

**Inaugural speech delivered by the Union Minister Dr Myint Htwe to health professionals of the Ministry of Health and officials of the Department of Sports and Physical Education at 13:00 hrs, on 1 April 2016, Ministry of Health, Naypyitaw**

**(The speech was delivered in Myanmar language. This document is only for reference. It was printed in Myanmar language and distributed to the audience)**

Good afternoon Permanent Secretary, Directors-General, Deputy Directors-General, Specially invited guests, Rectors, Medical Superintendents, State and Regional Public Health Directors and Medical Directors, Directors and Deputy Directors, Program Managers, and all officials present in this hall,

I appreciate and thank you very much for attending this event.

1. First of all, I would like to greet all of you with my warmest regards and good wishes. This is the start of our new journey of the MoH to deliver our services more effectively and efficiently to specific needs of our population. Our main focus of attention will be on our population that we are serving. We will work together as a team to achieve our ultimate objective of improving the health status of the population.
2. I am glad to be back in MoH after a physical hiatus of about 22 years. In terms of working relationship with officials of MoH, I am still in close contact with many of you on a continual basis by way of contributing technical suggestions and inputs through various avenues and means such as through Myanmar Academy of Medical Science, Preventive and Social Medicine Society, Ethical Review Committee of Department of Medical Research, Liver Foundation, travelling with senior officials of MoH to other countries as member of the Myanmar delegation, attendance at several meetings, workshops, forum and conferences being conducted by MoH in the country.
3. I am here as per the duties assigned by the new government. I have pledged that I will do my utmost to the best of my capacity, capability and especially with sincerity and without prejudice, together with undivided support and collaboration from all the officials sitting in this room as well as all those MoH staff from states and regions in our country.
4. I am hoping that my 17 years of country experience working in MoH and 16 years of international experience accumulated while working in WHO Regional Office for South-East Asia will help facilitate in managing MoH effectively and efficiently in achieving our common objective of making the MoH strong, dynamic and efficient for improving the health status of the population in our country.
5. The contents of my speech reflect the general direction and road map of what we intend to consider, inculcate and implement as a team in the coming years as per the current health scenario and epidemiological situation prevailing in of the country.
6. From the very outset, I would like to mention that the slogan of the National League for Democracy is "Time for Change". This is for the betterment of the country in terms of several perspectives.

Health is no exception. People are longing and waiting for that change. As per this slogan, we should not be afraid of changing things in technical, administrative, management and logistics aspects for improvement in rendering our health services as well as sports and physical education services to the population. ***We will think of it together for strategizing it in a realistic and down to earth manner for the benefit of the population of our country.***

7. The reason for “change” is not just for the sake of “change”. Here, I would like to quote what one CEO said during the take-over of his company by another company, “We didn’t do anything wrong, but somehow, we fail and lost”. The economic environment is changing and they did not pay attention to the changes happening around them. Likewise, the health scenario together with its determinants and demand from the population in our country is changing fast and the challenges facing us are also too many and some are unexpected and sudden. If we are not observant and not adapting to the changing situation by modifying or improving the way we are working; the way we are planning; the way we are managing the programs; the way we are assessing our work, the way we are collaborating with partners, we will not be able to improve the health status of the population. We will therefore not be able to attain our objectives.
8. Therefore, ***we will do “out of the box thinking”, “innovative thinking and identifying newer approaches”, and “practicing epidemiologic thinking” all together.*** In this new management, if there is strong and reasonable indication for changes to be made in either administrative or management or logistics or technical matters, we should have no hesitancy to change it. But these changes should be bounded by a certain set of realistic criteria and rules. We will not change it haphazardly.
9. As we go along, ***we will streamline and fine-tune our programs and activities in a systematic manner*** so that it will be more realistic and efficient to serve our population effectively. ***I will also accord due attention to all of your suggestions and inputs in the process of change.*** What I mean to say is that irrespective of your positions, your suggestions and inputs will be treated equally in terms of importance and taken care of to the extent possible. ***We will devise mechanisms so that all your suggestions and voices can be heard together with voices of the people.*** We should always envision the face of the people, note the plight of the people, perceive from perspectives of the people whenever or whatever health services, sports and physical education services that we are going to render to them. Our focus of attention should be the population that we are serving. I will consult with my senior team to make it happen as a matter of routine habit at all levels of the health system. “One man show” and ignoring the suggestions given by the team members and people will totally defeat our purpose. ***We will practice combined and concerted effort together with constructive criticisms.*** Generally, people are reluctant or uncomfortable to receive criticisms. In fact, constructive criticisms are good for the recipient. If the criticism is of destructive in nature or having an ulterior motive, we can just ignore it.
10. ***We will change our mind set in line with the current requirement or situation.*** To change our mind set overnight is impossible. However, if majority of us are changing, that peer pressure can greatly

facilitate in changing our mind set in the right direction. Senior professionals including me have to set exemplary and selfless actions (I repeat senior professionals including me have to set exemplary and selfless actions) to become a role model for others to follow suit. Otherwise, there will be a vicious cycle and we will never ever achieve our common objective of improving the health status of our population on our way to attaining Universal Health Coverage.

11. Here, I am referring to mind sets in terms of “sense of responsibility”, “sense of accountability”, “spirit of collaboration and coordination”, “spirit of positive attitude and positive thinking”, “unbiasedness in decision making”, “no more prejudice against something or somebody”, “inculcating team spirit and team approach”, “supporting and respecting each other”, “showing dutifulness” “fact finding rather than outright fault finding”, “giving sincere suggestions or ideas or advice from constructive point of view” or “constructive criticisms”, “consideration of people-centered approaches”, “doing this for the sake of our country”, “initiating good ethical practice by applying principles of public health ethics, medical ethics, research ethics, sports ethics, and ethics in general”, etc., to mention a few. It is a tall order but we all have to try our best to achieve it as we go along.
12. ***We will strive for achieving these desirable mind sets as much as possible and as soon as possible.*** I can assure you that together with senior professionals of MoH, we will facilitate and promote in changing the mind sets as we go along. To facilitate the change in mind set, ***we will also simultaneously take care of the welfare of staff from several perspectives***, to the extent allowable by the budget and other factors. We have to give priority to welfare of staff working in remote and hard-to-reach areas. I will elaborate about this in the latter part of my speech.
13. With this changed mind set, the main principles that we are going to practice in managing the MoH are: (i) team work with sense of team spirit, (ii) compromising attitude, (iii) sincerity and unbiased attitude, (iv) fact finding rather than fault finding, (v) respecting each other (vi) viewing things from positive perspectives, and (vii) supporting each other. In addition, ***we will do our utmost to upgrade and strengthen staff capacity and capability in doings things in public health and clinical domain and sports and physical education domain especially at the grass root level.*** We need to be at least at par with neighboring ASEAN countries in delivering effective and efficient health services, sports and physical education services, especially to those residing in underserved, remote and border areas. In the context of this perspective, we will see that “right person must be in the right place” in MoH. A person trained in subject “A” should not be working in subject “B” area, which he or she has no technical capability. Only in exceptional circumstances, we will allow this to happen.
14. To effect these changes in a successful manner, ***we will work as a team in a team spirited manner and respecting each other.*** Each one of us has a role to play as per our job description and role of each of us is equally important. The analogy is that even the proper tightening of a small screw in a plane engine is important. The loose screw can make the plane crash. In other words, ***we will pay attention to the voices raised and suggestions offered by the community at large and the***

**patients.** Starting from me, ***I will listen to the suggestions or ideas given by you and from all those staff working at all levels of the health system, sports and physical education system.*** This would be one form of change in management style in MoH. My door is open to all of you, irrespective of your position, throughout my tenure in the Ministry of Health. I repeat “my door is open”. We should open up our line of communication. Only then policy makers will get sufficient information for making rational and ethical decisions.

15. Team spirit and team work is important not only at the individual level but also at the departmental level such as among the departments, including our new member – Department of Sports and Physical Education, under the umbrella of MoH. The proactive collaboration between Department of Public Health and Department of Medical Services is crucial. The two departments’ requirement should be fulfilled by the Department of Health Professional Resource Development and Management and Department of Medical Research and *vice versa*. Another collaboration which is equally important is between the Department of Traditional Medicine and Department of Medical Services and Department of Medical Research and Department of Sports and Physical Education. ***We will make this team approach happen as we go along so that all the departments are working in tandem.*** There must be free flow of thoughts among the officials of the departments under MoH. ***We will create regular and informal fora or platforms*** to do so. After all, we all are staff members of MoH or closely knitted members of one family. The unrestricted collaboration with respect and good reciprocity are desirable characteristics as we go along the road map for achieving Universal Health Coverage.
16. Along this line of thinking, there must be no boundary in sharing of thoughts and views among the relevant ministries. ***Inter-ministerial collaboration is a must and must be practiced without fail on many health and health related issues*** such as disaster management, environmental sanitation including bazaar sanitation and water sanitation, hospital and laboratory waste disposal, zoonotic diseases, school health, workers’ health, prison health, occupational hazards, food safety, quality drugs, physical fitness of the community, etc. ***We will review and improve our mechanism of collaboration with other ministries.***
17. Here, I would like to point out that efficient administrative and good management skills are equally as important as technical skills. These skills cannot be obtained as easily and quickly as technical skills. ***We will nurture the administrative and management skills of our staff at all levels of the health care delivery system.*** We have to learn from each other and we should not be ashamed of in doing so. In-house processes, standard operating procedures, guidelines, office circulars must be rational, realistic and meaningful to make our management process efficient. These should not become stumbling blocks in our work. ***If these entities are inappropriate, there should be no hesitancy to change it.*** In fact, these entities are made by us. These are also not etched in stone. Even if it is etched in stone, we will use the new stone. In other words, these entities must be dynamic and realistic in line with changing situations or changing epidemiological conditions.

18. Rational decision making is one of the determining factors to put our work on track in the right direction. ***We will promote this aspect.*** Decisions are always there, either small or big. Even in preparing this speech, I have to decide what to include and what not to include. We made hundreds of decisions every day. For important decisions in the field of public health, ***we have to follow the principles of public health ethics.*** I just want to let you know that by the very nature of public health, ***decision making must be collective to the extent possible,*** taking into consideration relevant ethical principles together with short-term and long-term implications on the population i.e., population centered or implications on the population must be at the forefront of our decision making process. This is also applicable in the field of sports. We tend to forget this perspective. This is important when we allocate resources for various purposes, selection of cost effective interventions for a particular group of population, getting support from external agencies, etc. What I would like to emphasize to you is that we should not go for donor guided or donor driven activities. We will seriously consider by applying the principles of public health ethics whether it is really necessary to accept it because we have finite number of human resources. I do not want your precious time devoted on these so called “not so relevant” activities. If the proposed offer is in line with our requirement or need of the population, we will take the support or collaboration of the collaborating partners. ***We will carefully strategize to get the most out of it from our development or collaborating partners.*** I have already charted out our line of approach and these will be discussed and shared with development or collaborating partners when I meet with them.
19. I have noted that you all have been implementing the assigned services in your respective technical areas as far as the opportunity and enabling working environment allow you to do that. I, together with my senior team, will ***expand the opportunities and also make the enabling working environment conducive and suitable*** so that you all can contribute more for the benefit of the population at large. “Enabling environment constitutes both physical and so-called mental or psychological environment”. Senior management must be supportive and guide the work of program managers rather than fault finding or hindering the activities.
20. With regard to this, one basic point that we need to be aware of it is that to perform a particular task correctly we need (i) knowledge base, (ii) experience, and (iii) enabling working environment. The knowledge base can be obtained very quickly through various means but the experience which you all have accumulated cannot be read in the books and it will take months or years to obtain it. Therefore, ***my task is to harness your experience by creating an enabling working environment.*** I am, therefore, very much looking forward to your innovative thoughts, renewed and increasing quantum and momentum of contribution to our priority health programs and activities based on your vast experience which you have accumulated all along the years. I do not want your experience evaporated for no apparent reason.
21. Before we start the process of efficiently managing our health system, the most important issue is: ‘Knowing the ground realities genuinely’. ***We will quickly review the scenario from a holistic perspective.*** What do we mean by ground realities? We must know what is really happening at the

village or community level or service points at various hospitals in terms of “How are people getting the health and medical services from our rural health sub-centers, rural health centers, township health centers and various categories of hospitals? What are the challenges and problems actually happening or facing by our staff as well as by the people?” These two questions can elicit many things which we need to consider in improving the performance of our health care delivery system including hospital care system. ***We will specifically and quickly review the scenario including those in remote and underserved areas and will also consider developing intensified or special programs to cater to the needs of this group of population.*** We do not want our health professionals to be an arm-chaired epidemiologists and theoretical health planners. If these two categories of professionals formulate the health plan, it can result in so-called top notched health plan but it may not be implementable in real life situation. It means that we all need to proactively involve in sharing our real life experience in the process of formulating a good health plan together with state/regional medical directors and state/regional health directors. If the information required for formulating a good health plan is not available or incomplete, ***we will conduct a quick review using qualitative methods and also by using checklist questions.*** In fact, true ground realities are known and can be reflected and depicted genuinely by staff working at township level and below. We will get the information when health staff travels to various townships and village tracts in the country. Linkages and effective communication among staff working at different levels of the health system is crucial. ***I would be promoting in-country staff duty travels with clear cut objectives and we will consider remedial actions based on their findings or recommendations.***

22. One burning challenge which ***we will promote is “enhancing the feedback system”, both up-stream and down-stream.*** This feedback system is especially important for health information system. Let the staff at the down-stream level aware that professionals at the central level are analyzing the data transmitted by them and sending them feedback. The side benefit is that the quality of data will eventually get improved as we go along because the professionals at the down-stream level realize that the data that they have transmitted up-stream are being utilized at the central level for decision making and for many other purposes. We will also ***develop a system or strategy for creating a sense of ownership of data by basic health staff*** in their respective townships or village tracts together with short trainings on transforming data into information. This could finally ensure that the health data for the country will actually reflect the real health situation of the country. I have a package for initiating this activity.

23. As per the election campaign manifesto of NLD, the mission of health is to reach out the health services so that people will be accessible to it easily. In other words, ***we have to go for Universal Health Coverage. To that effect, the following priority activities, as mentioned in the NLD campaign manifesto, will be given due attention to:***

- (i) expanding the coverage of primary health care,

- (ii) reducing the mortality of pregnant women and under 5 children through implementation of effective projects and programs together with improvement in availability of required medicines and preventing nutritional deficiencies,
- (iii) children will have good health habits through conduct of intensified school health programs,
- (iv) intensified drug abuse prevention, treatment and rehabilitation programs for adolescents in collaboration with civic societies,
- (v) intensified programs for rendering health care of the elderly and handicapped people with the objective of extending the life expectancy at birth to 64 years and above,
- (vi) intensified programs for prevention and control of communicable diseases, especially to reduce morbidity rates of TB, malaria, HIV AIDS and hepatitis by way of providing required medicines,
- (vii) intensified programs for prevention, control and treatment of non-communicable diseases (diabetes mellitus, hypertensive heart diseases) with the objective of reducing the morbidity rates,
- (viii) provision of quality medicines and initiating modern treatment practices in government health institutions, together with improving the clinical acumen and inculcating ethical practice of doctors and nurses,
- (ix) allowing the registration of private health institutions according to rules and regulation so that they can provide quality health care services to the population,
- (x) collaboration with international agencies and organizations for development in areas such as production of pharmaceuticals, medical education, treatment of diseases and research,
- (xi) improvement of health management information system based on reliable data and information,
- (xii) emergency health care and management to population living in disaster prone areas and nationals residing hard to reach areas,
- (xiii) advancement of domain of traditional medicines,
- (xiv) measures to prevent consumption of hazardous western and indigenous medicines, harmful food and unsafe drinking water, and
- (xv) increase in health budget while also reducing the treatment cost for diseases by the people.

***We will quickly do overall review of performance in these areas together with program managers and appropriately strategize to further expedite our momentum of our work in a quality manner.***

24. As per the manifesto of National League for Democracy, we will ***uplift the physical and mental state of young people*** and we will go for:

- (i) opening sports training centers and institutes,
- (ii) constructing and renovating of sports stadiums and arenas, and
- (iii) promoting sports and physical education programs at schools.

Before we start the process, we will **do a quick review of the scenario** of these sports training centers and stadiums and physical education programs using a set of assessment criteria and framework. Based on the findings of the review, we will plan for the activities to be carried out in the first 100 days, six months and one year. In fact, health promotion activities of departments of the MoH are highly complementary to the recently incorporated Department of Sports and Physical Education. The combined actions of these departments will make the activities of MoH stronger and effective.

25. Today, I am going to highlight some of the generic issues concerning all health staff and principles **focusing on improving the general perspectives on public health and the notion we have to abide by**. Clinical aspects and detailed issues related to universities of medicine and other training institutions and hospitals, sports and physical education domain, will be dealt with separately when I meet the professionals from those domains early next week or so. I cannot call all of them here because of limited space.
26. As this is my first encounter with you officially, I would like to convey some points of importance to all of you so that we can **move ahead in unison** with renewed strength, vigor and commitment in the coming months and years.
27. We used to think patient centered approach in clinical domain when we are treating patients. In public health, whenever we develop or establish or implement a program or activities, **the first thing that should come to our mind is our customers, i.e., the people and people centered approach or population perspectives**. How are they going to perceive or fare our services (public health and clinical) from their perspectives? Here, the role of public health ethics, findings of implementation research are important in rational and ethical decision making. Generally, we tend to forget these aspects as we are bogged down with all the technical details of delivering the health services, i.e., not considering from recipients' side or perspectives.
28. **I would like our professionals to think in the following way when performing the jobs**. Job satisfaction of our staff is crucial. One form of job satisfaction that we could get is, for instance, when professionals of immunization program are performing their duties, they should realize that because of their immunization activities, many of the children will not be suffering from vaccine preventable diseases; their parents and family members will not have psychological stress because their children are disease free; parents do not need to spend time and money for treating the disease; their children's growth will not be retarded because of several factors related to childhood diseases; etc. Likewise when professionals of MCH program are planning their program activities or discussing for improvement of the program or performing their routine duties, there should visualize that pregnant women will have less stress and less problematic in delivering their children

and nothing untoward may happen during the post-partum period because of their good services. This form of envisioning can lead to job satisfaction of professionals and that they foresee that they are doing something good to the children and pregnant mothers, and something good for the country, etc. This line of thinking is similar to doctors working in hospitals where the benefits to the patients can happen very quickly.

29. Before I elaborate on the technical details on our overall direction, I would like to mention that ***we are going to pay priority attention on the welfare of our health staff and especially to those working in remote and hard-to-reach areas***, after thorough discussion with responsible professionals of administrative and management section of MoH and Directors working at state and regional levels and also with medical superintendents of big hospitals. ***We will streamline the modus operandi of taking care of welfare of our staff.*** This welfare issue is equally as important as program delivery aspects. I need suggestions in this regard from all of you as well. ***Welfare is a very wide domain and we will do our utmost best in phase-wise and step-wise manner, subject to availability of funding and other issues. We will also ensure that funds are made available and must be available.***
30. Another generic issue that we need to handle is, as much as possible, ***reducing the number of layers in decision making***. We will immediately review this process of decision making especially at the central level and make it realistic and efficient. We do not want to delay the decision making process which would have several untoward implications. Decision makers must also take full responsibility on what they have decided and that decisions are fair and square and no prejudice against anybody and with no vested interest. We all are working for the country. Generally, ***we will give authority to technical professionals or program managers for technical decision making***, if it does not have policy and untoward administrative implications. They need just to inform the relevant senior team for information. For management and administrative decision making, we have to discuss carefully among the concerned senior officials because it could have budgetary and other direct or indirect positive or negative implications. ***To facilitate our professionals especially program managers in making technically sound decisions, we will provide generic and broad framework to them.*** All aspects will be considered. All responsible persons will be put on board to be able to contribute their views and ideas so that high level decisions will have both short-term and long-term benefits. ***We will also review together and consider giving more decentralization of decision making to state and regional level directors.*** In fact, the main job of central level officials is to oversee policy and strategic direction, monitoring and review process, development of standard operating procedures and guidelines, etc. for different health programs. This is similar to the job of professors and clinical professors in the various clinical disciplines.
31. In this context, I would like to reiterate that ***we will review the decision making processes in MoH as a whole to make it more realistic, transparent and fast. These are changes that we have to do by all means if we are to be successful in our work.*** We do not want to be quoted that “the case file is on the Minister or Director-General’s desk for two months”. Likewise, we do not want to be

informed by development partners and external agencies that “we have not yet got the feedback from MoH for months”. We have to reply at least something that action is being taken or being processed or something along that line. ***We need to inculcate this nature of responsiveness.*** Here, I would like to request the staff to use e mails as much as possible to expedite our internal and external communications and exchange of important information. ***We will also see that efficient and fast wi fi is available at least in central level offices first followed by state and regional offices.*** Until and unless this is happening our progress will be retarded significantly. I will discuss with the responsible officials of computer section of MoH.

32. Having said that, we all should be aware of the fact that administrative and management aspects are equally as important as technical perspectives, especially in the field of public health, health institutions and hospital management. Many of the glitches occurring in performing the health system activities or management of health institutions and hospitals can be removed, if we improve management and administrative issues. It is all the more important at operational levels such as in states and regions, districts, townships and below. For clinical domain such as in hospitals at various levels, rural health centers and sub-centers, management and administrative issues related to smooth flow of medicines, equipment and supplies are crucial. Therefore, ***we will consider seriously for improving the supply chain management system.*** This system is currently running at sub-optimal level of performance. One simple example is that there will be ample supply of quality medicines at the central medical store depot but it is not reaching its intended hospitals or centers in time for want of a signature of the responsible person or missing information sheet. We do not want this type of scenario to happen. If our supply chain system is efficient or following the standard operating procedures, we can save millions of kyats and also required quality medicines will be reaching its targeted site in time for use by the doctors or health professionals at hospitals and health centers.
33. We all are aware of the weak performance of health system activities in remote and hard-to-reach underserved areas due to several reasons. Some of the reasons are beyond the purview and the control of the MoH. ***We will seriously discuss various ways and means, including innovative programs, with other relevant ministries for improving the situation in a phase-wise and step-wise manner.*** State/regional directors of respective areas will be closely involved. Use of mobile clinics & GPs network may be some of the options to be considered. This is also one of the top priorities in our mosaic of activities that we plan to do for our population residing in hard-to-reach areas. Your sage inputs are crucial in this endeavor.
34. Many activities of MoH can be greatly facilitated by working in close collaboration with other relevant ministries especially at the operational level. We also need to note the fact that although MoH is the main player for improving population health, the collaborative support from other relevant ministries is also necessary. ***We will develop and establish realistic mechanisms to effect this collaboration as well as effective donor coordination.*** Here also, ***we will harness your practical experience in this process.*** For effectively working with UN agencies and organizations,

development partners, INGOs, and to get the desirable outcome and output, the **existing Myanmar Health Sector Coordinating Committee (M-HSCC) and other mechanisms will be reviewed and make it more realistic and productive**. The role of IHD is very crucial and we will strengthen IHD as soon as possible to serve better to the existing health programs and achieve effective donor coordination. This will be one of the priority activities in the coming weeks and months.

35. I would just like to inform you that I have **already outlined on what we are going to do in the first 100 days preferably starting after our Thingyan holidays**. These activities will be finalized after incorporating your inputs. These technical, administrative and management activities, concerning quick reviews and setting the tone to make our foundation stronger will be relayed and discussed in detail with program managers, professionals from curative domain, and professionals from training institutions at different levels of the health care delivery system when I meet them sometime next week.
36. **I plan to have separate meetings** with officials from (i) UN agencies and organizations, INGOs, big local NGOs and development partners, (ii) medical universities and training institutions, (iii) Myanmar Medical Association and its affiliated societies, Health Assistants Association, etc., (iv) Councils, (v) University of Public Health and University of Community Health, and (vi) state and regional hospitals and specialist hospitals. I will coordinate with my senior team at MoH for planning these meetings.
37. I would like to reiterate that, as a matter of change in style of management, **we will listen very carefully and with seriousness the “ideas and suggestions given by all of our counterpart staff” working at the ground level and also “the voices of the people”**. Otherwise, whatever we decide at the central level will be absolutely fine and technically acceptable but it may not be implementable at the ground level. To make this happen smoothly, **we all should be equipped with “epidemiological thinking skill”**. It is nothing but seeing and analyzing an issue or problem from different perspectives taking into consideration the epidemiologic triad of causation of disease or conditions “Agent, Host, Environment” together with facilitating and conditioning factors. In clinical domain, it is equivalent to deriving a correct diagnosis from among a set of differential diagnoses.
38. Thinking along this line of approach, do not react or act instantly whenever you receive a piece of administrative, management or technical information, like a “knee jerk reaction”. Please think carefully taking into consideration various perspectives and act rationally.
39. Majority of the staff here in this room are public health professionals, epidemiologists, health administrators, and senior management officials. There are very few clinicians and full-fledged researchers in this room. What I would like to highlight here is that public health professionals **need to work very closely, as a team, with relevant clinicians working in various hospitals as well as professionals working in training centers, universities and Department of Medical Research along our path to attaining Universal Health Coverage**. The combined strength is far greater than the individual strength combined. It is not arithmetic but geometric. **We will create a regular platform**

*so that experience can be shared comfortably among these professionals.* The performance of our health system can only be improved if we all work together as integrated teams in a team spirit manner.

40. To move MoH in a much more efficient manner, each of us has a role to play and duties to perform. If we fulfil the role to be played by each of us, the system can run smoothly. Thus, it is essential to know the priority activities and essential actions that we have to do in line with specific job descriptions. As far as I am aware of it, these job descriptions have not been reviewed for a certain number of years. ***We need to quickly review the job descriptions and adapt to contemporary needs.*** In epidemiologic terms, it is quick and dirty analysis on job descriptions of key categories of health professionals in the MoH.
41. Another prime activity that we are going to do as soon as possible is doing ***quick review of implementation of recommendations made by all of you in recently conducted policy meetings, workshops, symposia and fora.*** You have spent a sizeable quantum of time and racked your brains to have all these priority recommendations. I do not want them to be on the shelves or just evaporated for no apparent reason. In fact, our future directions have already been outlined in these recommendations made by all of you.
42. ***We will develop and establish a transparent, efficient and doable system of work.*** It does not mean that we have to revamp the whole system. Systems are already in place and functioning at different levels of *efficiency*. We need to pinpoint the weaknesses in our health system and strengthen it accordingly. The system is as strong as its weakest point or link in the system. The systems that were developed previously may be really good and efficient. But the point we need to be aware is that the system together with its controlling environment is always in a state of flux. From time to time, ***we have to review the system and modify its modus operandi to be in line with contemporary epidemiological conditions and needs of the population.*** I repeat, “Not to revamp the whole system”. The system just needs to adapt to changing epidemiological situations. Your valuable input in this regard is crucial. Here, I would like to put on record and thank previous Ministers, Deputy Ministers and team for putting untiring efforts in improving the system. It would not be that difficult for moving ahead in further improving the system in line with the contemporary requirements.
43. Here, I would like to express the notion that the strength and performance of public health domain, physical education domain and clinical domain is directly proportional to the level of health status of the population in the country. In other words, ***we need to strengthen the domain of public health, sports and physical education and clinical domains simultaneously and collectively at all cost and not one after another.*** This can be done with the support and contribution by all of you.
44. The decisions of the National Health Committee, the policy of MoH, relevant directives, circulars, standard operating procedures, and guidelines must reach or permeate to the lowest level in the hierarchy of MoH. The policy and strategies of MoH is generally reflected in the opening remarks of

Chair of the National Health Committee, the Minister, the Deputy Ministers, the Permanent Secretary and the Directors-General of departments in the MoH. In that context, ***we have to devise ways and means of reaching out the information to all our staff*** by way of establishing a dynamic intranet system in MoH or development of a compendium, or other means. Details will be discussed as soon as possible with relevant and responsible officials of MoH for achieving it. ***We will urgently review the existing circulars, directives, and memoranda currently being applied in performing our tasks.*** The relevant ones will continue and some may need modification and some may need to be nullified.

45. One pressing need is ***to do a quick review of the National Health Plan (2012 to 2016) or newly developed National Health Plan.*** To what extent we have been implementing it or to what extent we have achieved our targeted plan. While reviewing this, many issues will be exposed, i.e., the good as well as the bad or the facilitating factors as well as hindering factors. Together with this, ***we will see the extent of involvement of development partners, agencies and organizations, INGO and local NGOs, etc. in the activities spelled out in our National Health Plan.*** It is high time that we need to draw our new National Health Plan. *I am sure it will be a very exciting job to do it. We should also take not much time in formulating the new plan. There are a series of steps in formulating it. You all are very well experienced professionals and I hope that we can be able to have a very realistic National Health Plan taking into consideration the 15 points mentioned for the field of health and 3 points for the field of physical education, in the campaign manifesto of NLD. Here, we will get the support or involvement of retired public health professionals and clinicians, representatives from entities such as societies under MMA, MAMS, councils, associations, development partners, agencies and organizations, INGOs, local NGOs and professionals from relevant ministries. I will not elaborate the details here as it is a bit wide and technical.*
46. Together with the quick review process on National Health Plan, we will see the overall direction and rationale of existing National Health Policy, which was promulgated in 1993, and draft National Health Research Policy.
47. ***We will do a quick review of functions or terms of reference and output of several existing technical, management and administrative committees of MoH.*** Too many committees will also defeat the purpose. ***We will make the committees efficient, nimble and realistic.*** Formation of Ad hoc Think Tanks, Task Forces, Scientific Working Groups, and Technical Advisory Groups may be considered. These will be called off after their tasks are completed. I would like to reiterate that “too many such entities are not conducive to efficient functioning of MoH or any organization” and it could actually slow down the pace of work of MoH. We will discuss with you in the coming weeks so that we could have the best scenario or approach. Here, ***the important role of Myanmar Academy of Medical Science must be reviewed and considered for increasing its involvement in terms of giving sage advice to MoH.*** It is currently serving somewhat like a general Think Tank for MoH. We do not want to duplicate its work by forming another policy or strategic committee.

48. The arms and legs of MoH are state and regional health teams together with state and regional and township hospitals. **We will make them strong by all means**. I have great confidence in their work. If they are strong and efficient, our MoH will be strong and efficient to serve our country. **Capacity building or real scenario review workshops will be held state/region-wise, involving township and district level staff of all categories, rather than at the central level**. We will also involve professionals from Department of Sports and Physical Education. I have noted that many capacity building workshops are being held at the central level. We will quickly review the scenario. **We may even develop a system of healthy competition of performance using a certain set of criteria among the rural health centers, township health centers, township hospitals in respective states and regions**. This area is too wide that we will discuss separately and I will share my views and thoughts when we meet state and regional Directors separately on Saturday 02 April 2016. Central officials from Department of Medical Services, Department of Public Health and Department of Medical Research will give a helping hand. **These issues will also be considered in light of recently approved organogram of MoH. We may also need to review the appropriateness of our new organogram in light of the finite number of human resources available and nature of the work of MoH**. One caveat is that the work of MoH could not be equated like a production factory. Therefore, changing the structure of the organization or organogram must be carefully considered and also taking into consideration the pros and cons of changing it as well as long term and short term implications.
49. During my tenure in the Ministry of Health, I will also give **special attention to** (i) basic health staff working at district and township hospitals, township health units, rural health centers and sub-centers in terms of their capacity building, their welfare and *modus operandi* of activities being rendered, etc.; These professionals are really the backbone of our health system. If they are capable and committed to the work, our health system will be strong and efficient. (ii) performance of community-based health workforce such as community health workers and collaboration with community based organizations; (iii) Role to be played by councils (medical, traditional medicine practitioners, nursing and midwifery, etc.), especially promoting the teaching and capacity building activities of nursing and midwifery domain; and associations such as Myanmar Health Assistants Association and Myanmar Medical Association and societies under it, especially General Practitioners Society; They are part and parcel of the health system. They need to be put on board. **We will systematically harness the important contribution made by these entities**.
50. **Serious attention will be accorded to health and medical services rendered at various states** in the country where health development in various aspects are below the national standard. The central internal review and technical assessment unit in collaboration with state health and medical directors will continuously monitor the situation and necessary actions will be initiated as much as possible in real time basis. We will review and further strengthen the electronic communication system between central and offices in states/regions. The necessary actions will be implemented with support and collaboration from local government authorities. The role of local government

authorities and General Administration Department will be solicited and harnessed as much as possible especially for public health activities in the communities. For difficult areas such as in hilly region, we will temporarily think of having mobile health units and detailed strategies to this effect will be informed to concerned officials in due course of time.

51. We have finite number of human resources in MoH. In our road map towards Universal Health Coverage, the increasing importance of role of GPs in the national health care delivery system is now coming into prominence. The *modus operandi* of health care delivery system can be greatly improved and facilitated through involvement of GPs who are first line point of contact with the population at large. ***We will strategize appropriately through the several branches of GPs Society of MMA.*** After all, some of our in-service medical doctors can be subsumed under GP, although they are rendering general and specialist services. ***We will also discuss with private hospitals association in this context and we will also promote public private partnership in several areas.*** .
52. Another area which is pivotal is ***to firmly establish a robust, dynamic and real time HRH computerized system covering both public health and clinical field.*** If we have this system, we can correctly plan the production of health professionals from our training institutions. We will also know the attrition of our staff so that we will appropriately strategize for reducing the attrition and also for replacement. Internal and external brain drain of health staff are faced by all developing countries. Myanmar is no exception. There are several advantages of having this system. I am not going to elaborate here also. This subject matter will be discussed for obtaining the best possible solution for containing this situation at specific meetings with concerned officials.
53. Other areas that we are going to give special attention are: ***Health Information System, Hospital Information System, Health Education and Health Promotion (IEC), School Health programs, strengthening rural health centers and township hospitals and township health centers from several perspectives, non-communicable diseases prevention and control, status of availability of medicine and other supplies in hospitals, overall health supply chain management system, emergency care at various state and regional hospitals, disaster management, capacity building programs in clinical domain, medical education, Hospital and laboratory waste disposal system, and International Health Coordination.*** I am not saying that others are not important but these particular areas are very much basic and generic in nature. They are not only facilitating the effectiveness of performance of all program areas but also it can result in long term beneficial impact on the country. For instance, HIS is like a central nervous system of MoH. We will know what is happening so that we can respond effectively. When we are referring to morbidity and mortality rates of diseases and conditions, we have to ask one big question, ***“To what extent are we sure that it is actually reflecting the real situation?”*** If the data are not reliable, we will not be able to set our target realistically. The whole planning process will be nowhere. Similarly, hospital information system is really important from several perspectives for the medical superintendents and clinicians working in the hospitals. HRH computerized system is indispensable for the projection and production of different types of graduates from our health institutions. We will

make this system very user friendly and robust. ***We will make these systems in place firmly during my tenure in MoH.***

54. The health knowledge, attitude and practice of our people can be effectively improved if our health education activities are simple, interesting, effective and widespread all over the country. School health programs, physical education activities and health education programs at factories can contribute significantly to population health in terms of reducing the incidence of non-communicable diseases as well as communicable diseases. ***We will promote these three areas in collaboration with relevant ministries. We will also promote sports and physical education activities in our work places by having small gymnasiums, etc.*** The intention is to have snowballing effect on the family members and relatives of the staff. We will make the budget available or get some funding support through the mechanism of corporate social responsibility.
55. In the context of equity and rendering equitable health services to our population, ***we are going to give attention to “health of isolated population groups or migrants”, “health of internally displaced population groups” and “health of prison population groups”.*** Isolated population groups for big construction sites as well as prisons are located in several parts of the country. We have prison doctors also. ***The Department of Medical Services will need to develop a strategy for improving the health services to these population groups in collaboration with concerned ministries.*** I have also information that external entities are ready to give a helping hand in terms of giving funding support to cater to the health needs of these groups.
56. The points of contact of a significant proportion of patients or population seeking care are rural health centers, township health centers and township hospitals. In order that our rural population is getting satisfactory and quality health services, ***we will significantly strengthen these points of contact.*** This can also reduce the workload at state and regional hospitals. ***The Departments of Medical Services and Public Health will strategize it in a realistic manner.***
57. ***We will systematically and effectively harness the support given by development partners, UN agencies and organizations, and INGOs.*** For that matter, we will discuss with these entities as soon as possible. I have already developed a practical framework to initiate the process. To facilitate this matter, as I alluded to previously, ***we will also meticulously strengthen the International Health Division as a priority activity.*** Along this line of thinking, ***we need to systematically strategize for harnessing the services of diaspora population of Myanmar doctors working all over the world.*** As per the available information, they want to give support back to our mother land by way of rendering several types of services when they visit Myanmar. I have already thought of the framework to materialize this untapped resource systematically and officially. I will work with my senior management team, clinicians from different disciplines, Myanmar Medical Council, Myanmar Medical Association and its affiliated societies to make it happen.
58. Another area that deserves attention is ongoing meetings and capacity building training workshops being conducted by MoH. ***We will quickly review it and improve the scenario.*** I have already developed a practical framework to further improve the situation. Generally we will try to

reduce these events at the central level and more will be conducted for health professionals working at district and township levels and below.

59. The role of research or Department of Medical Research is crucial if we are aiming at reaching a high level of performance of all our technical programs to serve the population and also to improve the clinical acumen and treatment of patients. ***We need to have built-in small “implementation research” activities in our technical programs.*** Implementation research can quickly yield information on administrative, management, logistics and technical aspects of the program. The findings will be considered together with the information emanating out of our monitoring and evaluation system of MoH to streamline and improve program activities. We should also not be afraid of reducing or sun-setting some of the program activities or even cease the programs altogether if they are not required anymore or redundant. We will do it accordingly.
60. The collaborative activities that can be carried out by the Department of Medical Research with other departments under MoH will be imparted when I specifically meet with the officials of respective departments next week. The Department of Medical Research is doing very well. ***But in this so called “time for change” and “process of change” we have to think out of the box. I would like not to have unnecessary red tape because of the fact that research is a highly specialized technical area like clinical domain and teaching domain.*** The research scientists have many innovative and bold ideas but their ideas cannot be materialized if there are red tapes hindering their work. ***We will do our level best so that these red tapes are no more in existence.*** The status of development of research domain is equivalent to status of development of the country. ***In collaboration with professors of clinical domain, the Department of Medical Research should give a helping and supporting hand in inculcating research culture in Universities of Medicine and other universities under MoH.*** There are many faculty members who are interested in conducting research, including clinical research. ***We will further strengthen clinical research units in specialist hospitals, state and regional hospitals.*** Research department will also give a helping hand for many activities of Department of Sports and Physical Education. I have many points of interest to relay to research scientists as I was involved in research as Chair of Ethics Review Committee, Department of Medical Research since November 2011 and also as Regional Advisor for Medical Research for almost 6 years in WHO SEARO from 1994 to 2000. The Department of Medical Research Ethics Review Committee had already reviewed and approved a total of 310+ research proposals since November 2011. These proposals were submitted from renowned universities in USA, Australia, UK, New Zealand, Korea, international NGOs, Master and PhD students studied all over the world and from our local researchers. The research topics covered the whole spectrum in the field of health. In this context, ***we will promote strengthening of Ethics Review Committees (ERC) or Institutional Review Boards (IRB) in universities under MoH and also capacity building activities for its committee members.*** Strengthening the work of Ethics Review Committee is one way of improving the quality of research. In fact, the quality of research is reflecting the developmental status of the country. ***We will, therefore, strategize to improve the quality of***

*research so that our papers are accepted by peer reviewed international journals.* National budget allocated to Department of Medical Research will be increased. ***We will discuss in detail for promoting the research domain in our country when I meet the officials of Department of Medical Research very soon.***

61. The central role of Department of Health Professional Resource Development and Management must not be underestimated. ***The department needs to work very closely with Myanmar Medical Association and its affiliated societies for capacity building activities of professionals of different disciplines.*** The first and foremost activity of this department is that ***we are going to do an in-depth review and analysis of HRH situation, both public and private sector,*** in the country. Here, I would like to specifically point out as a matter of urgency that we need ***to further strengthen our University of Community Health and University of Public Health,*** especially for updating the curriculum, methods of teaching, teaching learning support system, library system, selection of relevant visiting lecturers, enabling environment for the students as well as for visiting professors, honorary professors, etc. As soon as possible, ***a brain storming session will be arranged between the appointed visiting professors, honorary professors and faculty members with the objective of getting more focused and innovative ideas leading to producing ethically minded, committed and technically savvy graduates who can effectively serve the country.*** Similarly, sessions for respective clinical disciplines including nursing, midwifery and medical technology will be conducted in light of the ***recommendations coming out of the recently conducted 10<sup>th</sup> Medical Education Seminar.*** The recommendations coming out will be the final strategy in our road map to improve the medical education system in the country. The graduates are the back bone of our overall health care delivery system. Only then we can be able to effectively improve both the domain of public health and clinical domain, which is our immediate aim. ***I have pledged that our medical education system must come up again to the standard of teaching during my student days and also when the DGs sitting here were medical students.*** I have special interest in promoting this area because I have served as demonstrator in two departments of the Institute of Medicine (1) in the seventies and eighties.
62. The MoH through the Medical Education unit will render full support from all aspects in implementing the recommendations coming out of these brain storming sessions. ***We will also strengthen and accord special attention and support to Medical Education unit of the department.*** The role of this unit is very crucial in uplifting the medical education sector and for doing continuous monitoring of medical education system of the country. Strengthening of Medical Education unit will be effected in a phase-wise and step-wise manner. ***A special review will be made on the curriculum of Final MBBS part (1) PSM subject.*** I want the relevant professors and senior public health professional and professors of Medicine to lead this activity in a realistic approach. We need tripartite collaboration to successfully achieve it. Tripartite connotes professionals from public health, professionals from clinical disciplines and professionals from Medical Education unit.

63. In light of current situation, another top priority activity of this department is ***to initiate and strengthen teaching of medical ethics and ethics in general to students of all universities under MoH***. For University of Public Health and University of Community Health, we will go for teaching of public health ethics also. The faculty members responsible for this subject should be professors and clinical professors. The impact of teaching of medical ethics can create peer pressure among the medical professionals for adhering to the principles of medical ethics. ***We will craft a proper and realistic road map to start the process seriously and immediately***. The positive impact to our medical community will be enormous in the long run and the benefit goes to the population of our country.
64. The overarching framework for human resource for health development in our country is Health Workforce Strategic Plan (2012 -2016). ***We will thoroughly review and prioritize it for implementation in a phase-wise and step-wise manner***. This activity will start immediately.
65. Food and Drug Administration area is extremely important for the whole population including all of us in this room together with our families. Any laxity in the performance of this department will have serious and untoward short term and long term implications on the whole population of Myanmar. ***We will also consider increasing the budget allotted to this department to expand its activities to be performed in a quality manner***. I do hope that FDA can one day become an independent entity higher than the departmental level and the whole population will have great faith in having adulteration free, dangerous and toxic chemicals free and insecticide free food, portable drinking water, safe cosmetics, etc. Similarly, in future, the Department of Medical Research should be an independent organization or institute where there will be less bureaucratic procedures. One generic issue I would like to highlight here is that many activities of FDA can get useful input and good technical support from Departments of Public Health, Medical Research and Medical Services. ***We need to develop a realistic framework for outlining those collaborative activities*** in areas of sentinel surveillance, quality control, safety alerts, evaluation of medical products and safety issues, post marketing surveillance, etc. ***We will expand and strengthen our sentinel surveillance on food and drug issues in the community*** in collaboration with private organizations or associations and also with school health programs. We will also think of issuing ***a regular newsletter of this department for advocating and propagating important information to alert the public*** and also increasing the momentum of advocating the public on several fronts. The activities of this department require a lot of effective collaboration with other ministries. We have to think of several guiding principles and guidelines to get smooth collaboration. If we stick to these guidelines, we will have less problems and our work will be efficient. As this department is relatively new compared with other departments in MoH, we need to refer to well established guidelines of FDA of some developed countries. We need to only adapt it to suit our requirement and do not need to copycat wholly. Another aspect that we are going to enhance the services of FDA is by way of developing and updating regulatory guidance documents. ***We also need to have latest, dynamic and computerized drug registration process including expedited review process***. This

department has to deal with outsiders and pharmaceutical companies who naturally have vested interest. We, therefore, have to be extra vigilant in performing our duties by strictly following our internal guidelines and standard operating procedures. We also need to emphasize on corporate social responsibility of pharmaceutical industries and companies. The specific technical activities related to this department will be discussed and guided in detail and to give further support to the department, when I meet the staff of FDA soon.

66. ***We will also give strong support and upgrade our traditional medicine field.*** Here the role of research is very important if we really want to promote safe use of traditional medicines by the population. I would also like to request concerned units of Department of Medical Research to give a hand in this endeavor. ***We will strengthen the research unit in the Traditional Medicine Department*** so that many clinical studies can be carried out to strengthen the domain of traditional medicine. We will give support to especially conduct basic research and clinical trials on traditional medicines to strengthen it. Without research, the growth of traditional medicine field will be retarded or even stunted. This department also needs to seriously strengthen further networking with countries where traditional medicines are very much developed and flourishing. Many over-the-counter medicines or so called health supplements in developed countries are based on traditional medicine ingredients. Here, we need ***to get advice from our well respected traditional medicine sayargyis. Regular and realistic mechanisms to get valuable advice from them must be further strengthened and established firmly.*** Proper documentation of many aspects of traditional medicine is crucial if we are going to promote this area. I am sure that the department has already embarked on this aspect. Here, the role of Universities of Traditional Medicine, Association of Traditional Medicine Practitioners and traditional medicine hospitals is the *sine qua non*. We will discuss in detail our road map in traditional medicine with concerned officials of the department in the coming days.
67. Another issue which I want your consideration and support is ***“we should try to reduce the number of meetings”*** to the extent possible. We do not want you to invest too much of your precious time in attending meetings. However, high level officials may need more meetings at the beginning of this new administrative machinery, because we want to set the right direction for our MoH to pursue further for improving population health. Most of our time must be devoted to monitoring and assessment perspectives, and improving the performance of activities of respective programs. At the same time we will not forget the welfare of our staff, especially the issues related to duty travels of the staff. After all we are one family.
68. We have ***to carefully consider the selection of right persons together with second or third in line persons to attend meetings*** such as Scientific Working Groups meetings, Technical Advisory Groups meetings, program managers meetings, training workshops, symposia and fora outside the country. ***We need to promote, as a matter of importance, our upcoming young clinicians and public health professionals to strengthen “The Future of MoH”.*** ***We will also have short debriefing sessions*** to relevant professionals from those who come back (both public health and clinical

domain) after attending international meetings, workshops, training courses and symposia. We will discuss this matter with senior officials of MoH in the coming weeks to strategize it. ***I will make these short debriefing sessions happen definitely for the benefit of all of us and subsequently to our population at large.***

69. As a former WHO staff, I would like to say that, ***we will cleverly manage our WHO country budget as well as other funding support from outside agencies and organizations in the best interest of MoH for effectively serving the population.*** We will have one specific session with concerned professionals to discuss this subject matter. Your additional inputs will be much appreciated and I am eagerly waiting for your thoughts, inputs and contribution in coming days and weeks.
70. In terms of government budget, ***we will carefully and quickly review the current allocation and utilization pattern.*** We will try our level best to make the most out of it to achieve “value for money”. After all, these are tax-payers money of the people. ***Rational allocation of budget using some set of generic criteria and guidelines will be practiced firmly and unbiasedly.*** These guidelines and criteria will be updated to suit contemporary needs and practiced accordingly. In this context, ***we will also update our “National Health Account”.*** Previously, it was developed by now defunct Department of Health Planning. We will also get technical support from WHO, as WHO has been advocating this aspect for many years. Some of the national budget line will also be used for welfare of staff starting from subsidized canteen, housing quarters, guest houses for staff attending the meetings to availability of gymnasium in some work places, etc. I will discuss these issues with senior officials of MoH together with administrative and budget section of MoH later.
71. ***I plan to have a very strong consolidated National Center for Disease Control in Myanmar,*** which will serve as (i) a training institution, (ii) doing some research in collaboration with Department of Medical Research, (iii) preventing, controlling and containing disease outbreaks, (iv) working collaboratively with health education units in developing “good” health education pamphlets, (v) hosting a very good and informative web site of its own for our professionals and layman, (vi) doing innovative investigative procedures in collaboration with national Health Laboratory, (vii) developing and updating guidelines and standard operating procedures for various entities, (viii) serving as resource repository and reference center, (ix) collaborating with like-minded institutions in developed countries, South-East Asia countries and also with relevant WHO Collaborating Centers. We should finally aim at becoming WHO Collaborating Center on certain aspects of disease control.
72. ***We will also strengthen public health laboratories at township level.*** This initiative will be considered and developed jointly by Department of Public Health in collaboration with National Health Laboratory. But it will depend especially on staff availability and budgetary aspects. This is one of the effective measures to curb the incidence of communicable as well as to some extent non-communicable diseases. It could serve as one of the supporting pillars for sentinel surveillance of communicable and non-communicable diseases. ***The Department of Medical Research and National Health laboratory must work very closely for the benefit of our population health.***

73. I have heard that there are several administrative and management issues or teething problems emerging due to set up of new organogram of MoH, without proper preparation, especially at the state and regional level. ***We will think together to overcome these challenges, problems and issues as a first stage.*** I assume that this is the biggest hurdle that will retard our work, which has been going on for years somewhat smoothly and successfully. We need to solve these as a matter of urgency applying all best possible means and approaches. If this is not working we will think of other options. ***We will work collectively with sincerity and with good intention for the sake of progress in the field of health in our country.*** After all, we all are members of one family in the field of health.
74. Regarding activities of Department of Sports and physical Education we will strategize for (i) promoting physical fitness of the population especially school children, (ii) initiating physical education activities of groups of community, and (iii) establishing self-help township physical fitness centers and community gymnasiums. As this is a new department for MoH, I will first discuss and review the activities together with officials of this department and we will develop a realistic road map as soon as possible.
75. In fact, I am just touching the tip of some of the important points that we need to be aware of and to start the process of tackling them systematically. These points are not exhaustive. We will develop a doable roadmap for our activities with your sage inputs. We have a full menu to start with. We have to prioritize matters or issues facing all of us and take actions accordingly. There are several practical ways by which we can strengthen public health and clinical domain. We will discuss separately in relevant sessions.
76. I am also distributing some articles\* written by me from practical point of view to some concerned officials next week as food for thought for promoting health system performance, public health, research, clinical domains, etc. I hope, these articles will serve as useful inputs for promoting several domains in the medical field. I will meet separately with professionals from different domains and we will be sharing our views and thoughts candidly before we embark our long journey to improve population health with full commitment, sincerity and zest. I would like to request you to do a quick read of relevant articles of your domain of work before we meet starting next week.
77. My key take home messages are ***(i) we have to change our mind set, (ii) our actions and interventions must reflect the actual ground realities and therefore we will try to expose what is actually happening at the grass root level and take actions to the best of our capability and capacity, (iii) we need to listen to the voices of the people and our basic health staff working at the ground level, (iv) our approaches or interventions must be practical and people-centered or population -centered, (v) the welfare of our staff is as equally as important as technical program implementation and we will do our utmost, (vi) team approach and team spirit will be promoted or concerned persons and collaborating partners will be put on board and create a sense of ownership, (vii) we will practice fact finding rather than outright fault finding, (viii) we need to***

*practice ethical decision making, (ix) our actions must be transparent and answerable, (x) rational allocation of budget and appropriate utilization must be the order of the day, (xi) practice rational and realistic thinking, (xii) clinicians and public health professionals must be working in tandem, (xiii) noting the fact that our real and key players are health professionals working at the state / regional / township hospitals and health centers and rural health center levels and that we will give due recognition to them in various ways, and (xiv) making the foundation of our health system firm, robust, dynamic and strong as we go for the Universal Health Coverage with appropriate support from research and HRH domain.*

### **Conclusion**

Let us work together as a team for the sake of improving population health and at the same time we all should be **proud of working as staff members in the MoH!**

Necessary support and utmost facilitation will be rendered by our senior management team to obtain or achieve the ideas and points I have alluded to in my speech and **to make you proud of being a staff member of MoH.**

There should be no hesitancy for **changing or modifying the way we are working** in line with the changing epidemiological situations for the betterment of overall health status of the population on our path to attaining Universal Health Coverage.

We have many things to do but we will **carefully consider and prioritize and implement it in a phase-wise and step-wise manner** with technical inputs from all of you. We will **expose the ground realities and act accordingly.** I am confident that we will be successful in achieving our objective of serving the population far and near equally and equitably.

My last stance is **“If we work collectively with team spirit, we will never ever fail in our endeavor and we will be successful in effectively serving the population of our country”. “So, let us move ahead in unison”.**

Thank you very much and I do appreciate your kind attention.

\*\* Documents to be distributed

1. Genuine Power of Public Health
2. Improving the Domain of Public Health
3. Tripartite Collaboration for Promoting Public Health
4. Achieving Long-Term Dividends in Population Health
5. Strengthening International Health Coordination
6. Getting the Most Out of WHO Support
7. Increasing the effectiveness of Capacity Building Activities
8. Approaches to Achieving UHC
9. Long Term Dividends in Population Health

10. Are We Ready for Health Care Reform?
11. General Practitioners: A Strong Workforce for Public Health
12. Basic Characteristics of a Good Health program
13. Eight Basic Probes before Initiating a Program
14. Characteristics of a Good Health Research Institution
15. Transformation of Data into Information
16. Strengthening Health Research Institutions in Support of Public Health
17. Research Institutions and National Health Development
18. Networking of Health Institutions
19. Rational Decision Making in Public Health
20. Public Health Approaches and Epidemiologic Thinking
21. Quick Assessment of Health Information System
22. Reviewing and Revising National Health Plan: A Practical Perspective

*@ Short operational speeches related to technical, administrative and management aspects will be delivered when the Union Minister meets with individual entities such as (i) professionals of DMR, (ii) professionals of DTM, (iii) Rectors and professors of UoM + UoN + UoMT +UoTM, etc. (iv) program managers,(v) state/regional health and medical directors, (vi) development partners, (vii) UPH & UCH Rectors and professors, (viii) officials of Department of Sports and Physical Education Department, etc.*