

THET (Tropical Health and Education Trust) Annual Conference (2020)
Talking points of Dr. Myint Htwe, Union Minister for Health and Sports,
Myanmar

Office No. 4, Ministry of Health and Sports

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- CEO of THET, Ben Simms,
- WHO DG Dr. Tedros,
- Distinguishes speakers,
- Experts, officials and scientists from academia, civil societies, governments, and private sectors attending this virtual conference from 30 countries
- Warm greetings from Myanmar!
- It is my distinct privilege to speak at the annual THET conference.
- I will be reflecting on the conference theme from the developing country's perspective and also in the context of technical support given by the Tropical Health and Educational Trust (THET), UK Department of Health to Myanmar.
- At this point in time, all countries are struggling hard and putting their human and other resources to contain and stop this unprecedented and unexpected emergence of COVID-19.

- My view on COVID 19 is that involvement of people and communities is crucial and directly influence the quantum of spread, transmission pattern, speed of transmission and the duration of this pandemic.
- I would like to point out 4 basic factors which can influence the epidemiological pattern of this pandemic, apart from virological perspective, at the country level.
 - (i) The strength of involvement of people and community in preventing, controlling and containing this pandemic
 - (ii) The degree of synchronized coordination of activities by numerous entities involved in containing this pandemic
 - (iii) The cohesiveness of combined intervention measures of ministries of health with relevant ministries and community-based organizations
 - (iv) The degree of commitment and leadership of the country in managing this COVID 19 pandemic, i.e., solidarity
- During the COVID-19 period many regular health programs are being slowed down, some on an interrupted manner of implementation and some even come to a standstill.
- I am worried about the slowing down of EPI, NCD, MCH, TB & HIV programs. It could have huge negative implications in the long run.

- It will also take time to restore back to its original momentum of work. It may take several months or years even.
- I strongly urge that all health program managers and policy making bodies or decision makers working at the higher level of ministries of health in low- and middle-income countries should think collectively as to how to restart the programs as soon as COVID-19 situation is put somewhat under control.
- Even inside one country, the intensity of spread and quantum of COVID-19 cases are not equally distributed.
- We can kickstart all these aforesaid programs, taking proper protective measures especially social distancing in areas of the country where there are lesser number of COVID-19 cases.
- This must be done as soon as possible, not waiting COVID-19 to stop altogether.
- COVID-19 will be there for years, although with different levels of intensity of transmission, until safe, effective and efficacious vaccine is available.
- Several waves of different intensities of transmission will be there. We have to live with that situation. It will become a new way of life for all of us and we need to adapt as we go along.

- While all of us are focusing and giving attention to COVID 19, we should not forget this conference theme – "Health for All: A decade to Deliver"
- Why? Because for decades, all countries have been objectively working hard to improve population health status through the application of principles and approaches inherent in the theme of "Health for all: A Decade to Deliver"
- In other words, it would be a downright failure for our health care delivery systems if we neglect this aspect while tackling the COVID-1
- Here, I would like to appreciate and thank health partnership between Myanmar and UK institutions – which is ever growing to the benefit of medical community in Myanmar and therefore to the population at large – who are getting quality healthcare services through the unwavering and ever increasing support of "The Tropical Health and Education Trust (THET)", the UK Department of Health.
- I wish that THET should seriously consider for expanding their partnership with many other developing countries in Asia, Africa, South America and the rest of the world.
- Why I said like this? Because, the support giving by THET are realistic, directed towards those technical areas in need of the country, forward looking, innovative and action oriented.

- A case in point is the “Cambridge Yangon Trauma Intervention Project”, established 7 years ago, to promote multidisciplinary relationship of trauma, ICU, physiotherapy, pathology and neuro trauma.
- This is very innovative and extremely beneficial to a developing country like Myanmar – where accident rates are rising and take the top 5 morbidity positions in various hospitals of the country. It may be same for low- and middle-income countries.
- There are several programs in Myanmar supported by THET such as, Better Health Programs, Public Health England activities, many webinars, and capacity building activities for faculty members of Universities of Medicine.
- Another area, which I would like THET to replicate and expand in other THET's supporting developing countries all over the world is, "RCGP/ GP society partnership – I consider this as a very special area as it builds up the capacity and safe medical practices of frontline general practitioners.
- This project is directly supporting the conference theme "Health for All – A decade to Deliver".
- Another major activity between Myanmar and THET is "Myanmar – UK Health Alliance, which we called "MUKHA" is, in fact, a key platform to

coordinate UK and Myanmar health activity exchange to the benefit of both countries. Such platforms should be made available in newly identified low- and middle-income countries.

- Myanmar's medical community is no stranger to UK's health community.
- We have hundreds of members of Royal Colleges of UK in different disciplines. Many Myanmar doctors are currently working in UK. Even many medical textbooks which we are using – medicine, surgery, pediatrics, obstetrics and gynecology, pathology, virology, microbiology, pharmacology, anatomy, physiology, histology and biochemistry are all written by British doctors. It will be same in low- and middle-income countries.
- I sincerely want THET's presence in many developing countries of the world in the context of achieving Health for All, Sustainable Development Goal, equality and equity in healthcare services.
- Medical professionals of UK working under the umbrella of THET, the UK Department of Health, can take Myanmar experience – either good or not-so-good, while expanding their programs in other parts of the world.
- I want to specifically point out that Myanmar medical community and the population gained tremendously through the support of THET.

- By the very nature of this type of support, substantial and concrete benefits are really embedded permanently and could not be evaporated like giving funding support.
- The enhancement of clinical capabilities of medical community and especially the general practitioners are really benefitting the population residing in remote, hard-to-reach and underserved areas of the country.
- If we really want to achieve "Health for All", my stance is that "Strengthen our human resource for health from various perspectives, such as technical, ethical and commitment towards the community".
- We are getting this through THET, thank you again.
- Another area which can lead to achieving "Health for All – A decade to Deliver" is THET's support to Myanmar, which is "To improve the health system performance of low- and middle-income countries".
- Here, my only suggestion to THET, UK Department of Health is that, "Sharing of experience in a realistic, down to earth manner among low- and middle-income countries" is very crucial and important in the context of this Virtual Conference's theme.
- I am very confident it would be mutually beneficial to low- and middle-income countries – where challenges, issues and problems are somewhat similar – the success and solution of each low and middle

income countries can be shared all long our path to Health for All – only 10 years to go to reach our goal.

- I want so speak a little bit more specific about Health for All – although it might be an aspirational goal.
- If we really want to achieve, it should be reflected in the overall country's national policy and in addition to specifically mentioned in the national health policy and strategies.
- Even at the program level, many realistic and doable strategies must be spelled out and implement it seriously.
- In fact, it is nothing new but to remind ourselves all the time while we are going to implement the health investments.
- Another perspective, as equally as important for consideration is attitude, knowledge and practice on basic health issues of the population we are going to serve.
- In Myanmar, we are promoting population health literacy as a national health priority. We have distributed almost 30,000 eight-inch tablet phones to all basic health staff, i.e., Health Assistants, Lady Health Visitors, Public Health Supervisors 1, Midwives, Public Health Supervisors 2, and some nurses.

- In these tablets we put everything for A to Z on health issues in layman terms and updating in real time basis from the central level. Several village level health talks are being conducted using the information included in the tablet phones.
- I think the people's knowledge and perspectives on health and health issues are crucial on our path to Health for All.
- Another challenge which low- and middle-income countries and developing countries are facing is there are multitudes of UN agencies, development partners, INGOs and NGOs working in the field of health.
- We need a very strong coordination of works on public health activities and intervention by these entities in order to reduce replication and redundancy of the work not only in terms of technical area but also in terms of geographical areas. Otherwise, it is not cost effective.
- The UN agencies, development partners, INGOs and local NGOs should think twice before fielding their support to low- and middle-income countries. They all should function in a well-coordinated manner.
- In Myanmar we have a Myanmar Health Sector Coordination Committee (M-HSCC) where all the UN agencies, development partners, major INGOs and NGOs are involved. This is at the policy and strategic level.

- We are striving to have similar committees, a smaller one, at the implementation level. We have yet to achieve it.
- The notion of "Health for All" must be embedded deeply in the mind of all stakeholders working at the country level.
- This is easier said than done. However, we have to strive our level best to make it happen.
- In low- and middle-income countries, as far as I know, WHO is the major technical organization supporting the member countries. Thereby all WHO biennial plan of actions must be quickly reviewed and see that all work plans are linked in one way or the other with “Health for All” related activities being carried out at the country level.
- Low- and middle-income countries also need to develop country specific parameters or indicators to assess its own country whether we are achieving Health for All, on the way to achieve Health for All, unlikely to achieve health for all within the stipulated period of time, progress – slow or fast or even standstill.
- We need to assess our health programs using these parameters or indicators as we go along the path to achieve Health for All or Universal Health Care or Sustainable Development Goal.
- It is not a big deal. We just need that strong will to achieve it for the sake of the population residing in low and middle income countries.

- Another area, however small it seems to be, is all our health staff must be fully aware of the true meaning of Health for All. Each country may have its own connotation.
- I would like to emphasize again that development partners working in low- and middle-income countries to give priority attention on what they are supporting and facilitating is really helpful in achieving Health for All.
- I want to reiterate one particular point in the context of support that we are getting from THET, the UK Department of Health, the role of general practitioners in achieving "Health for All" must not be forgotten or underestimated.
- In my country and in many low- and middle-income countries, general practitioners and general practitioners' clinic are located all over the country – even in remote and underserved areas of the Ministry of Health and Sports.
- We have to think the role of general practitioners in Health for All and enhancing the role of general practitioners in achieving Health for All.
- After all 'all inclusive approach" should be the order of the day if we really want to achieve Health for All in a decade time.
- Before conclusion, I want to mention "On behalf of Ministry of Health and Sports and behalf of my country, I deeply appreciate and thank

profusely the TROPICAL HEALTH AND EDUCATION TRUST, the UK DEPARTMENT OF HEALTH.

- Thank you very much.

(The speech is prepared by Union Minister himself)