

# Role of the Global Fund in National HIV/AIDS Response in Myanmar: A Qualitative Study

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## Research

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# Abstract

**Background:** The Global Fund has been a major funding source for HIV/AIDS programs in Myanmar. In this qualitative study, we aim to understand the impact of Global Fund on national HIV/AIDS response in Myanmar during the era of Millennium Development Goals (MDGs).

**Methods:** We conducted individual in-depth interviews by recruiting key informants through systematic purposive sampling. The respondents were engaged in the national/subnational response to HIV/AIDS in Myanmar and worked for the United Nations agencies, non-governmental organizations (NGOs), and civil society. Interview questions were organized around the role of Global Fund in strengthening national response to HIV/AIDS in the six building blocks of the Myanmar's health system. Transcripts from the key informants were synthesized into specific themes through a deductive approach.

**Results:** We found that the Global Fund has provided substantial support to (1) finance the national HIV/AIDS response in Myanmar, and (2) strengthen leadership and governance at the central level through improving coordination and collaboration, including more stakeholders (e.g. civil society, NGOs) in decision making process, and catalyzing policy changes on scaling-up key interventions. Yet, its role remains limited in addressing new demands at the township level in terms of capacity building, staffing, and medical supply resulting from rapid scale-up of HIV interventions and decentralization of service delivery in the public sector. As a result, Myanmar continued facing challenges in reducing inequity of service delivery.

**Conclusion:** The Global Fund and the government of Myanmar need to collaborate and explore how to fully utilize the donor's support to strengthen Myanmar's township health systems for providing universal coverage for HIV/AIDS.

## Background

Myanmar is the second largest country in the Southeast Asia with a total population of 53.7 million in 2018 and 69.4% living in rural areas.<sup>1</sup> As a lower-middle-income country with a Gross National Income per capita of US\$1,310 in 2018,<sup>1</sup> Myanmar faces "a triple burden of diseases" - the burden of communicable and non-communicable diseases and of maternal and child health problems.<sup>2</sup> The country is among those with a high burden of HIV/AIDS, tuberculosis (TB), and malaria.<sup>3</sup> Estimates from 2016 suggested an HIV incidence rate of 450.3 per 100,000 population in Myanmar, while the global average was 25.4 per 100,000.<sup>4</sup> HIV/AIDS disproportionately affects vulnerable populations in the country, with infection rates of 23.1% among drug injections users, 6.3% in female sex workers, and 6.6% among the men who have sex with men.<sup>5</sup> These alarming figures indicate the urgent need to prioritize HIV/AIDS interventions among these groups.

## Government response to HIV and the Global Fund involvement

Figure 1 summarizes historical timeline of the national response to HIV/AIDS in Myanmar. The Myanmar government formally launched the national response to HIV/AIDS in 1989 by establishing the National AIDS Committee, a high level multi-sectoral committee.<sup>3</sup> Nonetheless, its response to HIV/AIDS was undermined by its reluctance to acknowledge the epidemic in earlier years. In the late 1990s and early 2000s, an alarmingly high HIV/AIDS incidence was reported, and pressure from the international community gradually led to a shift in the military regime's policy towards HIV/AIDS.<sup>6</sup> The change allowed for expansion of the political space for the national response to HIV/AIDS and the influx of funding from international organizations.<sup>7</sup> In 2005, Myanmar received the first grant from the Global Fund for HIV/AIDS, TB, and malaria. However, the five-year grant was soon terminated in August 2005 due to restrictions imposed by the Myanmar government on international agencies, non-government organizations (NGOs) and civil society organization (CSOs) about their travel clearance, access to implementation areas, and procurement of medical supplies.<sup>8</sup> In response to Global Fund's withdrawal, other international donors established a multi-donor funding mechanism named the Three Diseases Fund in 2006 (later re-named Access to Health Fund in 2018). Despite this effort, the limited scale of the funding was insufficient to meet the needs in the country.<sup>9</sup> The public sector - the main actor in the national response to HIV/AIDS - was only able to provide less than 10% of total antiretroviral therapy (ART) in 2005;<sup>10</sup> and ART coverage remained one of the lowest in the world. In 2011, Myanmar started its re-engagement with the Global Fund and its application to the Global Fund (Round 9) was successful. Consequently, the Global Fund returned to Myanmar to support implementation of the National Strategic Plan on HIV/AIDS (NSP) (2011–2015).

Since 2011, the Global Fund has been the single largest financing source for the national HIV/AIDS response in Myanmar, contributing over \$22 million (56% of the total spending) in 2012 and over \$26.8 million (50% of the total spending) in 2013 (Fig. 2). The National AIDS Spending Assessment 2012–2013 reported that 64% of the Global Fund's money was spent on prevention, care, and treatment components of the national HIV/AIDS response in 2013.<sup>11</sup> Through its Single Stream of Funding grants for HIV/AIDS, the Global Fund has committed its financial contributions (US\$ 160 million) to the national HIV/AIDS response for the period 2013–2016. This allowed Myanmar to emphasize the scaling-up and decentralization of service provision in public sector for ART, HIV counseling and testing, and harm reduction among injection drug users.

External sanctions and the “zero cash policy” of the Global Fund restricted the direct fund flow to the Myanmar government,<sup>12</sup> and the grant from the Global Fund was divided between the two Principal Recipients: Save the Children International (55%) which is the Global Fund's Principal Recipient for programs run by NGOs, and the United Nations Office for Project Services (UNOPS, 45%), which is the Global Fund's Principal Recipient for public sector. At the national level, implementation was overseen and coordinated by Myanmar Country Coordinating Mechanism (now organized as the Myanmar Health Sector Coordinating Committee). The public sector (Ministry of Health and Sports [MOHS]) implements activities as one of the Sub-Recipients of the grant managed by the UNOPS.

This scale of investment on HIV/AIDS, along with the plan to scale up and decentralize HIV service provision in the public sector, place new demands on the health system. To understand the challenges in using the foreign sources, we conducted a qualitative study on the role of Global Fund during the era of Millennium Development Goals (MDGs) in the country's response to HIV/AIDS from health system perspective.

## Methods

Individual, in-depth interviews were conducted in Myanmar from June to October 2015. 15 key informants were purposefully selected from those who worked for UN agencies, NGOs, and CSOs and were engaged in the national HIV/AIDS response at the national/sub-national level. The diverse sample help ensuring both information richness, and inclusion of diverse range of perspectives on the health system – key hallmarks of purposeful sampling.<sup>13</sup>

Using a semi-structured interview guide (see additional file 1), the study team asked respondents questions regarding their experience and opinions about the role of the Global Fund in national response for HIV/AIDS based on the six building blocks of Myanmar's health systems. The six building blocks of a health system is formulated by the World Health Organization (WHO) and includes leadership and governance, financing, medical products, vaccine, and technology, health information system, health workforce, and service delivery.<sup>14</sup> Eight interviews were conducted in English and seven were conducted in the local Myanmar language. All interviews lasted 60–90 minutes in duration, and were conducted in a private, quiet space of the interviewee's choosing, and were audio-recorded with permission. All recordings were subsequently transcribed and translated into English.

All personally identifiable information of the respondents (the name of the respondents and the names of their position and organization) was removed from the transcripts and replaced by unique anonymous codes. A deductive approach - testing theory and framework using the data<sup>15</sup> was applied to analyze the transcripts based on the six building blocks of the health system. Responses from the key informants were categorized into themes related to each building blocks. Within each of the pre-determined building block themes, sub-themes were identified by inductively examining the data and developing and describing a set of more specific concepts that further described the building block. Each concept was refined through an iterative process and was supported with illustrative quotes. The final themes were constructed into a logical structure through an iterative process that reflects respondents' experiences and opinions.

## Results

Key informants articulated that the Global Fund's financing has allowed the national HIV/AIDS response "to grow, to expand, and to learn", but stakeholders had to work on the process "with a lot of pain, headaches, [and] hiccups" (R04). Results are organized around the six building blocks – A-F, as described below and shown in Table 1.

Table 1  
Summary of result findings by health system building blocks

Building block	Sub-themes and major concepts
Financing	<ul style="list-style-type: none"> <li>- Largest funding source for HIV/AIDS response</li> <li>- Criticism of “zero cash flow policy”</li> <li>- Reliance of donor funding and limited domestic financial resource</li> </ul>
Leadership and governance	<ul style="list-style-type: none"> <li>- Alignment and coordination between donors, public sector, NGOs and civil society</li> <li>- Trigger of important policy changes</li> <li>- Engagement of NGOs and civil society in service delivery and national coordination</li> <li>- Challenge in keeping all stakeholders involved and decision-making, especially at township level</li> </ul>
Medical supply	<ul style="list-style-type: none"> <li>- Main supplier for related medicine</li> <li>- Parallel procurement and supply chain system created inefficiency in medicine provision</li> </ul>
Health information system	<ul style="list-style-type: none"> <li>- Improved data management and monitoring capacity of Ministry of Health and Sports</li> <li>- Improved monitoring and evaluation capacity of implementing agencies</li> <li>- Limited capacity at township level</li> </ul>
Health workforce	<ul style="list-style-type: none"> <li>- Lack of staffing in public sector hindered scale-up of interventions</li> <li>- Frequent turnover and lack of power for recruitment and deployment in hospitals</li> <li>- Limited funding for workforce training</li> </ul>
Service delivery	<ul style="list-style-type: none"> <li>- Prevention activities lacked focus on men who have sex with men and challenges in implementing harm reduction activities</li> <li>- Care and support activities with challenges in stigma and hard-to-reach population</li> <li>- Treatment scale-up: benefit and challenges of decentralization</li> <li>- Fragmented service delivery system and inefficient coordination between public and non-public stakeholders</li> </ul>

## A. Financing

All respondents acknowledged the crucial role of the Global Fund in financing the national response for HIV/AIDS as the single largest funding source. However, some respondents voiced criticism on Global Fund's "zero cash flow policy", which made the financing in "a bit of convoluted way": "cash doesn't come to the government programs" and "somebody else in the parallel process [is] managing finances for them" (R03). Some international organizations utilize a system of disbursement called "the Managed Cash Flow" where they deploy a cadre of staff, called field finance assistants, in every state and region. Having cash in hand, those staff make direct disbursement to service providers in the public sector through advance payment or offer cash reimbursement (based on the work-plan and implementation of activities). Some respondents observed constraints of this system at the operational level, especially when the field finance assistants were not able to check with service providers about the eligibility of expense reimbursement.

*She [field finance assistant] reimbursed straightly to the staff or sometimes into the hands of Township Medical Officer [TMO]. Reimbursement was a hundred percent... I am not sure what kind of vouchers they show to the finance staff... But she [finance staff] cannot argue with the TMO. If there is a problem, she can be, I mean, she can be sacked. That is a kind of threatening. (R07)*

Respondents also commented that the Global Fund's zero cash flow policy did not help the MOHS improve their financial management capacity and accountability. While the government has increased its investment in HIV/AIDS in recent years, the level of the government's financing remains low in terms of the overall health expenditure. Respondents voiced concerns over Myanmar's excessive reliance on Global Fund and other foreign donors, which posed great challenge for financial sustainability of the current activities. One respondent (R06) remarked that "the government does not have sufficient tax income to fund their own AIDS response." This indicated the government's inability to sustain the current momentum of the national HIV/AIDS response with its own financial resources.

*It is not going to be sustainable in the near future; that's for sure unless Myanmar suddenly becomes a huge oil nation or whatever. I don't see that happening. (R06)*

## **B. Leadership and governance**

According to the respondents, in addition to finance, the most notable effect of Global Fund on the national HIV/AIDS response was on strengthening its leadership and governance, specifically in four key areas.

### **B.1. Alignment and coordination**

Key informants explained that the Global Fund played an important role in improving alignment and coordination between donors, the public sector, NGOs and CSOs. They emphasized that the Global Fund's HIV/AIDS financing was aligned with the NSP. Respondents explained that, program reviews conducted by the executive working group of Myanmar Health Sector Coordinating Committee or one of its

Technical and Strategy Groups ensured the alignment and harmonization between the programs funded by the Global Fund and the national priorities and plans.

The Global Fund introduced coordination mechanisms into the National AIDS Programme and optimized coordination for planning, proposal preparation (including that for the Global Fund), and NSP preparation and reviews. Respondents expressed their positive experiences of improved planning and coordination in the MOHS:

*[W]e remind everyone in the room, not just the government; we have to remind ourselves—wait! Remember last year when we submitted the concept note, we received this feedback. Let's think about how we can incorporate these interventions to strengthen our program to address, you know, the technical guidance provided to us... I think it is a good check-and-balance. (R01)*

Respondents perceived that the coordination mechanisms of National AIDS Programme have greatly improved transparency and information sharing among the stakeholders over time. This process also helped stakeholders gain the each other's trust and develop a culture of working together. A respondent (R10) from non-public agency indicated the change in the nature of collaboration between government hospitals and civil society.

*[R]ight now, when we are going to organize trainings in a hospital, the hospital may arrange for it. They arrange a room for the training. They invite us. They welcome us. They collaborate with us in organizing some events. They also tell us to contact them directly if necessary and to tell them directly if we have so and so issues. (R10)*

## **B.2. Policy development: the Global Fund makes it possible**

Respondents pointed out that the Global Fund's financing triggered several important policy changes regarding HIV/AIDS in the recent years. With "push and pull" from the Global Fund, the NSP has been updated and regularly monitored and evaluated. For example, the updated NSP allowed for broader participation of stakeholders, most notably the civil society, in governance of the national response. Recent updates (2014) of the NSP and the national guidelines for clinical management of HIV/AIDS have also signaled significant policy changes in terms of the country's emphasis on treatment, especially scaling up ART, through standardization of essential service packages and simplification of the ART regimens. A respondent explained this catalytic effect of the Global Fund's financing:

*[I]t can be the leverage—so a bit like judo, you know; use the weight to the other. They [the Global Fund] put their money in. Because of that, we needed to reform the guidelines on treatment in the country. (R03)*

Key informants also remarked that the country has gained positive experiences of grant implementation in compliance with the Global Fund's requirements and standards over time. Domestic stakeholders are willing and ready to accept technical guidance and inputs provided to them. Respondents remarked that the Global Fund's financing triggered such policy developments in the public sector that would substantially improve welfare of the people infected or affected by HIV/AIDS.

### **B.3. Engagement of stakeholders: NGOs and civil society**

The Country Coordinating Mechanism of the Global Fund ensures involvement of NGOs and CSOs in proposal preparation and governance of the national response to HIV/AIDS. Along with the scaling-up of interventions funded by the Global Fund, participants noted that the role of local NGOs and CSOs has also been escalating. In the past, the role of local NGOs was mainly limited to providing counseling and home-based care, but now they have become engaged in providing services such as testing, and patient follow-up. Additionally, representatives from the local NGOs became more and more engaged and confident in discussing various issues at the Myanmar Health Sector Coordinating Committee. A key informant of a local NGO explains:

*In the past, we took a seat and were just sitting and listening. We didn't dare to talk in front of the Chair—the Minister... Right now, we have to talk when it is really necessary... So gradually our participation became meaningful. (R09)*

### **B.4. Challenges in planning and coordination**

Respondents discussed the challenges related to coordination, notably ensuring that all stakeholders were well-informed and engaged in discussions and the decision-making process, which was described as time consuming and occasionally unclear. Participants explained that this lack of coordination was frustration, especially for non-governmental stakeholders:

*There are plenty of challenges in terms of ensuring that everybody has to say and everybody is informed... You know this proverb: "If you want to go fast, go alone. If you want to go far, go together." ... So given that, we try to get as many stakeholders as possible involved; it takes a long time. (R06)*

Though the National AIDS Programme has established 47 teams in 2014 and holds quarterly planning and coordination meetings to oversee and coordinate activities at the state/regional level and the district/township level <sup>5</sup>, many respondents observed that stakeholder coordination seemed to be more challenging at township level. A key informant (R05) commented that the public sector's commitment seemed to diminish at the more local township level. However, the same respondent (R05) also clarified the opinion that "it is not because people [TMOs] do not want to do the business, but [because] they need support." TMOs, who bear the responsibility for the implementation of different vertical programs, are sometimes not fully aware of all of the plans. In such cases, non-public partners face some constraints to coordinate their activities with the public sector at the township level.

## **C. Medical supply**

With vertical programs supported by the Global Fund, the two Principal Recipients, the UNOPS and Save the Children International, run their procurement and supply chain systems in parallel. Several respondents highlighted the overall need of the public sector for strengthening the medical supply chain and logistics system, along with capacity building of the staff. At the township level, a key informant

commented that inventory management systems were paper-based, creating a challenge at the local level for ensuring a consistent supply of key medications. One key informant explained that the Global Fund should make it a priority to assist township hospitals by creating a clear and coordinated system for managing supplies of key materials.

*In some places medicines may be piled up in stocks, but in other places, medicines are in shortage. The government's medical supply chain for the whole country is based on the central store. The central store delivers [medical supply] upon request. So in some cases, there is no order and no delivery. I think there are also some constraints in this part... The Global Fund is important because the Global Fund has been supporting the medicines provided by NAP until now. And the Global Fund is also supporting all patients in the NGO sector. So we can say that the Global Fund is supporting more than 100,000 patients currently receiving ART. (R12).*

## **D. Health information system**

According to the key informants, the Global Fund has improved the availability and reliability of strategic information about the HIV/AIDS epidemic. Data management and monitoring capacity of the implementing agencies have improved because of the Global Fund's emphasis on data quality and monitoring. This also reflects willingness and ability of domestic agencies to adapt themselves and comply with the Global Fund's fundamental requirements over time. A respondent (R04) remarked:

*[T]en years ago you could not talk about data. Ten years ago, many people from outside or inside didn't trust the data that we have or from MOHS. Now all partners trust the data we have because there are [is] transparency of the way of working. (R04)*

Key informants also acknowledged the Global Fund's monitoring & evaluation mechanism in improving the capacity of implementing agencies in health information systems. The interviewee said:

*They [the Global Fund] are very precise about data. They check everything including the sources. As they are doing so, I would say that the skills of the volunteers, of our staff at different levels, and of staff from the health department have improved than before... They are always monitoring us and also teaching us for improving the quality. (R13)*

At the township-level, however, monitoring and evaluation system in the public sector remains paper-based and needs to be improved. Respondents noted that that application of modern technology (e.g. electronic database, computers, and internet) is limited at the township level due to lack of human resources, equipment, and technical support.

## **E. Health workforce**

Respondents agreed that lack of adequate staffing and capacity building, most notably in the public sector at the sub-national level, remain one of the most demanding health system issues and hindered the scaling-up and expansion of key HIV/AIDS interventions. According to respondents, MOHS officials at the central level were often burdened with outsized responsibilities for undertaking parallel or multiple tasks. At the township hospitals, the shortage of health workforce was even more pronounced. Respondents explained that many township hospitals lack key personnel – including pharmacists to oversee medicine stocks, and specific monitoring & evaluation personnel to manage database operations. In most cases, these specialized tasks fall to doctors and nurses:

*We have built hospitals. Equipment is provided. We have labs but there are no technicians. It is because the soft component [human resources] is totally deficient. (R10)*

Key informants also highlighted other challenges in township hospitals, such as frequent turnover of medical doctors (especially in remote areas). Turnover is exacerbated by the fact that township hospitals do not have the authority to recruit and deploy medical staff, making it difficult to fill positions and ensure adequate staffing. These staffing challenges have hampered timely and effective rolling-out of key programs:

*So, just after we have given them trainings, they move [to another place]. What happens is that we give them trainings, and then they move. (R14)*

The Global Fund invested a tiny portion of its funds to health workforce training. For example, in 2012, less than 0.1% funds were spent on capacity building for health workers<sup>11</sup>. Respondents commented that trainings supported by the Global Fund enabled health care workers and volunteers to acquire some skills and capacity. Some respondents were critical of donors' hesitancy (including the Global Fund) to invest in long-term human capacity development and concerned about programmatic sustainability.

To address these issues, some short-term arrangements have been made to meet the need at the township hospitals. For example, technical staff (such as technical officers, pharmacists, and logisticians) were hired through the WHO and some NGOs and supported the related services in the township hospitals. This approach provided temporary support for the ART provision at the township hospital but does not address the overall staffing issues in the public sector.

## **F. Service delivery on HIV/AIDS**

Global Fund's financing significantly improved HIV interventions, especially in scaling-up and decentralization of key interventions, such as ART. However, respondents commented that the government failed to fully utilize the funding from the Global Fund to ensure coverage of prevention, care and support, and treatment for vulnerable populations due to challenges as described below.

### **F.1. Prevention**

As guided by the NSP, prevention has focused on key populations including people who inject drugs (PWID), sex workers and their clients, and men who have sex with men. Main preventive care includes harm reduction for PWID (e.g. distributing sterile needles and syringes to break the chain of HIV transmission among PWID), condom promotion, prevention of mother to child transmission (PMTCT), awareness and education, etc. In 2013, nearly US\$ 11 million (20 % of the total expenditure on HIV/AIDS) was spent on prevention and the Global Fund contributed US\$ 3.8 million.

Respondents commented that most governmental prevention programs were tailored toward the general population (e.g. condom promotion, education campaign,) and lacked programs targeting men who have sex with men. Some respondents felt that - even for general population - current programs on awareness and mobilization were inadequate, and the level of public awareness about HIV/AIDS remained low. One respondent explained that this situation exacerbated the existing burden of HIV/AIDS-related stigma in the community (R10).

Several key informants highlighted challenges in implementing harm reduction. One respondent noted that the idea of distributing needles and syringes “may be not traditionally accepted by the government” (R01). Current governmental programs prioritize methadone maintenance therapy over harm reduction interventions for drug users.

*They are not showing their leadership on the issue... Some government officials want to work on methadone. Sorry! This doesn't stop you sharing the needles... First line has to be needle-syringe program. (R03)*

In some cases, local communities are reluctant to distribute needles and syringes, fearing it could promote injecting drug use in their area. Subsequently, several respondents suggested MOHS to “re-think” its approach towards prevention among drug users.

## **F.2. Care and support: promoting the patients' welfare**

Self-help groups and civil society networks are the main providers of peer supports at the community level. However, some volunteers faced constraints in conducting home-based follow-up because of the stigma.

*[W]hen we organized volunteers and told them to follow up our new patients, they said that the whole town had already known them (patients) as HIV-positive people.” (R13)*

Respondents working for the networks also commented on challenges to reach patients in migrant and mobile populations:

*[M]igrant and mobile populations do not stay in a township [for long]. Sometimes, the places they live are really away; they move far away from villages. They may live in woodlands. (R13)*

## **F.3. Treatment: scaling-up provision of ART**

The Global Fund contributed 46% of its funding to support ART scaling-up in 2013, approximately equivalent to 70 % of the country's total spending on ART in the year (23), mainly in the public sector. At the end of 2014, more than 85,000 people living with HIV (47%) received ART <sup>5</sup>.

Supported by the Global Fund, the public sector adopted a two-pronged approach for ART scaling-up: increasing the number of main ART center countrywide and decentralizing some service provision to lower level health facilities. The main ART centers, located mostly at specialist hospitals or hospitals at state/regional and district levels, are primary facilities for enrollment of new patients, initiation of treatment, and management of complex cases, whereas the township hospitals are facilities that provide follow-up services to stable patients for continuation of treatment. In this way, patient loads could be relieved at the main ART centers and patients may have convenient access to the treatment at nearby places after their conditions were stable. Some respondents witnessed that, providing ART treatment in township hospitals helped patients save time and costs of accessing care.

*[W]hen some patients arrived there [decentralized site], they realized it was near to their home. For those who used to get up at two in the morning, they might get up at six in the morning to go there... They got the same medication... So, some [patients] became satisfied. As they felt satisfied, the information was spread from one to another, and a few more patients showed up. (R14)*

Respondents described this process of decentralization in service delivery as an important but challenging. A number of barriers to effective decentralization of treatment to township hospitals were raised by the respondents including limited human resources, concerns about the quality of treatment in township settings, limited laboratory and medical supply chain and stock management capacity, and overall weak communication links with main ART centers, referral labs, and regional medical stores.

*"We reach to the township level decentralized sites, in most places we have only one doctor in township hospitals such as township medical officer. These guys- they also have other activities under their management. There is no kind of additional support in terms of human resources, let's say in terms of benefits, salary – no, nothing. It is kind of like adding another burden over their shoulders and no significant support is received. So, there are some decentralized sites that are functioning well because they receive supports from the partners. But in some places, there is no collaborating partner, and most of these places are not functioning." (R05)*

*"There might not be actual decentralization, I mean... For example, if it is an actual decentralization, there must be transfer of responsibility and decision-making authority to the lower level. But the lower levels do not make any actual decisions and they don't have any decision-making power. We concern that it may still be controlled by the central level, as usual." (R11)*

In addition, the Global Fund's implementing agencies face the challenge and security risks for reaching the people with the greatest need, including the migrant population and those in remote and conflict-affected areas:

*“Sometimes, INGOs [international non-governmental organizations] use illegal routes to get to the patients and could take a lot of risks to get there [conflict and border areas]. (R07)*

In some cases, lack of information about availability of services widens the existing gaps of service utilization at the operational level. Due to these challenges, inequity in access to ART remains a significant challenge for the national HIV/AIDS response.

#### **F.4. Other challenges**

In addition to above issues, there were two more challenges in delivering prevention, care/support, and treatment: (1) fragmented service delivery system, and (2) inefficient coordinating between public sector and non-public stakeholders.

##### *Fragmenting service delivery system due to vertical programs*

The MOHS implements several vertical disease control programs (including HIV/AIDS funded by the Global Fund) and other public health programs through township health systems. These vertical programs, running in parallel to each other, have fragmented the health system at different levels. At the national level, the fragmentation has led to inefficiencies and weak coordination around cross-cutting issues, as a key informant illustrated:

*[Y]ou will become kind of like a ping-pong ball. So, the different national programs will play you around the circle, and at the end of the day, you got frustrated. (R05)*

At the operational level, some respondents pointed out that implementing parallel projects constrained provision of integrated services. Patients could not obtain all needed services at one delivery point, and they often have to go to other delivery points for different diseases. Health facilities in some areas are far from each other, which makes it very difficult for patients to obtain needed care. A respondent explained:

*[I]n terms of time spent by the clients, it is really challenging... So, because of that, we have a lot of ... dropouts between the referral facilities. (R05)*

##### *Inefficient coordinating between public and non-public stakeholders*

NGOs and civil society have been playing substantial role in the national HIV/AIDS response stakeholders, especially in the places (e.g. conflict-affected areas) where the coverage of governmental health services is poor. They also play a prominent role in delivering and promoting HIV prevention among the key population groups. Therefore, coordinating the activities between the public and non-public stakeholders is important for efficiently delivering services.

Some key informants pointed out the issue of ownership in the public sector when NGOs filled the urgent gaps with temporary assistance: the township hospitals seem to shift their responsibility to NGOs. Respondents felt that the sense of ownership was vital to ensure sustainability of the programs in the public sector. Some key informants also pointed out the difficulties of collaboration at the local level.

*[W]e tried to run a one-stop shop in [Township X]... When we talked about it at the central level, it was going well. They agreed to it. But when we talked about it at the field level, we were not able to negotiate with the respective the district medical officer [DMO]. (R12)*

Respondents commented that intensive advocacy from the MOHS could mitigate the challenge. Respondents cited “the letter for collaboration” to be an effective tool for successfully running activities at the local level. “The letter for collaboration” refers to an official letter issued by the MOHS that instructs or informs local authorities to collaborate and support the non-public partners. One key informant said:

*[T]he process becomes smooth because of their support letter for collaboration. It is a little bit [more] convenient and easy to do prevention activities and find our targets in places like KTV [Karaoke Television] lounges and brothels in the township if we get their approval. (R09)*

## Discussion

This qualitative study investigated the impact of the Global Fund financing on the national HIV/AIDS response from a health-system perspective. In the analysis of interviews with 15 key informants, we have two salient findings: (1) the rapid influx of HIV/AIDS funding from the Global Fund has allowed Myanmar to scale up HIV/AIDS response activities and resulted in a drastic expansion of ART provision and decentralization in the public sector. The national response to HIV/AIDS in Myanmar has been transitioning from NGO-led to government-led, and the transition triggered a cascade of progress including improved leadership and governance at the central level (e.g. updated national guidelines) and strengthened in technical capacity (e.g. establishing health information system); (2) Scaling-up of ART created new demand on the fragile health system in Myanmar, and the role of Global Fund has been limited in addressing the challenges, particularly at the subnational level. According to the key informants, Myanmar has not fully captured the opportunity of using Global Fund to strengthen its national response on HIV/AIDS, especially to build up capacity at the township level: the township health systems remain resource-deprived in workforce, financing, and service delivery.

The findings in Myanmar are consistent with the opportunities and challenges associated with the Global Fund’s financing in other developing countries such as Bangladesh, Malawi, Mozambique, Zambia:<sup>16–21</sup> while rapid ART scale-up have a positive catalytic effect on a health system; it could also stress out a fragile health system in health workforce, procurement and supply management, and information systems. Previous studies suggest that managing those challenges largely depends on whether or not a countries has possessed leadership and management capacity to effectively coordinate the interactions between the foreign donors and domestic health systems.<sup>22</sup>

In Myanmar, according to the key informants, health financing from external sources is highly donor-driven, and in some cases the government is not in the position to set priorities or control over international aids. Bilateral/multi-lateral donors channel most of their funds through their own mechanisms in the country. Therefore, harmonizing activities between the Global Fund and national

HIV/AIDS response remains to be challenging.<sup>23</sup> The key informants suggested to integrate financial and technical capacity of the Global Fund into the existing health system so the stakeholders could optimize the benefits of the Global Fund and strengthen the health care delivery platforms, especially at the township level. Meanwhile, donors should maintain continuity and predictability of their financing,<sup>24</sup> realizing Myanmar's current need for its national HIV/AIDS response.

The government of Myanmar has committed to attain universal health coverage (UHC) by 2030 in its latest National Health Plan,<sup>25</sup> which provides a golden opportunity for achieving the goals of national HIV/AIDS response. Respondents believe that a rational step towards sustaining the national HIV/AIDS response is to ensure inclusion of HIV prevention, treatment, and care in the minimum package of services for UHC. This, however, would require major policy shifts, which must be supported by the government's strong leadership and robust financing schemes. Currently, there is a huge gap between the public investments and the funding for sustaining the national HIV/AIDS response. Key informants clearly expressed their concerns regarding financial sustainability of the national HIV/AIDS response. In the long run, robust public financing is crucial for maintain and expanding existing programs. Government spending on HIV/AIDS needs to be increased and focus on building up delivery capacity at the township level. Myanmar should be inspired by the Abuja Declaration, in which African countries made a political commitment to allocate at least 15% of their annual national budgets to the health sector.<sup>26</sup> Public spending will play a paramount role in sustaining national HIV/AIDS response, and a strong political commitment would be the key for making it possible.

## Limitations

Despite being the first independent study of its kind to assess the impact of Global Fund on national HIV/AIDS response in Myanmar from a health system perspective, this research has the following limitations. First, the focus was mainly on service provision and delivery, and the impact of Global Fund on population-level service coverage was not considered. Second, as the investigation takes health system perspective, programmatic details on implementation was limited. Third, the influence of contextual factors (e.g. political, economic, social, and cultural) are important for analysis of the national HIV/AIDS response from system-strengthening perspectives.<sup>22</sup> Future study needs to be extended to the influence of contextual factors. Fourth, current analysis did not include key informants from the public sector (Ministry of Health and Sports). The interviews were conducted with respondents at the senior management and programmatic levels, and the study did not capture opinions of health care providers and patients. Fifth, recall bias may have played a role, we have tried to minimize it by asking respondents for references to particular events and moments. Finally, purposeful sampling may have led to selection bias, and we have tried to minimize it with a multivocal approach by selecting informants from a range of institutions (UN agencies, and international/national NGOs and CSOs).

## Conclusion

We investigated the impact of Global Fund on national HIV/AIDS response in Myanmar through a qualitative study. The study informed us with a key message that Myanmar has not fully utilize the opportunities offered by the Global Fund to strengthen its HIV service delivery system at the township level. Efficiently using funding and technical capacity supported by the Global Fund, other donors, and domestic resources will be the key to unlocking those opportunities. The study contributed to our global depository of knowledge about the constraints and challenges in maximizing positive synergies between foreign donors and health system strengthening in developing countries.

## List Of Abbreviation

ART, antiretroviral therapy

CSO, civil society organization

MDG, Millennium Development Goal

MOHS, Ministry of Health and Sports

NGO, non-government organization

NSP, National Strategic Plan on HIV/AIDS

PWID, people who inject drugs

TMO, township medical officer

UNOPS, United Nations Office for Project Services

WHO, World Health Organization

## Declarations

### **Ethics approval and consent to participate:**

Ethical approval was obtained from Harvard Longwood Medical Area Institutional Review Board in April 2015 and also from the Ethics Review Committee, Department of Medical Research in the Ministry of Health and Sports – Myanmar in June 2015.

### **Consent for publication:**

Not applicable

### **Availability of data and materials:**

The data underlying this article cannot be shared publicly for the privacy of individuals that participated in the study. The data will be shared on reasonable request to the corresponding author.

### **Competing interests:**

The authors declare that they have no competing interests.

### **Funding:**

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### **Authors' contributions:**

ZH and CL conceived of the analysis, ZH conducted data collection and analysis, and wrote the first draft of the manuscript. YZ, HG and CL provided critical feedback on the first draft. All authors read and approved the final manuscript.

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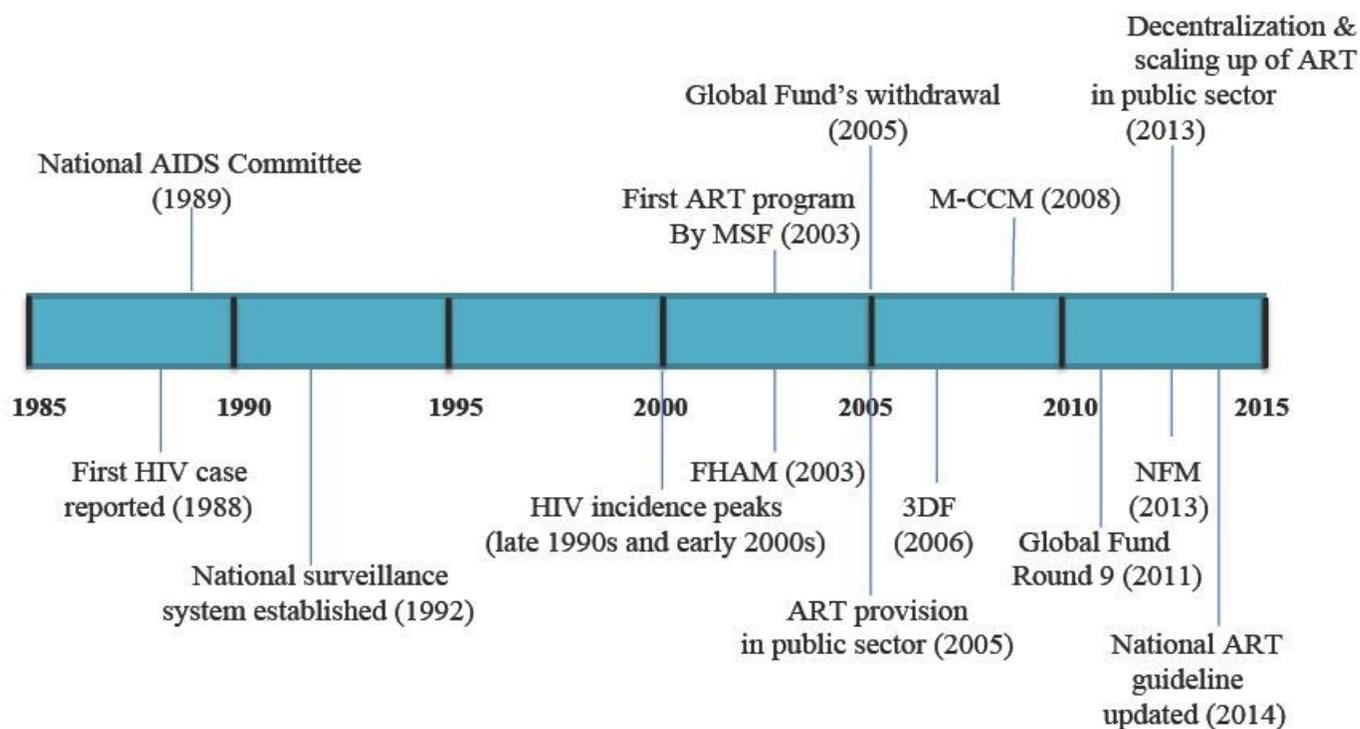
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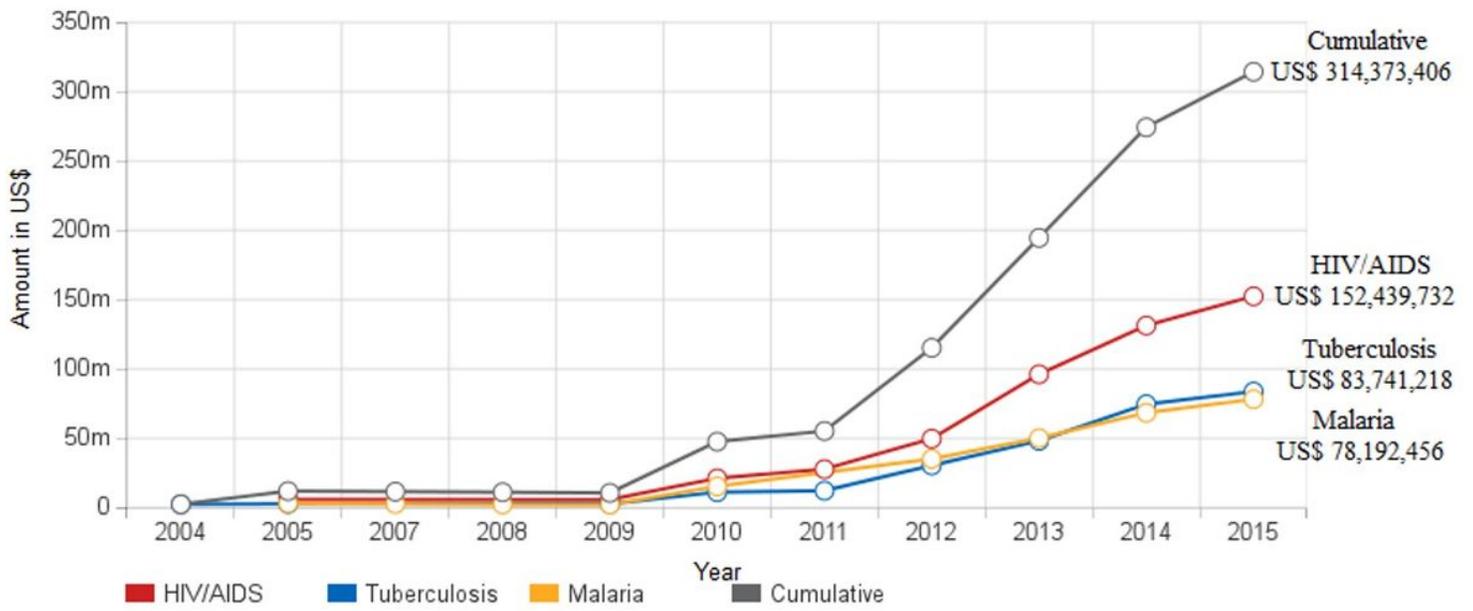
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## Figures



**Figure 1**

Historical timeline of the national response to HIV/AIDS in Myanmar (1985-2015) Note: 3DF, Three Diseases Fund; ART, Antiretroviral therapy; FHAM, Fund for HIV/AIDS in Myanmar; M-CCM, Myanmar country coordinating mechanism; MSF, Médecins Sans Frontières; NFM, New funding model.



**Figure 2**

The Global Fund's disbursements to Myanmar Source: The Global Fund. The Global Fund: Myanmar – Investments & results. Retrieved December 8, 2015, from <http://www.theglobalfund.org/en/portfolio/country/results/?loc=MMR>

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