

Health System Strengthening Mid-term Programme Evaluation

Myanmar

Gavi provided funding for Myanmar's health system strengthening (HSS) programme from 2012-2015. The 2013 mid-term evaluation of the HSS support programme was commissioned by the government of Myanmar and conducted by the Ministry of Health and the World Health Organization, Country Office for Myanmar.

BACKGROUND

Recognising that achieving immunisation coverage is dependent upon strong service systems the Gavi Board took the first steps to widen Gavi support to HSS in 2005.

Countries are encouraged to use Gavi HSS funding to target the "bottlenecks" or barriers in the health system that impede progress in improving the provision of and demand for immunisation and other maternal and child health (MCH) services.

Myanmar's HSS programme focused on interventions in 20 townships in hard-to-reach areas to achieve and sustain increased immunization coverage capacity and to provide immunization and other related health services at community level, focusing on improving maternal and child health.

OBJECTIVES

The objectives of the evaluation of the first twenty townships to receive interventions are to:

- i. review and assess the program implementation process
- ii. assess the program's key outputs and outcomes
- iii. provide policy recommendations for the on-going HSS program implementation
- iv. provide solid evidence to what extent Gavi HSS support to Myanmar achieved its objectives and contributed to strengthening the health system of the country.

METHODOLOGY

Findings are based on both qualitative and quantitative data collected through document review, questionnaires, field visits, and key informant interviews.

KEY FINDINGS

Physical and financial barriers are the two major challenges - more important than social barriers - to preventing access to health services in the twenty townships.

Outreach services contributed to increased coverage of key indicators after two years of the Gavi supported HSS programme.

Basic health staff at subcenters, regional health centers, and townships are fully committed to the Gavi HSS programme.

Financial resources from the Gavi HSS programme are spread too thin to activities and townships.

Training of new auxiliary midwives (AMW) and community health workers (CHW) and a refresher course for existing AMW and CHW per township has contributed to the supply of the voluntary health workforce.

Outreach is seen as an important transitional mechanism until static services are gradually established and accessible to hard-to-reach areas.

The Gavi HSS program as an externally funded programme is not sustainable in the long term.

RECOMMENDATIONS

Outreach services to hard-to-reach villages are the vial programme component that should be sustained and improved.

The distribution of midwives across townships needs to be reviewed and corrective measures are urgently needed.

Outreach packages in the future may consider providing more comprehensive services, beyond MCH, for diagnosis and treatment of key non communicable diseases.

Decentralized recruitment of young rural women - especially from hard-to-reach areas- is needed for midwifery training, including an exemption mechanism for recruitment where needed.

Continue to scale up traditional birth attendants and auxiliary midwives with training, refresher courses, supervision, and support by sub-regional and regional health centers.

Consider a mechanism for longer term sustainability, such as other development partners as well as government budget.

The Hospital Equity Fund should be continued.

The report's final recommendations help inform the country and Gavi Board regarding future HSS proposals from the country.
