

Myanmar

ESSENTIAL HEALTH SERVICES ACCESS PROJECT



Background

Myanmar made significant improvements between 1990 and 2010 when the maternal mortality ratio fell from 520 to 200 per 100,000 live births, and under-five mortality rate from 100 to 52 per 1,000 live births. However it faces great challenges to achieve the Millennium Development Goals related to maternal, newborn, and child health (MNCH) by 2015. Each year about 2,000 pregnant women and 50,000 children still die from preventable causes.

Some of the challenges to improving MNCH outcomes are the low levels of access to services, especially among the poorest. Just over half of poor mothers (52%) deliver their baby with a skilled birth attendant and about 59% of them receive post-natal care. Only 24% of children under-6 months of age receive exclusive breastfeeding. Childhood malnutrition is persistent. In 2010, 1 in 7 infants was born with low birth weight, and 35% of children under the age of 5 were stunted and 23% underweight.

Myanmar's political and economic transition has led to many positive changes in the health sector. Strong political commitment exists to improve health outcomes and accelerate progress towards Universal Health Coverage (UHC). Government plans to do this by expanding the coverage of quality services. It also intends to provide financial protection so that no one will become poor due to the costs of health care. As a priority, it introduced health policies to enhance utilization and reduce out-of-pocket spending on health care, including provision of free essential drugs at township hospitals and below and free services for pregnant women and children under five.

World Bank support to the Health Sector

The World Bank is providing financial assistance and mobilizing global expertise and knowledge to help Myanmar Government overcome the health sector challenges. The support, starting with the Essential Health Services Access Project, aims to increase coverage of critical health services of adequate quality, with a focus on maternal, newborn and child health. It assists the country to move towards universal health coverage, which is Government's longer term goal.

Over its 4-year period, the project is expected to benefit approximately **4 million pregnant women and their young children across all of Myanmar's 330 townships in all states and regions**. Indirect beneficiaries are other members of the communities, basic health staff and medical doctors managing the facilities and directly providing the services.



What is the Project approach?

The project will provide more flexible, predictable, and transparent financing to facilities at the township and below, including township hospitals, station hospitals, urban and rural health centers, and school health programs. These funds, in the form of health facility grants, will transform the way health services function. They will empower and motivate frontline workers to perform better and be more responsive and accountable to communities they serve. In this way, both coverage of MNCH services and its quality would improve. The increased funds to the frontlines of health services will be complemented by strengthened local capacity to implement inclusive planning and manage resources and by greater oversight by community.

These grants would help to cover a wide-range of expenses that are critical for the well-functioning health facilities and health services. They would help to increase communication, outreach, and community engagement activities by basic health staff and medical officers, encourage better maintenance and repair of health facilities and equipment, facilitate transportation for referral cases, and ensure adequate and timely supply of amenities and consumables required for effective health care.

Communities will have a say in the use of the funds as well, through participation in the health committees overseeing the management of the facilities, and in the township health planning process, which will be strengthened to become more integrated and inclusive.

What are the Project Components?

The project implementation involves 3 main components:

- **Strengthening Service Delivery at the Primary Health Care Level**, by increasing funds through MOH to the states/regions and townships (the latter in the form of health facility grants) for a wide range of operational expenses or non-salary recurrent expenditures. This component *also includes community empowerment activities* to improve communication and outreach.
- **A System Strengthening, Capacity Building, and Project Management Support component** that will focus, among other things, on the definition and costing of an Essential Package of Health Services and development of a health financing strategy for Universal Health Coverage. *Capacity building* includes training, courses, South-South learning, workshops and seminars, as well as strengthening of M&E arrangements, including studies and surveys for independent verification.
- **A Contingent Emergency Response component** that will allow for rapid reallocation of credit proceeds in the event of an eligible crisis or emergency.

