3MDG Presentation

M-HSCC
Nay Pyi Taw
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The *Three Millennium Development Goal Fund* provides joint donor support, partnering with the MoH to address the basic health needs of the most vulnerable people in Myanmar, encompassing maternal, newborn and child health services, HIV, TB and malaria prevention and control activities and health system strengthening.
3MDG in Myanmar Health Sector

Governance and stewardship of the Health sector

DONORS

3MDG PARTNERS

Central
State/Region
Township

UN agencies

International
Local NGOs / CSOs
Delivering now

3MDG PLANNED PROGRAM EXPENDITURE (2013-2016) (TOTAL $332 MILLION)

Annual Average
$84,290,470

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure (Millions)</th>
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<tbody>
<tr>
<td>2013</td>
<td>$25,184,897</td>
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<tr>
<td>2014</td>
<td>$130,565,420</td>
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<td>2016</td>
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Three Components of the Fund

**Component 1**
Maternal, Newborn and Child Health
Increased availability and accessibility of essential services focusing on maternal, newborn and child health.

**Component 2**
HIV, TB and Malaria
Flexible and strategic support for HIV, TB and malaria interventions for populations and geographical areas that are not supported by the Global Fund.

**Component 3**
Health System Strengthening
Complementary health systems strengthening to support long-term sustainability.
Myanmar’s UHC Goal and Strategic Directions

- Improved health outcomes
  - Evidence Based Information & HMIS
    - Policies for Health
      - Governance and Stewardship
  - EHP
  - HRH
  - EM

- Consumer’s satisfaction
  - Community Engagement
    - Risk Pooling
  - PPP

- Financial Protection
  - Risk Pooling

Governance and Stewardship
3MDG in support of UHC strategic directions

- ESSENTIAL HEALTH PACKAGE
- PUBLIC PRIVATE PARTNERSHIP
- RISK POOLING
- POLICIES FOR HEALTH
- ESSENTIAL MEDICINE (& SUPPLY CHAIN)
- EVIDENCE BASED INFO & HMIS
- HRH MANAGEMENT
- GOVERNANCE & STEWARDSHIP
- COMMUNITY ENGAGEMENT

C1: MNCH
C2: HIV, TB, Malaria
C3: HSS
COMPREHENSIVE TOWNSHIP HEALTH PLANS

GOVERNMENT FINANCING & STEWARDSHIP

EXTERNAL SOURCES OF FUNDING

ACTIVITIES

- Planning & Coordination
- Supervision
- Outreach
- Emergency Maternal and Child Referrals
- Infrastructure
- Capacity Building and Training (BHS, volunteers)
- Supply of equipment and medicine
Evidence from previous programming highlights the importance of...

- **Midwives and BHS** in improving quality and coverage of basic MNCH services
- Provision of **transportation for midwives** and BHS to cover routine and hard-to-reach areas
- **Volunteers** (AMWs and CHWs) for promotive and basic preventive services
- Strengthening **supportive supervision** to improve quality of care
- Working with community structures (Health Committee) to increase utilization and referrals
- **Shared strategy** with GAVI-HSS
- **Strengthening states/regions** to support townships
Three Millennium Development Goals Fund

MNCH
Delivering results

Dec. 2013
• More than 17,000 births attended by a skilled health professional
• Nearly 6,000 women referred for EOC (under 5 = 17,601)

by Dec. 2016
• More than 250,000 births attended by a skilled health professional
• About 49,400 maternal emergency referrals (under 5 = 75,914)

Dec. 2013
• More than 6,000 children treated for diarrhea
• Outreach session: nearly 28,000 children immunized with Penta 3

by Dec. 2016
• More than 82,000 children treated for diarrhea
• Outreach session: 291,890 children immunized with Penta 3

Dec. 2013
• More than 350 doctors, nurses and midwives trained

by Dec. 2016
• More than 10,000 doctors, nurses and midwives trained
Over 8 million people covered by 2016

8,747,008 people have access to quality services

- Ayarwaddy Region, Pop. 1,801,840
- Chin State I, Pop. 236,614
- Chin State II, Pop. 237,461
- Magway Region, Pop. 710,413
- Kayah State, Pop. 270,169
- Shan State, Pop. 953,573
- Shan State (Wa), Pop. 233,938
- Additional Scale Up, geographical coverage tbd, targeted Pop. 1,303,000
- Urban Health Services, Pop. 2,000,000
- Additional Scale Up, geographical coverage tbd, targeted Pop. 1,000,000

Three Millennium Development Goal Fund
HIV / Harm Reduction

• Importance of work with community groups and peers to engage with hard to reach population (drug users)
• Need for continuum of care

Tuberculosis

• Scale up active case finding of TB
• Need to scale up MDR-TB response, to address high prevalence

Malaria: Myanmar Artemisinin Resistance Containment (MARC)

• Increase hard-to-reach population coverage
• Increase access to migrant and mobile populations
HIV, TB and malaria
Delivering results

Dec. 2013
Over **5.7 million** needles and syringes distributed

Dec. 2013
Programme formulation for active case finding for TB

Dec. 2013
Nearly **80,000 people treated** for malaria (as part of MARC)

Around **32 million** needles and syringes distributed

More than **8.1 million people reached** with TB prevention and treatment activities

Around **400,000 people treated** for malaria (as part of MARC)

3MDG SUPPORT TO HIV, TB, MALARIA PROGRAM
Component 3 will support health systems strengthening at central and all other levels of the health system, to help develop a more effective and responsive health system.
Three Millennium Development Goals Fund

HSS

3MDG in support of UHC strategic directions (1/3).

- Direct financing to MoH to support public sector delivery, including urban health care provision in Yangon (including active case finding of TB)
- Financing for standardized MNCH service delivery coverage across population of approx. 8 million (including hard-to-reach areas, and special regions)
- 3MDG financing for service delivery coverage: HIV, TB, malaria
- Strengthening of healthcare provision in prisons

- Joint UN support to MoH across policy areas of HRH, essential medicines, HMIS and defining essential package of health services
- WB support to MoH under Advisory and Technical Support agreement.

- Technical assistance to national HRH Strategy (MoH and WHO)
- Strengthening of nationwide midwifery training (support to 10 training centres by month 12 of project) (DoH, DMS and JHPIEGO)
- Additional training nationwide of 3000 AMWs by MoH
HSS
3MDG in support of UHC strategic directions (2/3).

- Analytical work commissioned from WB and UCSF to support MoH policies around PPP
- Analytics to identify role for corporate private sector within MARC framework
- Strengthening Public-Private-Mix (PPM) for TB, malaria and MNCH

- Strengthening of national supply chain (MoH and SCMS)
- Strengthening of Cold Chain (MoH and UNICEF)
- Provision of essential health commodities (to VHVs, to 1,800 MDR-TB patients, and RH commodities)
- Equipment to Health Facilities

- Joint UN support (WHO, UNICEF, UNFPA and UNAIDS) to MoH
- State/Region capacity building (under discussion)
HSS
3MDG in support of UHC strategic directions (3/3).

• Support to health sector policy formulation for UHC, including health financing options

• Support to strengthening of national research agenda (under discussion)
  • Evidence-base for MARC interventions
  • Strengthening of HMIS systems (MoH and WHO)
  • Support to SARA survey

• New training nationwide by MoH of 3,000 AMWs
  • MNCH Continuum of care with community-based programming
FUTURE DIRECTIONS

- Component 1 review second half of 2014
- Urban Health, prison healthcare, midwifery
- Health infrastructure (rural, urban)
- State/region capacity building
- Alignment with WB financing
- Increasing use and direct financing to government systems
Achievements up to 2013 and Targets for 2014

3MDG achievements, up to December 2013:

**Maternal, Newborn and Child Health**
- Over 17,000 births were attended by a skilled birth attendant.
- 65% or 20,273 women, in six Ayeyawady Delta Townships were attended four times during pregnancy by skilled health providers.
- Nearly 28,000 children under 1 years of age were vaccinated with Penta3, representing 93% of targeted for vaccination.
- Nearly 12,000 women were vaccinated against tetanus.
- Nearly 30,000 women were referred for emergency obstetric and gynecology care.
- Over 3,000 children were referred for comprehensive child care.
- Nearly 27,000 children were treated with antibiotics for pneumonia and over 6,000 children were treated for uncomplicated diarrhea.
- Nearly 2,000 doctors, nurses and midwives were trained in MNCH, including delivery and emergency obstetric care.
- 2751 AMWs and CHWs supported.
- 1.9 million people reached.

**HIV, TB and Malaria**
- Nearly 19,000 people who inject drugs were reached by prevention programmes.
- Over 5.7 million needles and syringes were distributed to people who inject drugs.
- Nearly 570,000 rapid diagnostic tests for malaria were taken and read.
- Nearly 80,000 people were treated for malaria and nearly 800,000 LLINs were distributed.
- Over 3,200 villages supported with a volunteer health worker.

3MDG targets for the year 2014:

**Maternal, Newborn and Child Health**
- Nearly 3,000 doctors, nurses and midwives will be trained in MNCH.
- Nearly 62,000 births will be attended by a skilled health professional.
- 75,000 women will be attended at least four times during pregnancy by a skilled provider.
- Over 43,000 cases of diarrhea will be treated.
- Over 76,000 children under 1 will be vaccinated with Penta3 and 74,000 children vaccinated against measles.
- Scale-up in hard to reach communities and 8,150 AMWs and CHWs supported.
- A minimum of 4.5 million people reached.

**HIV, TB and Malaria**
- 25,000 people who inject drugs will be reached with prevention programmes.
- 1.7 million people reached with malaria prevention and treatment.
- Over 1 million people reached with active TB case finding, and 16,000 cases of TB treated.
The Three Millennium Development Goal Fund

www.3mdg.org