



HIGHLIGHTS FROM THE ANNUAL OPERATIONAL PLAN

2017-2018

MINISTRY OF HEALTH AND SPORTS, REPUBLIC OF THE UNION OF MYANMAR

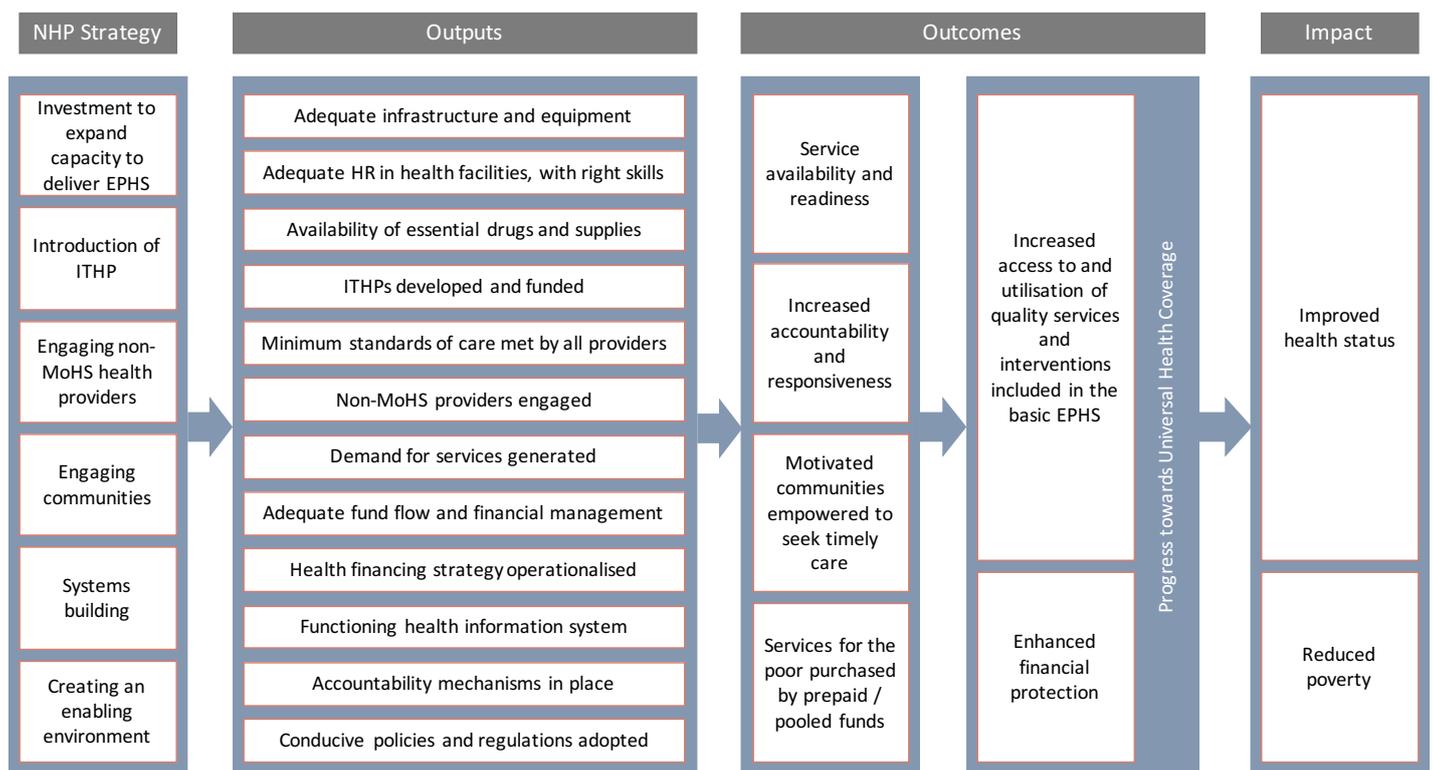
31 MARCH 2017

The National Health Plan (NHP) was finalised in December 2016 following an inclusive formulation process. It covers a period of four fiscal years, from 2017-18 to 2020-21. It is to be translated into Annual Operational Plans (AOP), which elaborate on implementation details. This brief highlights the key points from the first year's AOP, which relates to fiscal year 2017-18.

TRANSLATING THE PLAN INTO ACTION

On March 1, 2017, the Ministry of Health and Sports (MoHS) established the NHP Implementation Monitoring Unit (NIMU) under the Minister's Office. NIMU's role is to orchestrate NHP implementation, to ensure implementation remains on track, and to monitor progress towards the NHP goals, guided by the results chain displayed in the figure below.

NIMU's role is not to implement the reforms. Implementation will be the responsibility of all relevant stakeholders within and outside the Ministry of Health and Sports (MoHS) – this includes MoHS programmes, State/Regional and Township Health Authorities, other ministries, parliamentarians, professional councils and associations, ethnic health organisations (EHOs), civil society, local and international non-governmental organisations (NGOs), development partners (DPs) and the private sector. Each set of activities will have a focal point to lead implementation efforts. NIMU will work closely with these focal points and relevant stakeholders to fulfil its role.



FOCUS OF THE FIRST YEAR'S ANNUAL OPERATIONAL PLAN

The first year's AOP adheres to the NHP strategies outlined in the results chain diagram. All activities included in the AOP will contribute to the NHP outputs, with a focus on the following:

- Finalisation of the contents of the Basic Essential Package of Health Services (EPHS)
- Initiation of the bottom-up inclusive planning process
- Investment in the expansion of Townships' capacity to deliver the Basic EPHS by improving service availability and readiness in the first 70 Townships
- Strengthening of the health system to support effective delivery of the Basic EPHS
- Development of an enabling environment
- Monitoring and evaluation of the NHP

FINALISATION OF THE CONTENTS OF THE BASIC EPHS

The first priority is to agree on the list of services and interventions that are included in the Basic EPHS. The main goal of the NHP 2017-2021 is to extend access to the Basic EPHS to the entire population by 2020 while increasing financial protection. The Basic EPHS is therefore at the core of the NHP. The contents of the basic EPHS will, for example, guide the development of job descriptions for the different cadres of health workers at Township level and below, starting with village-based health workers; it will help prioritise pre-service and in-service training, as well as the development of standards of care that can be adopted by all health care providers, whether managed by the government, EHOs, NGOs or private GPs.

INITIATION OF THE BOTTOM-UP INCLUSIVE PLANNING PROCESS

There is currently no single accepted model for Township health planning in the country. Getting all stakeholders (including MoHS, DPs, EHOs, private sector, civil society, etc.) to agree on a 'national' approach for the formulation of Inclusive Township Health Plans (ITHPs) is therefore urgent. The Township-level planning exercise will be based on a thorough assessment of existing service coverage, considering all types of providers and including village-based health workers. This assessment will also need to follow a common methodology, which needs to be developed alongside the ITHP template and guidelines.

In order to get all stakeholders on board, both the 'national' approach for the preparation of the ITHP and the 'national' approach for the assessment of service coverage need to be developed in an inclusive manner. That will take some time. The goal is to have both finalised by June 2017. The different stakeholders will then need to be trained so that they can start planning for fiscal year 2018-19 using the new template and guidelines.

Township Health Working Groups will be established in each Township. These will be composed of representatives from all relevant stakeholders, including the TMO (as chair), EHOs, CSOs, NGOs, private sector, etc. These Township Health Working Groups will be in charge of:

- Communication with NIMU
- ITHP formulation
- ITHP monitoring and monitoring of the NHP at the local level

States and Regions will have their own Inclusive Health Plans. They will play an important role in supporting and overseeing the planning and budgeting process, as well as the implementation of the ITHPs.

The ITHP will outline how the different stakeholders will jointly strengthen the health system and expand service coverage within their Township, keeping the NHP goals in mind. Planning and budgeting cycles will be synchronised

in Year 1 to guarantee that ITHPs are adequately funded.

In the absence of ITHPs for fiscal year 2017-18, investments to expand coverage in Year 1 cannot yet be tailored to a Township's specific needs. Hence the need for a standard investment package in Year 1 that focuses solely on MoHS provision. In subsequent years, investments in the expansion of the capacity to deliver the Basic EPHS will be prioritised within each Township's ITHP. This may also include investments to expand services provided by EHOs, NGOs and/or private GPs, for which adequate funding will need to be secured.

INVESTMENT IN THE EXPANSION OF TOWNSHIPS' CAPACITY

All Townships' capacity to deliver the Basic EPHS will eventually be expanded over the course of this NHP. This will be done in a phased manner. In Year 1, investments will be initiated in the first 70 Townships, selected based on (i) objective criteria (prioritising townships where the needs are greater) and (ii) inputs from State/Regional Authorities.

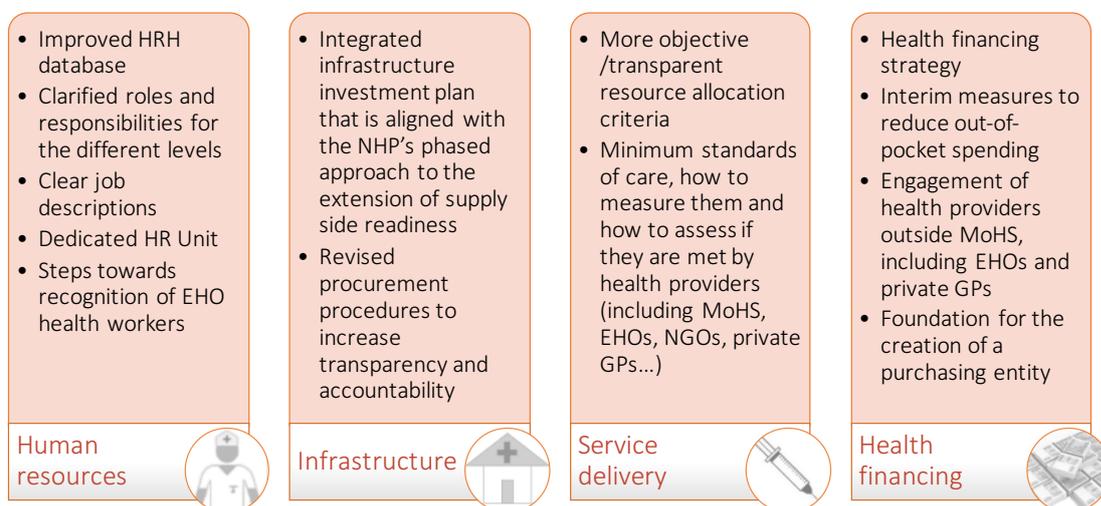
In each of the 70 Townships, the standard investment package for Year 1 consists of:

- Medical equipment for Township hospitals
- One ambulance for each Township Hospital
- One Type C lab for each Township Hospital
- 1 set of RHC + connected sub-RHCs (to be reconstructed on existing sites)
- Equipment + drugs/medical supplies kits for re-constructed RHC and sub-RHCs
- Renovation of 5 sets of RHC + connected sub-RHCs

The cost of the first year's investment package, which comes in addition to the routine investment budget, is estimated at around US\$ 500,000 per township, or US\$ 35 million for the 70 selected Townships; this corresponds to around 5% of the total government budget for health in 2017-18.

STRENGTHENING OF THE HEALTH SYSTEM

Effective delivery of quality services and interventions is conditional on a well-functioning health system. Important efforts to strengthen the health system nationwide and at all levels are included in the first year's AOP. These cover many activities relating to many components of the health system. The efforts include, for example, the formulation of national policies, strategies and guidelines in key areas, such as human resources for health, community-based health, accountability, procurement and supply chain, health financing, health information system, etc. This will be done through an inclusive process involving relevant stakeholders (e.g. EHOs, development partners, civil society...). Other examples of key systems strengthening activities to be carried out in Year 1 are shown in the figure below.



DEVELOPMENT OF AN ENABLING ENVIRONMENT

The NHP emphasizes the importance of a supportive environment, which includes adequate policies developed within a robust regulatory framework, well-functioning institutions, strengthened MoHS leadership and oversight, a strong evidence base that can guide decision making, improved ethics, etc. The first year's AOP includes a whole set of activities that will contribute to the creation of such environment. This includes, for example:

- The development of a plan for the establishment of a Knowledge Centre that will promote and support evidence-informed decision making
- The initiation of the review, revision and/or drafting of policies and regulations (e.g. National Health Policy; National Drugs Policy; regulation to support the health financing strategy), involving all relevant stakeholders (e.g. other Ministries, parliamentarians, development partners, civil society, EHOs, private sector...)
- The initiation of an inclusive process to develop a national policy around transparency and accountability that specifies the role of the different stakeholders, including civil society
- The clarification of the role of Village and Village Tract Health Committees
- The development of a mechanism to systematically capture the voice of the community

MONITORING AND EVALUATION OF THE NHP

A strong monitoring and evaluation framework is being developed based on the results chain displayed in the first section of this document. The framework identifies the key indicators that will need to be tracked to measure progress in the implementation of the NHP. The first year's AOP includes a range of activities that are essential to ensure timely availability of quality data to construct those indicators and assess whether implementation is going as planned. These include, for example:

- The finalisation and endorsement of the Health Information System National Strategic Plan
- The development of a mechanism for Joint Reviews (involving multiple stakeholders, such as DPs, civil society, EHOs)
- The design of dashboards for easy monitoring of progress
- The preparation of a plan for the institutionalisation of implementation research to establish a continuous feedback loop
- The development of Standard Operating Procedures for monitoring at the local level

The NHP lays out a clear path for Myanmar's move towards Universal Health Coverage, whereby all people have access to the health services they need without experiencing financial hardship. The first year's AOP calls upon all stakeholders to work together and start paving that path.

HIGHLIGHTS FROM THE ANNUAL OPERATIONAL PLAN 2017 - 2018

