Description of Action
Access to Health Fund – 2019-2023
15 November, 2018

This document describes the operating context and level of intervention of the Access to Health Fund. It also presents the program’s goal, purpose and outputs.

1. COUNTRY CONTEXT

2. Over the last half a century of isolation, Myanmar has seen very low levels of basic health services, poor infrastructure, shortage of trained medical and paramedical staff, a chronic shortage of essential drugs and supplies, and high levels of out-of-pocket payments for health. This situation is compounded by conflicts and geographical remoteness: by focusing on these areas, the Fund will be targeting some of Myanmar’s least equitable access-to-health situations and some of the country’s most vulnerable groups, in places that the government often is not able to reach and support. In doing so, the Fund will work closely with the Ministry of Health, non-government Partners, and Ethnic Health Organizations, who are the main health care providers in areas controlled by Ethnic Armed Organizations.

3. The Government of Myanmar’s commitment to Universal Health Coverage by 2030 put at the centre of its priorities questions of equity and access to health for the most marginalized populations. The Ministry of Health and Sports (MOHS) has launched the 2017-2021 National Health Plan (NHP) identifying the country’s priorities, needs, and gaps; the main goal of the Plan is to extend access to a Basic Essential Package of Health Services by 2021. Subsequent NHPs will focus on expanding the package from basic to intermediate (2025) and comprehensive (2030).

4. Access to Health Fund

5. The Access to Health Fund will be the third phase of Donors’ commitment to supporting the Health sector in Myanmar through a pooled funding mechanism: the first multi-donor Fund (the Three Disease Fund, 2007-2012) supported HIV, TB and Malaria programs after the withdrawal of the Global Fund from Myanmar in 2005; it was replaced by the Three Millennium Development Goals Fund (3MDG Fund, 2013-2018), which introduced support for MNCH and Health Systems Strengthening alongside the three diseases. The 3MDG Fund will end in December 2018. As its successor, the Access to Health Fund was given a name that reflects a strong focus on conflict-affected areas and on reaching vulnerable and underserved populations.

6. The United Kingdom, Sweden, United States, and Switzerland intend to continue pooling funding in 2019-2023 to fund the Access to Health Fund to increase use of quality essential health services for poor, underserved, marginalized and vulnerable people in conflict-affected areas, and to enable the continued strengthening of the health system. Other donors have expressed an interest to contribute to this multi-donor Fund.

7. As noted above, the NHP provides a roadmap for the Access to Health Fund, including:
   a. An inclusive and participatory formulation process;
   b. Phased access to an ‘Essential Package of Health Services’ for the entire population;
   c. An emphasis on primary health care delivered at township level and below;
d. A defined role for health providers outside the MOHS, including Ethnic Health Organizations (EHOs), non-government organizations (NGOs), and private providers;
e. A shift away from top-down planning and towards a more inclusive approach;
f. Recognition of the critical role of health systems strengthening in creating a health system that is self-reliable and supports universal access.

8. Vision, goal and purpose

a. **Vision**: to be an effective mechanism for channelling aid through partners, to achieve its goal of improving health of poor, underserved, marginalized and vulnerable people in conflict-affected areas of Myanmar.

b. **Goal**: to improve the health of poor, underserved, marginalized and vulnerable people in conflict-affected areas by reducing maternal and child mortality; and reducing the prevalence of HIV, malaria and TB.

c. **Purpose**: To sustainably improve health service use by poor, underserved, marginalized and vulnerable people in conflict-affected areas.

9. The Access to Health Fund builds on the following core priorities:
   a. A focus on conflict-affected areas and on work with both the MOHS and Ethnic Health Organizations;
   b. A conflict-sensitive Programme Management approach;
   c. A gender and a Human Rights Based Approach, ensuring service-provision understands and alleviates barriers to women’s (and other vulnerable groups’) access to health. The Fund will in particular take proactive steps across its programmes to ensure access to health for people with disabilities;
   d. A focus on supporting the delivery of an Essential Package of Health Services;
   e. Strengthening the health system’s capacity to ensure sustainable essential services with a particular focus on poor, underserved, marginalized and vulnerable people in conflict-affected areas;
   f. A focus on vulnerable and hard-to-reach populations;
   g. Flexibility to identify and seize opportunities as they arise with the evolving context and health response.

10. Thematic areas: The Fund has defined a number of intervention areas:
   a. Essential Health Services
      i. Maternal, Newborn and Child Health,
      ii. Nutrition
      iii. Sexual Reproductive Health and Rights
      iv. HIV/Harm Reduction
      v. Tuberculosis and MDR TB
      vi. Malaria
      vii. Health in Prisons
   b. Health Systems Strengthening

11. Geographies. The Fund will focus its interventions in Rakhine, Kachin, Shan, Kayin, Kayah and Mon States – all states affected by latent or active conflict. The Fund will also be active in Chin State; while the State is not considered a conflict-affected area, the remoteness and vulnerability of some populations in Chin State have led to its inclusion.
12. The case for prioritizing populations affected by conflict is threefold:
   a. Access to health services in conflict-affected areas is low. By focusing on these areas, the Fund will be targeting some of Myanmar’s least equitable access-to-health situations and some of the country’s most vulnerable groups, in places that the government, often, is not able to reach and support.
   b. Universal Health Coverage – the country’s goal for 2030 – requires access to health for populations throughout the country, and can only be achieved through closer cooperation and coordination with EHOs and their partners.
   c. By intervening in conflict-affected areas, the Fund will contribute to peace-building in Myanmar, bringing together actors around concrete shared goals and, through health-related discussions, contributing to building trust for further dialogue and collaboration.

13. **Theory of Change**

The diagram below illustrates the Access to Health Fund’s Theory of Change – namely the logical path through which the Fund’s key focus (*delivery of the Essential Package of Health Services in conflict-affected areas*) leads to outputs (better planning, increased capacity, improved efficiency) which in turn leads to increased health outcomes and to the desired goal/impact: better overall health status of populations in remote and conflict-affected areas, and reduced health inequalities.
**Goals**

- Better overall health status of populations in remote and conflict-affected areas
- Reduced maternal, neonatal, and child mortality
- Reduced disparities (Reduced health inequalities)
- Reduced poverty
- Health work promotes dialogue and contributes to peace

**Outcomes**

- Increased service coverage:
  - Increased TB, HIV & malaria cases properly treated/referred
  - Increased coverage of skilled birth attendance and ante/post-natal care
  - Improved coverage of basic vaccines
  - Improved SRHR knowledge; changed behaviour; contraception access

- Increased population coverage: populations in remote and conflict-affected areas have same access to essential health services and are empowered

- Increased financial protection: less out of pocket spending resulting in increased resilience of vulnerable populations

- Increased accountability (towards recipient communities) and responsiveness of service providers: Health services delivery assure quality, timeliness, dignity and building on principles of equality, gender, and human rights

- Improved delivery environment: conducive policies and regulations

**Outputs**

- Increased delivery and quality of services
- Health systems improvements

**Key Strategies**

- Build MOHS and EHO capacity
- Improve the delivery environment for MOHS, EHOs, and Implementing Partners
- Improve service-readiness, availability, delivery, and system efficiency
- Mainstream Conflict Sensitivity
- Improved accountability of service-providers to communities, and improve service-responsiveness
- Support national ownership of Health, including questions around sustainability and transition

**Increased collaboration of government and EHOs around health**

**Strengthened Health Systems**

**Contribute to progress towards UHC, with increased population access to and use of services**

**Support EPHS delivery in conflict-affected and hard-to-reach areas**
14. Two components:

15. The Fund will have two components, the first focusing on delivery of essential services to poor, underserved, marginalized and vulnerable people in conflict-affected areas. The second focusing on strengthening the health system’s capacity to sustain essential health services.

16. **Component 1: Essential Health Services.** This component focuses on ensuring that quality essential health services reach some of the country’s most marginalized and vulnerable, poor, and underserved populations in conflict-affected areas and in prisons.

   a. The Fund will seek innovative approaches to designing and funding interventions in conflict-affected areas. This will include working at all levels (village, township, state, and central), devising efficient fund-flow mechanisms, supporting service-planning, and building capacity of institutional actors.

   b. Innovation will also include going beyond grants to fund services through other modalities – e.g. co-financing, blended finance, prizes, impact-bonuses, etc. The Fund will also mandate projects when relevant to its mission.

   c. The Fund will aim to fund integrated grants which deliver a broad range of EPHS ‘primary healthcare services’, rather than take a vertical approach to interventions.

   d. Under HIV, TB, and Malaria, the Fund will work under the coordination of the Communicable Diseases Division. In MNCH, Nutrition, and SRHR, the Fund will support relevant Divisions of the MOHS, as well as Ethnic Health Organizations active in selected States.

17. **Component 2: Health System Strengthening (HSS).** To ensure sustainability of Component 1 investments in Essential Health Services, the Fund will invest in HSS to increase financial protection; increase use of Essential Health Services; improve service provision and service quality; and increase health equity, with increased access for poor, underserved, marginalized and vulnerable people in conflict-affected areas. The Fund’s HSS activities will be aligned with the National Health Plan framework. More specifically, the Fund will aim to achieve:

   a. Financial protection: Reduced out-of-pocket health spending by poor, underserved, marginalized and vulnerable people in conflict-affected areas.

   b. Essential services: Increased availability and quality of essential services for poor, underserved, marginalized and vulnerable people in conflict-affected areas and among prisoners.

   c. Population coverage: Increased and more equitable coverage of essential services for underserved people in conflict-affected areas and among prisoners.

   d. Responsiveness: Public sector, Ethnic Health Organizations (EHOs), Community Based Organizations (CSOs) and private sector respond to needs of poor, underserved marginalized and vulnerable people in conflict-affected areas.

In covering these areas, the Fund will support health systems strengthening actions to reinforce Health Information Management System and Logistics Management Information Systems.

The Fund’s HSS activities will be aligned with the National Health Plan framework and successive Annual Operational Plans.

18. The Fund will support specific cross-cutting HSS activities that meet the following criteria:

   a. Have cross-cutting benefits beyond a single service/disease;

   b. Address identified policy and organizational constraints, and strengthen the health system rather than simply support it;

   c. Provide long-term systemic impact beyond the life of the activity;

   d. Tailored to specific constraints and opportunities, with a clear defined role for existing institutions.
19. The following is an illustrative list of potential activities by health system function. It illustrates functions that could be reinforced primarily in collaboration with the Ministry of Health and Sports, but also with Ethnic Health Organizations:

<table>
<thead>
<tr>
<th>Health system function</th>
<th>Illustrative activities in 2019-2023</th>
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</thead>
<tbody>
<tr>
<td>Human resources</td>
<td>- Health workforce forecasting and deployment</td>
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<tr>
<td></td>
<td>- Rural retention policy</td>
</tr>
<tr>
<td></td>
<td>- Institutionalizing Village-Based Health workforce</td>
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<tr>
<td>Service delivery</td>
<td>- Planning and budgeting tools and guidelines focused on Essential Services</td>
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<tr>
<td></td>
<td>- Improved capacity of the National Nutrition Centre and National TB Programme</td>
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<tr>
<td></td>
<td>- Improved application of Standard Operating Procedures across the prison system, training for prison health staff, and increased numbers of prison health staff</td>
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<tr>
<td>Medicines, vaccines, technologies</td>
<td>- standardized Logistics Management Information System</td>
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<tr>
<td>Finance</td>
<td>- Development of health financing strategy and financial health protection law</td>
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<tr>
<td></td>
<td>- Improved public financial management capacity for budget formulation, execution, monitoring, and reporting</td>
</tr>
<tr>
<td>Information</td>
<td>- Improved collection of accurate timely data and information, and increased data utilization</td>
</tr>
<tr>
<td>Governance</td>
<td>- Creation of enabling environment for Universal Health Coverage</td>
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<td></td>
<td>- Promotion of evidence-based policy-making</td>
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20. INITIAL SCENARIO

This Description of Action outlines an initial scenario wherein four donors formally commit to Access to Health—with funds totalling USD 215 million or so over five years. Expected initial contributions are:

<table>
<thead>
<tr>
<th>Description</th>
<th>USD</th>
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<tbody>
<tr>
<td>UK - DFID</td>
<td>116,951,380</td>
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<tr>
<td>US - USAID</td>
<td>19,854,559</td>
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<tr>
<td>Sweden - SIDA</td>
<td>51,055,140</td>
</tr>
<tr>
<td>Switzerland - SDC</td>
<td>15,000,000</td>
</tr>
<tr>
<td>Expected 3MDG Rollover</td>
<td>12,139,653</td>
</tr>
<tr>
<td><strong>TOTAL CONTRIBUTION</strong></td>
<td><strong>215,000,732</strong></td>
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</tbody>
</table>

These numbers reflect the planned contribution amounts in USD as of September 2018, and are indicative due to: exchange difference fluctuations, changes in donor contribution amounts pending the final signing of bilateral agreements, and the rollover funding amount (which will be finalized when 3MDG implementation is completed).
21. COVERAGE, OBJECTIVES, AND EXPECTED RESULTS

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Expected Results*</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternal, Newborn and Child Health</strong></td>
<td></td>
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<tr>
<td>Number and percentage of births attended by skilled health personnel (doctor, nurse, lady health visitor or midwife)</td>
<td>64% (221,000 births)</td>
<td>Coverage area: The projected results are based on the assumption of intervention in 10 townships in Rakhine, 9 in Chin, 7 in Shan, 7 in Kayah. Future MNCH activities in Kachin and Kayin are not counted in the projections as these programs have not been defined.</td>
</tr>
<tr>
<td>Number and percentage of children under one immunized with Penta3</td>
<td>94% (322,000 children)</td>
<td>A notable reduction is projected from 2017 results (which were 17% for EmoC and 3% for ECC). The Access Fund, in coordination with MoHS, will adjust eligibility criteria for referral support to prioritise the most vulnerable populations.</td>
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| **Sexual Reproductive Health and Rights** | | |
| Modern contraceptive prevalence rate among married women | TBD | Coverage area: same as above To be reported based on HMIS data Family planning commodities are distributed to end users through existing basic health staff, health volunteers and social marketing channel. |

| **Nutrition** | | |
| Number and percentage of children under one immunized with Penta3 | 78% (321,000 newborn) | Coverage area (number of townships covered): 10 in Rakhine, 9 in Chin, 7 in Shan, 7 in Kayah This will be reported based on HMIS data |

| **HIV** | | |
| Number and percentage of PWID test positive for HIV who enrol on ART treatment | | Coverage area: high burden townships in Kachin, Shan and bordering regions with high rates of injecting drug use. Population coverage: 40% of national PWID estimates |

| **Tuberculosis** | | |
| Number of notified cases of all forms of tuberculosis | 60,000 | Coverage area: Community-based TB case finding in Rakhine, Kachin, Shan, Kayah, Kayin, Chin, Mon, and case finding by mobile NTP teams (limited support nationwide). |
| Number of MDR TB patients detected and treated | Yangon and Mandalay slums | |

| **Malaria** | | |
| Number of confirmed malaria cases treated in accordance with national malaria treatment guideline | 15,000 | Coverage area: as immediately above: Community-based diagnosis and treatment of malaria in Rakhine, Kachin, Shan, Kayah, Kayin, Chin and Mon. Projected decline of test positivity rates by 30%/year |

| **Prison Health** | | |
| Number of HIV positive prisoners who received treatment for HIV | TBD | |

| **Health Systems Strengthening** | | |
| Number of forums facilitated by the Access to Health Fund at which EHOs and the MOHS get an opportunity to coordinate their action on Health | 4 | Indicators on Health Systems Strengthening will be added when the Access to Health Fund’s HSS portfolio is better defined |
| Joint initiatives implemented by the MOHS and an EHO with the Fund’s facilitation | 5 | |

Please note that the result figures were estimated in the early design stages of the Fund when the expected funding scenario was USD 190 million. With two of the four Donors signed on as of early November 2018, and with the grant negotiation with Implementing Partners expected to complete by 15 December 2018, it is proposed that these numbers not be updated until all contracts and bilateral agreements are signed, should the signatories of the JCA express still wish to update this results table.