REASONS FOR OPTIMISM

2016
Investing in health reduces the burden of preventable disease, increases life expectancy and enables people to exercise their rights. Global evidence shows that making good investments in health can stimulate economic growth.

In 2016, alongside important challenges, Myanmar’s health system showed real reasons for optimism. There has been a marked increase in public spending on health and a reaffirmed commitment from the government to realizing universal health coverage. The newly-launched National Health Plan sets a road map for improving health for all people in the country.

Together with the Government of Myanmar and other partners, the 3MDG Fund strengthens the national health system at all levels, extending access for poor and vulnerable populations to quality health services. The 3MDG Fund has a significant, timely and nationwide impact improving maternal, newborn and child health, combating HIV and AIDS, tuberculosis and malaria. It supports health system strengthening to deliver sustainable, efficient and responsive healthcare across Myanmar. In 2016, programmes supported by the Fund were running at full speed and results across most indicators were meeting or exceeding targets.

### Nation-wide Activities

**In addition to this service coverage map, 3MDG funds nation-wide projects.**

#### 22 Midwifery Schools + 1 Lady Health Visitor School

- Supported by the Ministry of Health and Education and Training Strengthening Programme, through a partnership with MoHS and Jhpiego.

#### 321 Townships

- Covered by TB active case finding, implemented by the MoHS National TB Programme.

#### 82 Health Centres

- Being constructed to provide healthcare to poor and vulnerable communities in remote areas.

#### Public Financial Management

- Training of MoHS staff at central, state/region and township levels, in partnership with the World Bank.

#### Procurement

- Contraceptives procured and distributed nationwide in partnership with Population Services International (PSI).

#### Cold Chain System

- Strengthening cold chain, through partnership with MoHS and UNICEF, to enable introduction of pneumococcal vaccines.

#### Supply Chain Management

- Helping to ensure essential medicines and health commodities are available when needed.

#### National Health Information Systems

- District Health Information System 2, development of MOH/118 patient management system, design of health information system strategy.

---

#### Results since the start of the Fund (2012 - 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births attended by a skilled person</td>
<td>150,000</td>
</tr>
<tr>
<td>Emergency referrals used by pregnant women to reach care</td>
<td>45,000</td>
</tr>
<tr>
<td>Children immunized with Penta</td>
<td>220,000</td>
</tr>
<tr>
<td>Needles and syringes distributed to people who inject drugs to facilitate safe injecting</td>
<td>36 million</td>
</tr>
<tr>
<td>Rapid diagnostic tests for malaria taken and read</td>
<td>2 million</td>
</tr>
<tr>
<td>Cases of tuberculosis (all forms) detected and notified</td>
<td>39,000</td>
</tr>
<tr>
<td>Referrals for TB testing by community health workers and volunteers</td>
<td>86,000</td>
</tr>
<tr>
<td>Micro-nutrient powders distributed to improve nutritional status</td>
<td>77,500</td>
</tr>
<tr>
<td>Health facilities across Ayeyawady, Bago, and Magway submitting monthly consumption reports using a standardized stock book</td>
<td>3,600</td>
</tr>
</tbody>
</table>

---

**Health Services Coverage Financed by 3MDG**

As of December 2016.
3. OUR APPROACH

The 3MDG approach aims to build equity, reinforce health systems and deliver key services. It is aligned to the priorities of the Ministry of Health and Sports as described in the National Health Plan 2017 - 2021. The plan is inclusive and pro-poor, seeking to provide access to all populations, including the most disadvantaged ones, to a basic package of health services.

3MDG is guided by a rights-based approach that puts people at the centre by hearing their voices and understanding their needs. The approach is underpinned by the principles of responsibility, fairness, inclusion and ‘do no harm’. The four principles are reflected in the Fund’s financing decisions, which target resources to those who cannot otherwise access services or afford healthcare, including women and children, people living with HIV and those in conflict-affected areas. Interventions are based on evidence and incorporate the principles of value for money.

RESPONSIBILITY, FAIRNESS AND INCLUSION

The principle of responsibility is about creating health accountability through community participation and feedback. To create more fairness in the health sector, 3MDG supported activities that improved understanding of how needs may be different, increased access and provided essential services, and enhanced women’s representation and voice. This ensures that all people, no matter their gender or sexual identity, are able to access the health services they need.

3MDG provides services to ensure the inclusion of a wide range of population groups who are considered vulnerable. Partners receive training on the inclusion of different groups, including women and young children, people with disabilities, people living with HIV and those most at risk, such as people who inject drugs. For example, some implementing partners work with migrant workers to ensure they receive immunization and maternal, newborn and child health services. In 2016, outreach services were organized together with basic health staff, and during these trips health education sessions and individual counselling were also available.

Inclusion is also about ensuring that language barriers do not stand in the way of accessing health services. 3MDG partners employ local staff to help grow awareness of available health services, ensure health sessions are understood and help people communicate with health staff.

‘DO NO HARM:’ WORKING IN CONFLICT-AFFECTED AREAS

The peace process has allowed for increased cooperation and communication between the Ministry of Health and Sports, local authorities and ethnic health organizations. The willingness of the Ministry to engage and recognize these organizations has provided hope for future effective and context-appropriate healthcare arrangements. 3MDG-funded implementing partners have facilitated coordination between key stakeholders in the health sector, such as the Ministry of Health and Sports, local authorities, ethnic health organizations and civil society organizations. In many cases, they have been able to bring people together around health.

3MDG and its partners also work closely with key stakeholders to support delivery of health services, supporting their organizational capacity development in recognition of their critical role in extending services into hard-to-reach and conflict-affected areas and ensuring timely referral in the event of a medical emergency which requires further care.

3MDG-supported project implementation in conflict-affected areas has been guided by a conflict sensitivity strategy. The strategy adheres to international best practices related to ‘do no harm’, including conflict sensitivity principles and a clear strategy to engage in conflict-affected areas.

4. BUILDING EQUITY

The Constitution of Myanmar says that every citizen shall have the “right to health care.” This is true no matter where they are born, their gender or ethnicity, or how much money they have. This can only be guaranteed through health equity, which is realized when each individual has a fair opportunity to enjoy a healthy life. A focus on health equity helps concentrate efforts on those who are most vulnerable, most distant and most hidden.

Populations beyond the reach of the government are often most in need. 3MDG has a unique role to play in building health equity because the Fund is able to complement the Ministry of Health and Sports’ efforts by filling challenging gaps in health service delivery and helping to ensure the health system is truly universal. This means working on some of the most complex issues in Myanmar’s health response: extending access to health services in remote areas; working with vulnerable, criminalized and stigmatized population groups, such as people with drug dependence; tackling health issues that impact the poor and marginalized; and working in areas affected by conflict.

4.1. A STRONGER HEALTH SYSTEM

A responsive, resilient and people-centered health system is critical so that everyone’s health needs can be met, and gains that have been made are sustainable. To build a stronger health system in Myanmar, 3MDG supports the Ministry of Health and Sports to strengthen its technical capacity, improve approaches for more efficiency, and build an enabling environment. Interventions are targeted at central, state, and township levels and focus on infrastructure, supply chain, human resources, financing, governance and evidence-based policy-making.

3MDG also supports ethnic health organizations, local authorities and civil society organizations to build stronger systems in areas the government may not be able to reach.

Daw Mana Kee Pai, from Chin State, gave birth to her child safely with the help of a 3MDG emergency referral to the hospital.
KEY TUBERCULOSIS INFRASTRUCTURE

In 2016, construction began on the four-storey Yangon TB Outpatient Department (OPD). It is a one-stop service centre for patient diagnosis and treatment, featuring a laboratory, medical dispensary, and x-ray, counselling and emergency rooms. A similar OPD is also being built in Mandalay.

Two other facilities are being constructed as part of the same USD 3.1 million 3MDG project being implemented by the UNOPS Infrastructure Unit. This includes a caretaker quarters at Patheingyi TB Hospital in Mandalay and a two level Biosafety Level 3 National TB Reference Laboratory in Yangon. This facility is equipped to perform confirmation tests for drug resistant TB, including molecular testing and drug sensitivity testing. Locations for all facilities were chosen based on demographics, disease prevalence and need.

HUMAN RESOURCES FOR HEALTH

Improving human resources is a key objective of the National Health Plan 2017–2021, and an area where 3MDG continues to work closely with the government and partners. For example, Jhpiego and 3MDG are helping change the way that midwives are trained in all of Myanmar’s midwifery schools (22) and one Lady Health Visitor school with new skills labs. Jhpiego has also worked to improve the legislative framework to support training standards and accreditation of schools, as well as developing a strategy for refresher skills-based training. Faculty capacity is being built through clinical standardization, effective teaching and performance assessment skills. A new project to improve management of the entire health workforce has been designed with the Ministry.

PUBLIC FINANCIAL MANAGEMENT

Public financial management involves all of a country’s processes relating to financial management, including budgeting, planning, reporting and oversight. A robust system is essential for good, sustainable governance and vital for the achievement of policy objectives and quality service delivery. Throughout 2016, 3MDG worked closely with the World Bank to strengthen the public financial management system at central, state and regional, and township levels.

HEALTH FINANCING: PROVIDER PAYMENTS

Population Services International (PSI) Myanmar is piloting a government-supported project to demonstrate the capacity of private general practitioners to offer a basic package of primary care services. This is supported by 3MDG and other donors, and is a key study for the National Health Plan, helping to inform the Government’s long-term universal health coverage plan by testing a different strategic purchasing mechanism. Instead of fee-for-service payments, this pilot will implement capitation payments and a pay-for-performance bonus. That means that doctors are paid a set amount to make a basic set of services available for each person assigned to them, whether or not that person seeks care. The project will be assessed to see if it can decrease out of pocket expenses among low-income households.

In 2016

- **SUPPLY CHAIN:** 80% of 3MDG-supported townships have functional cold chain equipment and adequate storage space (compared to a target of 60%).
- **BUILDING AN EVIDENCE BASE:** With 3MDG support, significant steps were taken in improving health information management systems with the roll-out of two tools: the electronic district health information system (DHIS) and the volunteer recording system.
- **INFRASTRUCTURE:** 44 new rural and sub-rural health centres were constructed, including those centres completed in 2015, 61 centres have been handed over to the Ministry of Health and Sports covering a population of about 365,000 people. By early 2018, 82 centres will be completed.
- **GOVERNANCE AND STEWARDSHIP:** 3MDG supported the development and launch of the National Health Plan and the set-up of its monitoring unit.
- **HUMAN RESOURCES FOR HEALTH:** 1,365 doctors, nurses and midwives who participated in at least one mother, newborn and child health training, including delivery and emergency obstetric care in 3MDG-supported townships (62% of total eligible basic health staff).

SHAPING PROJECT IMPROVEMENTS WITH COMMUNITY FEEDBACK

Community feedback mechanisms help implementing partners understand how their interventions are perceived and received by the people they serve, allowing them to make adjustments. In 2016, more than 7,500 pieces of feedback were received from communities, and 66 percent have already been addressed. For example, after a request to improve the accessibility of drop-in centres for women with drug dependence, partners began to open the centres on the weekend and arranged outreach services to reach those who could not access them. When reports were received about needles and syringes in public places, volunteers were quickly mobilized to collect them.

The amount of referral support was adjusted in response to feedback that it did not reflect actual costs for people travelling from hard-to-reach villages. More topics were added for health education sessions in response to community requests, and current information was modified to be more clear and understandable. In Thantlang township in Chin State, villagers living in Tonzana, Hakha, Falam and Tedim informed Save the Children that water is scarce in their communities in the dry season. As a result, cases of diarrhoea increase significantly during these periods. Dr Sandar Lin, who is a project manager, says that when they were told about the scarcity:

“...The cases of diarrhoea went down – it was a big success. The benefits of the feedback mechanism were very clear. The people of these villages were very happy. The cases of diarrhoea were especially high, along with the provision of clean containers to transport and store the water. The community was very happy. The cases of diarrhoea went down – it was a big success. The benefits of the feedback mechanism were so clear, so the communities became even more invested in it.”
4.2. ‘HEALTH FOR ALL’

Since 2013, 3MDG’s ‘Health for All’ strategy, aligned to the guiding principles of the Ministry of Health and Sports, has aimed to reinforce equity, inclusiveness, accountability, efficiency, sustainability, conflict-sensitivity and quality across the work of the Fund. This work has continued through 2016, and progress reports from the township level demonstrated good mainstreaming of these principles into programme and project management for all partners.

Communities: Communities are an important level of the health system, with a role to play in their own health. Strengthening the community helps to make township health systems responsive, holistic and inclusive. 3MDG supports community systems strengthening through financing of community governance structures such as village health committees and village health funds. They support referrals and encourage health-seeking. Community engagement helps build understanding of needs.

Community health workforce: Long periods of conflict, international sanctions and limited investment in public health have left significant populations and parts of the country largely beyond the reach of health facilities and services. The community health workforce, community-based organizations and national non-government organizations have emerged to support under-served and geographically remote populations. This includes community health workers, auxiliary midwives who work in support to midwives, and volunteer health workers who provide health education, support community mobilization for immunization, identify and treat some diseases, and refer patients.

Capacity-building support: 3MDG provides technical and capacity building support for its partners through Fact Myanmar, based on the needs of each partner. Topics include financial and human resources management, administration and logistics, advocacy and fundraising, strategic planning, monitoring and evaluation and programme management. There were 19 partners in total supported in 2016, including six ethnic health organizations.

In 2016

76% OF IMPLEMENTING PARTNERS (19 OUT OF 25) INCLUDED PARTICIPATION AND ENGAGEMENT BETWEEN HEALTH CARE PROVIDERS AND TARGET COMMUNITIES IN THEIR ACTIVITIES.

1,644 WOMEN ATTENDED THE ANNUAL REVIEW WORKSHOP ON THE COMPREHENSIVE TOWNSHIP HEALTH PLANS. THIS IS 79% OF ALL ATTENDEES.

107 WOMEN ON TOWNSHIP HEALTH COMMITTEES. THIS IS 28% OF ALL MEMBERS.

3,192 STAFF FROM THE MINISTRY OF HEALTH AND SPORTS, IMPLEMENTING PARTNERS, LOCAL NON-GOVERNMENT ORGANIZATIONS AND COMMUNITY BASED ORGANIZATIONS TRAINED IN ACCOUNTABILITY, EQUITY, INCLUSION AND CONFLICT SENSITIVITY.

COLLECTIVE VOICES

In recent times, more emphasis has been placed on hearing the community as they express their own health needs in Myanmar. This is reflected in the National Health Plan. In 2016, 3MDG was well-placed to support this through community feedback mechanisms, the Collective Voices initiative and participatory township health planning. The six Collective Voices partners work with a further 25 local civil society organizations to uncover, and then address, barriers to health access. These barriers, uncovered from more than 500 community meetings, were captured in a report launched in August, 2016. Collective Voices partners now have an important role in health education and social mobilization campaigns, reaching out to vulnerable communities, migrants and diverse ethnic groups.

4.3. MORE EQUITY IN ACCESS TO SERVICES

3MDG aims to improve equity in access to health services, by targeting people living in remote areas, affected by conflict, or those who are particularly vulnerable to health challenges.

MATERNAL, NEWBORN AND CHILD HEALTH SERVICES

Every year in Myanmar around 2,800 pregnant women and over 70,000 children die from largely preventable causes, according to the 2014 census. The Myanmar Demographic and Health Survey shows that only 60 percent of women had their deliveries assisted by skilled attendants and only 37 percent of all deliveries were in health facilities. Women in rural, remote or conflict-affected areas are particularly disadvantaged, and often interventions are not adequate, available or affordable.

3MDG maternal, newborn and child health services are targeted to areas which are affected by conflict such as Kayah State and townships in Northern Shan, and in special regions such as Wa and S'ri. This work is done together with ethnic health organizations and local authorities. 3MDG supports the development of delivery capacity and service improvement within these organizations, as well as their closer coordination with the Ministry of Health and Sports. Altogether, 3MDG support ensures essential maternal, newborn and child health services for a population of 4.5 million people.

Interventions cover prevention, such as immunizations for pregnant women and children, ante-natal, postnatal and newborn care, and access to appropriate delivery care and treatment, including emergency referrals. Promotive healthcare, such as health education in nutrition or family planning is important to ensure communities are able to make informed choices about their own health.

In 2016, maternal, newborn and child health services results across the country were strong. In townships that 3MDG supports, women are now more likely to access skilled care before, during and after their pregnancy. Women and children under five are better able to access emergency care when it is needed, with more than 30,000 emergency referrals utilized. More than 70,000 children were immunized against common childhood diseases.

<table>
<thead>
<tr>
<th>In 2016</th>
<th>In 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,612</td>
<td>16,612</td>
</tr>
<tr>
<td>14,083</td>
<td>14,083</td>
</tr>
<tr>
<td>53,319</td>
<td>53,319</td>
</tr>
<tr>
<td>431,187</td>
<td>431,187</td>
</tr>
<tr>
<td>51,358</td>
<td>51,358</td>
</tr>
<tr>
<td>72,803</td>
<td>72,803</td>
</tr>
<tr>
<td>5,5 million people covered in 34 townships</td>
<td></td>
</tr>
</tbody>
</table>

“ I would hate to think women are not going to hospital for financial reasons”

“My name is Ma Hnin. I am a mother from Ngar Pyan Taung. A lot of migrants live here. I only just arrived, and I work at the rubber plantation. Because it is so remote, we don’t really see any health staff here. But fortunately for me a staff member from Bright Future found out that I was pregnant on one of his outreach visits. He informed the midwife responsible for our area, and arranged for me to get ante-natal care. When I went into labour, I had a lot of pain. The health staff referred me to Mudon Hospital. Because of Bright Future’s advocacy work with the Township Health Department, the health staff were more understanding of the needs of migrants. They greeted me warmly, and I delivered my beautiful baby – it went well!

Before I went to the hospital, I thought it would cost a lot of money so I dared not go. But I was wrong. Bright Future staff told me everything was free at the hospital, except the travel and food. I would hate to think women are not going to hospital for financial reasons. If you need it, you can even get help with the travel and food costs.”

Bright Future is a 3MDG Collective Voices partner, working to uncover and address barriers to healthcare in Mon State. In 2016, they helped Ma Hnin access the services she needed to give birth safely.
MALARIA

Malaria incidence has significantly declined over the past two to three years. To sustain these improvements, investments in malaria testing and treatment remain a public health priority. 3MDG’s contribution has been towards the containment of artemisinin-resistant malaria and pre-elimination. Populations in conflict-affected areas are targeted in coordination with ethnic health organizations, as well as other hard-to-reach groups, including internally displaced people, and construction and mine workers. Nearly half a million tests were taken in 2016.

Malaria services include diagnostic facilities and standard treatment through a trained community volunteer network. Directly Observed Treatment (DOT) volunteers ensure that patients take their initial treatment immediately and explain how to complete the rest of the course. Treatment adherence is key to cure, preventing drug resistance and the overall success of the programme.

TUBERCULOSIS

The latest national TB prevalence survey suggests that late or advanced cases are detected more often in remote, hard-to-reach, mobile or migrant populations and in urban slum areas. Detecting TB cases early improves the chance of cure, reduces the risk of transmission, and helps prevent the development of drug resistant TB. To do this, the National TB Programme adopted an active case detection strategy, with nine mobile teams operating strategically throughout Myanmar. In 2016, they detected more than 18,000 cases, as well as providing significant other healthcare interventions at community level.

The National TB Programme and its partners have prioritized the detection of missing multi-drug resistant tuberculosis cases and rapidly enrolling them into treatment. Free treatment for twenty months is provided by the government, accompanied by a package of patient support provided by 3MDG. This includes provision of a nutrition package, moral support, cash payment (30 USD per month), and daily visits to assist with treatment. This community-based model significantly improves patient treatment adherence and outcomes. The number of people enrolled on treatment for MDR-TB – at 2,054 – is a significant proportion of the national burden.

HIV HARM REDUCTION

More than a quarter of new HIV infections in Myanmar (28 percent) were among people who inject drugs. Higher levels of co-infection of sexually transmitted infections, HIV, Hepatitis C and TB are also prevalent for this group.

‘Harm Reduction’ is an effective global response to reduce the negative consequences associated with drug use. In support to the National HIV and AIDS Strategy, 3MDG finances Harm Reduction services in 30 townships in Shan and Kachin states, and Mandalay, Sagaing and Yangon regions. Activities are prioritized in areas with large numbers of people who inject drugs, and include drop-in centres, needle and syringe exchange programmes, regular testing and treatment, prevention and advocacy.

With good knowledge of affected populations and a contextualized approach, local partners were able to reach more than 40,000 people who inject drugs (96 percent of the target population) with prevention programmes in 2016. This is 53 percent of the national target. Interventions include distribution of needles and condoms, education and testing, a programme launched in 2016 to reduce community stigma and discrimination, and continued advocacy for the decriminalization of low level drug use.

PRISON HEALTH

Low investment in public health facilities and services, especially in closed settings like prisons and labour camps, leads to severe overcrowding, limited health facilities and services, under deployment of health staff and lack of infection control. This creates conditions that are harmful to the health of people in these closed settings – prisoners and staff.

In partnership with United Nations organizations, international non-government organizations, the Ministry of Health and Sports, and the Home Affairs/Prison Department, 3MDG is working to assess priority actions to strengthen health facilities and services for people in closed settings.

In 2016

- 11,276,384 needles and syringes distributed to people who inject drugs
- 1,688,482 rapid diagnostic tests for malaria taken and read
- 6,584 bacteriologically confirmed drug resistant TB cases who began second line treatment (total 2,054 patients)
- 10,786 people who inject drugs given voluntary confidential counselling and testing for HIV
- 4,444,482 rapid diagnostic tests for malaria
- 18,176 cases of TB notified (all forms)
- 43,449 number of referrals to TB centres by community health workers or volunteers
- 8,192 people with confirmed malaria treated as per the national treatment guidelines

CASES OF TB NOTIFIED (ALL FORMS)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>All forms</td>
<td>43,449</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>12,188</td>
</tr>
<tr>
<td>Extrapulmonary</td>
<td>31,261</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>43,449</td>
</tr>
</tbody>
</table>

NUMBER OF REFERRALS TO TB CENTRES BY COMMUNITY HEALTH WORKERS OR VOLUNTEERS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>All forms</td>
<td>43,449</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>12,188</td>
</tr>
<tr>
<td>Extrapulmonary</td>
<td>31,261</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>43,449</td>
</tr>
</tbody>
</table>

PEOPLE WHO INJECT DRUGS GIVEN VOLUNTARY CONFIDENTIAL COUNSELLING AND TESTING FOR HIV

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>All forms</td>
<td>43,449</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>12,188</td>
</tr>
<tr>
<td>Extrapulmonary</td>
<td>31,261</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>43,449</td>
</tr>
</tbody>
</table>

PEOPLE WITH CONFIRMED MALARIA TREATED AS PER THE NATIONAL TREATMENT GUIDELINES

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>All forms</td>
<td>43,449</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>12,188</td>
</tr>
<tr>
<td>Extrapulmonary</td>
<td>31,261</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>43,449</td>
</tr>
</tbody>
</table>

A doctor checks an x-ray for TB at a mobile clinic.
Daw Thin Thin, 28, and her husband received birth control from their midwife so they can plan their family’s future.

“Everyone is really happy that she is with us. But, I think one child is enough for us – she needs a lot of attention”

“Our lives have changed so much since the baby was born. Before our house was very quiet, but now it’s noisy and entertaining.

Just a few days ago my baby had a fever, so I went to see the midwife again. After getting the treatment, she quickly recovered.

I gave birth to my first child nine months ago. During an ante-natal visit, the midwife noticed that my legs were swollen. She decided to refer me to the hospital. In the tenth month, I gave birth to a healthy daughter by Caesarean section. I felt so happy after the baby was born, but I was in a bit of pain too. Fortunately, I received a lot of support and care from the midwife. I also went back to the hospital for a check-up 45 days after giving birth.

Just a few days ago my baby had a fever, so I went to see the midwife again. After getting the treatment, she quickly recovered.

“We can plan to have as many children as we want”

“My name is Sut Nau and I am a programme coordinator of the Metta Development Foundation community-led Harm Reduction programme in Kachin State.”

“When I joined Metta in 2006, I started working together with communities to make changes and build a peaceful society. A year later my uncle passed away, after having AIDS for three years. He did not get antiretroviral (ART) treatment as it was very difficult to access it. He had gotten HIV by injecting drugs. Some of my close friends have also died of HIV.”

“I want to make change and build a peaceful society”

Ko Nwet Linn didn’t have any volunteer experience before he attended the eight day training session last summer but since then he has already made a big difference to his community. So far, of the 90 children he has seen, he has been able to confidently diagnose 85 of them, thanks to the support and training he has received. This includes supervision from basic health staff and personnel from Malaria Consortium. During his training, he learned that children under five are particularly vulnerable to serious health situations. Early diagnosis and treatment and early referral to hospital can make all the difference. Many of the children he diagnosed needed treatment for pneumonia and diarrhoea, which can be dangerous conditions if left untreated, and some were even referred to the hospital. Ko Nwet Linn was also able to identify and treat two positive malaria cases.

“We were so happy, we danced”

“Working with the communities can be tricky sometimes. At the beginning, they did not accept Harm Reduction, particularly methadone treatment and needle syringe exchange programme. People thought that would encourage people to use more drugs. After advocacy meetings, trainings and workshops in the communities, they came to know the real meaning of harm reduction and what it stands for. Attitudes changed. But still, some communities outside our project areas continue to be strongly against the approach.”

“When I was in seventh grade I had to drop out of school because of my joint pain. Instead, I helped my family at their grocery store. I have a big family, we are nine in total. My other siblings are working in factories or are still at school.”

“He did not get antiretroviral (ART) treatment as he had enough money to go to the hospital.”

“One day my father told me about the mobile TB clinic and we decided to go. Doctors checked my x-ray and said I had TB. Everyone there was very kind and supportive of me, and they explained to me all about TB, but I only wanted to cry. I started the treatment right away. I never experienced bad symptoms, but everyone was scared of contracting TB when being around me. I used to cry a lot, I felt weak and ashamed.”

“When I went to the hospital six months later, the nurse said I was cured. My family and I were so happy, we danced.”

“Hlaing Hlaing Htet is from Yangon Region, and received support from the Ministry of Health and Sports and 3MDG via mobile clinics and the local hospital. She was cured of TB in 2016.”

There are 29 other volunteers in the programme and some of those are already volunteers for other health areas. It is run in partnership with the Ministry of Health and Sports, and financed by 3MDG, the Malaria Consortium and other sources.

Ko Nwet Linn lives in Kyan Thar in Sagaing Region, a village with a population of over 1,500 people. There are no health providers in his village, and it is 35 miles from the nearest hospital. The Malaria Consortium offered Ko Nwet Linn training as part of a pilot programme that aims to assess how feasible it is to use volunteers to diagnose, treat and refer childhood illnesses.

Sut Nau has personally experienced the consequences of the stigma of HIV. Now, he works in Harm Reduction-related activities at the community level. Through his job, he improves the conditions of people dependent on drugs, helping them to avoid HIV and enabling their reintegration in the society.

“Just a few days ago my baby had a fever, so I went to see the midwife again. After getting the treatment, she quickly recovered.

“Our lives have changed so much since the baby was born. Before our house was very quiet, but now it’s noisy and entertaining.

I gave birth to my first child nine months ago. During an ante-natal visit, the midwife noticed that my legs were swollen. She decided to refer me to the hospital. In the tenth month, I gave birth to a healthy daughter by Caesarean section. I felt so happy after the baby was born, but I was in a bit of pain too. Fortunately, I received a lot of support and care from the midwife. I also went back to the hospital for a check-up 45 days after giving birth.

Just a few days ago my baby had a fever, so I went to see the midwife again. After getting the treatment, she quickly recovered.

“Our lives have changed so much since the baby was born. Before our house was very quiet, but now it’s noisy and entertaining.

Everyone is really happy that she is with us. But, I think one child is enough for us – she needs a lot of attention”

Daw Thin Thin, 28, and her husband received birth control from their midwife so they can plan their family’s future.

“My name is Sut Nau and I am a programme coordinator of the Metta Development Foundation community-led Harm Reduction programme in Kachin State.”

“When I joined Metta in 2006, I started working together with communities to make changes and build a peaceful society. A year later my uncle passed away, after having AIDS for three years. He did not get antiretroviral (ART) treatment as it was very difficult to access it. He had gotten HIV by injecting drugs. Some of my close friends have also died of HIV.”

“I want to make change and build a peaceful society”

Ko Nwet Linn didn’t have any volunteer experience before he attended the eight day training session last summer but since then he has already made a big difference to his community. So far, of the 90 children he has seen, he has been able to confidently diagnose 85 of them, thanks to the support and training he has received. This includes supervision from basic health staff and personnel from Malaria Consortium. During his training, he learned that children under five are particularly vulnerable to serious health situations. Early diagnosis and treatment and early referral to hospital can make all the difference. Many of the children he diagnosed needed treatment for pneumonia and diarrhoea, which can be dangerous conditions if left untreated, and some were even referred to the hospital. Ko Nwet Linn was also able to identify and treat two positive malaria cases.

“We were so happy, we danced”

“When I was in seventh grade I had to drop out of school because of my joint pain. Instead, I helped my family at their grocery store. I have a big family, we are nine in total. My other siblings are working in factories or are still at school.”

“He did not get antiretroviral (ART) treatment as he had enough money to go to the hospital.”

“One day my father told me about the mobile TB clinic and we decided to go. Doctors checked my x-ray and said I had TB. Everyone there was very kind and supportive of me, and they explained to me all about TB, but I only wanted to cry. I started the treatment right away. I never experienced bad symptoms, but everyone was scared of contracting TB when being around me. I used to cry a lot, I felt weak and ashamed.”

“When I went to the hospital six months later, the nurse said I was cured. My family and I were so happy, we danced.”

“Hlaing Hlaing Htet is from Yangon Region, and received support from the Ministry of Health and Sports and 3MDG via mobile clinics and the local hospital. She was cured of TB in 2016.”

There are 29 other volunteers in the programme and some of those are already volunteers for other health areas. It is run in partnership with the Ministry of Health and Sports, and financed by 3MDG, the Malaria Consortium and other sources.

Ko Nwet Linn lives in Kyan Thar in Sagaing Region, a village with a population of over 1,500 people. There are no health providers in his village, and it is 35 miles from the nearest hospital. The Malaria Consortium offered Ko Nwet Linn training as part of a pilot programme that aims to assess how feasible it is to use volunteers to diagnose, treat and refer childhood illnesses.

Sut Nau has personally experienced the consequences of the stigma of HIV. Now, he works in Harm Reduction-related activities at the community level. Through his job, he improves the conditions of people dependent on drugs, helping them to avoid HIV and enabling their reintegration in the society.

“Working with the communities can be tricky sometimes. At the beginning, they did not accept Harm Reduction, particularly methadone treatment and needle syringe exchange programme. People thought that would encourage people to use more drugs. After advocacy meetings, trainings and workshops in the communities, they came to know the real meaning of harm reduction and what it stands for. Attitudes changed. But still, some communities outside our project areas continue to be strongly against the approach.”

“When I was in seventh grade I had to drop out of school because of my joint pain. Instead, I helped my family at their grocery store. I have a big family, we are nine in total. My other siblings are working in factories or are still at school.”

“He did not get antiretroviral (ART) treatment as he had enough money to go to the hospital.”

“One day my father told me about the mobile TB clinic and we decided to go. Doctors checked my x-ray and said I had TB. Everyone there was very kind and supportive of me, and they explained to me all about TB, but I only wanted to cry. I started the treatment right away. I never experienced bad symptoms, but everyone was scared of contracting TB when being around me. I used to cry a lot, I felt weak and ashamed.”

“When I went to the hospital six months later, the nurse said I was cured. My family and I were so happy, we danced.”

“Hlaing Hlaing Htet is from Yangon Region, and received support from the Ministry of Health and Sports and 3MDG via mobile clinics and the local hospital. She was cured of TB in 2016.”
4.4. REMOVING THE BARRIERS

Even when health services are in place, people can face barriers in reaching them. These include distance, cost, embedded beliefs about health services, lack of trust, stigma, and discrimination.

For example, gender norms and a lack of decision-making power impact women’s access to health services. In many cases, men have a higher status in the community and usually make the decisions for their family when it comes to income and health. To try to overcome this imbalance, in 2016, 3MDG financed training sessions that aimed to make space for men and women to make shared decisions about the healthcare of their families.

Emergency referrals: 3MDG’s support to emergency referrals helps overcome barriers of distance, cost and lack of knowledge about available health services by training health workers to detect and refer pregnant women and children under five who need emergency care. Transportation, food and other costs are reimbursed.

Stigma, discrimination and criminalization: Stigma and discrimination against population groups and particular health issues can make people reluctant to seek services, or can influence the decisions they make about their health. Marginalized or criminalized population groups, such as people with drug dependence or people living with HIV, also find it difficult to seek healthcare. Peer educators play a critical role in sharing information about HIV Harm Reduction services, which is important because as former or current people with drug dependence, they are trusted in this community.

Building trust: Reports of insensitivity or judgmental treatment by health staff towards patients, together with cultural norms, can contribute to a lack of trust in the health system, and health-seeking behaviour can be subsequently delayed. In 2016, implementing partners conducted about 2,750 events and meetings that facilitated participation and engagement between healthcare providers and target communities. Community feedback mechanisms also help to build trust and relationships.

Lack of health knowledge: Health knowledge in Myanmar can be limited, and there can be misinformation about health and healthcare. This is especially true in rural and remote areas, where there are information gaps between the information being provided by the health sector and the messages being received by communities. 3MDG Collective Voices partners share health knowledge with innovative games and other outreach activities. This is particularly targeted at vulnerable groups, such as migrant and mobile populations in the Mon State.

Health education and promotion are necessary for uptake of family planning services and preferred contraceptive methods for women and couples. This is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. For 3MDG, this has been done both in the public health sector through townships and in the private sector.

5. LESSONS LEARNED

From its inception, the 3MDG Fund has been a learning organization. Projects and approaches require monitoring and adjustments to make sure they are responsive to the needs of the population. Overall lessons shape the future actions of 3MDG, any Successor Fund to 3MDG and all health actors in Myanmar.

INSTITUTIONALIZING EMERGENCY REFERRALS

The Emergency Referral Programme has shown evidence of a reduction in case fatality accompanying their growing use. Costings show the intervention to be good value for money. 3MDG experiences will be used to discuss and advocate for a model of a scale-up of the programme to become institutionalized as part of the Ministry of Health and Sports work.

3MDG has learned important lessons about promoting integration, working in conflict-affected areas, and improving coordination with the Ministry of Health and Sports. 3MDG has remained flexible in a changing environment, and this has been valuable.

For example, civil society organizations have been able to uncover key reasons why people were not travelling to health facilities, such as language barriers or cultural beliefs about travelling on certain days. As a result, outreach visits have been increased on those days and more local staff who speak the same language as the community have been employed.

6. MOVING FORWARD

3MDG has adopted three broad strategies which aim to ensure sustainability is built into the work of the Fund: strengthening the health system, building the capacity of key stakeholders in the health sector, and ensuring sustained health benefits, including institutionalizing services and activities. The long-term goal is to achieve institutional and financial sustainability of public sector health services and government stewardship of the wider health sector.

The National Health Plan 2017-2021 is a strong framework for Myanmar’s progression towards universal health coverage. With renewed Ministry leadership and a clear roadmap for the delivery of an Essential Package of Health Services to the entire population, the time is right for continued investment in and support to health in the country.

Engagement of all stakeholders will continue to be a priority. 3MDG will also make internal changes to foster better integration of our support within Myanmar’s health response.

Several bilateral donors are currently exploring the establishment of a follow-on mechanism that will allow them – and possibly other development partners – to continue pooling resources in support of the Myanmar health sector, sustain the gains achieved by the 3MDG Fund, and continue to promote equity in access to health. This “Successor Fund,” with an estimated USD 150 million for a period of five years, will contribute to improving equity and inclusiveness, aligned with and in support of the National Health Plan and the Ministry of Health and Sports.