

Health System Strengthening

GAVI Board accepted the Myanmar Health System Strengthening (HSS) proposal by 2008 July. From that time onwards fund flow mechanisms were being scrutinized between GAVI and the Ministry of Health and finally after the new system of Financial Management Assessment in 2010, an Aide Memoire has been signed between CEO GAVI and Minister for Health in February 2011.

The Goal of the Health System Strengthening Program in Myanmar is to achieve improved service delivery of essential components of Immunization, MCH, Nutrition, and Environmental Health by strengthening programme coordination, health planning system, and human resource management and development in support of MDG goal 4 and 5 regarding MNCH, with reduction of maternal and under 5 child mortality between 1990 and 2015. This goal directly addresses the 3 main health system barriers, and responds to National Health Policy of Myanmar, whose main goals include health for all using a primary health care approach, production of sufficient as well as efficient human resources for health, and the expansion of health services to rural and to border areas so as to meet overall health needs of the population.



Following review of the system, it had revealed possible areas to explore for system analysis as Leadership and management capacities, Human resource planning and management, Financing and financial management, Health management information, Supplies and equipment management, Community Health and Inter and intra-sectoral coordination.

Health System Strengthening programme was initiated and expanded in phase approach, starting in 20 townships in 2012, expanded to new 40 townships in 2013, another 60 townships in 2014 and will be scaling up to cover 180 townships (55% of township coverage) all over Myanmar in 2015.

Key activities under Health System Strengthening program are:

- Provision of free service package which will be generic platform for delivering a comprehensive package of health services to hard to reach areas/ villages where majority of population in Myanmar are residing, and services contain key primary health care components (MCH, EPI, Nutrition & Environmental Health, etc)

- Introduction of performance payment system (per-diem and daily allowance payment to group of Basic Health Staffs to deliver package service in hard to reach areas)
- Coordination meetings like annual planning meeting and quarterly review meetings for strengthening social mobilization
- Introduction of Coordinated Township Health Planning (CTHP) with standard guidelines, conduct surveys on data quality and service quality
- Piloting demand side financing initiatives like Hospital Equity Fund and Maternal and Child Health Voucher Scheme for the poor for promoting referral system
- Research and development of long term plan for human resources for health
- Supplies of medicines, equipment, transport vehicles (motorbikes) and even infrastructure at the hard to reach areas
- Recruitment and training of Auxiliary midwives and Community Health Workers, to strengthen establishing community health volunteer, in collaboration with units under Department of Health
- Capacity building of health providers on Health Systems Research, Leadership and Management, and Financial Management

Besides coordinating with stakeholders under Ministry of Health, Health System Strengthening program has been implemented in collaboration with WHO for technical assistance, monitoring and evaluation, reviews an assessment, with UNICEF for procurement of supplies and with MRCS for infrastructure construction. With objectives of reviewing and assessing the program implementation process, and the program's key outputs and outcomes and to provide policy recommendations for the ongoing Health System Strengthening program implementation, the performance assessment of GAVI-HSS interventions was jointly conducted by the two international experts and Myanmar team from the World Health Organization (WHO) country office and Ministry of Health between June and August 2013. Assessment concluded that the design of the GAVI-HSS Program is evidence-based and implementation is proceeding in the right direction. Outreach service, which is the vital program component that should be sustained and improved, as it contributed to increased coverage of key indicators. In line with current policy discourse on universal health coverage by the Government, the initial provision of free MNCH services to all pregnant women and under five children should be the entry point of the long march closer to universal health coverage.

**Provision of
Free Service Package by BHS**

