

## Development assistance and partnerships: Aid flow, instruments and coordination

### Foreign assistance and aid modalities

Despite a three-fold increase in government health expenditure from 2000-2001 to 2005-2006<sup>12</sup>, the infrastructure and performance of the health sector has been affected as a result of it being chronically under-resourced. External assistance is a major source of financing in the health sector although information on the exact magnitudes of funding is not available. According to the Organization for Economic Cooperation and Development (OECD), Myanmar in 2004 received a total official development assistance (ODA) of US\$ 121 million, of which roughly 13% went to the health sector. Few countries are providing direct financial support to the Government of Myanmar due to restrictions imposed by their national governments. The EU's common position limits funding to humanitarian assistance.

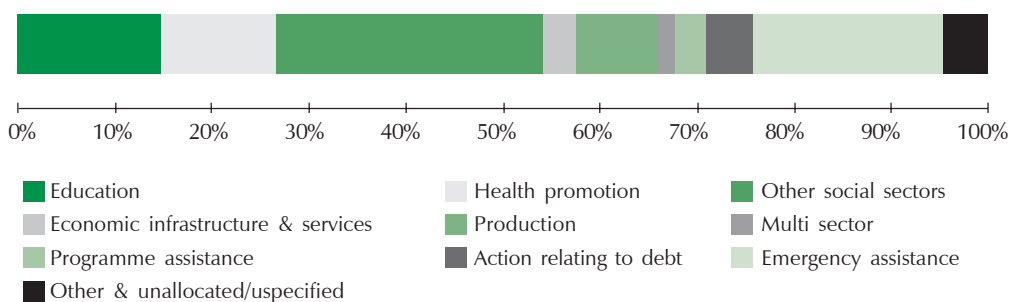
### Myanmar

Receipts	2002	2003	2004
Net ODA (USD million)	121	126	121
Bilateral share (gross ODA)	74%	71%	69%
Net ODA/GNI	–	–	–
Net Private flows (USD million)	-10	-32	-2

For reference	2002	2003	2004
Population (million)	48.8	49.4	49.9
GNI per capita (Atlas USD)	–	–	–

Top ten donors of gross ODA (2003-04 average)	(USD m)
1 Japan	35
2 United Kingdom	12
3 EC	11
4 Australia	8
5 Unicef	7
6 UNDP	7
7 Norway	6
8 Korea	6
9 United States	6
10 UNTA	5

## Bilateral ODA by sector (2003-04)



Source: OECD, World Bank

Instead, development assistance to the health sector is channelled mainly through global partnerships such as the Global TB Drug Facility, WHO Global Malaria Programme and GAVI, and directly to INGOs and NGOs working in the country. The UN plays a major role in contributing to health activities. The main contributors include WHO, UNICEF, UNDP and FAO.

## UN agencies

There are currently 11 UN agencies, funds and programmes operating in Myanmar. These are the UNDP, UNICEF, WHO, World Food Programme (WFP), FAO, Office of the United Nations High Commissioner for Refugees (UNHCR), UNFPA, United Nations Office On Drugs and Crime (UNODC), Joint United Nations Programme on HIV/AIDS (UNAIDS), International Labour Organization (ILO) and International Organization for Migration (IOM). WHO is an active member of the UN country teams and is committed to implementing a common UN approach as outlined in the *Strategic Framework for UN agencies in Myanmar*. The document, developed in 2005, provides an overview of UN principles and priorities and a broad strategic framework for all UN assistance programmes in the country. Five thematic areas have been identified as priority areas for intervention: (i) alleviating acute income poverty, (ii) improving food security and nutrition, (iii) ensuring access to essential health and education services and interventions, (iv) ensuring a protective environment, and (v) reducing regional disparities. In the implementation of the activities WHO coordinates with other UN agencies working in health areas, and with UNICEF, UNFPA and FAO in particular.

UNICEF is actively supporting Myanmar in the provision of vaccines (providing approximately 90% of the vaccines used to inoculate children against the seven major vaccine-preventable diseases) and equipment, in routine immunization campaigns

and expansion of coverage to hard-to-reach areas. UNICEF also supports the improvement of quality and availability of health services through training, ensuring standard and emergency obstetric care facilities at the township level, and through malaria prevention and control. In the area of nutrition UNICEF promotes exclusive breastfeeding, provides potassium iodate, and supplies vitamin A to children and iron supplements to pregnant and lactating mothers nationwide. UNFPA is supporting Myanmar through a special programme of assistance that covers 93 out of 324 townships. The special programme covers five component projects, namely (i) reproductive health services, (ii) behaviour change communication, (iii) data analysis of fertility and reproductive health survey, adolescent reproductive health and prevention of HIV/AIDS. FAO is supporting Myanmar in its efforts to control avian flu outbreaks in all poultry species and prevent the transmission of the virus to humans.

WHO is currently participating in UN work groups working on HIV/AIDS, food security and nutrition. In addition, the WHO Country Office, Myanmar, has been designated as the overall coordinating agency dealing with international response to avian and human influenza within the UN system and the international community.

## Technical partnerships

In line with the policy recommendations of the 3Diseases Fund, the Country Coordinating Body for AIDS, TB and malaria was established to coordinate the national response to the three deadly diseases. Based on the existing Technical Working Groups under GFATM, three Technical and Strategy Groups (TSGs) were formed in 2006 each for HIV/AIDS, malaria and TB. The TSGs are responsible for coordinating and reviewing the national strategy; preparing the three-year rolling operational plan and budget; coordinating with implementing partners at the national and local levels; and inculcating best practices and lessons learnt. Each TSG is answerable to the Country Coordinating Body. WHO is the secretariat for the TSGs for TB and malaria and a core group is meeting on a regular basis to steer TSG work. For TB, a sub-group on Public-Private Mix (PPM) DOTS is overseeing and providing technical assistance to the public-private partnerships on the disease. For malaria, four sub-groups (malaria prevention, malaria case management, advocacy and BCC, and monitoring and evaluation) have been established.

External joint monitoring missions are conducted for the National TB Programme by independent international and national partners, including WHO, to review the programme's progress towards meeting global targets and to recommend the way ahead. The five-year National Strategic Plan 2006-2010, the National Operational Plan for TB 2006-2009 and the more recent National Strategic Framework for Management of Drug-Resistant TB were developed collaboratively with all partners led by the NTP and facilitated by WHO.

## Nongovernmental organizations

The UN theme group on health commissioned a study in 2002 of stakeholders in health in Myanmar. The study summarized health activities of the main stakeholders, together with reported estimates of funding levels and population covered, as well as perceptions on and expectations about the role of the UN system. The theme group on health identified six priority areas — malaria, tuberculosis, reproductive health, newborn care, immunization and childhood illness — on which the analysis was based. Findings indicated that in this context, reproductive health received maximum attention from stakeholders and funding the HIV/AIDS programming in particular. Newborn care, on the other hand, has received minimum focus and funds.

Furthermore, coverage, even by those stakeholders with nationwide activities, is not universal. Remote and hard-to-reach areas continue to present challenges in each of the six areas identified. Due to funding and other restrictions, most NGOs and some UN agencies focus activities and funding on specific townships which, according to many respondents participating in the study, may have tended to increase disparities. Also, funding levels varied widely. While increased attention and funding for HIV/AIDS prevention was necessary, it is possible that continued, depressed funding levels may generally deflect attention from other health priorities.

The MoH has signed MoUs with 31 INGOs and 10 national NGOs on collaboration in health development, particularly in the areas of maternal and child health; primary health care; environmental sanitation control of communicable diseases (notably HIV/AIDS and TB); malaria prevention and control; rehabilitation of the disabled; and border health. In 2006, the government introduced Guidelines for UN Agencies, International Organizations and NGOs/INGOs on Cooperation Programme in Myanmar. The guidelines outline the requirements of the Government of Myanmar with regard to developing MoUs, registration of NGOs, staff appointments, travel in the country and implementation of activities.

## Coordination responsibilities

The International Health Division, under the direct supervision of the Ministry of Health, is responsible for coordination of all health-related activities among partners for health development in Myanmar. These include national NGOs, INGOs, bilateral and multilateral international agencies and inter-ministerial coordination bodies.

The WHO Country Office provides technical support to the Ministry of Health and its International Health Division to ensure that proposals seeking support for health system strengthening remain consistent with the National Health Plan 2006–2011 and are evidence-based. The country office also provides technical assistance for implementation of health system strengthening strategies and policies as well as

monitoring and evaluation of progress, use of data on performance to revise annual plans, and the submission of annual progress reports to donors.

## Global Initiatives

### Global Alliance for Vaccines and Immunization (GAVI)

The Government of the Union of Myanmar is receiving financial support from GAVI funds to introduce new vaccines, strengthen vaccine management and the cold chain system in EPI, and to develop guidelines and training material for strengthening human and institutional capacity for immunization. In 2004 the country received US\$ 974 800 as investment money for routine immunization and US\$ 1 000 000 for introduction of a new vaccine (hepatitis B). In 2005 the country received a second instalment of US\$ 974 800 as investment money and US\$ 842 440 as the first instalment of “reward” money for its achievement in reaching out to more children with its immunization projects. During 2007, Myanmar received US\$ 903 020 as the second instalment of the “reward” money. Based on the recommendations of the national Interagency Coordinating Committee (ICC), US\$ 1 000 000 from the reward money is being utilized for cold chain strengthening and upgradation of vaccine depots in the country. GAVI has opened up a health systems strengthening (HSS) window to financially assist GAVI-eligible countries to strengthen national health systems and ensure improved and sustained health outcomes. The WHO Country Office is assisting the Ministry of Health to develop the project proposal and a country-specific action plan.

### WHO Global Malaria Programme

The WHO Global Malaria Programme is responsible for formulating malaria policy and strategy, providing operations support and capacity development, and coordinating global efforts by WHO to fight malaria. The department establishes and promotes — based on evidence and consensus — WHO policies, normative standards and guidelines for malaria prevention and control, including monitoring and evaluation.

Among others, it provides technical support to the WHO Country Office in Myanmar by supporting one fixed-term position for ‘P’ staff (designated medical officer) as well as by supporting the Mekong Malaria Programme Coordinator (see next section).

The Roll Back Malaria (RBM) Partnership was launched in 1998 by WHO, UNICEF, UNDP and the World Bank to provide a coordinated global approach to fighting malaria. The RBM Partnership has expanded exponentially since its launch and now comprises a wide range of partners. The RBM mission calls for collaborating to enable sustained delivery and use of the most effective prevention and treatment modes for

those affected by malaria through the promotion of increased investment in the health system and incorporation of malaria control into all relevant multisector activities. WHO is one of the partners of and hosts the secretariat of the RBM Partnership.

The RBM Partnership has not been officially established in Myanmar but the National Malaria Control Programme and WHO Country Office have adopted and promoted its principles. For example, a national malaria technical working group was established in 2002 and that has now evolved into the current National Malaria Technical and Strategy Group chaired by the DoH, of which WHO acts as the technical secretariat. It serves as a mechanism for partners to work together for a common goal in the context of the National Strategic Plan for Malaria Prevention and Control. The strategic plan is in accord with the Revised Malaria Control Strategy (2006-2010) in the SEA Region that was endorsed by the Sixtieth Session of the Regional Committee in 2007, and with WHO's current Global Malaria Programme strategies.

## **Stop TB Partnership – Global Drug Facility – UNITAID**

The Global Drug Facility, housed at WHO headquarters and managed by the Stop TB Partnership secretariat at Geneva, has been providing the most crucial support for TB control in Myanmar since 2001 through yearly grants of anti-TB drugs covering up to 100% of the annual patient load. This in turn catalyzed DOTS expansion nationwide, raising the budget to more than US\$ 2 000 000 for 2008, up from US\$ 250 000 in 2001. Annual external monitoring missions are held by the GDF to monitor the in-country drug management right down to the grassroots level. These have reported good progress. A new international drug purchasing facility, UNITAID, providing drugs for HIV/AIDS, TB and malaria, also based at the Stop TB Partnership at WHO Geneva, will provide the NTP with second-line anti-TB drugs to manage a first group of 200 MDR-TB patients. Myanmar, one of the 22 TB high-burden countries, is a member of the global DOTS Expansion Working Group (DEWG), an inter-institutional arrangement between the World Health Organization and many Stop TB Partnership partners involved in expanding the coverage of DOTS. The DEWG meets once a year in conjunction with the annual World Conference on TB and Lung Diseases hosted by the International Union against TB and Lung Diseases (IUATLD). Since 2006, the NTP Manager is a member of the core committee which steers the work of the DEWG. The existing TSG TB functions as the Stop TB Partnership forum in Myanmar.

## **3 Diseases Fund (3DF): HIV/AIDS, tuberculosis and malaria**

Following the decision by the GFATM to terminate its Round 2 and 3 grants provided to Myanmar, a consortium of six donors (Australia, the Netherlands, European Commission (EC), Norway, Sweden and the United Kingdom) established the 3 Diseases Fund (3DF) to develop a project to fill the emerging critical gap in programme implementation. The move stemmed out of a deep-rooted concern over the

implications of terminating the said grants on the health of the people of Myanmar. A Bridging Fund for TB and Malaria was established in 2006 to ensure continuity of life-saving activities previously funded under the GFATM before the 3DF funds arrived. In accordance with the EU common position on Myanmar, the 3DF project is to be implemented by UN agencies, NGOs, the private sector and civilian administrations at the township or lesser levels. Funds will not be channelled through the central or state/divisional level. The Ministry of Health has, therefore, requested WHO to be the executing agency for the National Programmes for TB, AIDS and Malaria. A new arrangement for support to national programmes and activities at the township level has, consequently, been developed by WHO. The WHO Country Office will manage and monitor the distribution of 3DF funds to 325 townships supporting these three national programmes.

In line with the recommendations and proposals of the 3DF donor consortium, the Ministry of Health constituted the new Country Coordination Body chaired by the Minister for Health with membership from other relevant ministries, civil societies, UN agencies, INGOs and local NGOs for overall coordination of programme planning, implementation, and monitoring and evaluation of the national response related to AIDS, TB and Malaria.

## **Challenges related to development assistance and partnerships**

One of the major challenges posed by the current aid modalities is to ensure that development assistance aligns with national programmes and policies while conditions imposed by donor countries are at the same time respected. Furthermore, funding mechanisms that bypass the government and directly support INGOs and NGOs and external development partners may lead to further weakening of a fragile health system. This may also lead to the creation of parallel health structures and programmes that do not necessarily follow national norms and standards.

In the roll-out of the 3D Fund activities, it will be no mean challenge for WHO to disburse, manage and monitor a large grant for AIDS, TB and malaria on time in collaboration with the relevant national programmes within the Organization's policy basis while simultaneously fulfilling the requirements and expectations of the 3DF donors that are set forth by the European Commission's common position on Myanmar.

A major cause for concern is the termination of the GDF's support in 2009, after ending an already exceptional seventh year of support, which might set back the hard-won gains made and excellent results achieved by the NTP. Meanwhile, a grant from the UN Central Emergency Response Fund (CERF) is already helping to build a limited buffer stock.