Rehabilitation in Health Systems: Guide for Action
Experiences in Myanmar

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Area: 676,578 square kilometers. 26th most populous country in the world, the 40th largest country by area, with a 2019 estimated population of 54.05 million (Male- 48.2%, Female 51.8%).

Urban: 29.6%
Rural: 70.4%
Disability is 4.6%
Ministry of Health & Sports

Union Minister

Deputy Minister

Permanent Secretary

Dept of Medical Care
Dept of Public Health
Dept of Medical Research
Dept of Human Resources for Health
FDA
Dept of Traditional Medicine
Dept of Sports & Physical Education

Myanmar Medical Association

Myanmar Medical Council

• Five Medical Universities
• Health related Universities: University of Public Health, University of Nursing, University of Pharmacy, University of Dental Medicine, University of Medical Technology etc.
Process and Milestones of Strategic Plan Development

2015
ASCoN Congress

2018 29-30 March, Myanmar National Rehabilitation Strategy and Implementation Framework Consensus & Planning Workshop

2018
Situation Assessment of Rehabilitation in Myanmar

2019
ASCoN Congress 2018

2019
NATIONAL REHABILITATION STRATEGIC PLAN & MONITORING & EVALUATION FRAME WORK DRAFTING WORKSHOP

September, 2019
Launching Ceremony of National Rehabilitation Strategic Plan
Situation Assessment of Rehabilitation in Republic of the Union of Myanmar
23 July 2018 to 1 August 2018
Situation Assessment of Rehabilitation in Republic of the Union of Myanmar
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Situation Assessment of Rehabilitation in Republic of the Union of Myanmar
23 July 2018 to 1 August 2018
Key Finding: Expansion of Rehabilitation

Major Rehabilitation centers in Myanmar in 2005

Rehabilitation Services in Myanmar in 2018
Key Finding: Rehabilitation workforce

- No. of Physiatrists: 229
- No. of residents: 57
- Physiotherapists: 1453
- Occupational Therapists: 2
- Prosthetists & Orthotists: 17
- Social workers: 25
## Key Finding: Availability of rehabilitation in health services

<table>
<thead>
<tr>
<th>Key information</th>
<th>Results</th>
</tr>
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<tbody>
<tr>
<td>Percentage of tertiary hospitals with PMR Departments</td>
<td>60.5% (23 of 38 tertiary hospitals)</td>
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<tr>
<td>Percentage of tertiary hospitals with physiotherapy</td>
<td>78.9% (30 of 38 tertiary hospitals)</td>
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<tr>
<td>Percentage of secondary level (including only the State and Divisional Hospitals) with PMR Departments</td>
<td>43% (18 of 42 hospitals)</td>
</tr>
<tr>
<td>Percentage of secondary hospitals with physiotherapy</td>
<td>76% (32 of 42 hospitals)</td>
</tr>
<tr>
<td>Percentage of government primary care facilities with rehabilitation / physiotherapy</td>
<td>16% (50 of 315 Township hospitals)</td>
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<td>Number of rehabilitation beds available for the population.</td>
<td>233 beds total. 1 bed to 219,000 people</td>
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Key Finding: Areas for further action

Governance Leadership & Finance

• Lack of clear policy and guidelines
• Lack of communication mechanisms at all levels
• Incomplete National database & Registry
• Insufficient budget allocation & prioritization
• Inadequate Infrastructure & facilities
• Lack of proper referral system and care pathways
• Lack of National Health Insurance

Rehab services

• Lack of specialized rehabilitation services
• Some rehab at some secondary level
• Limited rehab at primary level
• Limited rehab delivered in community settings
• Inadequate quality assurance measures
• Lack of step down facilities and poor after care and follow up system
Workforce and Education

- Limited Human resources
- Challenges with retention of Rehab professionals, esp government services
- Inadequate teaching staff and facilities
- Unmet need in skill trainings
- Lack of motivation & too much work
- Weakness in research and innovation
Key findings: Challenges in assistive products

• Procurement policy
• Budget allocation
• Quality assurance
• Authentication
• Warranty
• Durability
• Staff training
• After sale service & maintenance
• Sustainability
• Cost effectiveness

Training on Biomedical engineering just started in January, 2018 at University of Medical Technology, Yangon.
How to overcome Challenges?

National Rehabilitation Strategic plan and Implementation Framework
Priority areas were identified

- Service expansion into primary healthcare and delivery in community settings
- Increasing qualified rehabilitation workforce, including specialized rehab professionals
- Establishing new training faculties (OT, SLT, Psych)
- Upgrading of Rehab facilities – upgrade Yangon and new center in Mandalay
- Development of model SCI services and care pathways
- Development of rehab indicators and integration of rehab into health information systems (DHIS)
Benefits of Process
Leadership—Union Minister
Community oriented health care approach is cost effective strategy
High level Political Commitment  Guidance & Commitment from MOHS
Benefits of Process

• More commitment from the ministry
• Getting more awareness & recognition for rehabilitation at all levels
• Integration of national strategic plan to National health plan
• Expansion of leadership platform and involvement of all stakeholders
• Development of Rehab indicators for monitoring and evaluation framework and link up to Health information system
• Rehabilitation Guide for action – WHO support and process was systematic, well organized and good direction for development of national strategic plan within allocated timeframe
THANK YOU
Rehabilitation in Health Systems : Guide for Action
Lessons learnt in Myanmar during utilization of the guide

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Key Challenges

- Collating all the data needed – a lot of time required
- Ensuring MOHS fully engaged and understanding process
- Time and resources to convene meetings for working groups – like a full-time job
- Trying to get the right people in the room for consultation meetings – everyone so busy
- Managing relationships between stakeholders
- Attaining funds to implement actions within the strategic plan
- Setting up the data sources for the rehabilitation monitoring framework
- Undertaking the level of detailed planning needed for expansion of facilities
Tips for utilization of RGA

• Lots of advocacy to policy makers
• Engagement and education of other medical professionals, make them also advocates of rehabilitation
• Creating a team – core group for quick decision making and expanded consultative group
• Extensive consultation and workshops with stakeholders to build capacity and ownership of strategic plan
• Create a vision for the future of rehabilitation
• Expand the rehabilitation network and build relationships between stakeholders
• Build specific working groups, one for each objective of the strategic plan to widen responsibility for implementation
• Work with Development Partners to get funding for implementation of actions within strategic plan
Future Rehabilitation

Governance, leadership, Financing, Collaborative mechanisms

Service provision, Human resource development, Technology, Data & Research

Rehabilitation

NGOs, INGOs, DPOs (Development partners)

Patients, families, & community
Thank You