

Myanmar is divided administratively and geographically into 14 states and divisions, which are again sub-divided into 63 districts. One District Health Department oversees 3-7

townships under its jurisdiction, and there are a total of 325 townships, 13,762 village tracts and 65,235 villages in the whole country.

The basic structure of the national health care system

lies at the township levels as 70% of the total population resides in the rural areas which constitutes a large part of townships all over the country. The majority of health workforce covering the whole country lies mostly in these townships where there are both urban and rural settings.

National Health Workforce Policy

A comprehensive national health workforce policy document has not been developed as yet. However, in the past the Public Service Department had appointed the staffing of medical doctors and similar official posts in the health sector. At present, the Ministry of Health takes responsibility for recruitment, training and deployment of health workforce and some of the policies applicable in staffing of all government officers.

Till date, there is very little attention and documentation on the contributions of the private sector health workforce which contribute partly towards the health care of the people. In the national health plans matters relating to registration, regulation, training, continuing education, deployment and service activities of personnel in the non-government sector has not been taken into account in the official annual reports.

In Myanmar, the *National Health Policy* was developed with the initiation and guidance of the National Health Committee in 1993. The National Health Policy has placed the Health for All Goal as a prime objective using Primary Health Care approach. The National Health Policy states the following points which are generally considered as health workforce policy:

- To follow the guidelines of the population policy formulated in the country.

- To produce sufficient as well as efficient human resources for health locally in the context of broad frame work of long term health development plan.

control program.

It has also been high lighted that the current health workforce related issues and challenges are lack of complete health workforce data and in-

formation, shortage of competent trainers for different categories of health workforce, maldistribution of health workforce leading to skill-mix imbalance, ineffective health work force management.

CURRENT HEALTH WORKFORCE AND HRH POLICY IN MYANMAR
THE WAY FORWARD
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Human Resources for Health

The Department of Medical Science is responsible for the production of all categories of health personnel with the aim to strengthen the development of human resources for health and equip them with advanced technologies to deliver health care to the people. Under the Department of Medical Science there are 4 medical universities, 2 dental universities, 2 nursing universities, 2 universities of medical technology, 2 universities of pharmacy, 1 university of community health, 43 nursing and midwifery training schools all over the country.

The types of health personnel produced are doctors, dental surgeons, nurses (including specialty nurses), radiographers, medical lab technicians, physiotherapists, pharmacists, dental technicians, and basic health workers such as health assistants, public health supervisors grade I and II, lady health visitors and midwives who are the corner stone for the implementation of rural health development programme.

The Department of Traditional Medicine is also training Traditional Medical Practitioners by establishing one institute and one university each for Traditional Medicine, in Mandalay.

From the above institutions human resource for health have been developed and the present health workforce situation of Myanmar is shown in the Table here.

Current Challenges

WHO Regional Consultation on Health Workforce held in Bali, 18-20 December 2006, identified the following programs to be affected by health workforce related issues. They are National HIV/AIDS program, Maternal and Child health program, Immunization program, Malaria and TB

Major Initiatives to be taken to overcome HWF related issues for Myanmar - The following areas of need were identified as priority to be developed.

- Development of a national strategic plan for HWF,
- Development of HWF information system,
- Development of accreditation systems for for all training institutions.
- Development of a systematic continuing education program
- Introduction of effective Township Health System with proper HWF management policies in place.

Conclusion

Having identified the needs and challenges related to HWF and the major initiatives to be taken, with concerted efforts of all partners and support from AAAH, Myanmar will be able to have a comprehensive HWF plan and develop appropriate mix of HWF capacity according to the nation's health needs.

| Health Workforce | 2005 |
|---------------------------|--------|
| Total No. of Doctors | 18,725 |
| - Public | 6,564 |
| - Co-operative & Private | 12,161 |
| Dental Surgeon | 1,870 |
| - Public | 620 |
| - Co-operative & Private | 1,250 |
| Nurses | 19,922 |
| Dental Nurses | 162 |
| Health Assistants | 1,771 |
| Lady Health Visitors | 2,908 |
| Midwives | 16,699 |
| Traditional Practitioners | 889 |

From Health in Myanmar 2006