Effective Development Cooperation in the health sector in Myanmar
Report of IHP+ mission to Myanmar 26 - 31 August 2013

Andrew Cassels, Finn Schleimann, Phyllida Travis

Background

With the recent political and economic changes, Myanmar has experienced a rapid increase in health actors, including a wide range of international development agencies and NGOs. In recent years, most external support has been provided through projects financed and managed outside the MOH, mainly through UN agencies and NGOs. This is beginning to change. At the World Health Assembly in May 2013, the Minister of Health characterized the MOH as being in the early stages of managing an increasingly diverse set of development partners now ready to support the health sector and work more closely with government. There is a keen desire from the MOH and from international development partners to find ways to harmonize and align behind agreed health sector priorities. Overall, there is enormous pressure on government for visible results and 'quick wins'.

The health sector faces many challenges but there is also progress, for example the MDG target for HIV/AIDS has been reached; DPT3 coverage estimates exceed 85%. Infant, under five and maternal mortality have all declined *overall* between 1998 and 2010. However, significant disparities exist between regions and groups, and NCDs are reported to be rising fast. Health's share of GDP has been increasing from 0.9% in 2010 by 1% a year, with a target of 5% by 2015. Out of pocket as a share of total health spending is high (80-90%). While the township remains the focus of government and development partner service delivery efforts, government reforms in 2010 introduced region and state administrations.

The government in Myanmar has already taken steps to manage development co-operation as a whole. The Naypyitaw Accord was endorsed in January 2013 at the first Myanmar Development Cooperation Forum. It provides a framework for more sector-specific action, and Sector Working Groups have been created. An approach to monitoring implementation of the Accord is being developed.

The health sector has had several coordination mechanisms in place for some time. HIV/AIDS, TB and malaria had technical and strategy groups (TSGs) operating under the Global Fund CCM (Country Coordinating Mechanism). There has been a multi-donor 3 Disease Fund for HIV/AIDs, TB and malaria since 2007. Both have been changing in the last year. The 3 Disease Fund has been replaced by the 3MDG Fund, a trust fund with a broader mandate (now includes funding for maternal and child health and health system strengthening) and more partners. The Minister of Health has converted the CCM into the Myanmar Health Sector Coordination Committee (MHSCC), which is also recognised to fulfil the function of the Sector Working Group for health and water required in the Naypyitaw Accord.

At the request of the Minister of Health, this short mission undertook a rapid review of current mechanisms to improve harmonization and alignment in the health sector, with MOH and development partners (see Annex 1 for TORs). Following a meeting with the Minister to identify some critical issues, it then explored these through interviews with a wide range of development partners – bilaterals, multilaterals; INGOs and national NGOs (Annex 2).

Key conclusions

Much has already been achieved, in results and in coordination

The overall impression is that many of the key elements for effective coordination in health are already in place. The challenge at a time of very rapid transition is to build a system for the future, not only for the present, at the same time as delivering results.

A key recommendation is to move *now* on two tracks simultaneously: on actions with early results, at the same time as actions to develop systems for the future.

Looking forward, five areas for short term follow up were identified, where further action appears feasible, important and likely to support improved health results. These appeared to resonate well when discussed with the Ministry of Health and with development partners at the end of the mission. Suggested near term outputs are:

- *Health policies and strategy*
  - Strategic directions and priorities agreed, that provide guidance for strengthening key systemic areas
- *Development partner coordination*
  - Good development partner behaviour systematized in a simple Myanmar development partner 'compact'
- *Multi-donor funds*
  - Road map for fiduciary capacity building and step-wise increase in 3MDGF and GFATM use of government financial management systems
  - Way forward for government involvement in governance of the 3MDGFund agreed
- *Health system strengthening and capacity building*
  - Terms of reference for HSS TSG are agreed
  - Mapping of HSS support activities by development partners is completed, leading to a jointly agreed plan for technical support on different aspects of health system strengthening
- *Getting ahead of the curve: the role of the private sector*
  - M-HSCC to consider creating a foresight group, to plan and coordinate relevant studies on emerging health and health system challenges

Five areas for follow up

1. Health policies and strategy

A key message from the Minister was that development partners need to 'get their act together' – to harmonize their support, and reduce duplication and fragmentation. The response from development partners was that the government needs to set priorities that development partners can then align behind.

There is a real need for government to provide clarity on direction and strategic priorities for the sector. Without this, any efforts to set the agenda for health system strengthening and to coordinate technical support will be difficult. Without it, funding will continue to be the default mode for setting priorities. At the same time this should not be a hugely time-consuming exercise. Starting points are the 20 year vision for the health sector in the National

Comprehensive Development Plan; objectives in the current National Health Plan, and MOH priorities outlined at the Development Cooperation Forum in January. Analytical work in a number of areas has started or is planned. The next step for the government would be to spell out strategic priorities in selected areas that are bottlenecks to quickly improved service delivery. From what the mission heard, a focus now on strengthening supply chain management and financial management could help improve drug supply and smooth flows of funding to Township health authorities. Looking ahead, early attention to updating private sector regulation would be beneficial, given the urgency identified by the Minister in having this in place before major new private actors, such as health care or health technology companies, appear. Sections 4 and 5 of this note discuss these further.

The Naypyitaw Accord assigns the task of developing sector strategies to the various Sector Working Groups. In health, the new M-HSCC is clearly the key vehicle through which the pragmatic strategy envisaged here can be developed. The M-HSCC already includes stakeholders from government, international development partners and NGOs and its Executive Working Group is well placed to get the process started and to ensure the result is not just a written document but the output of an inclusive process owned within the Ministry and discussed with development partners. Preparatory work could be taken forward by the seven Technical & Strategy Groups, and the remaining TSGs under the M-HSCC are being established. The TSG on health system strengthening will be critical.

A key question will be the type of high level policy support that the minister and MOH will need – be it on an individual or institutional basis, where to get the support from, and how to avoid it being fragmented. It will not be helpful if each agency puts their own adviser / advisory body in the MoH. MoH senior management may also wish to consider other independent sources of high level policy advice. Joint identification of needs and how to fulfill them is highly desirable. This is discussed further under points 2 and 4.

Suggested near term output:

- *Strategic directions and priorities agreed, that provide guidance for strengthening key systemic areas*

2. Development partner coordination

One of the most striking findings is how much progress has already been made, and the immense desire from development partners for good coordination in the spirit of Paris and Busan. Many new donors are still defining what support they will provide to Myanmar, and how. This provides a huge opportunity to 'get things right'.

At present, the bilaterals, the multilaterals and INGOs each have their own separate coordination mechanisms, but have many issues in common.

The new M-HSCC is the forum that brings development partners all together with government, irrespective of how support is being provided[1]. It is intended to provide the oversight requirements specified by individual development partners. The Committee is chaired by the Minister; there is constituency membership from international agencies and national and international NGOs; an Executive Working Group, and 7 technical and strategic groups which are

[1] MHSCC mandate and membership are outlined in a note on Health Partner Coordination. The 7 TSGs are AIDS, TB, malaria, MNCH, M&E, health system strengthening and emergency and disaster preparedness.

designed to carry out more detailed technical work, leaving the M-HSCC itself freer to discuss larger policy and strategy issues.

To be most effective, the M-HSCC cannot simply be an expanded CCM. New ways of working will be needed, as will a focus on some clear priorities. To be effective, decisions taken in the M-HSCC will need to matter to all parties.

The UN agencies have a particular challenge. Their way of working needs to change as both old and new donors start to engage directly with government. The UN's role in channeling funds and implementing projects and programmes needs to adjust to this new reality, with the skills to match. Changes in fiduciary management, while gradual, will have major implications for UN staffing needs and resources. UN agency relevance in this new environment, and ability to work with a much wider range of partners not just each other, will be at least as important as coherence within the UN family.

The Ministry of Planning is creating an aid management information system and has already asked donors to report on their expenditures. The response from partners is that this request for greater transparency will not be a problem. There is a question of whether some more disaggregated reporting on external resources is needed for the health sector, as these are large and diverse.

One particular area where immediate improvement is needed by all development partners is around joint analytic work and data collection. Many separate assessments waste time and resources – including the government's.
Mission control is another area where more discipline would be welcomed by everyone in country. Many visits are exploratory, and were characterized by one person as 'having to deal with many marriage proposals without any actual marriage'. But the feeling is that in the current environment it is probably not possible to change very much.

Peer accountability can be an important way to influence behaviour, and the idea of some form of development partner agreement or compact emerged from the interviews. This could include concrete commitments on ways of working in support of agreed national health priorities. One example could be agreed priorities for joint analytic work; another could be transparent reporting on external health spending.

Suggested near term output:

- *Good development partner behaviour systematized in a simple Myanmar development partner 'compact'*

3. Multi-donor funds

Three sources of external health funding involve multiple donors: the 3MDGFund; the Global Fund and GAVI. Currently UNOPS manages 3MDG and Global Fund resources, while GAVI funds are managed by WHO and UNICEF.

The 3MDGFund has 8 funding partners[2], a budget of around $300 million over 5 years, and a mandate to fund MNCH; HIVAIDS, TB, malaria; and health system strengthening. Its Board is composed of its donors plus 3 independent experts. There is also a Senior Consultation Group on

[2] Australia; DFID, Denmark, EC, Norway; SDC, Sweden, USAID

which the MOH sits. The Global Fund has an approved total of $430 million for the three diseases; its CCM is being transformed into the health sector coordinating committee. GAVI has $109 million funds committed to Myanmar, of which $32 million are 'GAVI HSS', and the usual ICC committee.

Key issues with these multi-donor funds are financial management and governance.

On financial management, the big question is how to build the capacities required to start using country systems. The Global Fund has already given a clear message to the MOH that it should be the Principal Recipient by 2017 and this longer term perspective is appreciated. The Minister was less clear about the evolution of the 3MDGFund. The recent assessment of current funding channels and capacities commissioned by the 3MDGFund does set out future options. This includes three funding windows, one of which is for funding government units increasingly using government systems as these are strengthened, starting at Township level. What is now needed is agreement on mechanisms for taking this forward, including action to build financial management capacity, as well as better communication from 3MDGF on the intended increase in use of government systems. There is potential for bringing together procedures used by the Global Fund and the 3MDG Fund.

A township perspective

Out of around 300 townships, at present the 3MDGFund intends to support basic services in 42 townships, while GAVI, through its HSS window, supports basic services in 60 other townships. In addition, multiple other agencies and NGOs provide services in townships, but these services are often selective, depending on the mandate of the agency concerned. There are multiple reporting requirements.

Given that it intends to support basic health services in over 40 townships, the 3MDGFund could also help to harmonize reporting at township level, but it will not be able to do this without better cooperation from other independent sources of finance arriving at township level, including GAVI HSS funds. This will be critical in moving towards one plan, one budget and one M&E system to which the MOH aspires.

The 3MDGFund is also an important source of learning. For example, there is work on cost-effectiveness being undertaken by DFID, and work on delivery approaches and a range of other systems issues including the private sector planned. However this learning will not extend beyond the donors in the 3MDGFund if it is perceived as a parallel system in which the government has little part to play.

As well as ensuring links between the 3MDGFund and the M-HSCC, serious consideration needs to be given to the role of government in decision making of the 3MDGFund – not through the Senior Consultation Group but through the Board.

Suggested near term output

- *Road map for fiduciary capacity building and step-wise increase in 3MDGF and GFATM use of government FM and other management systems*
- *Way forward for government involvement in governance of the 3MDGFund agreed*

4. Health system strengthening and capacity building

Health system strengthening is an area of considerable confusion. It was not a specific focus of the mission, but it is clear that a better functioning system is key to the delivery of more and more equitable services in Myanmar, and that the way development partners will support this agenda – collectively or separately - matters.

Everybody acknowledges it is important but the question is where to start. At present, everybody is doing something, and doing something different. It will also be helpful to distinguish between funds for health system *support* – i.e. to run services, from funds to *strengthen* the system. There are potentially significant sources of funds - domestic and external, pooled and bilateral.

It is useful look at health system strengthening in two ways – the general, and more specific.

General: The role of the MOH is changing. Putting in place the systems and structures in the ministry that will enable it to work in new ways is an important aspect of health systems strengthening. Moreover, seen in this way it becomes clear that health systems strengthening is not the responsibility of one MOH department, but a cross cutting concern. Beyond the MOH itself, there is also a need to defining roles and relationships with state/regional governments and townships, as well as policies on the private sector.

Specific: There do seem to be some specific areas where action now is especially important. In addition to discussions of **financial management**, the MOH has had a number of discussions on **financing** – on financing policy goals, on approaches to raising, allocating and disbursing funds to meet those goals. Other topical issues are harmonization of salary supplements, and the fact that donor funds to NGOs are in effect driving priority setting by default.

Work on **procurement and supply chain management** is also widely agreed to be a priority. The Ministry of Health recently undertook a major exercise to get more drugs to peripheral health facilities. There is much scope for development partners to have a collective effort to support procurement and supply chain management. Some of the incoming more technical INGOs have considerable expertise in this area.

Both financial management and procurement and supply chain management may be considered by the upcoming M-HSCC meeting, with more detailed work then delegated to the relevant TSG.

As elsewhere, **health workforce** and **information system** development are also prominent concerns. There are well-recognised challenges of incomplete and poor quality data, and the burden of multiple reporting requirements on overstretched township medical officers. The Minister of Health stressed the desirability of working towards one monitoring and evaluation system. The first census since 1983 in planned for 2014, supported by UNFPA and others. A Demographic & Health Survey (DHS) is to be supported by USAID. A workshop on information and accountability held in February 2013 under the auspices of the Commission on Information and Accountability for Women's and Children's Health resulted in a costed roadmap for action and investment by government and partners. Initial catalytic funds cover only a small share of the estimated costs.

Work on any of these issues needs to be based on an understanding how they influence each other. The TSG HSS provides a forum to think about the system as a whole and synergies and trade-offs between priorities.

On capacity building, in some areas temporary placements of additional experts in conjunction with capacity building may be needed. A variety of modalities appear to be rapidly developing, including from neighbouring countries who are not otherwise major health sector donors.

The mapping exercise being led by the World Bank to capture who is doing what where on support for health system strengthening , will be a critical step. It will be essential to then go beyond mapping, to discuss and agree on priorities for technical support.

Suggested near term output:

- *Terms of reference for HSS TSG are agreed*
- *Mapping of HSS support activities by development partners is completed, leading to a jointly agreed plan for technical support on different aspects of health system strengthening*

5. Getting ahead of the curve: the role of the private sector

There is a rapid growth of private actors both within and outside the health sector. Within the health sector, there are currently relatively few private hospitals, clinics and laboratories but this is already changing and it will have implications for the public sector and its staff.

There are also many developments outside the health sector which will have repercussions on health, especially on NCDs, and on the provision of health services. Examples include incoming tobacco, food and beverage companies; the increase in traffic and effects on road safety; new medical technology companies, insurance companies, and the development of the banking sector, telecommunications and access to electricity. The Minister chairs the inter-sectoral National Health Committee, and has begun work with the Attorney General's Office on reviewing out of date health legislation.

There is a need to think now about the future role of the private sector, and the regulatory capacity needed to enhance as well as protect access, equity and quality.

The government is already committed to the progressive realization of universal health coverage. This is not the same as pure public provision of health care. It does imply public oversight of both public and private sector, and provides an in-built concern for equity, and health as a right for all rather than a privilege for the few.

Some studies on the private sector are already planned through the 3MDG Fund. As part of its oversight and coordination function, the M-HSCC should review terms of reference for upcoming studies and strengthen them as needed.

Suggested near term output:

- *M-HSCC to consider creating a foresight group, to plan and coordinate relevant studies on emerging health and health system challenges*

Concluding remarks

This brief mission had clear limitations. It did not travel beyond Yangon and Naypyitaw. It did not examine the variation in health service access and coverage, or in government and development partner support, between different regions and states. Any conclusions need to take these limitations into account.

Nonetheless, the five areas, and the issues identified within them, seemed to resonate both with government and development partners in the debriefing sessions.

Given the pace of change in Myanmar, and many uncertainties, the focus in this report is primarily on immediate and doable next steps to improve development co-operation in health. Upcoming events that can help take the agenda forward include the M-HSCC meeting on 5 September, and the Board meeting of the 3MDG Fund.

While much can – and has to be - done locally, some follow up at the global level will also be useful. It was striking that all of the seven behaviours that are at the core of IHP+ emerged in some shape or form during the mission. This report will be shared with IHP+ partners globally, and internal agency discussion encouraged. Specific bottlenecks to more coordinated ways of working at country level that are due to development agencies' central rules and procedures can be raised through IHP+ if needed.

Relevant experience from other countries will be shared as requested. IHP+ is also ready to support Myanmar in documenting how proposed changes in development co-operation are implemented on the ground, so its own experience can be shared with other countries.

While there is a long way to go to achieve the government's goal of one plan, one budget and one M&E system, there is considerable and genuine good will to help the government get there.

Finally, the team thanks the government of Myanmar and its partners for the great welcome given, and the time and wisdom shared with them.

Annex 1: Effective Development Cooperation in the health sector in Myanmar

Terms of Reference for IHP+ Mission 25 August – 1 September 2013

Background

Myanmar is experiencing a rapid increase in actors in the health sector, including a wide range of international development agencies and NGOs. At the same time, international partners who have long been in Myanmar have historically provided most support through projects managed outside the MOH. Professor Pe Thet Khin, Minister of Health recently characterized the MOH as being in the early stages of managing an increasingly diverse set of development partners exploring new opportunities to support health sector development. The Minister spoke of the difficulty this rapidly changing situation creates for the MOH to really be 'in the driver's seat'. He identified the benefit of coordination structures which emphasize mutual accountability, reduce transaction costs, and increase oversight. He stressed a desire to learn from other countries' experiences in aligning for better results. This interest in strengthened harmonization and alignment behind agreed national health sector priorities is shared by international development partners.

A number of steps have already been taken, by government and by development partners. Within the sector, functioning coordination mechanisms have been in place for some time for HIV/AIDS, TB and malaria. In an interesting development, the Global Fund CCM is currently being transformed into a broader Health Sector Coordination Committee and a draft Governance Manual prepared. A multi-donor fund for 3 diseases is being replaced by a multi donor Fund with a broader mandate, the 3MDG fund. To improve development co-operation as a whole, the government in Myanmar has developed the Naypyitaw Accord with development partners. This was signed in January 2013 at the first Myanmar Development Cooperation Forum, and provides a framework for more sector-specific discussion and action.

Objectives of the mission

- Under the leadership of the Minister of Health, to review how current mechanisms to improve harmonization and alignment in the health sector are working, with MOH staff and development partners, and identify opportunities for improving these in ways that could plausibly lead to improved health results.
- Based on this, and drawing on international experience where relevant, to develop and discuss recommendations on practical steps that could be taken, and by whom, over the next 18 months to strengthen harmonization and alignment behind national health priorities in Myanmar.

Mission activities

- Meet with Minister, senior MOH staff and major development partners including NGOs to identify the most burning issues in managing rapidly increasing and diversifying external assistance in health, and opportunities and obstacles to addressing them
- Specifically identify where changes in agencies' ways of working, or in current mechanisms to improve development cooperation, could be beneficial, and where complementary action by government is needed.
- Drawing on the Naypyitaw Accord and other agreements, as well as international experience, facilitate discussions to develop some feasible actions, with timeframe and expected results, over the next 18 months, to address these issues. This would involve considering
  - what could be changed now, with early results; what later on e.g. with new loans/grants?
  - what can be done locally; what requires more structural change at headquarter offices?
  - what can be done by an individual partner, and what requires collective action?
- Agree issues that need to be discussed with headquarters of agencies, and follow up on these.

Team

- Andrew Cassels, Director of Strategy, WHO
- Finn Schleimann, IHP+ Core Team, World Bank
- Phyllida Travis, IHP+ Core Team, WHO

Key documents

- Naypyitaw Accord
- Draft Governance Manual for the Myanmar Health Sector Coordination Committee
- Sector Working Groups, Final Broad Terms of Reference
- 3MDG Fund document (Description of Action, Multi Donor 3MDG Fund 2012-2016, 7/2/2012)
- The Seven Behaviours identified by IHP+: http://www.internationalhealthpartnership.net/en/news-events/article/seven-behaviours-how-development-partners-can-change-for-the-better-325359

Annex 2: People met

Ministry of Health
Dr Pe Thet Khin, Minister of Health
Dr Than Zaw Myint, Director General, Department of Medical Sciences
Dr Soe Lwin Nyein, Deputy Director General, Department of Health
Dr Min Than Nyunt, Director General, Department of Health
Professor Than Cho, Rector, University of Medicine 1
Dr Kyaw Khaing Acting Director International Health Division
Professor Nay Soe Maung, Rector, University of Public Health

Ministry of National Planning and Economic Development
Htun Zaw, Director, Foreign Economic Relations Department

International development partners
3MDGFund: Paul Sender, Director
AusAID: Amber Cernovs, First Secretary Health; Linda O'Brien, Senior Programme Manager, Health
DFID: Billy Stewart, Senior Health Advisor; Louise Mellor; Gillian Mann, Policy Division
European Union: Corinne Boulet, Attaché Social Sector
Global Fund: Izaskun Gaviria, Portfolio Manager
JICA: Kaori Nakatani, Project Formulation Advisor, Myanmar Office; Saeda Makimoto, Director Health Division 2, Tokyo; Chiharu Hoshiai, South East Asia Division 4; Tokyo
KOICA: Lee Min Jeong, Vice Resident Representative
SDC: Anne Hassberger, First Secretary, Head of Domain, Health and Local Governance
USAID: Bill Slater, Director, Office of Health; Mya Sapal Ngon, Health Programme Manager
UNDP: Ashok Nigam, Resident Representative; David Eizenberg, Coordination Officer
UNICEF Bertrand Bainvel, Representative; Maharajan Muthu, Chief HIV/AIDS & Children
UNFPA
UNAIDS Eamonn Murphy, Country Coordinator
WHO: Dr Jigmi Singay, Acting WHO Representative; Dr San Shway Wynn; Dr Sundarajan Gopalan, Adviser, and other WCO staff
World Bank: Kanthan Shankar, Country Manager; Hnin Hnin Pyne, Senior Human Development Specialist

National NGOs
Myanmar Medical Association
Pyi Gyi Khin
Myanmar Anti-narcotic Association
Myanmar Red Cross Society
People's Health Foundation: Dr Than Sein

International NGOs
Burnet Institute: Dr Thet Tin Tun, Senior Technical Officer
Marie Stopes International Sid Naing, Country Director
Mercy Malaysia: Phyu Phyu Khin, Project Coordinator
Merlin: Jason Andean, Country Director
IUATLD: Dr Bala Thandan, Assistant Country Director
Save the Children: Aung Zaw Lin
Relief International: Myint Oo, Senior Country Programme Coordinator; Katie Tiller, Grants & Donor Liaison Manager

Annex 3: Documents reviewed

1. Government documents on development cooperation

Nay Pyi Taw Accord for Effective Development Cooperation, January 2013

Myanmar Minister of Health (DG MOH Nilar Tan), *Health & Water Supply*, presentation at 1st Myanmar Development Cooperation forum, 2013

Sector Working Groups: Final Broad Terms of Reference Guidance, 2013

2. Health coordination mechanisms, and multi donor fund documents

Partner Coordination in the Health Sector, May 2013

Governance Manual – Myanmar Health Sector Coordinating Committee (M-HSCC), Working Draft June 2013

3MDG Fund *Background*, 2013, www.3mdg.org

3MDG Inception Phase Consultancy: Report on Transition Period 2012/13 (Deliverable 2), December 2012

3MDG Funds Flow Management, consultant presentation to partners, Iraj Talai, June 2013

3MDG Fund: *Description of Action – Multi Donor 3MDG Fund 2012-2016,* Final Draft 7/2/2012

3MDG Fund Senior Consultation Group, *World Bank's Advisory and Analytical Services of Health Systems Strengthening in Myanmar*, June 2013

UNOPS, *Standard Operating Procedures for Procurement within the 3MDG Fund grants*, version 1, Feb 2013

3. Health, health system and health aid data and documents

Myanmar Ministry of Health, *Health in Myanmar Country Profile*, 2013, http://www.moh.gov.mm/file/COUNTRY%20PROFILE.pdf

Myanmar Ministry of Health, *Health Policy, Legislation & Plans*, http://www.moh.gov.mm/file/HEALTH%20POLICY,%20LEGISLATION%20AND%20PLANS.pdf

Five Year Strategic Plan (2011-2015) Health Information System, Dpt of Health Planning, MoH

National Workshop on formulating country roadmaps of the COIA, February 2013; Report and roadmap

From Whom to Whom? Official Development Assistance for Health, WHO Second Edition 2000 – 2010

Myanmar Country Profile, Global Health Observatory, WHO http://www.who.int/gho/countries/mmr/country_profiles/en/

4. International Development Agency documents

Japan Ministry of Finance, *Myanmar Donor profiles*, March 2012, http://www.mof.go.jp/about_mof/councils/customs_foreign_exchange/sub-foreign_exchange/proceedings/material/gai240625/03.pdf

ADB, *Myanmar Partnership Strategy*, 2013, www.adg.org/countries/myanmar/strategy

AusAID, *Myanmar*, 2013, www.ausaid.gov.au/countries/eastasia/myanmar/pages/home.aspx

DFID's Health programmes in Burma, Independent Commission for Aid Impact, July 2013

EuropeAid, *Myanmar/Burma*, 2013, www.ec.europa.eu/europeaid/where/asia/country-cooperation/myanmar

GAVI Alliance, *Myanmar Country Hub*, www.gavialliance.org/country/myanmar

Japan Indicative Plan for Support to the Health Sector

UNAIDS, *Greater integration of HIV into broader health and development agenda in Myanmar: challenges and opportunities*, July 2013

USAID, *Burma: Complex Emergency*, fact sheet #3, July 2013

WHO/HMN: *Health Financing Review Myanmar, March 2012*

5. National and International NGOs

Directory of International NGOs in Myanmar, 2012

Local NGO Directory 2012

Directory of NGO Networks in Myanmar, 2012

Working Through Ambiguity: International NGOs in Myanmar, Saha Soubhik, Harvard University, 2011

Local Resource Centre website http://lrcmyanmar.org

Myanmar Health and Development Consortium, *Who We Are*, 2013, www.myanmarhdc.org

6. Other relevant articles, blogs & news sources

Rieffel, Lex and Fox, James W., *Too Much, Too Soon? The Dilemma of Foreign Aid to Myanmar/Burma*, Nathan Associates Inc. , March 2013

AidSpan, *New Report Provides More Details on the Country Dialogue Process in Myanmar and Zimbabwe*, Global Fund Observer newsletter, issue 222, July 2013

Asia Pacific Observatory on Health Systems and Policies, *Informing Policy – Building Partnerships*

Bulloch, Gib, Myanmar: *A Blueprint for International Development?,* Bloomberg BusinessWeek, July 2013

Morales, John Alliage; *Room for improvement on aid coordination in Myanmar*, Devex.com, August 2013

New Light of Myanmar, *Nay Pyi Taw Accord to strengthen cooperation with global partners to ensure better public service delivery*, Volume XX, Number 275, January 2013

Risso-Gill et al, *Health system strengthening in Myanmar during political reforms: perspectives from international agencies*, Health Policy and Planning, June 2013

Roodman, David, *The Rush for Entrances in Myanmar*, Centre for Global Development, March 2013

The Economist, various special reports, 2012 – 2013

Vrieze, Paul, *Govt and Donors Forge Aid Plans for Burma*, Irrawaddy Magazine, January 2013