



# Role of Emergency Services and Acute Care in Remote Areas of Myanmar

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## INTRODUCTION

These disparities may be related to general deficiencies in crisis care frameworks in countries facing many difficulties, but most notably, the number of people willing to provide quality crisis care. Given the implications of this review, a significant proportion of respondents said they provide crisis management on a regular basis despite the need for formal preparation. Focus on members who have also identified some significant limitations in obtaining additional crisis management skills and information. This includes a lack of beneficial open doors to specialization and a limited ability to pursue additional preparation options for ongoing clinical assignments. Respondents also see a lack of motivation to prepare for crisis preparedness and a lack of business potential as door openers in this sector. Similar to emergency care providers in other low and middle-income countries, most of the members we surveyed required specific preparations for emergency care. This finding is not shocking, as low and middle-income countries experience significant deficiencies in their health workers with only 1.3 health workers per 1000 population, Myanmar clearly faces a major health emergency for workers, as defined by WHO.

## DESCRIPTION

These deficits are even more pronounced in the area of crisis management, which lacks training and food for thought. Until now, education openness and compensation for health workers in crisis management has not been a focus. Also, most universities have not excluded emergency medicine from clinical school curricula or graduate clinical preparation. Despite the fact that Myanmar's ongoing crisis framework faces many challenges, it is beginning its own period of progress. While progress in crisis welfare frameworks in Myanmar is still in its infancy, many doctors see the importance of crisis care as essential in improving Myanmar's general health care framework. I'm here. The majority (>80%) of surveyed suppliers believed that improved

crisis management should be a need for general well-being. In Myanmar, like many other low and middle-income countries, emergency medicine is not yet well integrated into the medical and formal clinical school systems. In any case, this review detects a variety of sensible courses ahead. First and foremost, the crisis management skills and intelligence of existing professionals must be strengthened through well-coordinated and enhanced preparedness programs. Given the enormous labor shortage known in Myanmar, preparations should focus on two providers: Physicians and non-physicians (due to alleged task shifts). Second, through existing university frameworks, additional crisis management training and open door preparation should be created in both clinical undergraduate and postgraduate studies.

## CONCLUSION

Third, there is a need to train physicians and increase their motivation to enroll in crisis situations and intense areas of deliberation. Previously, Myanmar was hampered by a lack of interest in health administration. About 2% of the gross domestic product was spent on health care between 2000 and 2013, lagging behind territorial neighbours Laos and Cambodia, each accounting for 4.5%, and the national share of health services 5.6% of total production. Despite the fact that Myanmar has started to invest more in welfare, the country's overall per capita consumption is still well below the average for countries with low median wages. Preparation and training now open the doors to practice for health care providers, freeing them from essential duties and income-generating activities. As long as Myanmar offers unique professional and dependable jobs to those seeking to produce emergency medicines, profits from these people's businesses are not secured even remotely. Respondents in this study were well aware of this: The framework does not support quality suppliers unless explicit support for this kind of educational pursuit and vocation, the amazing open door, is regulated.

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