Country Report (Myanmar)
to
The 5th ASEAN & Japan High Level Officials Meeting on Caring Societies: Collaboration of Social Welfare and Health Services and Development of Human Resources and Community
Community Services for the Elderly

Introduction

Myanmar, the largest country in mainland South-East Asia with a total land area of 676,578 square kilometers, stretches 2200 kilometers from north to south and 925 kilometers from east-west at its widest point. The country is divided administratively, into 14 States and Divisions. It consists of 66 districts, 325 townships, 60 sub-townships, 2781 wards, 13714 village tracts and 64,910 villages.

Background

The population of Myanmar in 2005-2006 is estimated at 55.40 million with the growth rate of 2.02 percent. About 70 percent of the population resides in the rural areas, whereas the remaining are urban dwellers. The population density for the whole country is 77 per square kilometers and ranges from 595 per square kilometers in Yangon Division to 14 per square kilometers in Chin State, the western part of the country. The estimated population and its structure are shown in the following table. Elderly people, age over 60 year become gradually increased from 6.37% in 1980-81 to 8.33% in 2005-06.

Table1. Estimates of population and its structure (1980-2006)

Population / Structure (in million)	1980-81		1990-91		2000-01		2004-05		2005-06	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
0-14 years	13.03	38.77	14.70	32.68	16.43	32.77	17.72	32.63	18.04	32.57
15-59 years	18.44	54.86	23.47	59.27	29.72	59.29	32.12	59.15	32.74	59.10
60 years and above	2.14	6.37	2.61	8.05	3.98	7.94	4.46	8.22	4.62	8.33
Total	33.61	100	40.78	100	50.13	100	54.30	100	55.40	100
Female	16.93	50.37	20.57	50.28	25.22	50.31	27.30	50.28	27.86	50.29
Male	16.68	49.63	20.21	49.72	24.91	49.69	27.00	49.72	27.54	49.71
Sex Ratio (M /100 F)	**98.52**		**98.25**		**98.77**		**98.90**		**98.86**	

Source: Planning Department, Ministry of National Planning and Economic Development

Myanmar customs, traditions and culture

Myanmar practices extended family pattern and the society likes to exist within a thriving circle of families, relatives, neighbours and communities. Usually people live in the extended families undergoing 3 or 4 generations. Myanmar society values and treats older persons as respectable and good examples. The practice of caring and catering older persons exists within each and every Myanmar's mind. This practice has been preserved especially in the rural areas till now.

Health policy and plans

The National Health Policy was developed in 1993 with the initiation and guidance of the National Health Committee. The National Health Policy has placed the Health for All Goal as a prime objective using Primary Health Care approach and it clearly stated to implement health activities in close collaboration and integration with related ministries. Myanmar has formulated and implemented a long term health plan, and at present is going along the National Health Plan 2006-2011 within the objective frame of the second five year period of Myanmar Health Vision 2030 aiming to increase average life expectancy to 75 year. As regards health care service provision, elderly people especially who are poor are given free medical care as exemption from cost sharing as they are considered privileged persons, valued and respected in the communities and have been given the special care in the families and communities.

Community service for the elderly

All over the country, there are 56 Homes for the Aged established by NGOs in the communities concerned. Over 2200 vulnerable older persons are being looked after at these Homes by providing them with shelter, health care, social care, and protection. These Homes for the Aged accept the older persons above 65 years old who are facing social problems and difficulties in their activities of daily life and also without family-support, in their respective local community, regardless of race, religion and social status. Every home for the Aged has its Supervising Committee including retired civil service personnel, well-wishers, community leaders and volunteers who are interested in service for the elderly. All services for the elderly in Homes for the Aged are being funded by their own communities. Moreover, the Department of Social Welfare also provides financial and technical assistance to them.

Under the Department of Health, the elderly health project has been initiated since 1993 and it is ongoing up till now covering 72 townships of the whole country. In these townships elderly health care has been provided mainly for the elderly who are living in the communities through support from the World Health Organization.

Institutional framework on community support system for elderly people

The Ministry of Health remains the major provider of comprehensive health care having a pluralistic mix of public and private system both in the financing and provision of services. The Department of Health, one of 7 departments under the Ministry of Health plays a major role in providing comprehensive health care through out the country including remote and hard to reach border areas which includes the health care of the elderly people. Hand in hand the Department of Social Welfare under the Ministry of Social Welfare, Relief and Resettlement is also providing financial and technical assistance to the homes for the elderly. In Myanmar the strong national NGOs such as Myanmar Maternal and Child Welfare Association and Myanmar Women's Affairs Federation are providing supportive care to the elderly people at all levels in the communities. They have supported in provision of eye care, oral health care and general medical check-ups for the elderly in the communities covering the whole country in collaboration with the Ministry of Health.

Finance for health care services

Health care in Myanmar is predominantly financed from public sources. Following the advent of market economy during the 1980's and 1990's there was introduction of user charges and since then direct out-of-pocket payments by households stood as a major source of financing health in Myanmar.

Mechanisms for protection of the poor have been looked through exemptions and establishment of trust funds in all hospitals over the country.

According to Myanmar's socio-cultural system donations in cash or in kinds are used to be generally made for construction of new hospitals or health centers and supply of medicines especially for the poor and old aged.

Some primary health care services are provided as spill over effect such as EPI, maternal and child health care, nutrition promotion, water and sanitation and disease control programme, which are being provided free of charge with the support from donor agencies as well as from the government.

In addition with the support from the well-wishers in the community, mobile specialist health teams (public and private) are taking care of health of people in the remote areas for free of charge aiming towards the poor and the old aged.

Apart from this there is a Social Security Board covering eligible employees over the country.

In Myanmar there is also Myanmar Insurance Enterprise under the Ministry of Finance and Revenue that provides special benefit packages as health riders for their life insurance policy-holders. It was initiated since 1991, but it was purely voluntary, conducted without collaboration with other line ministries.

Thus the major sources of finance for health care services are the government, private households, social security system, community contributions and external aid.

Recent Activities

Health care of the elderly project was initiated since 1992-93 in six townships with the aim to promote the health of elderly and expanded yearly and up till now there are 72 project townships.

At every project area, advocacy meetings used to be held at the State and Division level as well as at Townships level. Later training program on elderly health care follows including health education and counseling of elderly patients with special emphasis on methods for educating elderly people as well as their families. IEC material has been developed and distributed to raise the awareness on specials needs of elderly people and understanding of their problems.

Doctors and Nurses from the hospital as well as Basic Health Staff (BHS) are trained for basic elderly health care and case management of elderly patients. BHS at the Rural Health Center (Health Assistants, Lady Health Visitors and Midwives) are trained to be able to detect minor as well as some major illnesses of the elderly. BHS are encouraged to take care of minor illness and refer the seriously ill to the nearest Township Hospital where the Township Medical Officer can take care with equipments provided for primary care such as ophthalmoscope, otoscope and oral care materials.

Capacity building of the BHS also includes methods to understand and detect the underlying causes of the illness and influencing factors of the social, mental and health problems that the aged are facing and thus be able to understand and have sympathy upon the elderly patients while treating them.

BHS are also trained on easy and usable physical activities to be able to demonstrate to the elderly patients for daily physical exercise.

Community Health Workers and Auxiliary Midwives who are health volunteers in the communities are also trained to understand the issues to be faced in caring for the elderly. Local NGOs at these areas are also sensitized that elderly health problems are becoming and emerging health problems and they should also take part in helping out the health staff in caring these aged people.

Major health problems for elderly people are arthritis, respiratory diseases, hypertension, heart diseases, cataract oral diseases and minor psychiatric problems. Geriatric clinics are used to open at district hospital every Wednesday that provide medical care/oral care/ eye care, gives physical exercise lessons, health education and counseling. Formal and informal peer group discussions sessions are also organized amongst the BHS and the elderly group having the same health problems.

There is also arrangement of specialist tours down to village level initiated and supported especially by the national NGOs taking care of elderly people in collaboration with the health personnel from the public sector.

Collaboration of health and social welfare services in the communities

The Department of Social Welfare, in collaboration with YMCA had also implemented the ROK-ASEAN Home Care for Older People Pilot Project Phase I (2003-2006) in Insein Township and Hlaing-tharyar Township, Yangon which has shown an implication of easy and feasible ways of taking care of elderly in the community. In each township, 30 older persons were being taken care of by 30 trained volunteers and the project was a great success, cost less and was very effective and fruitful.

Myanmar is in the Group II of the Project Phase II which is to start in July 2007. Myanmar started preparation for the implementation of the Project Phase II, in April 2006, intending to take care of older people widely throughout the country. The project is in line with the future plan of action of ASEAN and in harmony with Myanmar's plan of action on caring the Aging. Thus home care for older people Project Phase II will be implemented in 25 townships of 10 States/ Divisions including border areas where many national races are living encompassing not only urban areas but also remote areas.

To implement the project phase II, Department of Social Welfare in collaboration with Department of Health and National YMCA had planned the program in detail and MMCWA, MWAF, USDA, MRCS and World Vision (Myanmar) will collaborate with one another in every targeted township. In fact, the Pilot Project is to be carried out only in 2 or 3 townships. But the project will be carried out in 25 townships because home-care for older people is regarded as a main programme on care of Aging in Myanmar

with a goal that home-care services for older people will cover 20% of townships in Myanmar by 2009. They will also highlight the roles of families and communities thus after 2009 well-wishers, NGOs and INGOs will continue to expand and carry out homecare for older people nation-wide.

Challenges and actions for future

1. There is no specific policy for Elderly People such as compulsory welfare services for the elderly or health insurance coverage for the old people.

The future plans are as follows:

- To form the National Committee for Older People.
- To establish a network on caring the elderly within the country and abroad and to collaborate with other countries in the Region including ASEAN countries.
- To organize and strive for sustainability of the present Homes for the Aged and emergence of new Homes for the Aged where necessary.
- To send the staff to attend the trainings of care of Ageing not only in the country but also abroad to promote capacity building.
- To organize to develop community-based Home Care Service.
- To implement the model of ROK-ASEAN Home Care Service nationwide
- To encourage NGOs such as USDA, MMCWA, MWAF, MRCS to collaborate with one another more and more in the implementation of taking care of older People.
- To raise awareness on Care for the Older People in the community.

2. There still is low awareness on special needs for elderly people and staffs from the homes for the aged have to understand basic care of elderly people (Daily Physical Activity, Minor illnesses and social support). Linkage between health staff and social welfare staff is still weak as regards services at the homes for the aged.

The future plan:

- There should be a special program for the wardens and staffs from the homes to be able to understand the basic needs of the elderly people and basic health care in terms of physical, mental and rehabilitation care.
- Limited technical and facility support for health of elderly people at the homes should be overcome by provision of technical support from the concerned sections of the Department of Health.
- Frequent and compulsory health tours to the homes by the concerned health department of the area should be strengthened.

3. Elderly Day is usually held all over the country on the 1stof October and elderly people at different parts of the country are given special gifts and meals, medical care, eye care and oral care by health personnel assisted by the local NGOs.

This is a very remarkable action but there should be a sustainable provision of care for the elderly like health insurance scheme for the old aged or social welfare services especially targeted for them. There should be places meant for recreation of the elderly people like elderly clubs or religious associations where they could contribute their efforts in the development of the communities.

Conclusion

Myanmar will have to make preparations from now on for addressing the problem that may arise from the growing number of elderly in the future in collaboration with the countries in the Region including ASEAN and Japan in line with the motto " Towards a society for all ages".