

# MYANMAR COUNTRY ENGAGEMENT PLAN

2014 TO 2016

**The Burnet Institute** is a not-for-profit, neutral and independent organisation whose mission is to achieve better health for poor and vulnerable communities in Australia and internationally through research, education and public health. We are the only institute in Australia to be fully accredited as both an international development agency by the Department of Foreign Affairs and Trade (DFAT), and as a medical research institute by the National Health and Medical Research Council (NHMRC).

As a leader in the field of infectious diseases of global health significance such as HIV, malaria, tuberculosis, viral hepatitis, influenza and other emerging and re-emerging diseases, Burnet incorporates expert knowledge into operational research to strengthen the evidence base for governments and NGOs, as well as support national and global advocacy for health.

Burnet Institute's headquarters is located in the city of Melbourne, Australia and for further information please see our website at <http://www.burnet.edu.au/>

**In Myanmar we will achieve our mission by making a long term** sustainable contribution to building an effective public health system through service delivery, knowledge generation and capacity building.

Our contribution has grown from small scale projects in the late 1990's to an expanding and well-established public health program delivered and managed by a core team of national staff located in Yangon and supported by management and technical staff from our offices in Melbourne. The core approach of our program is to strengthen national and community health systems and services including civil society entities.

Burnet's program continues to respond to ongoing and emerging needs within a context of significant and rapid socio-political and economic growth where significant disparities in wealth and opportunity remain. We value principals of social justice and equity and recognise that Myanmar's population is an asset that requires investment for future growth and prosperity. While recent political changes have resulted in progress towards development and resourcing of comprehensive development strategies for the social sectors, at least a quarter of the 2014 censured population of 52 million people live below the poverty line with 5% still living in absolute poverty<sup>1</sup>.

Therefore, Burnet's program focuses where we can make the greatest contribution to human capital development across these three priority thematic areas:

**1. Major infectious diseases (HIV, TB & Malaria)** are among the leading causes of morbidity and mortality in Myanmar resulting in diminished educational, socio-economic opportunity and participation. Our programs seek to prevent, diagnose and ensure treatment and care for vulnerable populations susceptible to these infectious diseases and to minimise the burden of ill health. There are approximately 240,000 people living with HIV with a low prevalence of 0.53% in the general population, therefore we work with key affected populations and people who use and inject drugs and men who have sex with men where prevalence is high (23%, 6.6%) and high risk behaviours for transmission are common<sup>2</sup>. Tuberculosis is also a high burden to health with Myanmar among the top 22 countries globally with high prevalence of 473/100,000 population, particularly in the urban areas. Multi Drug Resistant TB is an additional health burden with Myanmar among the top 27 MDR-TB burden countries with prevalence for new cases at 5% and retreatment cases at 27.1%<sup>3</sup>. Our program is working with the health system to support and care for urban populations where multi-drug resistance is an emerging public health threat. Malaria continues to present high burden of ill health with 37% of the population living in high transmission areas and a morbidity rate of 11.28/1,000 population and mortality rate of 1.33/100,000 population nationally<sup>4</sup>. Increasingly artemisinin-resistant malaria in eastern border areas is becoming an issue of global concern, with 10–20% of patients now resistant to Artemisinin Combined Treatment on the Myanmar Thailand border<sup>5</sup>.

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<sup>1</sup> 2014 National Census

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<sup>3</sup> National TB Program estimate

<sup>4</sup> Joint Assessment of the Response to Artemisinin Resistance in the Greater Mekong Sub-Region Nov 2011 to Feb 2012

<sup>5</sup> Strategic Framework for Artemisinin Resistance Containment in Myanmar (MARC) 2011-2015

**2. Maternal, neonatal and child health** outcomes remain poor and coupled with a weak health system, barriers to women's participation in socio-economic life, greater empowerment and inequity remain. Maternal mortality rate is 200 deaths/100,000 live births<sup>6</sup>, under-five mortality rate 72/1000 live births<sup>7</sup> infant mortality rate 62/1000 live births<sup>8</sup> and neonatal mortality rate 30/1000 live birth<sup>9</sup>. Our program works with women and men of reproductive age and health service staff to increase demand and access to quality maternal and child health services.

**3. Adolescent Health** will be a specific focus of our program to 2016 and beyond because investment in adolescents as the current and future human capital of Myanmar is critical. 28%<sup>10</sup> of the population is between 10 and 24 with approximately 2/3 of the total adolescent population living in rural areas where access to economic opportunity and social services is limited. The Myanmar Government prioritises the needs of adolescents in the area of sexual and reproductive health, primary and secondary education, vocational training and economic opportunity. Burnet also recognises that disruption of encultured gender inequities can be addressed with this population to minimise gender based violence and we will work on behaviour change in this area and on improving access to information and services for sexual and reproductive health. Programming for youth will be prioritised through schools.

Burnet recognises that there are important cross cutting areas of nutrition, WASH, gender and disability that will be addressed through our program. With increasing access to technology, social media and Mhealth technologies will be utilised as they are critical to delivering stable, sustainable and equitable development programs.

**The development of our engagement** has been informed by over 10 years of experience in delivering initiatives, building relationships, establishing networks, undertaking advocacy and strengthening capacity of civil society and more recently Government public health services in Myanmar in the areas of HIV prevention and humanitarian responses. This strong foundation has enabled ongoing expansion to further respond to Myanmar's National Health Plan priorities in infectious diseases, maternal, neonatal, child health, adolescent health and to diversify our implementation approach to include direct service delivery where government services are limited.

Our research and evaluation priorities support our objectives through seeking evidence and learning from our current program and undertaking primary research in collaboration with national, regional and international partners. Knowledge generation informs future programming and policy development across the health sector for all stakeholders through dissemination, participation in conferences, engagement in policy forums and technical and strategic working groups.

Our current program and planned new business responds to public health needs of the most vulnerable urban and rural populations where poverty, geographic or socio cultural barriers result in social injustices and inhibit the right to health. Our work ensures that focus populations are not passive beneficiaries but active participants in their own development and at the centre of the development process.

Programs are planned, designed, implemented, monitored and evaluated with rights based principles that ensure;

1. Participation of all stakeholders.
2. Accountability at all levels for all project stakeholders, ensuring principles of Do No Harm.
3. Non-discrimination and improved equity of participation for disadvantaged and vulnerable groups.
4. Empowerment of individuals and communities to bring about change in their lives through meaningful participations as major stakeholders in the development process.

These principles will be realised where

1. Individuals, families and communities take better control of their health through improved health literacy with knowledge, confidence, communication and better decision making skills.
2. Improved supply of quality services will be supported through a range of initiatives across the health system in collaboration with regional and township level health systems; national disease control programs; central level technical, policy and planning forums, and direct service delivery through or with local NGO's where necessary.
3. Timely and relevant advocacy and incorporation of learning and evidence influences policy and decision making.

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<sup>6</sup> Myanmar Health Profile, WHO 2013

<sup>7</sup> 2014 National Census

<sup>8</sup> 2014 National Census

<sup>9</sup> Myanmar Health Profile 2011

<sup>10</sup> 2014 National Census

**Comparative advantage in the Myanmar** As a medium sized INGO, Burnet occupies a unique place in the international development sector in Myanmar bringing globally recognised in house expertise, evidence and knowledge to its programming and engagement with all partners. Key areas of comparative advantage include:

- We are the only institute in Australia to be fully accredited as both an international development agency by the Department of Foreign Affairs and Trade (DFAT), and as a medical research institute by the National Health and Medical Research Council (NHMRC).
- Establishment of our own independent research capacity in the Myanmar office to lead research and evaluation needs both within our program and for external partners.
- Greater rigour and methodology to our development practices through a standard approach to working with the Township level health system by bringing targeted health systems strengthening action. For example, at the start of every project we undertake a Townships health system assessment and provide support to development of Coordinated Township Health Plan which assists the Township Medical Officer to coordinate all actors working at the Township level to avoid duplication and ensure all areas are covered/gaps addressed.
- We facilitate and host PhD students from different universities to undertake research directly related to our program and as a contribution to addressing nationally identified knowledge gaps in priority sectors.
- Our Memorandum of Understanding with the Ministry of Health covers multiple thematic areas and expansive geographical coverage across all 14 States and Divisions.
- Longevity of tenure in Myanmar resulting in strong recognition by Ministry of Health and other UN and INGO's of BI's past experience, expertise and engagement in HIV prevention in men who have sex with men and harm reduction for people who inject drugs.

**Geographical and population priorities** are determined by need and we work across MOU with broad coverage with special attention to vulnerable and hard to reach populations due to ongoing or post conflict, social and/or economic exclusion or geographic isolation. Specifically we will prioritise women, men, newborns, under 5's and adolescent populations where poverty, drug use, mobility, displacement or conflict increases vulnerability to ill-health and ongoing disadvantage.

### **How we deliver our program**

**Community level service delivery** is a new and ongoing element of the Myanmar program. In close consultation with National and Township level health authorities and other service delivery providers we respond to nationally recognised health services gaps. We currently provide services in HIV prevention, malaria and TB through a range of community based services for example, Drop In Centre and outreach based services in urban and rural areas.

**Knowledge generation** is a core element of our program which aims to contribute to better practice in priority thematic areas. We utilise various methods to understand and learn from our program through project level monitoring & evaluation and operational research on the current program. We also generate knowledge through provision of research services for stand-alone primary research activities, evaluations or secondary analysis of existing data.

**Capacity building** is an important and ongoing element of Burnet's work in Myanmar. In response to national priorities we target our capacity building efforts to government and community health systems in response to identified need and as a contribution to sustainable health systems. For example, preparation of Coordinated Township Health Plan and establishment and training of Mother Support Groups and Self Help Groups for people who inject drugs and men who have sex with men.

**Our long term objectives** aim to address structural and functional barriers that prevent full and participatory access to quality public health services in Myanmar. These objectives are inter-related and planned, delivered, monitored and informed by rights based principles to address our 3 priority sectoral areas.

**Objective 1**      **Timely and relevant contribution to health systems strengthening and service delivery**

**Strategy 1.1**      Improving and informing health seeking behaviours by vulnerable populations to services that address priority public health care needs.

**Strategy 1.2**      Improving accessibility to available and acceptable health services at the community and facility level.

**Objective 2**      **Promote knowledge generation for translation into improved practice in evidence based programming**

**Strategy 2.1**      Priority focus on expanding Burnet's local research and M&E capabilities for continuous improvement in evidence based programming and knowledge generation.

**Strategy 2.2**      Increasing contribution to the dissemination of knowledge for improved practice in priority thematic areas.

**Objective 3**      **Targeted partnerships and collaboration with national, regional and international agencies**

**Strategy 3.1**      New and ongoing structural and/or functional partnerships with local civil society actors towards sustainable and proactive engagement in the health sector.

**Strategy 3.2**      Increased partnership with Township level health systems to support quality health service delivery.

**Strategy 3.3**      Targeted collaborations with local, regional or international research, academic or development organisations that bring complimentary expertise to further mutual objectives.



**By 2016 we aim to have met the following performance indicators** that will inform and guide our future programming and strategy in Myanmar.

#### **Performance Indicators to measure effectiveness of the Myanmar Program**

1. As an INGO - number of competitive grants won from funding bodies in strategic plan period as per signed contracts.
2. As an Implementer – ability to deliver project objectives and targets in time and on budget as per individual project reports and financial acquittals.
3. As an Implementing Partner - Positive Donor monitoring feedback and independent evaluations for all projects as per scheduled Donor monitoring and selected independent evaluation reports.
4. As a Research Institute - improved research capacity as per (i) number of primary and operational research activities conducted; and (ii) number of publications and conference abstracts accepted.
5. As an Institute Centre - number of projects in collaboration with other Institute Centres as per projects under implementation and or planning underway.
6. As a Development Partner – trusted professional relationships with ongoing delivery of public health programs with local partners as evidenced by past and current work with Myanmar Business Coalition on AIDS, Karuna Myanmar Social Services, Young Women's Christian Associate, Myanmar Red Cross Society, Myanmar Women's and Children's Welfare Associate and Township health departments.

#### **Performance indicators to measure efficiency of the Myanmar Program**

1. Effective and efficient financial management against operational budgets.
2. Maintaining appropriate level of core staffing to efficiently deliver the Myanmar program.
4. Number of new development or research projects leveraged from current programming as evidenced by sustainability of our thematic area programming.
5. Diversification of funding sources as measured by number of new non-country specific donors by end 2016.

#### **Performance indicators to measure the relevance of our work in the Myanmar**

1. Our program responds to National Health Plan priorities of strengthening the health system as evidence by aligning our program with National Strategic Plans in priority thematic areas, for example, HIV, TB, Malaria, viral hepatitis, and Reproductive, Maternal, Newborn, Child and Adolescent Health.
2. Our program responds to community level needs and service gaps by operationalising National Strategic Plans in response to local needs, for example, hard to reach and vulnerable populations.
3. Our program responds to the Myanmar Government's vision for Universal Health Coverage by 2030 as evidenced by inclusion of, for example, delivery of standard minimum package of essential services for MNHC and Harm Reduction and introduction of health financing concepts in our planning and implementation.