

MYANMAR

2016 IHP+ MONITORING ROUND National performance review

HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health and Sports (MoHS), development partners (12 DPs out of 17 participated), civil society organisations (15 CSOs participated) and private sector representatives (0 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoHS.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

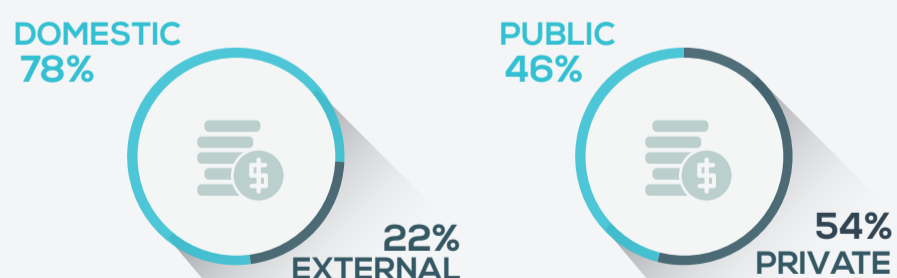
Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.net/myanmar.

NATIONAL HEALTH EXPENDITURE

Total health expenditure per capita **\$20.00**

Sources of national health expenditure



Source: WHO, National Health Accounts 2014

COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY

PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy



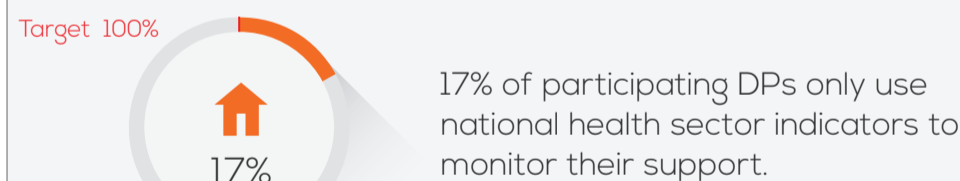
Was the national health sector plan jointly assessed? 



Development of NHP (2016-2021) is in process. DPs align with national priorities. Joint assessment planned end 2016.

MUTUAL ACCOUNTABILITY IS STRENGTHENED

A national M&E plan for the National Health Strategy exists? 

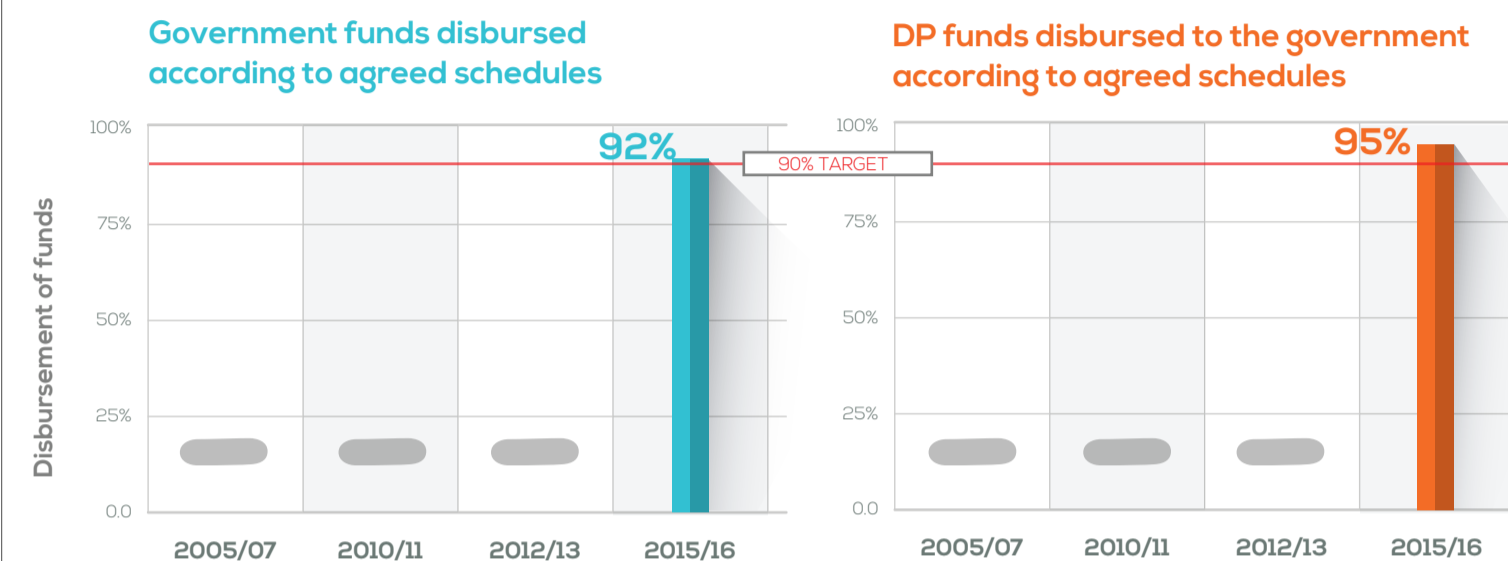


No National M&E system for health as yet. DPs are using agreed results framework and M&E system harmonized with the MOH.

COMMITMENT

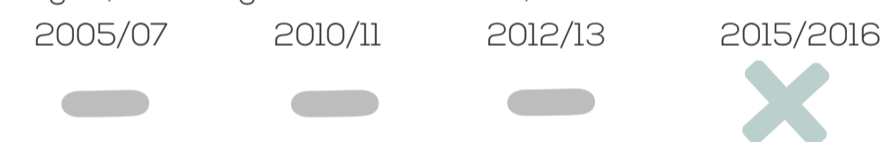
TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR

HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE



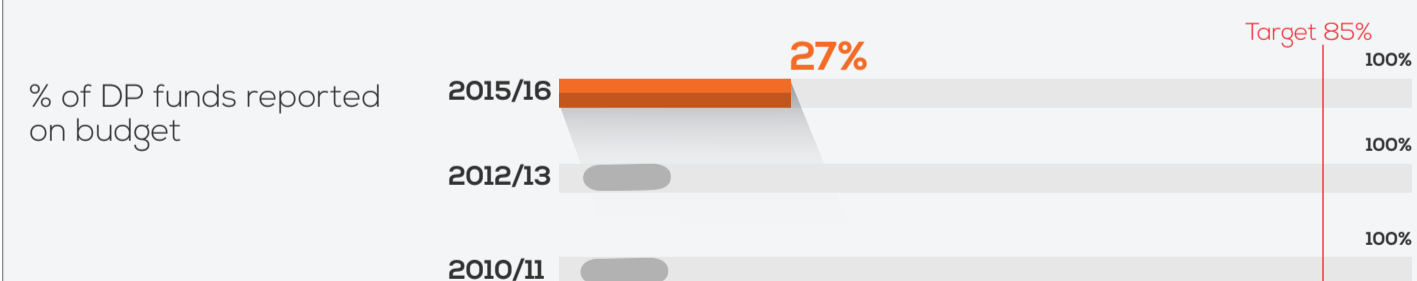
Predictability of funds for the future

Rolling 3 year budget or Mid-Term Expenditure Framework in place:



Discrepancy between MOH & DPs disbursement because of different budget cycles. Government plans budget yearly.

HEALTH AID IS ON BUDGET

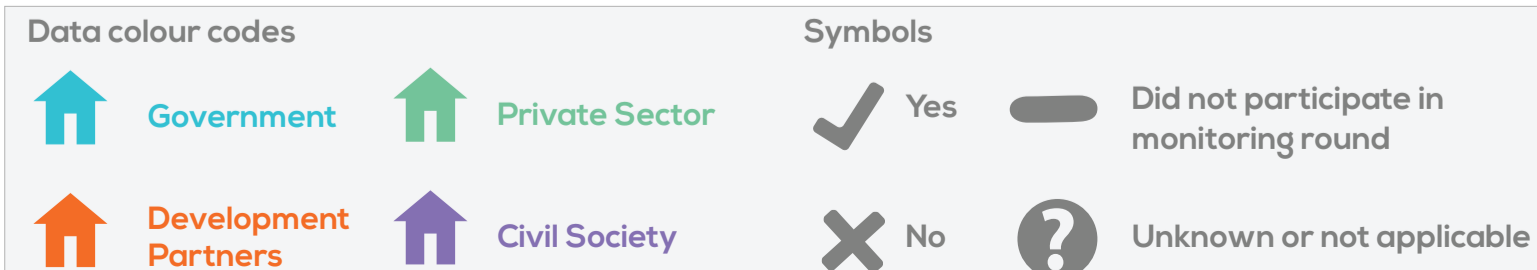


Only the World Bank IDA loan is on the national health budget. UNICEF contributions are included in MOF summary budget but not identified in the health budget.

2016 IHP+ MONITORING ROUND

ihp+ results

LEGEND



COMMITMENT

TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

Public Financial Management (PFM) Systems are Strengthened and Used

Are PFM systems of sufficiently good quality?

Year	CPIA Score
2005	0.7
2010	0.7
2012	0.7
2014	3.5

Percentage of DP funds using PFM systems

Year	Percentage
2005/07	10%
2010/11	10%
2012/13	10%
2015/16	27%

Source: World Bank, CPIA data 2014

33% 33% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

Currently only WB uses the national PFM system. It needs to be strengthened so that DPs will feel confident to use it.

Procurement and Supply Systems are Strengthened and Used

A government plan for national procurement and supply exist? **0%** 0% of participating DPs use the national procurement and supply systems.

58% 58% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

Department of Public Health is collaborating with DPs to strengthen the national procurement & supply system in 2016.

Technical Support is Coordinated and South-South Cooperation Supports Learning

An agreed national TA plan exists? **0%** 0% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation? **Sometimes** **83%** 83% of participating DPs support South-South cooperation.

GoM is in good position to leverage support for south-south and triangular cooperation and develop a national TA plan.

COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR

Civil Society Organisations Engagement

What space does the **government** provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)

- Government consults CSOs' in the design, implementation or monitoring of national health policies **67%** 67% of CSOs confirm they are consulted
- Government provides financial resources **0%** 0% of CSOs receive financial resources
- Government provides training support **20%** 20% of CSOs receive training support

How effectively is the participation of CSOs in national health policy processes supported by **development partners**? (Sources: DP qualitative surveys and CSO online survey)

- 100%** 100% of DPs consult CSOs when developing their cooperation programme **64%** 64% of CSOs confirm they are consulted
- 58%** 58% of DPs provide financial resources **71%** 71% of CSOs receive financial resources
- 58%** 58% of DPs provide technical assistance **71%** 71% of CSOs receive technical assistance

Private Sector Engagement

No consultations with the private sector in this monitoring round.