff et al., 2012b).

(d) Funds for Elderly care, the Myanmar government need to reform tax collection to provide pension for elderly to long term income after retirement public servants. Thailand establishes the Government Pension Fund in 1997 aiming to secure long term income after retirement of public servants who are members of the Fund which is of contributory type.

5.7.4 Strengthening of health system especially in Primary Health Care system, enhancing health workforce, infrastructures and governance

The most important step in approaching UHC is Health Systems Strengthening in Myanmar because "if the system improves, demands for more services, greater quality and higher levels of financial risk protection will inevitably follow". As health inequities are still a major problem, the extension of functioning an affordable primary health care (PHC) services is an initial priority for the government. Thailand, for example, achieved UHC with nationwide

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extension of primary care and a rural health service as their first priority since 1982. Thailand proceeded with a two-pronged approach: while it gradually increased the coverage of health insurance, it also expanded and improved its rural health infrastructures managed by trained, committed health workers. The triangle movement is major contribution to achievement of UHC in Thailand, which includes the political commitment, leadership of the policy elites and technical capacity in the Thai Ministry of Public Health, and strong CSOs, collectively made the UHC possible(Thaiprayoon and Wibulpolprasert, 2017).

Although Myanmar National Health Plan 2017-2021 (NHP) (first phase of UHC) which intensively focus on Township Health Systems Strengthening and providing Essential Basic Package to promote accessibility to PHC services, the MOHS should focus on extensive training of rural health workforce at community level to provide essential health services including rural physicians and village health volunteers like Thailand(Pyne et al., 2016). Thailand recruited and trained around one million village health volunteers to assist health personnel in providing basic healthcare and health education to their communities. They helped distribute essential drugs and get children vaccinated; they also built sanitary latrines and clean-water reservoirs, and implemented nutrition programmes. This committed rural health development programme(Thaiprayoon and Wibulpolprasert, 2017). Therefore, Myanmar should set the responsibility of Community Health Workers and Auxillary Midwives for providing essential health services and health promotion activities. In addition, PHS (II) could also provide these services as rural physicians like Thailand according to the task shifting strategy to access to basic essential health services. In addition, there should be a clear funding allocation and freedom on management for each State or Region in Myanmar according to the Thailand story(Tejativaddhana et al., 2018).

To achieve the ***Elderly Care Services*** in Myanmar, first is there should be a proper Elderly care policy document, then there should be a committed National Elderly Plan and the third is strong monitoring and evaluation mechanism. As above recommendations, if the elderly policy and elderly act are legitimated, the most important next step will be the policy implementation with development of long term National Elderly Plan with effective monitoring and evaluation. As the experience of Thailand, compared with the First National Elderly Plan, the Second National Elderly Plan has a set of comprehensive and clearly stated goals and strategies as well as mechanisms to ensure monitoring of progress, and coordinated support from many different government entities(Jitapunkul and Wivatvanit, 2008). To monitor the progress, Thailand set 52 well defined population target indicators within appropriate time lists (determined at 5, 10, 15 and 20 years) for every measure(Jitapunkul and Wivatvanit, 2008).

Furthermore, this Second National Elderly Plan of Thailand has successful collaboration between central government branches and local community and service sectors. Therefore, the multiple ministries should be engaged in the formation and implementation of National Elderly Plan because many countries provide responsibilities to Social Affair or Social Welfare only with with limited engagement by other critical ministries such as finance,

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planning, health, labour, population, women's affairs and so forth(Health Age International, 2017). The National Elderly Plan should include Long-term Care program emphasis on family home-based care as well as community-based care which care key recommendations put forth by the World Bank(Teerawichitchainan and Knodel, 2018). The benefits of focusing interventions on care of the elderly in Myanmar include investment in a longer-living healthy workforce, preventing marginalization, and tackling poverty, hunger, and other SDGs at once. Implementation of health programs for people older than 60 years will also be aided by the high cultural respect towards older people(Hernandez and Myint, 2017).

Besides, like Thailand, the community level elderly care should strengthen through elderly club in township, medical centers/health centers in the community, mobile health visits/ home care and Health Promotion temple project. At the hospital level, there should be elderly clinics in hospitals to pro provide services exclusively to the elderly. Thailand not only focus on UHC or social pension for elderly but also another social protection activities also provides in Thailand such as temporary or long-term emergency assistance to older persons, and supportive environment (Sunday, Family Day or home repair services).

CHAPTER 6

Conclusion

6.1 Summary of findings from Research Mapping, Policy Mapping and Consultation

Policy mapping found out that the law, national action plan and the national steering committee to oversee the elderly care already established in Myanmar. However, the gap has been observed on involvement of policy actors, members of parliament and champions in elderly care policy implementation. This review recommends more advocacy campaigns and evidence on involvement of policy actors in elderly care in Myanmar.

Most of the documents highlighted that, aging population and problem related to elderly people are increasing among elderly society in Myanmar within a few decades. Comparing to other countries, Japan, Thailand and USA, the existing evidence and researches on elderly care is very limited. There were very few community-based elderly surveys conducted in Myanmar for aging care. Consequently, investment on evidence based elderly care research is the urgent need for Myanmar. Furthermore, the role of academic and researchers for elderly care should be promoted at various institutions contributing elderly care.

Based on research findings, public awareness and policy awareness on aging and its problem is low in Myanmar, especially at the community level to expend the community-based elderly care programme. Some studies provide importance of awareness rising on aging and the action plan cover improving knowledge on elderly care. The good practice of HelpAge programme for emergency funds rises the awareness of community and general administration. Such good practice should be scale up to nation-wide. In addition,

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awareness rising campaign and health literacy promotion on elderly care and caregivers is required to be properly documented and reported.

Many reports emphasized the community based elderly care through primary health care approaches is prioritized to mainstream UHC. In other countries, awareness rising for community based elderly care is provided through ICT platform. In Myanmar, ICT coverage is better compared last few decades and it reach up to community level. However, there was no research on elderly care by using ICT assisted platforms and it should be piloted to promote elderly care.

Provision of elderly care at primary health care facilities to improve access according to UHC pathways has been observed in many studies. Currently, government provides free medical services and essential drugs for elderly people. However, some studies have found out older people have to utilized out of pocket payment to some medicines. Furthermore, elderly care centers, aging home and hospital for elderly are insufficient. Therefore, cost-effective institutional care is required by provision of appropriate and quality service. It would be good to describe the economic case studies for health care expenditure on elderly care to support the implementation of the UHC in Myanmar.

According to the Sustainable Development Goals for human development and Universal Health Care, elderly care policy should consider human rights, gender equity, complexity of care, social participation and intergenerational responsibility for elderly care. Many researches in this review addressed the gender variation in disabilities, dignity of older people and social participation. However, there existing research for elderly were not covering the human rights and migration effects on elderly care and more review and research will be required for those themes.

The disabilities for elderly vary among different aged groups of elderly in Myanmar. Therefore, it is very important to ensure that existing sectoral policies, data and information for elderly care are age- adjusted and reflected in national budget priorities. In addition, the old-age dimension of action on non-communicable diseases (NCDs) and nutrition has proven the rising life expectancy in developing countries. Evidence based information and researches on NCD and Nutrition should be promoted.

Apart from disabilities related to physical limitation, hearing impairment and visual impairment, other health related indicators are difficult to extract from the existing reports, survey and researches on elderly care in Myanmar. Furthermore, current NHP target indicators cannot capture complete data set required for elderly care. Therefore, setting indicators and collection appropriate data related to elderly care is the urgent need to integrate elderly care in the UHC.

As elderly care is multi-sectorial concern in Myanmar, integration with health care and other public services sectors is required for elderly care in identifying policy ideas. The current researches cannot fully demonstrate the multi-sectorial intervention for elderly care except emergency funds for elderly. Additional research related to integrated care between social and health sectors is required to improve comprehensive elderly care to respond the demands of demographic transitions.

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According to the research mapping, involvement of some development partner and community partners were visible in Myanmar. However, there are very few development partners supporting elderly care. Furthermore, elderly care information was not available from private health care system. Therefore, elderly care policy should encourage innovative ideas on public-private-partnership integrated care model services. In order to provide PPP interventions, the information related to essential health care package for UHC is required to be further explored.

Although the policy and plan has been identified for elderly care, no standard norms and standard operation procedure or norm for elderly care were easily available. The elderly care policy should address the proper guiding principles such as, UN standards for older people, WHO strategic guidelines for elderly. Those international standards, principles and norms for setting policy agenda for elderly care is required to be tailored according to the country context.

National Action Plan on Aging Care 2014 and MAS finding addressed information relevant to plan of actions and situation of implementation status for elderly care in Myanmar. However, most of the documents did not clearly described monitoring and evaluation framework for elderly care and the research related to monitoring and evaluation of the aging policy. Monitoring mechanisms which are transparent and accessible is required for implementation of national action plan. Existing data sets for elderly care should be further improved at both national level and community level. Furthermore, available information should be utilized to formulate sectorial policy and planned community activities for elderly care.

6.2 Situation of policy relating to PWD and elderly

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). The areas included for intervention are:

5) Prevention (e.g. supporting early childhood intervention services, vaccination, multivitamin and micronutrient supplementation)

6) Protection (gender equity, safeguarding PWD women etc...)

7) Habilitation and Rehabilitation (e.g. enhancing disability inclusive community development measures) Sector development (e.g. use of technologies, accessible public places and services for PWD)

Building Capacity (e.g. training to disability experts and professionals and developing advanced technologies and assistive devices)

One of the vice chairman was appointed from the side of organizations of Disability, and UN convention on the rights of persons with disabilities was adopted in 2006 to reduce the inequalities and to ensure all persons with all types of disabilities can enjoy human rights

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and fundamental freedom. Myanmar's Legislature passed the Rights of Persons with Disabilities Law in 2015 and the bylaws on 27th December 2017.

In the bylaw, person with disability must be registered in National Disability data base system, monetary aid, awareness program, campaign for person with disability. The responsible family members (son, daughter, grand children) should support the elderly in terms of food, drugs, clothing and other necessary support in addition to creating enabling environment for elderly to live and wellbeing; The psychosocial support for mental motivation is mentioned; making sure elderly receive regular routine care and health services. Elderly can file the cases if there is no such support; the elderly can request to get support from either person from his/her family members. Licensing for home for the aged and home based support are also included in the bylaw. Regular income generation for elderly to facilitate elderly to work either full time or part time as own business or waged salary at the employers which will be mainly dealt by Ministry of Labor, immigration and Population (MLIP) or through other ministries and companies businesses also included in the bylaw. And the law is being review in this 2018.

In the law of rights for the disabilities; national level guideline and policy will be developed, monitoring and supervision of the program will be done by cooperating with other ministries, committee for the rights of the disabilities for different levels will be organized, negotiating with other international organization will be made, statistics about disability and surveying the services for disability will be done, digital 3.0 and 4.0 will be applied for disability services, education program, education program, exemption for the disabled persons etc. are included.

Now the strategic action plan is on its way. The Bylaw of Rights of Persons with Disabilities was being developed. Moreover, the National Committee on the Rights of Persons with Disabilities was formed on 14th September 2017 with Union Government Announcement (70/2017). The decision for the service was identified during first meeting in 2017 to work with Ministry of construction and Ministry of Education. But the plans of action are still under the way. Furthermore, there is a plan to form a fund management group, working committee and technical support group. Several strategic goal and projects are being implemented; such as training for blind massage, visual and auditory aids program for people with impairment of visual and hearing to access the information or news, and some other projects like personal development for Down syndrome and autism.

Though the objectives are already defined, there is no final allocation of budget; micro-planning for these areas. And there is no regular social and health services outreaching to elderly and disability.

Quoted to Program Manager of Elderly from MoHS, the main objective is, to promote the health status of elderly by getting reachable access to elderly health care by elderly population. Moreover BHS are assigned for working with volunteers in the community. And 5 groups of elderly people who are 60 onward by the interval of 10 will be identified and

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several grades of elderly will be group by different level of disabilities and needs of the supports.

6.3 Challenges for implementation of elderly and disability services

The reliability on institution is very low. The Institutions in Myanmar are also not well structured; and rely on support from the donation. The service provider side is running activities such as home for the age. But care-givers did not approve of institutional stay and preferred to keep elderly in their home. Union Government doesn't provide support for the elderly institution. It also mentioned the need of health services, ventilation and sanitation environment; enabling environment, and place for physical exercises.

What is the most concern for elderly in Myanmar?

- Need to improve having opportunities
- 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.
- Need family support in terms of social needs and community support
- Comprehensive geriatric services model which covers the home visit, outreach activities, referral system, in-patient care and long stay rehabilitation services by the level of health care either at public or private.

6.3.1 Care model

The Department of Social Welfare (DSW) can provide the training for elderly care by the standard module to the communities initiated elderly centers so that they could get the standard care. There are some day care centers run by communities (e.g. Mudon Township Day Care Center run by town elders and local philanthropists.

(a) Community based elderly Services (social and health)

Community clinics model had been started and delivering general primary health care services for elderly. Physical health, aerobic exercise and lessons are one of major activities under community health services which also encourage the elderly to gather and conduct as mass gathering exercises (e.g. Walking, physical warming up, mini-course slow aerobic exercises). This model was done by level of service delivery but there is no social specific but all social and health are interrelated in this current National Health Plan

(b) Elderly home based care services; volunteer based elderly care

The home-based geriatric care is a bit challenging and needs to train families, health volunteers and NGO organizations to complement the services for elderly that given by the public sector.

6.4 Recommendation and further action for Disability and Elderly

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