Myanmar

Investment Case Priorities

- 1 Extend access to the Basic Essential Package of Health Services to the entire population while increasing financial protection (including the critical role of primary health care and the delivery of essential services and interventions at Township level and below, starting within the community).
- 2 Strengthen the health system to support effective delivery of quality services and interventions:
- Human Resources: Accreditation of training institutions; pre-service training
- Infrastructure: Construction, rehabilitation, and equipment of health facilities
- Service delivery: Health management information system; extending service delivery to the communities; referrals, procurement and supply chain management; fund flow and financial management; quality of care; demand for services
- Health Financing: Resource mobilization (government spending on health and development assistance for health); purchasing (engaging health providers outside the Ministry of Health and Sports and developing the functions of a purchaser); financial protection.
- 3 Create or increase demand for essential services and interventions.

RMNCAH-N Data

CORE IMPACT INDICATORS

Maternal mortality ratio 227 per 100,000 live births

Neonatal mortality ratio 25 per 1,000 live births

Percent of births Under-five <24 months after mortality ratio 50 per 1,000 the preceding live births birth 13.2%

> Stunting among children under 5 years of age 29.2%

Moderate to severe wasting among children under 5 years of age 6.9%

prevalence rate

COVERAGE INDICATORS***

People living with HIV receiving ART 55%

Coverage of preanant women who receive ARV for PMTCT 87%

Adolescent

birth rate 36

per 1,000

women

Children aged <5 vears with pneumonia contraceptive symptoms taken to a healthcare provider 31.1% 58.3%



Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources 13.6

OUTPUT INDICATORS

Share of health in

total government

budget Not

available

Monitoring of

catastrophic and

expenditure with

years old **Yes**

Country has:

implemented or

updated a resource

mapping exercise

impoverishing health

data less than three

Ratio of government health expenditure to total government expenditures 4.94%

Identified options

for strengthening

domestic resource

mobilization **Yes**

strategies to reduce

Implemented

key drivers of

In relation to

RMNCAH-N

services) Yes

ANC dropout

rate **27%**

inefficiency Yes

Identified drivers

of limited financial

protection (especially

Percent of health care

current health expenditures on primary/outpatient Not available

Taken actions

domestic resource

mobilization No

to support

Incidence of catastrophic and impoverishing health expenditures 13.8% catastrophic 2.2% impoverishing

that is pooled or

reforms to address identified drivers of financial protection (especially related to RMNCAH-N) No

Share of external funding for health on budget 17.75%

Implemented

FOCUS AREAS

Geographic Focus Areas

EFFICIENCY

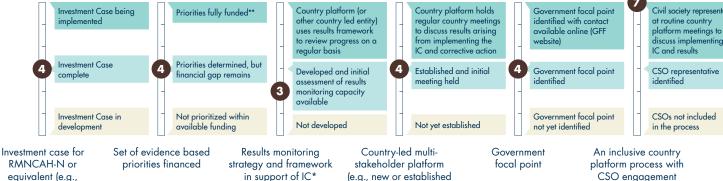
DTP3 dropout rate **28.3**%

Health budget execution rate Not available





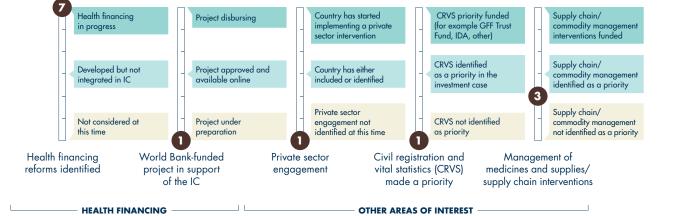
Monitoring the Country-led Process



CSO engagement

COUNTRY PLATFORM *Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

from an existing platform)



national healthplan)