

“Impact of Economic and Financial Crisis on Global Health”

Statement by Myanmar Health Delegation

At the 62nd World Health Assembly, Geneva

18-25 May 2009

Mr. President, Dr. Margaret Chan, Director General of the World Health Organization, Ladies and gentlemen,

The year 2008 had witnessed grave disasters in many parts of the world. Cyclone Nargis struck Myanmar on 2nd and 3rd May 2008 and was the gravest natural disaster Myanmar experienced in its history. Official reports stated that (84,537) people were killed; (450,000) houses were totally damaged and (350,000) partially damaged. About two-thirds of health facilities in the storm-hit areas were either completely or partially destroyed of which 30 different types of hospitals were affected.

The Ministry of Health deployed more than 2,000 medical and public health personnel to the affected areas to provide health assistance. In addition, international medical teams as well as several hundreds of NGO and INGO workers also provided health care and assistance to the storm-victims. Ministry of Health worked closely with the Health Cluster which is led by the World Health Organization. As a result of the collective public health interventions of the Ministry of Health, public and private sector, UN agencies, international organizations, local and international NGOs, no communicable disease outbreaks occurred. The number of reported cases was within the margins of normal seasonal trends.

I would like to take this opportunity to express my deepest gratitude to the Director General of World Health Organization for the guidance; moral and material support that the organization has provided for the storm victims of Myanmar.

Mr. President, Ladies and gentlemen,

In times of economic crisis, social sectors such as health, education and welfare are most likely to be affected through budget cuts. Health sectors in developing countries have to depend on financial assistance from donors and in the wake of financial crisis of global extent, dwindling external financial assistance will further adversely affect provision of health services. People most adversely affected in these instances will be the poor unless social protections are in place. The World Bank has highlighted the need to ensure that health spending was targeted to the poor.

Countries heavily depending on donor funding in health risk facing a decline in aid receipts. A strong sense of solidarity between donor governments and countries that require the support is essential and donors should keep their promised levels of development assistance.

Importance of working towards *universal coverage* as part of an overall primary health care approach has been highlighted. Myanmar has adopted the *Primary Health Care Approach* for reaching Health for All Goal as clearly stated in the National Health Policy 1993. Rural Health

Development Plan have been formulated and implemented in the country, in line with the guidance of the Head of State for all round rural development; the main strategy of the plan is intensification of on going activities reflecting eight elements of Primary Health Care.

In Myanmar, health service provision is almost free with the exception of user-charges in hospitals. Access by the poor is ensured through waiver fees. All hospitals have established trust funds through donations from well-wishers to augment the mechanism to protect the poor. Resource allocation is prioritized to services with better return and targeted to those most in need. Through targeting rural population and targeting for universal coverage, it is expected that there will be less impact in the face of economic downturn in the country. Traditional medicine and medicinal practices has played an important part in Myanmar health care system and affordable to most people.

Social and volunteer organizations in the country are also taking active part in collaborating with health ministry in provision of health services. They have been providing free health care services particularly for the poor.

Developing countries should take this crisis as an opportunity to stand together and further promote the solidarity among them. There are many good practices that can be shared among these countries. Member countries of the World Health Organization should share knowledge and experience among us to reduce the negative impact of economic and financial crisis on global health. We believe that we will be able to strive

through these difficult times by strongly reaffirming the values and principles of primary health care as the basis for strengthening our health systems.

Mr. President, Ladies and gentlemen,

The current outbreak of Swine-flu has called for a global action for pandemic preparedness. Based on preparedness plans put into place during the worldwide SARS outbreak in 2003, Myanmar has adopted the National Strategic Plan for Pandemic Preparedness in 2006. We had started preparatory actions for swine flu since 26th of April and has been alerting the public through all forms of media ever since on a daily basis. Control measures are being taken at airports, sea-ports and border areas of ground-crossing points through a rigid surveillance system.

Myanmar, as a member of the international community is politically committed to fight against this pandemic threat with concerted efforts of all stakeholders and community involvement utilizing all available resources.

I thank you.