The Republic of the Union of Myanmar
Ministry of Health and Sports

NATIONAL HEALTH PLAN 2017-2021

Second Year's
Annual Operational Plan
(2018-2019)

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BACKGROUND

UNIVERSAL HEALTH COVERAGE

Myanmar aspires to the goal of Universal Health Coverage (UHC), which can be defined as ensuring that all people can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Resources and capacity are limited. Prioritization is therefore unavoidable. Covering all health services, fully, for everyone is not feasible, neither today nor tomorrow. It is therefore important for Myanmar to make fair choices at each step along the path to UHC, with respect to:

- Population coverage – Which population groups to include first, which next, etc.
- Service coverage – Which health services to ensure access to first, which next, etc.
- Cost coverage – How to shift from out-of-pocket payment toward prepayment and risk pooling arrangements

Extending access to health services to all population groups, including the poor, the vulnerable and the informal sector, requires strong political commitment, from both within the Ministry of Health and Sports (MoHS) and beyond.

It is important to clearly articulate which services are to be made available to those population groups. This should take the form of an explicitly defined benefit package that is both sustainable and affordable. In Myanmar, this is the Essential Package of Health Services (EPHS), which will gradually grow as Myanmar's fiscal space for health (i.e., what the government can afford to spend on health) increases and as the country's capacity to deliver quality services grows:

- *Basic* EPHS by the year 2021, with a strong emphasis on primary health care
- *Intermediate* EPHS by the year 2026 (expansion of the Basic EPHS that will include more secondary care services)
- *Comprehensive* EPHS by the year 2030 (expansion of the Intermediate EPHS that will include more secondary and tertiary care services)

The contents of the explicit package should be announced publicly to ensure transparency and accountability. The package then becomes a commitment from the government and an entitlement for the population. The contents of the Basic EPHS for Township and below is presented in Annex 2.

Increasing financial protection cannot be achieved by MoHS alone. Other stakeholders including, for example, Ministry of Planning and Finance (MoPF), Ministry of Labour, Immigration and Population (MoLIP), Ministry of Social Welfare, Recue and Resettlement play an important role.

THE NATIONAL HEALTH PLAN 2017-2021

The three National Health Plans between now and 2030 aim to strengthen the country's health system and pave the way towards UHC, choosing a path that is explicitly pro-poor. The current National Health Plan (NHP), which covers a four-year period from 2017-2018 to 2020-2021, was formulated through an inclusive process that involved a wide range of key stakeholders. It was officially launched by the State Counsellor on March 31, 2017. Its main goal is to extend access to a Basic EPHS to the entire population by 2020-2021 while increasing financial protection. The Basic EPHS emphasizes the critical role of primary health care and the delivery of essential services and interventions at Township level and below, starting within the community.

Extending the Basic EPHS to the entire population requires substantial investments by MoHS in supply-side readiness at Township level and below and in strengthening the health system at all levels. It also requires active engagements of health providers outside the public sector, including private-for-profit GP clinics, EHOs and NGOs. Services and interventions need to meet the same minimum standards of care, irrespective of who provides them.

The NHP is being operationalised nationwide to deliver the Basic EPHS based on existing capacity. Investments to expand Townships' capacity by improving service availability and readiness, however, are being gradually phased in, prioritizing Townships with the greatest needs.

Inclusive planning at the local level is essential to achieve the NHP goals. The planning will be based on a good understanding of current situation: who is doing what and where; which services and interventions reach which communities; where are the gaps and who could fill them. Using this information, stakeholders at Township level, organised in the Township Health Working Group, will be able to jointly plan and cost actions that need to be taken to fill coverage gaps and meet the minimum standards of care. These actions will need to be prioritized to fall within the broad resource envelope (specifying human, material and financial resources) communicated by the central level and/or by the State or Region. All of this will be captured in an Inclusive Township Health Plan (ITHP) using national guidelines and templates. These will be introduced nationwide, irrespective of whether the Township is being prioritized for additional investments. States and Regions will have a key role to play in supporting and overseeing the planning and budgeting process, as well as the implementation of the ITHP. States and Regional Health Working Groups will also develop their respective Inclusive State/Region Health Plans accordingly.

The provision of a Basic EPHS at Township level and below is conditional on a well-functioning health system. Supply-side readiness requires all the inputs, functions and actors' behaviours to be aligned. In conjunction with the operationalization of the NHP at the Township level, investments are needed to strengthen key functions of the health system at all levels. Health systems strengthening efforts are organized around four pillars: human resources, infrastructure, service delivery and health financing. A clear health financing strategy needs to be developed to outline how resources will be mobilized to finance progress towards UHC and how risk pooling mechanisms will be developed to help improve affordability of care and address the substantial barriers to seeking care, especially among the poor and vulnerable.

Successful implementation of the NHP also requires a supportive environment. This includes adequate policies developed within a robust regulatory framework, well-functioning institutions, strengthened MoHS leadership and oversight, enhanced accountability at all levels, a strong evidence base that can guide decision making, improved ethics, etc. While supply-side readiness is at the core of the NHP 2017-2021, the demand side cannot be ignored. The NHP includes elements that will help create or increase community engagement and the demand for essential services and interventions. The introduction and strengthening of accountability mechanisms, including social accountability, will help give communities a voice, which in turn will enhance responsiveness of the system.

THE SECOND YEAR'S ANNUAL OPERATIONAL PLAN (2018-2019)

Continuous close collaboration between MoHS and all relevant stakeholders is very important to successfully implement the NHP. Equally important is to translate the NHP into concrete activities and tasks with clear timelines and clearly assigned responsibilities. This is done each year through the formulation of Annual Operational Plans (AOP). The first year's AOP (2017-2018) was formulated in early 2017 and officially launched in May 2017.

This document presents the second year's AOP (April 2018 – September 2019), which takes into account lessons learned from the implementation of the first year's AOP. For example, the document articulates more clearly the roles and responsibilities of the different MoHS levels and other key stakeholders. For each of the NHP's main areas of work, it includes a table with the following information:

- Key players: responsible entity, focal point and other relevant stakeholders
- Expectations by 2020/21
- Roles of the different levels / stakeholders
- Achievements Year 1 (i.e., a list of activities from the first year's AOP that were initiated and possibly completed)
- Unfinished AOP-Year 1 activities
- Planned activities for AOP-Year 2

A more detailed activity matrix for the second year's AOP is presented in Annex 1. The activity matrix indicates how each activity will be carried out (i.e., which tasks it involves). The matrix also provides a timeline, a budget estimate with the funding source(s), and whether technical assistance is required. Annex 2 shows the contents of the Basic EPHS, organised under two components: (i) Public Health / Out-Patient Services, and (ii) Clinical / Inpatient Services. Annex 3 presents the standard list of medicines and medical supplies for township level and below. Annex 4 presents the Prioritized Township List for supply side investments.

EXPECTATIONS, ACHIEVEMENTS, UNFINISHED YEAR 1 ACTIVITIES AND PLANNED ACTIVITIES FOR YEAR 2

Strengthening Systems – Human Resources for Health *Production and Management*	Responsible entity: *MoHS* Focal point: *DHRH: DyDG (Academic Affairs)* In collaboration with: *Minister's Office, DMS, DPH, DHRH*

Expectations by 2020/21: The production of every cadre of health workers will be based on projected needs, considering the NHP goals. A strong HR information system will support decision-making. New training institutions for BHS cadres will be established in different parts of the country. Sanctioned posts and required budget for deployment of newly graduated health workers will better meet the needs. Existing recruitment, deployment, transfer, promotion and career development policies will be more objective and transparent. Steps to address attrition and improve performance will be taken. Human resource management will be improved to overcome current disconnect between production, recruitment and deployment. Decision-making with respect to the deployment of human resources will be gradually decentralized to States and Regions. It will be based on the local needs with a focus on the delivery of the Basic EPHS at Township level and below. Use of mechanism such as 'temporary employment' will be promoted as a temporary measure to fill human resource gaps.

Roles of the different levels / stakeholders

Central Level:

- Developed and endorsed HRH Strategic Plan (2018-2021) and implement based on action plan

State and Region Level:

- Allocate HR based on the local needs (minimal functional posts) rather than sanctioned posts
- Temporary employment mechanisms for filling HR gaps

Township Level:

- Preparing minimal functional HR workforce requirements for delivery of Basic EPHS at township level

Ethnic Health Organizations:

- Preparing minimal functional HR workforce requirements for delivery of Basic EPHS at EHO areas

(International) Non-Governmental Organizations:

- Supporting State/Region and Townships HR requirements in special circumstances (Disasters, Outbreaks etc.)

Achievements Year 1

- HRH Strategy (2018-2021) developed and endorsed
- HRH Annual Operational Plan for 2018-2019 is already drafted
- HRH Database: The development of the HRH database is ongoing; the Business Intelligence (BI) model was adopted for the development of a Consolidated HRH Information and Planning System (CHiPS). CBHW Working Group and HRH TWG discussed the need to also include CBHWs in the data warehouse
- Data system and workflow management for DHRH has already been done
- All job descriptions were reviewed/revised to ensure alignment with the Basic EPHS (except for village-based health workers). The new job descriptions were endorsed, and an electronic copy was sent to all States and Regions. The job descriptions are being translated into English.

Unfinished AOP-Year 1 activities

- Establish HR unit under Minister's Office or create a functional linkage between DyDG HRH, DyDG Training and DyDG Admin under DoH, and DyDG Academic Affairs under Department of HRH
- Develop HRH projections and forecasts (considering both the existing infrastructure and the planned phased expansion under NHP)
- HRH Database – Continue ongoing work on the development of the HRH database. Further refine SOPs once departments start utilizing standardized data and submit updates to the HRIS. Develop additional SOPs for operation of HR sub-systems. Establish responsibility for the management of the HRH database
- Clarify existing policies around quotas on filling sanctioned posts with the Union Civil Service Board and identify steps to address delayed deployment of health workers
- Review 'temporary employment' experiences in the country, and develop and implement a national approach and process with a focus on basic health staff, and later on medical doctors at Station Hospitals

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Create a Human Resources Functional Unit in the Minister's Office (with representatives from the different Departments under MoHS) – not for decision making, but for planning and management of human resources for health
- Develop the Annual Operation Plan for Human Resources for Health (HRH) Strategic Plan 2018-2019, based on the HRH Strategic Plan 2018-2021 and ensuring the plan fully supports the implementation of the NHP
- Further develop a consolidated HRH Information and Planning System (CHiPS) that is aligned with other existing databases; which will be managed by the to-be-established HR Functional Unit/ HRH focal points from each department
- Further develop HR database (to keep electronic CVs)
- Review and reconsider the approach for "temporary employment"
- Coordinate with different EHO groups to develop and implement minimal functional HR workforce requirements for the delivery of the basic EPHS

Strengthening Systems – Human Resources for Health *Accreditation of Training Institutions*	Responsible entities: *Professional Bodies and DHRH* Focal point: *DHRH* In collaboration with: *Professional Bodies*

Expectations by 2020/21: Accreditation bodies will be developed and promoted. MoHS will further support the accreditation of training institutions, both private and public. Additional opportunities for private health care providers to attend government training institutions will be developed. Collaboration with EHOs to develop compatible accreditation mechanisms of educational programs in EHO areas will be sought.

Roles of the different levels / stakeholders

Central Level:

- To develop accreditation bodies and accreditation standards, guidelines and procedures by collaborating with professional bodies, private sector and academia

Professional Bodies:

- To develop relevant accreditation standards, guidelines and procedures

Achievements Year 1

- MMCAC Accreditation Standards for Basic Medical Education (BME) are finalized and endorsed
- MNMC accreditation guidelines have been approved
- MMC accreditation guidelines have been drafted
- Assessment tool for piloting of MNMC accreditation standards has been developed and is awaiting approval
- Dissemination of MNMC accreditation standards to public and private training institutions was accomplished

Unfinished AOP-Year 1 activities

- Finalize national approach for the accreditation of training institutions (and for the involvement of other actors, including the private sector and EHOs…)
- Conduct pilot visits to schools to test/finalize the MNMC accreditation guidelines and standards
- Develop MMC accreditation standards and procedures after approval of guidelines
- Train MNMC and MMC accreditation assessors on accreditation guideline implementation
- Train faculties or internal QI committees on self-assessment report writing
- Organise meetings with different EHOs to explore closer collaboration around the accreditation of training institutions

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Formulate a plan for the development of a national approach for the accreditation of training institutions (and for the involvement of other actors, including the private sector and EHOs…)
- Conduct pilot visit to one of the medical universities to test/finalize the MMCAC accreditation standards and guidelines
- Finalize MMCAC accreditation guidelines and procedures for Basic Medical Education
- Conduct pilot visits to schools to test/finalize the MNMC accreditation guidelines and standards
- Finalize MNMC accreditation guidelines and procedures for Nursing and Midwifery Education
- Translate and disseminate MNMC guideline on “Standard and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”
- Train MNMC and MMC accreditation assessors on accreditation system implementation
- Train faculties or internal QA committees on self-assessment report writing

- Establish proper QA offices for the training institutions
- Disseminate MNMC and MMC accreditation standards, guidelines and procedures to all training institutions, including private and EHO

Strengthening Systems – Human Resources for Health *Pre-Service Training*	Responsible entities: *DHRH, Universities* Focal point: *DHRH: DyDG (Academic Affairs)* In collaboration with: *DMS, DPH, Universities and Training Institutions*

Expectations by 2020/21: Clinical skills and active competency-based learning with a focus on job-related skills will be promoted. Pre-service curricula for all health workers (including CBHWs) will focus on the core competencies and skills that are needed to effectively deliver the Basic EPHS.

Roles of the different levels / stakeholders

Central Level:

- To develop/review pre-service curricula for BHS focus on effective delivery of BEPHS

State and Region Level:

- To train PHS II focus on effective delivery of BEPHS

Township Level:

- To train volunteer health workers particularly CHW and AMW focus on effective delivery of BEPHS

Development Partners and Implementing Partners:

- Can support VHW training at the township level in line with BEPHS

Achievements Year 1

- Integrated medical curriculum for the foundation year of basic medical education has been developed and will start being applied for the December 2018 intake
- Curricula for nurses, midwives and health assistants (HAs) have been reviewed, but alignment with revised job descriptions and linkage to the core competencies and skills that are needed to effectively deliver the Basic EPHS still need to happen
- Curriculum for Bachelor Midwifery program has been developed
- Additional skill labs were established at all midwifery schools (and nursing schools connected to midwifery schools) to increase skills-based practice opportunities for faculty and students
- Preceptorship operational manual has been drafted
- Preceptorship program initiated at clinical training sites (connected to training institutions and determined by DMS, DPH and DHRH) to improve clinical skills of midwives
- Training conducted to increase midwifery school faculty's knowledge and skills, and their ability to test students' performance
- Review of the curricula and recruitment process for both PHS1 and PHS2 was initiated to ensure greater alignment with job descriptions (tailored for the delivery of the basic EPHS)

Unfinished AOP-Year 1 activities

- Ensure that curricula for nurses, midwives and health assistants (HAs) are aligned with revised job descriptions and linked to the core competencies and skills that are needed to effectively deliver the Basic EPHS and, more broadly, implement the NHP (e.g. prepare the ITHP, enhance accountability and responsiveness, meet minimum standards of care, etc.)
- Continue the establishment of additional skill labs at selected nursing schools and at medical universities to increase skills-based practice opportunities for faculty and students
- Continue improving knowledge and teaching skills of faculty
- Continue institutionalizing faculty's ability to test students' performance
- Continue the review or pre-service training process for both PHS1 and PHS2, ensuring alignment with job descriptions (tailored for the delivery of the basic EPHS)

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Review and revise the curricula for nurses, midwives and health assistants (HAs) to be aligned with revised job descriptions and linked to the core competencies and skills that

are needed to effectively deliver the Basic EPHS and, more broadly, implement the NHP (e.g. prepare the ITHP, enhance accountability and responsiveness, meet minimum standards of care, etc.)

- Provide TOT training for revised curricula for nurses, midwives and Health Assistants
- Review and revise the curricula of PHS 1 and PHS 2 to be aligned with revised job descriptions and linked to the core competencies and skills that are needed to effectively deliver the Basic EPHS and, more broadly, implement the NHP
- Provide TOT training for trainers from State and Regional Public Health Departments for PHS-1 and PHS-2 training courses
- Further develop preceptorship system for student midwives by coordinating relevant departments, dissemination of preceptorship manual and implementing preceptorship training for midwives
- Establish additional skill labs at selected nursing and midwifery schools and at medical universities to increase skills-based practice opportunities for faculty and students
- Continue improving knowledge and teaching skills of faculty and faculty's ability to test students' performance [Training workshop for 2nd M.B.B.S faculty members for integrated teaching]

Strengthening Systems – Human Resources for Health *Engagement with non-MoHS providers*	Responsible entity: *MoHS* Focal point: *MMA Chair* In collaboration with: *All Professional Associations*

Expectations by 2020/21: Health professionals outside of the public sector will be engaged. Partnerships will be strengthened with the private sector, NGOs, CSOs, EHOs, and DPs around issues such as planning and management of the health workforce.

Roles of the different levels / stakeholders

Central Level:

- To explore a mechanism for engagement of non-MOHS providers

State and Region Level:

- To conduct regular health co-ordination meeting with non-MOHS provider for planning and management of health workforce

Township Level:

- To conduct regular health co-ordination meeting with non-MOHS provider for planning and management of health workforce at Township level

Development Partners and Implementing Partners:

- To support health co-ordination meeting at State/Regional and township levels respectively according to their implementing site

Civil Society Organizations and General Practitioners:

- To establish State and Regional CSO health network through CSO forum for community engagement, demand for services
- Capacity building of GPs for service availability and readiness for BEPHS

Achievements Year 1

- Specific national programs started engaging with EHOs beyond Kayin, Mon and Kayah, namely in Shan State and Wa and Kokant special region, to harmonize training of basic health workers (in various areas such as EPI, BEmONC and disease control)
- One Learning and Performance Improvement Centres (L&PICs) was established in EHO area in Kayin State (Kawkereik Township) with USAID support
- Implementation of regular training of non-MoHS providers in townships and in State/Regional Health Departments approved by Union Minister
- Introduction of a Diploma in Family Medicine and a Master program for non-MOHS providers endorsed by Union Minister
- Seminar on development of Family Medicine conducted
- The establishment of a Department of Family Medicine in medical universities has been approved

Unfinished AOP-Year 1 activities

- Continue efforts to engage with EHOs beyond Kayin, Mon and Kayah; identify areas where training of basic health workers can be harmonized
- Explore opportunities to establish more Learning and Performance Improvement Centres (L&PICs) in EHO areas
- Pursue efforts to develop a mechanism to enable health workers trained by EHOs in border areas to be licensed

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Continue efforts to engage with EHOs beyond Kayin, Mon and Kayah
- Explore opportunities to establish more Learning and Performance Improvement Centres (L&PICs) in EHO areas
- Conduct State / Regional CSO health fora
- Strengthen the health CSO network

- Organize awareness raising sessions for GPs

Strengthening Systems – Human Resources for Health *Task-Shifting*	Responsible entity: *MoHS (central level); State/Regional Health Departments* Focal point: *DPH – BHS Section* In collaboration with: *National Programs, State/Regional Health Departments*
Expectations by 2020/21: A rigorous skills needs assessment will be conducted at the different levels of the health system and for the different cadres to identify areas where task shifting should be considered. Job descriptions will then be revised accordingly. Accompanying training materials will be developed to upgrade health workers' skills and prepare them for their new roles.	
Roles of the different levels / stakeholders *Central Level:* ○ To identify areas where task shifting should be considered according to JD manual ○ To develop Institutional Capacity Self-Review(ICSR) Tool with funding and technical support of Jhpiego ○ To conduct analysis on health workforce utilization and carrier development of basic health staffs *State and Region Level:* ○ To monitor and guide task shifting activities in the township according to JD manual *Township Level:* ○ To implement task shifting activities according to JD manual	
Achievements Year 1 ○ Task shifting strategies included into the new HRH strategy ○ Task shifting of BHS already incorporated in the revised job descriptions	
Unfinished AOP-Year 1 activities ○ NONE	
Planned activities for AOP-Year 2 (April 2018 – September 2019) ○ Conduct a skill needs assessment (Institutional Capacity Assessment) ○ Monitor the effective implementation of task-shifting among BHS	

Strengthening Systems – Human Resources for Health *In-Service Training and Continuous Professional Education*	Responsible entity: *MoHS* Focal point: *DMS, DPH, DHRH* In collaboration with: *State/Regional Health Departments, Township Health Departments*

Expectations by 2020/21: In-service training will be fully institutionalized and better integrated; it will be tailored to the different cadres' needs in terms of skills and competencies to deliver the Basic EPHS according to their respective roles and responsibilities. Close collaboration with Program Managers will be essential in this area. Consideration will also be given to coordinating training dates amongst various programs to avoid taking the health workers away from their duties for too long. Continuous professional education to support the delivery of the Basic EPHS will reach all health workers, including those outside MoHS.

Roles of the different levels / stakeholders

Central Level:

- To ensure skills and competencies of health staffs to deliver basic EPHS according to their respective roles and responsibilities by providing technical and financial supports

State and Region Level:

- To revitalize state and regional training teams
- To develop effective coordinated training plans for health staffs

Township Level:

- To ensure monthly CME programs based on Basic EPHS

Development Partners and Implementing Partners:

- Can support the monthly Basic EPHS oriented CME programs at Township level

Achievements Year 1

- Drafting of BHS standard training manual initiated for State/Region training teams

Unfinished AOP-Year 1 activities

- Revitalize State/Region health training teams and ensure better coordination of training at state/region level and below
- Explore possible expansion of the scope of L&PICs to (i) also include other services from the basic EPHS; (ii) address the training needs of other cadres; and (iii) also include capacity building on 'soft skills' (prioritising practical, hands-on, training linked to important elements of the NHP, such as the preparation of the ITHP, supportive supervision, accountability…)
- Develop and publicly launch standardized approach and strategy for in-service training and continuous professional development (CPD) (which includes L&PICs, development of state health training teams, standardized modules…)
- Identify locations for and establish additional L&PICs
- Prepare State/Region health training teams to provide training through L&PICs
- Assign one staff within each State/Region Public Health Department to be exclusively responsible for training (e.g. one of the three deputy directors); this needs to be clearly reflected in that person's job description
- Standardise training teams' technical and training skills
- Support training teams to develop and implement competency-based in-service capacity building plan
- Gradually increase government budget for training to slowly replace external funding allocated to training and to ensure sustainability
- Develop Continuous Professional Development points system for licensing and re-licensing

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Revitalize State/Region health training teams and ensure better coordination of training at state/region level and below

- Explore possible expansion of the scope of L&PICs to also include capacity building on 'soft skills'
- Develop and standardise training teams' technical and training skills
- Prepare State/Region health training teams to provide training through L&PICs
- Prepare future establishment of additional L&PICs
- Support training teams to develop and implement competency-based in-service capacity building plan

Strengthening Systems – Human Resources for Health *Retention*	Responsible entity: *MoHS* Focal point: *DMS, DPH, DHRH* In collaboration with: *State/Regional Governments, including Health Directors*

Expectations by 2020/21: Training institutions for health professionals will be established in locations other than major cities and students should be recruited from rural areas around those institutions to enhance rural retention. For CBHWs, priority will be given to speaking the languages most relevant to the communities. This will require making necessary language accommodations in curricula and trainings. Appropriate financial incentives will be provided for those serving in rural and hard to reach areas. The different types of allowances will be updated to better reflect the local context. Non-financial incentives will be introduced, such as training opportunities, accelerated promotion, better living conditions, and a conducive environment to ensure job satisfaction. Moreover, a clear career path linked to performance and educational background needs to be offered, also to AMWs and CHWs. Additional and more flexible career development opportunities need to be offered to health workers in rural areas, such as distance learning and certificate courses.

Roles of the different levels / stakeholders

Central Level:

- To develop national policy for HRH Retention (Allocation, Creating supportive environment, Clear and transparent transfer policy)

State and Region Level:

- To manage/allocate HRH according to national HRH retention policy
- To create supportive environment for HRH in remote areas

Township Level:

- To manage/allocate HRH according to national HRH retention policy
- To create supportive environment for HRH in remote areas

Achievements Year 1

- Retention is part of the new HRH Strategy
- Retention policy is partially drafted in HRH policy document

Unfinished AOP-Year 1 activities

- Develop a comprehensive HRH retention policy

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Develop a comprehensive HRH retention policy, as part of the new HRH Strategic Plan

Strengthening Systems – Infrastructure	Responsible entity: *MoHS all levels (Central, State/Region and Township)* Focal point: *DyDG Admin/Finance, BHS and Planning (DPH & DMS), Engineering Section (DPH & DMS)* In collaboration with: *All stakeholders (DPs, IPs, State/Regional Governments)*

Expectations by 2020/21: A comprehensive list of all health facilities to be constructed, rehabilitated and/or equipped, considering the local context, will be created and regularly updated. Investments will be prioritized at Township level, as part of the Inclusive Township Health Plan, accounting for existing CBO, EHO and private sector health facilities to take advantage of potential synergies. It will also be aligned with the human resources deployment plan to avoid empty facilities. This exercise will result in an integrated infrastructure investment plan, which will be based on updated, cost-effective and standardized designs of health facilities. Accountability in the execution of contracts related to the construction or rehabilitation of health facilities will be enhanced. Equipment specifications will be standardized. Restrictions to international procurement of equipment and drugs/supplies will be removed. Funding for maintenance will be made available to health facilities.

Roles of the different levels / stakeholders

Central Level:

- To provide clear guidelines for National Health Infrastructure Investment

State and Region Level:

- To finalize the prioritized list of health infrastructure investment plan in collaboration with Parliamentarians, local governments, DPs and well-wishers by State and Regional Health Working Group
- To develop the quality control procedures for health infrastructure investment

Township Level:

- To identify the prioritized list of health infrastructure investment plan in collaboration with local governments, DPs and well-wishers by Township Health Working Group
- To ensure completeness of documentation processes for health infrastructure investment

Achievements Year 1

- Development of health infrastructure investment plan for RHCs and Sub-RHCs in year 1 and year 2 Townships (160 Townships) initiated (to some extent but not fully) in alignment with the NHP, based on information from the rapid facility assessment, and in close collaboration with States and Regions Health Departments
- Development of health facility registry (with geocoding) initiated
- Context-specific norms for the number of health facilities of the different types developed, discussed and agreed upon

Unfinished AOP-Year 1 activities

- Continue developing an integrated infrastructure investment plan in alignment with the NHP
- Continue updating and refining the information in the integrated infrastructure investment plan based on the outcome of the comprehensive assessment of service availability and readiness
- Continue the development of the health facility registry (with geocodes)
- Develop and/or update cost-effective standardised designs for the different types of health facilities
- Review/revise procurement procedures to increase transparency and accountability
- Standardise specifications for essential equipment

- Assess the effectiveness of facility grants sent to health facilities under EHSAP with respect to their ability to address maintenance needs

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Develop an annual health infrastructure investment plan according to local context and Myanmar Building Code
- Develop and/or update cost-effective standardised designs for the different types of health facilities
- Standardise specifications for essential equipment
- Continue the development of a health facility registry (with geocoding)
- Promote and strengthen the capacity of State/Regional and Township Health Working Groups
- Train MOHS Engineers for "Costing for renovation of health infrastructures in Townships"
- Coordinate with different EHO groups to develop and implement standard infrastructure requirements for delivery of basic EPHS

Strengthening Systems – Service Delivery *Extending Service Delivery to the Communities (CBHW)*	Responsible entity: *MoHS* Focal point: *DyDG Disease Control, DyDG Public Health* In collaboration with: *All stakeholders*

Expectations by 2020/21: All health workers involved in the delivery of health promotion, prevention and treatment services must be fully recognized and institutionalized within the health system to ensure efficient use of resources, necessary oversight and quality service provision (regardless of whether the health workers are voluntary or salaried). This means: Inclusion in national level policy frameworks, plans and budgets at all levels; Integration into HRH plans for necessary oversight, retention and quality; Integrated data and reporting that supports performance management, informs decision making and contributes to national HMIS; Integrated service delivery to make the most of patient contact; Supply of commodities and equipment through the national LMIS; Linkage with health governance structures from national to community level for accountability; Inclusion of initial, recurring and operation costs in government budget allocations. BHS will be supported to undertake their roles in monitoring, supervising and supporting CBHWs.

Roles of the different levels / stakeholders

Central Level:

- develop national policy and guidelines for CBHW

State and Region Level:

- To participate in development of national policy and guidelines for CBHW
- To participate in situational analysis process of VHW at State and Regional Level

Township Level:

- To initiate VHW registry at township level

Ethnic Health Organizations:

- To collaborate with THD for training of CBHW

Development Partners and Implementing Partners:

- To give technical and financial support for development of national CBHW policy and guideline

Achievements Year 1

- Development of a comprehensive, institutionalised approach to the Community Health Workforce within a range of contexts ongoing (literature review completed)
- Efforts to ensure MoHS funding is adequately used to support outreach activities ongoing

Unfinished AOP-Year 1 activities

- Develop a comprehensive, institutionalised approach to the Community Health Workforce within a range of contexts
- Create operational plans for the strengthening of the Community Health Workforce in each State and Region and secure financial support for the implementation of those plans [Note: these plans should be integrated into the ITHPs!]
- Ensure MoHS funding (as part of EHSAP) is adequately used to support outreach activities

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Establish CBHW core group and working group in MOHS for development of National CBHW policy and guidelines
- Conduct situational analysis of CBHW in Myanmar in 3 States/Regions and share findings with key stakeholders
- Estimate the cost of CBHWs in scale-up of EPHS
- Develop a national policy on CBHWs
- Seek endorsement of the CBHW policy (with a Directive or Standing Order from the Union Minister)

- Develop framework for policy implementation [i.e., which actions are to be taken across departments and programs at the different levels (national, State/Region and Township)]
- Integrate and implement actions [actions are taken forward by defined focal points across departments/programs at national, State/Region and Township level]
- Facilitate collaboration between Township Health Department and EHOs around training of CBHWs

Strengthening Systems – Service Delivery *Referrals*	Responsible entity: *MoHS all levels (Central, State/Region and Township); DPs and IPs working on emergency referral costs* Focal point: *DyDG Medical Care, DyDG Disease Control, DyDG Public Health* In collaboration with: *DPs, IPs, CSOs, NGOs, GPs, EHOs*
Expectations by 2020/21: The step-wise referral system will be revitalized with updated guidelines aligned with the Basic EPHS to guarantee continuum of care. Building on lessons from these different experiences, a national approach to remove financial barriers associated with referrals and encourage timely referral will be developed and adopted by all partners throughout the country.	
Roles of the different levels / stakeholders *Central Level:* ○ To develop core group and working group for Myanmar Referral System Review	
Achievements Year 1 ○ NONE	
Unfinished AOP-Year 1 activities ○ Revise and disseminate guidelines for step-wise referral	
Planned activities for AOP-Year 2 (April 2018 – September 2019) ○ Review, revise and disseminate referral guidelines	

Strengthening Systems – Service Delivery *Procurement and Supply Chain Management*	Responsible entity: *MoHS* Focal point: *DyDG Procurement* In collaboration with: *DMS, DPH, DFDA, GHSC-PSM*

Expectations by 2020/21: The national essential medicines list will be aligned with the EPHS. The public sector supply chain will be strengthened as per the MoHS National Health Supply Chain Strategy for Medicines, Medical Supplies, and Equipment (2015-2020). These efforts will be coordinated and led by the National Supply Chain Task Force (NSCTF). Elements of the strategy include: a gradual move to a pull system; the development of a centralized procurement system; the integration of existing parallel systems into one LMIS; the computerization of the LMIS; the professionalization of supply chain personnel; the update of policies and regulations. Incentives for better performance and for the use of generic, WHO-prequalified medicines will be considered, and prescribing of medicines will be separated from their dispensing to avoid perverse incentives. A comprehensive assessment of the pharmaceutical sector will be conducted. This will include a review of policies and regulations, and a thorough study of the pharmaceutical market, public and private spending on medicines, pricing, distribution and logistics, rational use of drugs, and prevalence of poor quality and/or counterfeit products. The findings from this assessment will guide efforts to strengthen the pharmaceutical sector in a phased manner.

Roles of the different levels / stakeholders

Central Level:

- To develop standard essential medicine and equipment list for health facilities
- To develop instructions for procurement of essential medicine and equipment
- To create one national platform for LMIS

State and Region Level:

- To conduct procurement process for essential medicine and equipment for health facilities based on standard list and instructions

Township Level:

- To prepare list and volume of essential medicine and equipment based on standard list and instructions
- To compile consumption data from health facilities

Achievements Year 1

- DyDG position for supply chain created
- National Supply Chain Task Force (NSCTF) revitalized, with involvement of a wider range of supply chain stakeholders
- Procurement guidelines completed and disseminated
- Some training on the Procurement guidelines conducted, both at the central and the State/Region level
- Standard medicines list (generic drugs) developed for closer alignment with the EPHS

Unfinished AOP-Year 1 activities

- Review and update of the National Supply Chain Strategic Plan in alignment with the NHP
- Develop IT governance and IT infrastructure plan for MOHS
- Agree on one national platform for the LMIS and roll out to all Regions and States
- Develop national roadmap for LMIS
- Develop Supply Chain Human Resources Capacity Development plan
- Strengthen warehouse development and distribution system
- Assess supply channels (for both medicines and equipment for the basic EPHS) at the different levels of the system and strengthen coordination amongst suppliers
- Conduct a comprehensive assessment of the pharmaceutical sector (beyond the public sector)

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Conduct a coordination meeting for procurement planning
- Finalize standard list of essential medicines and commodities, as well as standard list of equipment, based on level of health facility, and get official MoHS endorsement
- Agree on one national platform for the LMIS and develop national roadmap for LMIS
- Review and Revise the MOHS Inventory System (to move from a push to a pull system)
- Hold quarterly meetings of the National Supply Chain Taskforce (for strategic decision making)
- Develop a Supply Chain Human Resource Capacity Development plan
- Review and update the National Supply Chain Strategic Plan in alignment with the NHP
- Review the current status of the MOHS warehouse and distribution system
- Develop a plan for infrastructure improvement and for the upgrade of the warehouse management system

Strengthening Systems – Service Delivery *Fund Flow and Financial Management*	Responsible entity: *MoHS, DPs* Focal point: *Finance Section of MoHS* In collaboration with: *States and Regions, DPs*
Expectations by 2020/21: The allocation of the health budget among and within different departments of MoHS will be based on explicit criteria and follow clear guidelines. Estimated annual budget and budgeting instructions will be communicated to all levels of the health system at the start of the annual planning process. Planning calendar and processes will be synchronized with both planning cycle and budgeting cycle, so that central level budgeting considers the costed plans that come from Townships and from States and Regions. The new Procurement Guidelines will be adopted and disseminated for efficient budget execution, and reporting requirements will be streamlined and simplified within the confine of the financial rules and regulations. Existing data systems for planning, budgeting and expenditure tracking will be computerized. The responsibility for overseeing the delivery of a sustained capacity building program around financial management will be assigned to a unit within MoHS. Recruitment and deployment of professional financial management personnel to State/Region Health Departments and Township Offices will be expedited, through both contracting (in the short-term) and Government recruitment process.	
Roles of the different levels / stakeholders *Central Level:* ○ To review on existing budget allocation process of MOHS *State and Region Level:* ○ To identify the budget lines linked to specific activities in state and regions	
Achievements Year 1 ○ A simple formula was developed for the allocation of MoHS's current budget (excluding salaries and excluding drugs and medical supplies) to Townships; the formula was built into the Inclusive Township Health Plan template. Based on this formula, the ITHP template calculates, for each Township, the budget envelope the Township can plan within ○ Synchronization of planning and budgeting cycles initiated ○ Capacity in financial management strengthened (but still fragmented)	
Unfinished AOP-Year 1 activities ○ Continue efforts to improve budget allocation by introducing and communicating explicit formulae for inter- and intra-departmental resource allocation ○ Continue efforts to synchronise planning and budgeting cycles ○ Improve flexibility and responsiveness of budget by creating a new budget line-item to enable fund flow to the health facilities per allocation formula ○ Improve financial data quality, access and use ○ Strengthen capacity in financial management ○ Identify PFM bottlenecks in consultation with MoPF and other relevant stakeholders	
Planned activities for AOP-Year 2 (April 2018 – September 2019) ○ Map current resource allocation processes ○ Carry out preparatory work for a pilot aimed at improving budget flexibility and responsiveness ○ Improve financial data quality, access and use ○ Improve bottom-up budgeting and allocation ○ Analyse PFM bottlenecks in Budget Execution	

Strengthening Systems – Service Delivery *Quality of Care*	Responsible entity: *MoHS and all stakeholders* Focal point: *DyDG Medical Care; DyDG Public Health; DyDG Disease Control* In collaboration with: *All stakeholders*

Expectations by 2020/21: Services and interventions guaranteed in the Basic EPHS should meet the same minimum quality standards, irrespective of the type of provider. Quality of the services rendered by the different types of providers will be assessed against common standards using the same tools. In parallel, the adoption of quality improvement processes and clinical governance tools (e.g. clinical audit, quality dashboard, client feedback mechanisms, continuous supportive supervision) at the level of the health facility will be encouraged and facilitated. Standard treatment guidelines will be developed and/or updated, and a process will be institutionalized for their periodic review and improvement. The role and capacity of the Food and Drugs Administration (FDA) will be further strengthened to ensure, for example, adequate quality control of medicines (including traditional medicines), food safety and combating sales of counterfeit drugs. Guidelines, standards (e.g. minimum supervision visits per period of time) and tools for integrated supportive supervision will be reviewed and updated, in line with the Basic EPHS. Competency-based licensing and re-licensing of health professionals, including outside MoHS, will be further developed and rolled-out. Accreditation of health facilities, whether public, private-for-profit, NGO or EHO, needs to be introduced. An independent accreditation body, with required capacity and processes, will be established for that purpose.

Roles of the different levels / stakeholders

Central Level:

- To develop SOP and Guidelines for Provision of Basic EPHS at township level and below
- To develop training tools for capacity building on quality

State and Region Level:

- To supervise and monitor the quality of health staffs based on Basic EPHS SOP and guidelines

Township Level:

- To ensure BHS (and VHW) to follow the Basic EPHS SOP and Guidelines

Other stakeholders:

- To ensure all health providers at township level needs to follow the Basic EPHS SOP and Guidelines

Achievements Year 1

- Standards of care were adopted at 5 L&PICs for infection prevention and control and for normal labour/delivery
- Quality Control activities are being strengthened in five States/Regions (Ayeyarwaddy, Magway Region, Northern & Southern Shan State and Rakhine State)
- Competency-based licensing and re-licensing further developed with MMA and MMC, and with MNMA and MNMC
- 'Re-licensing' of nurses and midwives who have been out of practice initiated by MNMC and MNMA through competency-based process
- Establishment of an independent accreditation body responsible for the accreditation of health facilities (public, private-for-profit, NGO, EHO) initiated

Unfinished AOP-Year 1 activities

- Continue development of standards of care and accompanying guidelines, as well as the tools and systems to assess whether the standards are met (with a focus on the Basic EPHS)

- Develop and discuss options for quality improvement processes that can help providers meet the minimum standards of care
- Review / develop standard treatment guidelines, with a focus on the Basic EPHS
- Review / develop guidelines, standards (e.g. minimum supervision visits per period of time) and tools (e.g. job aids, integrated algorithms…) for integrated supportive supervision, with a focus on the Basic EPHS
- Strengthen / further develop competency-based licensing and re-licensing
- Continue efforts to gradually expand 're-licensing' to midwives who have been out of practice, through competency-based process
- Continue work on establishment of an independent accreditation body responsible for the accreditation of health facilities (public, private-for-profit, NGO, EHO)

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Develop Basic EPHS SOPs and guidelines (for services in both components of the package (public health and clinical)
- Identify a QoC focal point or create a QoC working group to lead/oversee QoC-related activities
- Continue development of standards of care and accompanying guidelines, as well as the tools and systems to assess whether the standards are met (with a focus on the Basic EPHS)
- Develop and discuss options for quality improvement processes that can help providers meet the minimum standards of care
- Strengthen / further develop competency-based licensing and re-licensing

Strengthening Systems – Service Delivery *Demand for Services*	Responsible entity: *MoHS, CSOs* Focal point: *DyDG Disease Control; DyDG Public Health; Director HLPU* In collaboration with: *DPs, IPs*

Expectations by 2020/21: More resources and improved service readiness do not automatically guarantee improved responsiveness and client satisfaction, which are critical if we want the population to use the services. Responsiveness of services will be enhanced by ensuring sensitivity to culture, religion, gender and language, and by promoting positive staff attitude. Township, Village Tract and Village Health Committees will be reformed to better promote enhanced community involvement in line with rural health development efforts. Meaningful participation of EHOs and CSOs in these committees will be ensured where relevant. Routine information flow and feedback mechanisms will be established through these governance structures/committees. While proper risk pooling mechanisms are being developed, temporary measures to reduce financial barriers to access will be considered and possibly extended to increase demand for services, especially among the poor and vulnerable.

Roles of the different levels / stakeholders

Central Level:

- To establish the mechanism that can capture the voice of community
- To provide technical and financial support to establish the mechanism

State and Region Level:

- To conduct the community health forums/ people health assemblies

Township Level:

- To engage with local community to explore demand for services
- To implement Community Health Clinic (CHC) in functioning RHCs and UHCs

Civil Society Organizations and Ethnic Health Organizations:

- To collect the community voices via CSO/EHO health fora
- To participate in state, regional and township health planning process through Health Working Groups

Development Partners and Implementing Partners:

- To support technically and financially to organize the community health forum and communication strategy

Achievements Year 1

- A standardised message book was developed for BHS to sensitise community about common symptoms and when to seek care (i.e., handbook for health education)

Unfinished AOP-Year 1 activities

- Continue developing standardised terms of reference for the health committees at the different levels [Note: ToRs must include clear specification for composition, chairing, linkage, coordination and reporting between the levels (Township – Tract – Village) as an essential channel for enabling two-way feedback mechanisms for information sharing and accountability; some of these details could be included in SOPs]
- Continue establishment of Township Health Working Groups
- Revise existing education materials from the programmes to match the messaging included in the standardised message book

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Develop a communication strategy for community engagement
- Continue developing standardised terms of reference for the health committees at the different levels in line with rural health development efforts
- Continue establishing the Township Health Working Groups
- Strengthen CSO/EHOs' ability to capture the voice of the community through the State/Regional health fora and, more broadly, through the CSO network

Strengthening Systems – Health Financing	Responsible entity: *MoHS, DPs* Focal point: *MHSCC-HSS TSG; Health Financing Sub-Group* In collaboration with: *DPs, International Agencies, IPs, all relevant Ministries*

Expectations by 2020/21: A health financing strategy needs to be developed through an inclusive process involving key stakeholders (including MoHS, MoPF, MoLIP, MoSW, parliamentarians, civil society…). The strategy will address the three key health financing functions of resource mobilization, risk pooling and purchasing.

- If the Basic EPHS is to be made accessible to everyone by 2020, investments in service readiness, especially at Township level and below, and funding for actual delivery of services and interventions included in the EPHS and for broader health systems strengthening efforts will need to increase. The strategy will outline where the funding will come from. It will also discuss how efficiency of existing government spending on health will be increased.
- On the demand-side, the strategy will outline how effective and equitable risk pooling mechanisms will be established to help improve affordability of care and address the substantial barriers to seeking care, especially among the poor and vulnerable.
- The strategy will also describe how the pooled resources will be used to pay for quality health services and interventions, guided by the key principles underlying the NHP.

The formulation of the health financing strategy will be guided by the health financing situational analysis and by NHP budget estimates, which will tap into estimates of the cost of delivering the Basic EPHS under various scenarios. While the health financing strategy is being developed, the groundwork for implementation of greater risk pooling and strategic purchasing will already be done. This includes identifying and addressing PFM bottlenecks, in consultation with MoPF and other relevant stakeholders. It also includes the development of the main functions of a purchaser (i.e., accreditation, contracting and purchasing), learning from ongoing and new demonstration projects.

A plan of action will also be developed for increased harmonization and alignment of development assistance. The plan will also prepare for the transition, as some of the external funding can be expected to gradually phase out. Efforts will focus on areas where fragmentation is the greatest, including financial management, procurement, supply chain, and information systems.

Roles of the different levels / stakeholders

Parliament/Hluttaw/Cabinet:

- To provide political commitment and policy guidelines for development of health financing strategy and law

Central Level:

- To develop National Health Financing Strategy
- To draft Myanmar Universal Health Coverage Law

UN Agencies, Development Partners, Implementing Partners:

- To provide technical and financial support to develop health financing strategy and law

Relevant Ministries:

- To participate in development of health financing strategy and law

State and Region Level, Townships, Civil Society Organizations and Ethnic Health Organizations:

- To participate in development of health financing strategy and law

Achievements Year 1

- The approach to come up with budget estimates was developed and peer-reviewed. Initial estimates have been produced
- National Health Accounts 2014/15 prepared

- Health Financing Situational Analysis drafted
- Health-specific analyses of the Myanmar Poverty and Living Conditions Survey data completed
- Implementation research built into strategic purchasing pilot involving private general practitioners
- Various capacity building activities, hands-on trainings, awareness raising events and study tours (to Indonesia and Thailand) focusing on health financing organized
- A high-level meeting with parliamentarians and other key stakeholders (including representatives from other relevant Ministries, from civil society…) was organized to sensitize these stakeholders to the need for strong coordination and collaboration in the development of legislation that supports Myanmar's efforts to move towards Universal Health Coverage (UHC)

Unfinished AOP-Year 1 activities

- Finalize estimation of the required budget for the NHP (recognising that a large share is already covered by existing government budget and DP support)
- Based on NHP budgeting, sensitise budget committees, MoPF and DPs
- Communicate key findings from NHA and earlier PER to policy makers to make the case for changes in budget allocations
- Formulate a health financing strategy
  - Finalize the health financing situational analysis
  - Conduct workshop to launch the health financing strategy process
  - Define resource mobilization policy options
  - Define risk pooling policy options
  - Define allocation and payment/purchasing policy options
  - Consolidate inputs from the technical working groups to come up with draft health financing strategy and consult with stakeholder groups as needed
  - Finalize and disseminate health financing strategy
- Continue building capacity and raise awareness of key stakeholders on health financing
- Continue coordinating with other stakeholders (incl. parliamentarians and civil society) around regulatory framework to support the health financing strategy
- Continue securing DP support where needed for the implementation of the NHP

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Finalize initial estimations of the required budget for the NHP under various scenarios
- Develop communications material (e.g. policy briefs, PPTs, videos) on impact of households' out-of-pocket spending on health
- Prepare policy note on Benefit Incidence Analysis
- Finalize the Health Financing System Assessment and review/disseminate the findings
- Formulate and disseminate Myanmar's health financing strategy
- Develop a supportive regulatory environment for the health financing strategy [including the drafting of a bill on Health Insurance (Myanmar UHC Law)]
- Continue building skills in and drawing lessons from strategic purchasing pilots by CPI/PSI

Operationalising at the Local Level *Prioritisation in Terms of Services*	Responsible entity: *MoHS* Focal point: *DyDG Medical Care, DyDG Public Health, DyDG Disease Control* In collaboration with: *DPs, International Agencies, IPs, CSOs, EHOs, Private health sector and GPs*

Expectations by 2020/21: One of the main goals of the NHP is to ensure that by 2020/21 everyone in the country can access the Basic EPHS, which should be effective, realistic and affordable. The contents of the Basic EPHS has been defined. Yet, an institutionalized process for its periodic revision still needs to be developed. The entity in charge of this process will also need to improve coherence between the essential medicines list and the EPHS. Required inputs to deliver the Basic EPHS (including skills, equipment, drugs and medical supplies…) at the different levels of the system will be determined.

Roles of the different levels / stakeholders

Central Level:

- To identify and finalize the contents of Basic EPHS in terms of two packages (Public Health/ Disease control package and clinical package)
- To finalize the drugs and commodity list for Basic EPHS at the operational level
- To develop SOP and Guidelines for provision of Basic EPHS
- To supply facilities(drugs, equipment and human resources) to provide the services at township and station hospitals according to the EPHS guidelines
- To develop capacity building(training for the providers)for giving quality of care

State and Region Level:

- To ensure the supply side readiness for provision of basic EPHS at local level
- To supervise and monitor the quality of care at Township and Station hospitals

Township Level:

- To identify the health priorities based on basic EPHS and prepare ITHP
- To ensure the quality of care according to Basic EPHS SOP and Guidelines and helps Basic Health Staff to follow the Guidelines

Development Partners and Implementing Partners:

- To support provision of basic EPHS at the community level (through mechanisms such as VHWs)
- To ensure all health providers at township level needs to follow the Basic EPHS SOP and Guidelines

Achievements Year 1

- Development of core working group for Basic EPHS and identification of TORs
- With consensus meeting of the group, contents of the Basic EPHS was finalized
- Composition and Terms of Reference for the Township Health Working Groups and for the State/Regional Health Working Groups were finalized and endorsed
- Contents of the Basic EPHS was finalized, including the clinical component
- Costing of the Basic EPHS under different scenarios was completed using the One Health tool

Unfinished AOP-Year 1 activities

- Finalise definition of norms to deliver the Basic EPHS (skills, staffing, medicines, equipment…)
- Communicate Basic EPHS (in user-friendly format)
- Complete costing of Basic EPHS

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Finalise definition of norms to deliver the Basic EPHS (skills, staffing, medicines, equipment…)
- Communicate Basic EPHS (in user-friendly format)
- Finalize costing methodology and initial results for Basic EPHS
- Develop SOPs/guidelines for clinical services to be provided at Township Hospitals and Station Hospitals as part of the Basic EPHS
- Estimate the cost of (budget needed for) the clinical component of the Basic EPHS
- Train providers from Township and Station Hospitals on the SOPs/guidelines relating to clinical services that are part of the Basic EPHS

Operationalising at the Local Level *Geographical Prioritisation*	Responsible entity: *MoHS* Focal point: *DPH BHS and DMS Engineer Department* In collaboration with: *Admin DPH and DMS, Procurement and Supply Section*
Expectations by 2020/21: The NHP will be operationalized nationwide to deliver the Basic EPHS based on existing capacity. Investments to expand Townships' capacity by improving service availability and readiness, however, will be gradually phased in, prioritizing Townships with the greatest needs.	
Roles of the different levels / stakeholders *Central Level:* ○ To ensure adequate funding is secured based on phasing of townships *State and Region Level:* ○ To prepare the investment plan based on budget envelope in collaboration with township *Township Level:* ○ To prepare the priorities for investment based on their needs to ensure the service availability and readiness	
Achievements Year 1 ○ Agreement reached on phasing of Townships ○ Health infrastructure investment package implemented in the 76 Year-1 Townships ○ RHCs and Sub-RHCs to reconstruct or rehabilitate identified in the Year-1 and Year-2 Townships	
Unfinished AOP-Year 1 activities ○ Introduce standard health infrastructure investment package in the selected Townships and supported by States/Region	
Planned activities for AOP-Year 2 (April 2018 – September 2019) ○ Introduce standard health infrastructure investment package in the selected Townships and supported by States/Regions	

Operationalising at the Local Level *Planning at Township Level*	Responsible entity: *MoHS* Focal point: *Planning Department (DMS and DPH), NIMU* In collaboration with: *DPs, IPs and all stakeholders*

Expectations by 2020/21: In each Township, the Township Health Working Group will develop an Inclusive Township Health Plan (ITHP) that will guide efforts to extend coverage of services and interventions included in the Basic EPHS to the entire population of the Township. The plan will consider existing service coverage. It will also consider an indicative resource envelope (including material, human and financial resources) that will be communicated to the Township ahead of the planning exercise.

A national database will be developed to organize data on service availability and readiness to deliver the Basic EPHS, including the different levels and delivery approaches (i.e., community-based, outreach and facility-based) and the different types of providers (public, EHO, NGO, private for-profit). The database will allow for assessments made at different points in time to be compared. This will make it possible to measure progress over time. The assessment will also look at the availability and functionality of village health committees.

A national template and detailed guidelines will be developed for the preparation of the ITHP. Townships will use these to prepare their ITHP and corresponding budget, considering the indicative resource envelope and with a focus on filling the gaps in a prioritized manner. Considerable training and assistance will need to be provided to facilitate this process. The ITHP template will build an explicit link to the service coverage assessment conducted in the Township. Specific guidelines will be prepared for the States and Regions, which will have a key role to play in supporting and overseeing the planning and budgeting process, as well as the implementation of the ITHP.

Roles of the different levels / stakeholders

Central Level:

- To develop the standard template, guidelines and tools for ISHP, IRHP and ITHP

State and Region Level:

- To prepare state and regional health plan to support ITHP
- To organize state and regional health coordination meetings for development of inclusive health plans

Township Level:

- To conduct need assessment for preparation of ITHP
- To organize regular meetings of township health working groups
- To develop ITHP

Development Partners, Implementing Partners:

- To provide technical and financial support for development of inclusive health plans (State, Region and Township)

Civil Society Organizations, Ethnic Health Organizations, Private sector (General Practitioners):

- To participate in development of health financing strategy and law

Achievements Year 1

- Agreement on the different pieces of information to be collected through the assessment was reached with key stakeholders, including many MoHS program managers; a first version of the assessment App was developed, which can be used on any mobile phone. A user's guide was prepared, as well as a video tutorial posted on a YouTube channel; following a training, the assessment was carried out in all MoHS health facilities of the first 76 Townships; in each of these Townships, data was collected by a small number of basic health workers selected by the TMO; NIMU supported all the Townships throughout the process; collected data was then cleaned

- The App was revised and improved based on the experience and lessons learned from the first 76 Townships and a version 2 is being used to collect data about MoHS health facilities in the 82 Year-2 Townships
- Following a review of existing Township health planning tools, reports and guidelines, as well as meetings with key stakeholders to agree on the scope and contents of the ITHP, a draft version of a template that is automatically linked to the assessment data was developed, discussed and tested, and draft guidelines were prepared in English
- Workshops were held in a number of States/Regions (Northern Shan, Kayah and Chin) to initiate discussions around the State/Region Inclusive Health Planning process

Unfinished AOP-Year 1 activities

- Ensure establishment of Township Health Working Groups
- Define clear roles and responsibilities, terms of reference (ToRs) and standard operating procedures (SOPs) for Village and Village Tract Health Committees
- Rapid Facility Assessment App
  - Identify and address current issues with data collection
  - Finalize data collection in Year-2 Townships
  - Agree on best way to make App and facility registry complementary
  - Establish protocols to ensure that Townships and States/Regions have immediate access to the data and also to ensure data validity
  - Improve App as needed (e.g. geographic locations, equipment list…)
  - Conduct data collection in remaining Townships
  - Develop approach for collection of data on non-MoHS health facilities
  - Develop approach for collection of data on CBHWs
- Continue the development of the ITHP tools and guidelines
- Continue the development of the tools and guidelines for State/Region Inclusive Health Plans
- Continue the development of the e-health platform for ITHP
- Continue the development of the training material and training plan for the ITHP tools and guidelines
- Train relevant stakeholders in the use of the ITHP tools and guidelines
- Prepare ITHPs for fiscal year 2018-19 (to be done by Township Health Working Groups in collaboration with States/Regions) – Oct 2018 to September 2019
- Prepare State/Region Inclusive Health Plans
- Submit ITHP using e-health platform

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Develop baseline Service Readiness Scoring (SRS) card and apply it in all townships prior to ITHP preparation
- Continue the development of standard Inclusive Health Plan template and guidelines in close collaboration with different stakeholders
- Pilot Inclusive Health Plan template and guidelines at State/Region and township levels
- Review and revise template and guidelines according to pilot result in close collaboration with different stakeholders
- Develop a national roll-out plan, identifying roles and responsibilities and training needs and approaches
- Introduce the Inclusive Health Plan template and guidelines at State/Region and township levels as per the roll-out plan

Developing a Supportive Environment *Health Management Information System*	Responsible entity: *MoHS HMIS Section* Focal point: *DyDG (HMIS)* In collaboration with: *eHealth, Program Directors, DMS*

Expectations by 2020/21: A data culture will be promoted for evidence-based decision making. This comprises the demand for quality and timely data, its collection, analysis and use. A functional HMIS unit that is situated at the Minister's office, MoHS, and with the mandate to establish a more integrated and expanded HMIS is urgently needed. A comprehensive HIS strategy will be developed. The many parallel systems that are currently supported and promoted by vertical programs will be integrated and DHIS-II will be adopted as a common platform. Interoperability with information systems related to other functions of the health system will be ensured. The MPI will be further developed and rolled-out, and ways for personal identification of service users will be explored. Household surveys and facility surveys will also be part of the HIS architecture. Indicators across the different surveys and survey types will be harmonized. The HMIS will be gradually expanded to also include information from providers outside MoHS.

Roles of the different levels / stakeholders

Central Level:

- To implement HIS National Strategic Plan

State and Region Level:

- To ensure quality and timely data, its collection, analysis and give feedback to townships

Township Level:

- To ensure quality data records and reporting by DHIS2 platform
- To utilize the relevant data for evidence based ITHP

Development Partners, Implementing Partners:

- To share the information to township health departments/ State and Regional Health Departments

Achievements Year 1

- HIS National Strategic Plan finalized, endorsed and disseminated
- Development of the (basic) e-health architecture initiated
- Strengthening of the Hospital Information System (especially reporting) ongoing with a pilot being conducted in 15 hospitals
- DHIS2 training conducted in remaining 80+ Townships
- DHIS2 rolled out to all Townships
- Field supervision built into the roll-out plan to identify and address challenges in a timely manner

Unfinished AOP-Year 1 activities

- Continue developing the (basic) e-health architecture
- Continue strengthening the Hospital Information System

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Continue developing the (basic) e-health architecture, including Hospital Information
- Continue strengthening the Hospital Information System
- Organise a HIS policy formulation workshop
- Review and revise Public Health dataset (Data Dictionary) in line with SDG indicators and M&E framework indicators
- Conduct data quality assessment throughout the data flow and carry out supervision on data quality assurance
- Master Patient Index. Plan to implement for TB DOTS, ART and MDR-TB patients first
- Develop an Integrated electronic register for BHS

- Build the capacity of MoHS staff on data management and the development of periodic reports on selected SDG indicators
- Develop Electronic Medical Records software
- Explore ways to make exchange of information possible between MoHS and EHOs

Developing a Supportive Environment *Policies and Regulations*	Responsible entity: *MoHS* Focal point: *Minister's Office, NIMU* In collaboration with: *Relevant stakeholder groups*
Expectations by 2020/21: Evidence informed policies will be developed following a clear policy cycle, and policy makers should be kept accountable throughout (from formulation to implementation). Several comprehensive national policies will be drafted or reviewed through a broad-based multi-stakeholder process (e.g. national health policy; national drug policy; population policy; HIS policy; HRH policy (including task-shifting and dual practice) and Human Resource Master Plan. A strong legal framework will be developed to support the implementation of the National Health Plan and more broadly the country's move towards UHC. This framework will need to be based on a comprehensive review of existing policies and legislations. It will also need to cover the amendment and/or drafting of new legislative tools such as laws, rules, regulations, directives, guidelines, orders, etc.	
Roles of the different levels / stakeholders *Central Level:* ○ To develop strong legal framework to support the implementation of NHP and UHC	
Achievements Year 1 ○ HRH Policy and HRH Strategic Plan finalised and endorsed ○ National Health Research Policy finalised and endorsed ○ Coordination with Parliament and civil society for drafting of health financing-related legislation ongoing	
Unfinished AOP-Year 1 activities ○ Review / revise National Health Policy in an inclusive way ○ Draft National Drugs Policy (e.g. emphasising use of generic medicines) ○ Monitor review process of existing policies by different stakeholders ○ Continue coordinating with Parliament and civil society for drafting of health financing-related legislation ○ Develop a research agenda to inform policy making (with a focus on the knowledge gaps that need to be filled to effectively carry out activities included in the AOP) ○ Prepare a plan for the establishment of a Knowledge Centre for evidence-informed decision making, building on past efforts	
Planned activities for AOP-Year 2 (April 2018 – September 2019) ○ Further develop the National Drugs Policy (e.g. emphasising use of generic medicines) ○ Initiate drafting of Myanmar UHC Law with the involvement of all key stakeholders ○ Initiate the establishment of a knowledge centre for evidence-informed decision making	

Developing a Supportive Environment *Oversight*	Responsible entity: *MoHS* Focal point: *Director NIMU* In collaboration with: *All stakeholders*
Expectations by 2020/21: The responsibility of overseeing implementation and monitoring of the NHP will primarily be with the MoHS. The role of existing coordination bodies (e.g. MHSCC) with respect to the implementation of NHP will be clearly defined, limiting overlap and clarifying lines of authority. The oversight function of MoHS will need to be strengthened, especially in relation to private sector, implementing partners and development partners. MoHS will also take the lead in Health in All Policies (HiAP)-related discussions.	
Roles of the different levels / stakeholders *Central Level:* ○ To ensure development partners' support and implementing partners' activities are aligned with the NHP implementation	
Achievements Year 1 ○ Interaction between NIMU and MHSCC articulated and formalized; NIMU represented on the MHSCC and in its Executive Working Committee ○ Adequate coordination mechanisms between NIMU and State/Regional Health Departments established ○ Mechanism to ensure development partners' support and implementing partners' activities are aligned with the NHP is being established ○ Data from about half of the private hospitals collected via the Private Hospital Association	
Unfinished AOP-Year 1 activities ○ Continue work on establishing mechanism to ensure development partners' support and implementing partners' activities are aligned with the NHP	
Planned activities for AOP-Year 2 (April 2018 – September 2019) ○ Establish NHP Joint Review Group and its TORs ○ Strengthen the functions of the HSS TSG Sub-Groups	

Developing a Supportive Environment *Accountability*	Responsible entity: *MoHS* Focal point: *NHP Joint Review Group* In collaboration with: *Parliamentarians, CSOs*

Expectations by 2020/21: Accountability during NHP implementation will be enhanced if following elements are addressed: laying down legal and policy foundations for UHC; securing sufficient resources for NHP implementation; establishing clear delegation of authority; providing access to information on NHP implementation for all stakeholders, including the community; allowing the plan to adapt in accordance with the changing context and lessons learned.

CSOs have an important role to play in social accountability through community mobilization and advocacy, or by introducing checks and balances and acting as a watchdog with respect to health service planning, delivery, and monitoring, especially as it relates to the Basic EPHS to which the population will be entitled. Their capacity needs to be built to successfully carry out these functions.

Effective communication strategies, adapted to the different target audiences, need to be developed by MoHS to share key information on NHP implementation. The revised terms of reference of local health committees (at village, village tract and Township level) will specify these committees' role with respect to accountability. Adequate composition of these committees, including proper representation of civil society, should be guaranteed. Also, Community Feedback Mechanism will be developed.

Roles of the different levels / stakeholders

Central Level:

- To develop mechanisms and frameworks of accountability for NHP Implementation

State and Region Level:

- To promote transparency and accountability for NHP Implementation at the township level

Parliamentarians, Civil Society Organizations:

- To initiate community feedback mechanisms for health service delivery

Achievements Year 1

- CSOs further sensitized on their roles within the NHP and with respect to social accountability and demand creation
- Development of a communication strategy relating to NHP and its implementation, which is adapted to the different audiences including States/Regions, Townships and communities, is ongoing

Unfinished AOP-Year 1 activities

- Initiate an inclusive process to develop a national policy around transparency and accountability
- Continue efforts to develop a communication strategy relating to NHP and its implementation, which is adapted to the different audiences including States/Regions, Townships and communities
- Develop a mechanism to systematically capture the voice of the community (this will also be part of the policy)

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Develop and disseminate a national policy around transparency and accountability
- Continue efforts to develop a communication strategy relating to NHP and its implementation, which is adapted to the different audiences including States/Regions, Townships and communities

Monitoring and Evaluation Framework	Responsible entity: *MoHS* Focal point: *NIMU* In collaboration with: *State, Regional and Township Health Working Groups*

Expectations by 2020/21: The general goals of the NHP's M&E framework are to: reduce excessive and duplicative reporting requirements; serve as a general reference and provide guidance for standard indicators and definitions; enhance efficiency of data collection investments; enhance availability and quality of data on results; improve transparency and accountability. Evaluation will be periodically performed, i.e., at mid-term and at the end of the NHP period. Implementation research will also be incorporated in the NHP. It will help assess whether the NHP is being implemented as planned, and identify areas where corrective measures need to be taken to put implementation back on track. At the national level, M&E will be overseen by NIMU. At State and Region level, the State/Regional Health Authorities will be in charge of M&E. They will provide regular feedback to Townships. The M&E framework will include provisions for the monitoring of the performance of DPs and implementing partners.

Roles of the different levels / stakeholders

Central Level:

- To monitor and evaluate the NHP implementation process based on NHP M&E Framework

State and Region Level:

- To monitor and evaluation NHP Implementation in State and Region as well as township level based on NHP M&E Framework

Township Level:

- To monitor and evaluation NHP Implementation in township level and below based on NHP M&E Framework

Achievements Year 1

- The list of indicators to be part of the NHP's M&E Framework was discussed with and reviewed by different stakeholders and a draft of the M&E framework is now awaiting a review involving all key programs. Templates for the annexes were completed and so is the data flowchart
- A concept note for the institutionalisation of implementation research and the establishment of a continuous feedback loop was prepared
- An Implementation Research Workshop was conducted at DMR in Jan 2018
- Data quality: a mechanism for triangulation was established using WHO Data Quality Toolkit

Unfinished AOP-Year 1 activities

- Finalise the NHP's M&E framework
- Ensure data collection mechanisms allow the generation of all indicators included in the NHP's M&E framework and develop appropriate channels for this information to reach NIMU in timely manner
- Prior to the implementation of the country's HIS policy, already start putting in place the systems necessary to assess and improve the quality of the data, prioritising indicators included in the NHP's M&E framework
- Establish a mechanism for Joint Reviews (Annual, Midterm and End-term), involving multiple stakeholders such as development partners, EHOs and civil society
- Continue developing dashboards for the monitoring of progress in the implementation of the AOP and, more broadly, the NHP, tailored to the needs of the different stakeholders at the different levels of the system
- Continue efforts to institutionalize implementation research and establish a continuous feedback loop
- Develop Standard Operating Procedures for monitoring at the local level

Planned activities for AOP-Year 2 (April 2018 – September 2019)

- Review, finalise and endorse the NHP's M&E framework
- Ensure data collection mechanisms allow the generation of all indicators included in the NHP's M&E framework and develop appropriate channels for this information to reach NIMU in timely manner
- Continue developing dashboards for the monitoring of progress in the implementation of the AOP and, more broadly, the NHP, tailored to the needs of the different stakeholders at the different levels of the system
- Continue efforts to institutionalize implementation research and establish a continuous feedback loop
- Conduct annual and mid-term evaluation of NHP

ANNEXES

ANNEX 1 ACTIVITY MATRIX FOR THE 2ND YEAR'S ANNUAL OPERATIONAL PLAN (2018-2019)

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
1.	STRENGTHENING SYSTEMS TO SUPPORT OPERATIONALISATION OF THE NHP												
1.1.	Human Resources for Health												
1.1.1.	Production and Management												
a.	Create a Human Resources Functional Unit in the Minister's Office (with representatives from the different Departments under MoHS) – not for decision making, but for planning and management of human resources for health												
	i. Develop the proposal for the formation of HRH functional unit and get it endorsed	X						DyDG (Academic Affairs), DHRH					
	ii. Develop Terms of Reference for the HR Functional Unit members		X	X				DyDG (Academic Affairs), DHRH					
	iii. Develop organisational chart for HR Functional Unit		X	X				DyDG (Academic Affairs), DHRH					
	iv. Define governance and Implementation of HRH related activities				X	X	X	Head of HRH Functional Unit					
b.	Develop the Annual Operation Plan for Human Resources for Health (HRH) Strategic Plan 2018-2019, based on the HRH Strategic Plan 2018-2021 and ensuring the plan fully supports the implementation of the NHP												
	i. Meet with key stakeholders and development partners	X	X					DyDG (Academic Affairs), DHRH					
	ii. Develop HRH projections and forecasts by conducting HRH forecasting exercise (considering both the existing infrastructure and the planned phased expansion under NHP)		X					DyDG (Academic Affairs), DHRH					
	iii. Prepare draft AOP for HRH Strategic Plan 2018-2019	X	X					DyDG (Academic Affairs), DHRH					
	iv. Finalise AOP for HRH Strategic Plan 2018-2019		X					DyDG (Academic Affairs), DHRH					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
c.	Further develop a consolidated HRH Information and Planning System (CHiPS) that is aligned with other existing databases; which will be managed by the to-be-established HR Functional Unit/ HRH focals from each department							HRH focal from all Departments under MoHS					
	i. Convene regular stakeholders (key stakeholder meetings) to discuss how to manage and update HRH database	X	X	X	X	X	X	DyDG (Academic Affairs), DHRH					
	ii. Develop, in a phased manner, consolidated HRH information and planning systems (CHiPS) for each department under MoHS (medical doctor and nurses) and integrate them into current workflow	X	X	X	X			Director (CSA), DHRH and HRH focal from each department					
	iii. Develop, in a phased manner, consolidated HRH information and planning systems (CHiPS) for each department under MoHS (all cadres) and integrate them into current workflow					X	X	Director (CSA), DHRH and HRH focal from each department					
	iv. Develop Standard Operation Procedures (SOPs) on management of CHiPS and training		X	X				HRH focal from each department					
	v. Disseminate HRH information through MoHS webpage and regular update			X	X	X	X	HRH focal from each department					
	vi. Initiate discussion on inclusion of non-public HRH data in HRH information and planning system						X	DyDG (Academic Affairs), DHRH					
d.	Further develop HRH database (to keep electronic CVs)												
	i. Update the existing HRH Database	X						Admin/Finance Division, DoPH					
	ii. Convert the Microsoft Access Database into Web-based Application		X					Admin/Finance Division, DoPH					
	iii. Develop HRH data Dashboard			X				Admin/Finance Division, DoPH					
	iv. Update the Web-based HR Information System for all categories of MoHS Staff			X	X	X	X	Admin/Finance Division, DoPH					
d.	Develop HRH projections and forecasts (considering both the existing infrastructure and the planned phased expansion under NHP)												
e.	Review and reconsider the approach for "temporary employment"												
	i. Discuss what the best way forward is with States and Regions and DPH	X						DyDG DPH					
	ii. Draft guidelines		X	X				DyDG DPH					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	iii. Share draft guidelines with key stakeholders (including States and Regions) for feedback			X	X			DyDG DPH					
	iv. Organize workshop to discuss/revise draft guidelines				X			DyDG DPH					
1.1.2.	Accreditation of training institutions												
a.	Formulate a plan for the development of a national approach for the accreditation of training institutions (and for the involvement of other actors, including the private sector and EHOs…)	X	X					DyDG (Academic Affairs), DHRH					
b.	Conduct pilot visit to one of the medical universities to test/finalize the MMCAC accreditation standards and guidelines			X				DyDG (Academic Affairs), DHRH					
c.	Finalize Myanmar Medical Council Accreditation Committee (MMCAC) accreditation guidelines and procedures for Basic Medical Education	X	X	X				DyDG (Academic Affairs), DHRH					
d.	Conduct pilot visits to schools to test/finalize the MNMC accreditation guidelines and standards			X				DyDG (Academic Affairs), DHRH					
e.	Finalize Myanmar Nurse and Midwife Council (MNMC) accreditation guidelines and procedures for Nursing and Midwifery Education	X	X	X				DyDG (Academic Affairs), DHRH					
f.	Translate and disseminate MNMC guideline on "Standard and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar"		X	X				DyDG (Academic Affairs), DHRH					
g.	Train MNMC and MMC accreditation assessors on accreditation system implementation	X		X				DyDG (Academic Affairs), DHRH					
h.	Train faculties or internal QA committees on self-assessment report writing	X		X				DyDG (Academic Affairs), DHRH					
i.	Establish proper QA offices for the training institutions		X	X	X	X	X	Rectors and Sr. Principals					
j.	Disseminate MNMC and MMC accreditation standards, guidelines and procedures to all training institutions, including private and EHO			X	X			DyDG (Academic Affairs), DHRH					
1.1.3.	Pre-service training												
a.	Review and revise the curricula for nurses, midwives and health assistants (HAs) to be aligned with revised job descriptions and linked to the core competencies and skills that are needed to effectively deliver the Basic EPHS and, more broadly, implement the NHP (e.g. prepare the ITHP, enhance accountability and responsiveness, meet minimum standards of care, etc.)	X	X					DyDG (Public Health), DPH Rector,UCH, Director Nursing, DHRH					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
b.	Provide TOT training for revised curricula for nurses, midwives and Health Assistants		X	X	X			DyDG (Public Health), DPH Rector,UCH, Director Nursing, DHRH					
c.	Review and revise the curricula of PHS 1 and PHS 2 to be aligned with revised job descriptions and linked to the core competencies and skills that are needed to effectively deliver the Basic EPHS and, more broadly, implement the NHP	X	X					DyDG (Academic Affair),DHRH DyDG (Public Health), DPH, Rector, UCH					
d.	Provide TOT training for trainers from State and Regional Public Health Departments for PHS-1 and PHS-2 training courses			X	X	X		DyDG (Academic Affair),DHRH DyDG (Public Health), DPH, Rector, UCH					
e.	Further develop preceptorship system for student midwives by coordinating relevant departments, dissemination of preceptorship manual and implementing preceptorship training for midwives	X	X	X				Director (Nursing), DHRH					
f.	Establish additional skill labs at selected nursing and midwifery schools and at medical universities to increase skills-based practice opportunities for faculty and students	X	X	X	X	X	X	Respective Rectors and Principals					
g.	Continue improving knowledge and teaching skills of faculty and faculty's ability to test students' performance [Training workshop for 2nd M.B.B.S faculty members for integrated teaching]	X	X	X				Dr Aye Maung Han (TAG-Clinical Domain)					
1.1.4.	Engagement with non-MoHS providers												
a.	Continue efforts to engage with EHOs beyond Kayin, Mon and Kayah												
	i. Identify areas where training of basic health workers can be harmonized	X	X	X	X	X	X						
	ii. Hold sensitization meetings in Special Regions number 2 and number 4, and in Kayin State around NHP implementation, including the year-2 AOP			X				NIMU					
b.	Explore opportunities to establish more Learning and Performance Improvement Centres (L&PICs) in EHO areas												
c.	Conduct State / Regional CSO health fora	X	X	X	X	X	X	NIMU					
d	Strengthen the health CSO network	X	X	X	X	X	X	NIMU					
e.	Organize awareness raising sessions for GPs	X	X	X	X	X	X	NIMU					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
1.1.5.	Task-Shifting												
a.	Conduct a skill needs assessment (Institutional Capacity Assessment)							BHS Section					
	i. Identify assessment areas and develop assessment tools with relevant stakeholders from different levels of the health system: central, state/region and township		X										
	ii. Conduct workshops for capacity assessment (self-assessment) of Township Health Departments with all relevant stakeholders		X	X									
	iii. Share and validate findings with relevant stakeholders (via formal correspondence and workshops)			X	X								
	iv. Develop institutional strengthening plan in consultation with relevant stakeholders (via workshops)				X	X							
	v. Organize capacity strengthening training for master mentors					X	X						
b.	Monitor the effective implementation of task shifting among BHS							BHS Section, Maternal and Reproductive Health Division, DHRH,					
	i. Draft a concept note describing proposed approach			X									
	ii. Establish an advisory group with relevant stakeholders (incl. DPH, BHS Section, HRH Department, MRH Division, NIMU, project THDs, DPs)			X									
	iii. Develop tools and strategies for monitoring in collaboration with the advisory group			X	X								
	iv. Pilot monitoring tools (effectiveness measures) and strategy in project Townships				X	X							
	v. Adjust monitoring tools based on pilot results and develop appropriate mechanisms for testing and roll out at national level					X	X						
1.1.6.	In-Service Training and Continuous Professional Education												
a.	Revitalize State/Region health training teams and ensure better coordination of training at state/region level and below												
b.	Explore possible expansion of the scope of L&PICs to also include capacity building on 'soft skills'												

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	i. Support the identification of 'soft skills' for which a learning resource package (LRP) and materials should be developed							DyDG DPH, BHS Section					
	ii. Draft the LRP modules for the identified 'soft skills'							DyDG DPH, BHS Section					
	iii. Build the capacity of State/Regional training teams (Ayeyarwady and Kayin) on identified 'soft skills' using developed LRP							Ayeyarwady and Kayin health departments					
	iv. Support in cascading 'soft skills' training for BHS of selected Townships							Ayeyarwady and Kayin health departments					
c.	Develop and standardise training teams' technical and training skills												
	i. Revitalize Kayin state training team members through series of workshop (Clinical Skills standardization, Clinical Training Skills, and Skills Lab coordinator)		X	X	X			MRH, CHD division, medical care. Kayin State Health Department					
	ii. Strengthen Township training teams of selected township in Kayin state			X	X			MRH, CHD division, medical care, Kayin state health department					
d.	Prepare State/Region health training teams to provide training through L&PICs												
e.	Prepare future establishment of L&PICs in additional States and Regions												
	i. Prepare "how to" documentation for the establishment and operation of an L&PIC		X										
	ii. Estimate the cost of establishing and operating an L&PIC		X										
f.	Support training teams to develop and implement competency-based in-service capacity building plan												
1.1.7.	Retention												
a.	Develop a comprehensive HRH retention policy, as part of the new HRH Strategic Plan												
	i. Conduct situational analysis of rural health workforce to develop a comprehensive retention policy (by reviewing outputs from previous studies/workshops on rural retention as well as literature)	X	X					Dy.DG (Academic Affair),DHRH Dy.DG (CSA),DHRH Dy.DG (CSA),DMS					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
								Dy.DG (FnAdmin), DPH)					
	ii. Identify successful approaches to increasing rural retention (such as TA, DA, overtime allowances that reflect the local context), assess cost implications of various packages and define how alternative packages can be built into the ITHP. Develop policy options paper for rural retention (after review)			X	X			Dy.DG (Academic Affair),DHRH Dy.DG (CSA),DHRH Dy.DG (CSA),DMS Dy.DG (FnAdmin), DPH)					
	iii. Conduct a workshop with relevant stakeholders (including HRH, States/Regions…) and facilitate the development of a comprehensive retention policy, to be incorporated into the HRH Strategic Plan 2018 - 2021				X			Dy.DG (Academic Affair),DHRH Dy.DG (CSA),DHRH Dy.DG (CSA),DMS Dy.DG (FnAdmin), DPH)					
	iv. Study tours regarding HRH retention policy and operationalization of policy			X	X			Dy.DG (Academic Affair),DHRH Dy.DG (CSA),DHRH Dy.DG (CSA),DMS Dy.DG (FnAdmin), DPH)					
1.2.	Infrastructure												
a.	Develop an annual health infrastructure investment plan according to local context and Myanmar Building Code												
b.	Develop and/or update cost-effective standardised designs for the different types of health facilities												
c.	Standardise specifications for essential equipment												
d.	Continue the development of a health facility registry (with geocoding)												
	i. Conduct Health Facility Registry (HFR) meeting to complete/finalise the master list and to fix the followings: - Health Facility Definition - Health Facility Coding System - Classification Tables (Types, Ownership, etc.)	X						Admin/Finance Division, DoPH					
	ii. Update Health Facility Geo-database		X	X				Admin/Finance Division, DoPH					
	iii. Extend the HFR to include other health facilities (Other Ministries, Private Sector, DPs, NGOs, INGOs, CSOs, EHOs)				X	X	X	Admin/Finance Division, DoPH					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
e.	Promote and strengthen the capacity of State/Regional and Township Health Working Groups												
f.	Train MOHS Engineers for "Costing for renovation of health infrastructures in Townships"												
1.3.	Service Delivery												
1.3.1.	Extending Service Delivery to the Communities (CBHW)												
a.	Establish CBHW core group and working group in MOHS for development of National CBHW policy and guidelines	X											
b.	Conduct a situational analysis												
	i. Organize consultation meetings in four States/Regions (Ayeyarwady Region, Shan South State, Kayin State and Sagaing Region)	X	X					Disease control Division, BHS Division (DPH)					
	ii. Organize consultation meeting with Development Partners and INGOs in Yangon		X					Disease control Division, BHS Division (DPH)					
	iii. Organize meeting to share findings with key stakeholders in Nay Pyi Taw			X				Disease control Division, BHS Division (DPH)					
c.	Estimate the cost of CBHWs in scale-up of EPHS				X			Disease control Division, BHS Division (DPH)					
d.	Develop a national policy on CBHWs												
	i. Organize a meeting of working group and core group to develop the policy framework			X				Disease control Division, BHS Division (DPH)					
	ii. Organize a series of workshops for policy development [workshop 1 with key stakeholders; workshop 2 for drafting of policy; workshop 3 for fine tuning of policy]			X				Disease control Division, BHS Division (DPH)					
e.	Seek endorsement of the CBHW policy (with a Directive or Standing Order from the Union Minister)				X			Disease control Division, BHS Division (DPH)					
f.	Develop framework for policy implementation [i.e., which actions are to be taken across departments and programs at the different levels (national, State/Region and Township)]					X		Disease control Division, BHS Division (DPH)					
g.	Integrate and implement actions [actions are taken forward by defined focal points across departments/programs at national, State/Region and Township level]						X						

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
h.	Facilitate collaboration between Township Health Department and EHOs around training of CBHWs	X	X	X	X	X	X	DOPH/DMS					
1.3.2.	Referrals												
	Review, revise and disseminate referral guidelines												
	i. Review existing guidelines (identify gaps and needed revisions)							DPH/DMS					
	ii. Draft revised guidelines												
	iii. Organize workshop to discuss proposed revised guidelines												
1.3.3.	Procurement and Supply Chain Management												
a.	Conduct a coordination meeting for procurement planning	X						Procurement and supply chain department					
b.	Finalize standard list of essential medicines and commodities, as well as standard list of equipment, based on level of health facility, and get official MoHS endorsement							Procurement and supply chain department					
	i. Organise workshop for the standardization of essential medicines and commodities	X											
	ii. Organise workshop for the standardization of essential equipment		X										
c.	Organize workshop to agree on national LMIS platform and to develop a national roadmap for LMIS	X						Procurement and supply chain department					
d.	Organize workshop to review and revise the MoHS Inventory System (to move from a push to a pull system)		X					Procurement and supply chain department					
e.	Hold quarterly meetings of the National Supply Chain Taskforce (for strategic decision)	X	X	X	X	X	X	Procurement and supply chain department					
f.	Develop a Supply Chain Human Resources Capacity Development plan												
	i. Provide basic supply chain introductory courses to focal person from MoHS		X					Procurement and supply chain department					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	ii. Provide supply chain training to MoHS			X	X	X	X	Procurement and supply chain department					
g.	Organize workshop to review and update the National Supply Chain Strategic Plan in alignment with the NHP		X	X				Procurement and supply chain department					
h.	Organize workshop to review the current status of the MoHS warehouse and distribution system							Procurement and supply chain department					
i.	Develop a plan for infrastructure improvement and for the upgrade of the warehouse management system							Procurement and supply chain department					
1.3.4.	Fund Flow and Financial Management												
a.	Map current resource allocation processes							Admin and Finance Units (DMS and DPH)					
	i. Prepare concept note describing proposed approach		X										
	ii. Conduct literature review to synthesize existing evidence and information		X										
	iii. Develop framework and templates to facilitate mapping of existing resource allocation processes (existing flows, allocation criteria/formulas used, equity of current approaches…)		X										
	iv. Collect data using agreed upon framework and templates		X	X	X								
	v. Analyse and validate collected data and formulate policy recommendations				X								
	vi. Share findings and recommendations				X								
b.	Carry out preparatory work for a pilot aimed at improving budget flexibility and responsiveness							Admin and Finance Units (DPH and DMS)					
	i. Prepare concept note describing proposed approach			X									
	ii. Conduct literature review to synthesize existing evidence and information			X									
	iii. Prepare the design of the pilot and refine it based on feedback from key stakeholders (e.g. via workshops)			X	X								
	iv. Draft guidelines showing how Townships would use financial resources channelled as part of the pilot				X	X							

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	v. Identify Essential Health Project Townships that are interested to be part of the pilot					X							
	vi. Seek approval from central level and from relevant S/R for the implementation of the pilot					X							
	vii. Carry out necessary preparatory work to be ready to start implementing the pilot in FY 2019-20					X	X						
c.	Improve financial data quality, access and use												
	i. Design and pilot test monthly electronic expenditure reporting template (excel) based on Hta-Sa forms	X						Finance Directors (DMS, DPH)					
	ii. Train finance units at union level on the use of monthly electronic expenditure reporting template		X					Finance Directors (DMS, DPH, ?others)					
	iii. Train finance staff from States/Region and Township levels on the use of monthly electronic expenditure reporting template		X	X				Finance Directors (DMS, DPH, ?others)					
	iv. Support efforts by States/Regions and Townships to submit monthly expenditure report in both hard copy and soft copy (excel)			X	X	X	X	Finance Directors (DMS, DPH)					
	v. Train and mentor key finance staff at union level to prepare analysis, just-in-time data and reports for monitoring and decision making			X	X	X	X	Finance Directors (DMS, DPH, ?others, Minister's Office)					
	vi. Apply the information in the RE process					X		Finance Directors (DMS, DPH, Minister's Office)					
d	Improve bottom-up budgeting and allocation												
	i. Train all townships on non-salary operational budgeting using simple excel template	X	X					S/R and Township Health Departments, Finance Directors (DMS, DPH)					
	ii. Townships to prepare their non-salary operational budget for FY 2018-19 (? Budget envelope to be based on FY 17-18 budget)	X	X					S/R and Township Health Departments, Finance Directors (DMS, DPH)					
	iii. Union level finance units to compile and analyse the townships' budgets for allocation decisions during BE and RE processes		X			X		S/R and Township Health Departments, Finance Directors (DMS, DPH)					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	iv. Townships to prepare their non-salary operational budget for FY 19-20 (? Budget envelope to be informed by union departments)					X		S/R and Township Health Departments, Finance Directors (DMS, DPH)					
	v. Union level finance units to compile and analyse the townships' budgets for FY 19-20 BE allocations						X	S/R and Township Health Departments, Finance Directors (DMS, DPH)					
e.	Analyse PFM bottlenecks in Budget Execution												
	i. Identify factors contributing to sub-optimal budget execution in capital and recurrent budgets and their solutions – jointly with MOE and MOPF		X					NIMU, Finance Directors (DMS, DPH)					
	ii. Identify causes and solutions internal/specific to MOHS		X					NIMU, Finance Directors (DMS, DPH)					
	iii. Present and discuss the bottlenecks and proposed solutions to the leadership of MOHS, MOE, MOPF, OAG, other relevant agencies/departments			X				NIMU, Finance Directors (DMS, DPH)					
1.3.5.	Quality of Care												
a.	Develop Basic EPHS SOPs and guidelines (for services in both components of the package (public health and clinical)												
b.	Identify a QoC focal point or create a QoC working group to lead/oversee QoC-related activities	X						DyDG DPH, DyDG Disease Control, DyDG DMS					
c.	Continue development of standards of care and accompanying guidelines, as well as the tools and systems to assess whether the standards are met (with a focus on the Basic EPHS)							DyDG DPH, DyDG Disease Control, DyDG DMS					
d.	Develop and discuss options for quality improvement processes that can help providers meet the minimum standards of care												
	i. Organize quality improvement forum, meetings and workshops to develop a national QI approach and strategy	X	X	X	X	X	X	MRH, CHD division, medical care					
	ii. Review and update existing MNCH performance standards	X	X					MRH, CHD divisions, medical care					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	iii. Review and update the existing post training follow up approach and tools	X	X					MRH, CHD divisions, medical care					
	iv. Implement QI process using updated MNCH standards and post-training follow-up activities, and using updated tools in selected Townships in Ayeyarwady region and Kayin state		X	X	X	X	X	MRH, CHD divisions, medical care, Ayeyarwady Regional and Kayin State Health Department, respective facility officials					
	v. Continue implementation of QI process at CWH Yangon, Thanlyin District Hospital, North Dagon Township hospital in Yangon Region	X	X					MRH, CHD divisions, medical care, Yangon regional health department,					
	vi. Continue implementation of QI process at Sittwe General Hospital, Lashio General Hospital, Pathein General Hospital, Magway regional hospital, and Taunggyi Women and Children Hospital	X						MRH, CHD divisions, medical care, Respective Regional and State Health Department					
	vii. Continue implementation of QI process (Infection prevention and control, Normal labour, newborn care) and introducing emergency drill system at Sittwe General Hospital (SGH)		X	X				MRH, CHD divisions, medical care, Rakhine State Health Department, SGH officials					
e.	Strengthen / further develop competency-based licensing and re-licensing												
1.3.6.	Demand for Services												
a.	Develop a communication strategy for community engagement							BHS Section					
b.	Continue developing standardised terms of reference for the health committees at the different levels in line with rural health development efforts												
c.	Continue establishing the Township Health Working Groups												
d.	Strengthen CSO/EHOs' ability to capture the voice of the community through the State/Regional health fora and, more broadly, through the CSO network	X	X	X	X	X	X	NIMU					
1.4.	Health Financing												
a.	Finalize initial estimations of the required budget for the NHP under various scenarios	X						NIMU					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
b.	Develop communications material (e.g. policy briefs, PPTs, videos) on impact of households' out-of-pocket spending on health			X				NIMU					
c.	Prepare policy note on Benefit Incidence Analysis				X			NIMU					
d.	Finalize the Health Financing System Assessment and review/disseminate the findings												
	i. Finalize Health Financing System Assessment	X						NIMU					
	ii. Conduct a meeting to review the health financing situational analysis	X						DyDG(planning/Finance, DPH), Planning Section(DPH/DMS), Finance Section (Minister office /DPH/DMS), NIMU					
	iii. Meet with renaissance institute	X						DyDG(planning/Finance, DPH), Planning Section(DPH/DMS), Finance Section (Minister office /DPH/DMS), NIMU					
e.	Formulate and disseminate Myanmar's health financing strategy												
	i. Contribute to development of materials to inform the health financing strategy workshops on resource mobilization, pooling, and purchasing		X	X	X			Chair HFS sub-group					
	ii. Preparatory meeting	X											
	iii. Introductory Meeting for Health Financing Strategy	X											
	iv. Conduct workshop with different stakeholders to discuss health financing strategy and roadmap	X						DyDG(planning/Finance, DPH), Planning Section(DPH/DMS), Finance Section (Minister office /DPH/DMS), NIMU					
	v. Hold preparatory Meeting for workshop 1 – Situational analysis		X										
	vi. Conduct workshop 1 – Situational analysis		X										
	vii. Hold preparatory Meeting – resource mobilization and risk sharing		X										
	viii. Organise knowledge sharing event around resource mobilization and risk pooling		X										

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	ix. Conduct workshop 2 - resource mobilization and risk pooling		X					DyDG(planning/Finance, DPH), Planning Section(DPH/DMS), Finance Section (Minister office /DPH/DMS), NIMU					
	x. Hold preparatory Meeting – purchasing		X										
	xi. Organise knowledge sharing event around purchasing		X										
	xii. Conduct workshop 3 - purchasing		X					DyDG(planning/Finance, DPH), Planning Section(DPH/DMS), Finance Section (Minister office /DPH/DMS), NIMU					
	xiii. Draft the Health Financing Strategy guided by the output of the workshops			X									
	xiv. Review and revise the draft Health Financing Strategy			X									
	xv. Hold preparatory Meeting for workshop 4			X									
	xvi. Conduct workshop 4 – finalize the Health Financing Strategy			X				DyDG(planning/Finance, DPH), Planning Section(DPH/DMS), Finance Section (Minister office /DPH/DMS), NIMU, NIMU					
	xvii. Disseminate the health financing strategy			X				DyDG(planning/Finance, DPH), Planning Section(DPH/DMS), Finance Section (Minister office /DPH/DMS), NIMU, NIMU					
f.	Develop a supportive regulatory environment for the health financing strategy												
	i. Review existing rules and regulations to identify potential bottlenecks and ways to overcome them o Develop a list of most critical areas of investigation to support the development and implementation		X	X	X	X		Chair of HFS Sub-Group					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	of the Health Financing Strategy and prioritize in consultation with relevant stakeholders o Review health sector laws and regulations to identify constraints and opportunities to develop and operationalize health-financing functions (e.g. strategic purchasing, pooling etc.) o Investigate whether/how other sectors in Myanmar and/or other countries were able to overcome comparable challenges o Based on findings of the review, make recommendations on how to address potential constraints and how to leverage potential opportunities of the legal and regulatory framework o Refine and reprioritize recommendations for each area of investigation following consultation with relevant stakeholders												
	ii. Hold a coordination meeting with important stakeholders (including parliamentarians and civil society) around regulatory framework to support health financing strategy			X				DyDG(planning/Finance, DPH), Planning Section(DPH/DMS), Finance Section (Minister office /DPH/DMS), NIMU , NIMU					
	iii. Initiate the drafting of a bill on Health Insurance (Myanmar UHC Law)												
g.	Continue building skills in and drawing lessons from strategic purchasing pilots	X	X	X	X	X	X	NIMU					
2.	OPERATIONALISATION AT THE LOCAL LEVEL												
2.1.	Prioritisation in Terms of Services												
a.	Finalise definition of norms to deliver the Basic EPHS (skills, staffing, medicines, equipment…)	X											
b.	Communicate Basic EPHS (in user-friendly format)	X											
c.	Finalize costing methodology and initial results for Basic EPHS	X						NIMU					
d.	Develop SOPs/guidelines for clinical services to be provided at Township Hospitals and Station Hospitals as part of the Basic EPHS												
	i. Convene 1st consultative meeting	X						Medical Care Division - DMS					

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	ii. Organise 1st Technical Working Group meeting		X					Medical Care Division - DMS					
	iii. Organise 2nd Technical Working Group meeting		X					Medical Care Division - DMS					
	iv. Organise 3rd Technical Working Group meeting		X					Medical Care Division - DMS					
	v. Convene 2nd consultative meeting with professors		X					Medical Care Division - DMS					
	vi. Organise 4th Technical Working Group meeting		X					Medical Care Division - DMS					
	vii. Organise consensus meeting with health care providers from Township Hospitals and Station Hospitals			X				Medical Care Division - DMS					
	viii. Organise 5th Technical Working Group meeting to finalise the SOPs/guidelines			X				Medical Care Division - DMS					
e.	Estimate the cost of (budget needed for) the clinical component of the Basic EPHS				X	X	X						
f.	Train providers from Township and Station Hospitals on the SOPs/guidelines relating to clinical services that are part of the Basic EPHS				X			Medical Care Division - DMS					
2.2.	Geographical Prioritisation												
a.	Introduce standard health infrastructure investment package in the selected Townships and supported by States/Regions												
2.3.	Planning at Township Level												
a.	Develop baseline Service Readiness Scoring (SRS) system and apply it in all townships prior to ITHP preparation				X	X		NIMU					
b.	Continue the development of standard Inclusive Health Plan template and guidelines in close collaboration with different stakeholders				X	X		NIMU					
c.	Pilot Inclusive Health Plan template and guidelines at State/Region and township levels				X	X		NIMU					
d.	Review and revise template and guidelines according to pilot result in close collaboration with different stakeholders					X		NIMU					
e.	Develop a national roll-out plan, identifying roles and responsibilities and training needs and approaches					X		NIMU					
f.	Introduce the Inclusive Health Plan template and guidelines at State/Region and township levels as per the roll-out plan				X	X	X	NIMU					
3.	DEVELOPING A SUPPORTIVE ENVIRONMENT												
3.1.	Health Management Information System												

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
a.	Continue developing the (basic) e-health architecture, including Hospital Information												
b.	Continue strengthening the Hospital Information System												
	i. Conduct Hospital eHMIS training using DHIS2 in Chin, Tanintharyi, Rakhine, Kachin, Shan (North/South/East), Ayeyawady and Kayah – Total: 16 Batches, 746 participants	X						HMIS Division, DPH					
	ii. Conduct Hospital eHMIS training using DHIS2 in Sagaing, Mandalay, Magway, Nay Pyi Taw, Bago, Yangon, Kayin – Total: 11 Batches		X					HMIS Division, DPH					
c.	Organise a HIS policy formulation workshop		X					HMIS Division, DPH					
d.	Review and revise Public Health dataset (Data Dictionary) in line with SDG indicators and M&E framework indicators												
	i. Organise meeting with central level program managers	X						HMIS Division, DPH					
	ii. Review and revise data dictionary with Regional/State Public Health Directors		X					HMIS Division, DPH					
	iii. Review and revise data dictionary with Township focal points, including BHS		X					HMIS Division, DPH					
	iv. Organise a consensus meeting with central level program managers		X					HMIS Division, DPH					
	v. Pilot test new data dictionary in at least two Townships		X					HMIS Division, DPH					
	vi. Organise a final consensus meeting with central level program managers and Regional/State Public Health Directors		X					HMIS Division, DPH					
	vii. Customize DHIS2 and Training of Trainers to match revised data dictionary			X				HMIS Division, DPH					
	viii. Publish revised data dictionary and distribute it to all BHS			X				HMIS Division, DPH					
	ix. Organise State/Regional level training of trainers on revised data dictionary				X			HMIS Division, DPH					
e.	Conduct data quality assessment throughout the data flow and carry out supervision on data quality assurance				X	X		HMIS Division, DPH					
f.	Build the capacity of MoHS staff on data management and the development of periodic reports on selected SDG indicators					X		HMIS Division, DPH					
g.	Develop an integrated electronic register for public health						X	HMIS Division, DPH					
3.2.	Policies and Regulations												

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
a.	Further develop the National Drugs Policy (e.g. emphasising use of generic medicines)												
b.	Initiate drafting of Myanmar UHC Law with the involvement of all key stakeholders												
c.	Initiate the establishment of a knowledge center for evidence-informed decision making												
3.3.	Oversight												
a.	Establish NHP Joint Review Group and its TORs												
b.	Strengthen the functions of the HSS TSG Sub-Groups												
3.4.	Accountability												
a.	Develop and disseminate a national policy around transparency and accountability												
	i. Identify a focal person or person(s) to coordinate the policy development process [The policy development process will take place over several months and there needs to be a focal person or perhaps a working group to "drive" this process]	X											
	ii. Define the policy structure and the components that need to be covered by the policy [First assess readiness for the policy development. The scope of the policy then needs to be defined (e.g. financial matters, internal governance, public participation, disclosure of information) as well as its relevant components (e.g. statement, underpinning principles and operational definitions, objectives, strategies to achieve each objective, specific actions to be taken, desired outcomes of specific actions, performance indicators, management plans and an annual review program, etc....)]	X											
	iii. Establish the policy development process [This requires research, consultation and policy writing tasks. The focal point needs to develop a plan of what tasks have to be done by whom and when etc.]	X											
	iv. Conduct research [Desk review on relevant policy papers/reports and research on the same topic. Conduct meetings with senior staff and other key stakeholders who have experience in this area. Seek legal advice if necessary]		X										

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	v. Prepare a discussion paper [This paper will summarize the information and propose a number of policy options]		X										
	vi. Conduct consultations – Stage 1 [The discussion paper will be circulated to all key stakeholders to seek feedback; this step may involve workshops, meetings, and individual consultations]			X									
	vii. Prepare a draft policy			X									
	viii. Conduct consultations – Stage 2 [If the draft policy will be circulated to key stakeholders and discussed in further meetings and/or forums before being finalized]				X								
	ix. Seek endorsement [The policy needs to be formally endorsed by the MoHS]				X								
	x. Disseminate and Communicate the policy [The policy will be communicated widely throughout the ministry and to other stakeholders. Dissemination workshops may need to be conducted to ensure that the policy is well communicated and all stakeholders, including MoHS staff, are fully informed]					X							
	xi. Implement, monitor and evaluate the policy [A policy implementation plan is needed. Then implementation should be monitored for further adjustments. A date needs to be set for the annual review]						X						
b.	Continue efforts to develop a communication strategy relating to NHP and its implementation, which is adapted to the different audiences including States/Regions, Townships and communities												
4.	MONITORING AND EVALUATION FRAMEWORK												
a.	Review, finalise and endorse the NHP's M&E framework												
b.	Ensure data collection mechanisms allow the generation of all indicators included in the NHP's M&E framework and develop appropriate channels for this information to reach NIMU in timely manner												
c.	Continue developing dashboards for the monitoring of progress in the implementation of the AOP and, more												

#	Area of work / Activity / Tasks	Year 2 (April 2018 – Sept 2019)						Government focal point	In collaboration with	Budget estimate	Funding source(s)	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q5	Q6						
	broadly, the NHP, tailored to the needs of the different stakeholders at the different levels of the system												
d.	Continue efforts to institutionalize implementation research and establish a continuous feedback loop												
e.	Conduct annual and mid-term evaluation of NHP												

ANNEX 2 CONTENTS OF THE BASIC EPHS(VERSION-1)

#	Category	Intervention	Level of care / health facility						
			Community	Sub-RHC	RHC	MCH Clinic	UHC	Station Hospital	Township Hospital
Public Health / Out-Patient Services									
MNCH-Family Planning									
1	Family Planning	Pill - Standard daily regimen							
2	Family Planning	Condom - Male							
3	Family Planning	Injectable - 3 month (Depo Provera)							
4	Family Planning	IUD - Copper-T 380-A IUD (10 years), Implanon (3years)							
5	Family Planning	Implant - Jadelle (5 years),							
6	Family Planning	Female sterilization							
MNCH-Pregnancy care (ANC)									
7	ANC	Basic ANC							
8	ANC	Tetanus toxoid (pregnant women)							
9	ANC	Syphilis detection and treatment (pregnant women)							
10	ANC	Hypertensive disorder case management							
11	ANC	Management of pre-eclampsia (Magnesium sulphate)							
12	ANC	Management of other pregnancy complications (Anaemia)							
13	ANC	Deworming (pregnant women)							
RMNCH-Delivery									
14	Delivery	Antibiotics for pPRoM							
15	Delivery	Induction of labour (beyond 41 weeks)							
16	Delivery	Labour and delivery management							
17	Delivery	Active management of the 3rd stage of labour							
18	Delivery	Pre-referral management of labour complications							
19	Delivery	Management of obstructed labour							
20	Delivery	Management of eclampsia (Magnesium sulphate)							
21	Delivery	Neonatal resuscitation (institutional)							
22	Delivery	Treatment of local infections (Newborn)							
23	Delivery	Kangaroo mother care							

#	Category	Intervention	Level of care / health facility						
			Community	Sub-RHC	RHC	MCH Clinic	UHC	Station Hospital	Township Hospital
24	Delivery	Clean practices and immediate essential newborn care (home)							
25	Delivery	Postnatal preventive							
26	Delivery	Treatment of postpartum haemorrhage							
27	Reproductive Health	Post-abortion case management							
28	Reproductive Health	Ectopic case management							
29	Reproductive Health	Treatment of urinary tract infection (UTI)							
30	Reproductive Health	Cervical cancer screening							
RMCH - Child Health									
31	Child Health	Management of Sick Child							
32	Child Health (Diarrhoea)	ORS							
33	Child Health (Diarrhoea)	Zinc (diarrhoea treatment)							
34	Child Health (Pneumonia)	Pneumonia treatment (children)							
35	Child Health (Pneumonia)	Treatment of severe pneumonia							
36	Child Health (Malaria)	Malaria treatment (children 0-4)							
37	Child Health (Malaria)	Treatment of severe malaria (children 0-4)							
38	Child Health (Measles)	Vitamin A for measles treatment (children)							
39	Child Health (Measles)	Treatment of severe measles							
Immunisation									
40	Child Health (Immunization)	Hepatitis B (Birth Dose)							
41	Child Health (Immunization)	Rota Vaccine (2 Doses) (To initiate in January 2020)							
42	Child Health (Immunization)	Japanese Encephalitis (1 Dose)							
43	Child Health (Immunization)	Human Papilloma Virus Vaccine (1 Dose) (To initiate in July 2020)							
44	Child Health (Immunization)	Tetanus-Diphtheria Vaccine (2 Doses) in Pregnancy							
45	Child Health (Immunization)	Measles vaccine (2 doses)							
46	Child Health (Immunization)	Pneumococcal vaccine (3 doses)							
47	Child Health (Immunization)	Polio vaccine (3 doses)							
48	Child Health (Immunization)	BCG vaccine (1 doses)							
49	Child Health (Immunization)	Pentavalent vaccine (3 doses)							
Nutrition									
50	Nutrition	Daily iron and folic acid supplementation (pregnant women)							
51	Nutrition	Vitamin A supplementation in post-partum pregnant women (Within 45 days after delivery)							

#	Category	Intervention	Level of care / health facility						
			Community	Sub-RHC	RHC	MCH Clinic	UHC	Station Hospital	Township Hospital
52	Nutrition	Breastfeeding counselling and support							
53	Nutrition	Complementary feeding counselling and support							
54	Nutrition	Home fortification of food with multiple micronutrient powders (children 6-23 months)							
55	Nutrition	Counselling and support for appropriate feeding of low-birth-weight (LBW) infants							
56	Nutrition	Vitamin A supplementation in infants and children 6-59 months							
57	Nutrition	Deworming							
58	Nutrition	GMP services							
59	Nutrition	Nutrition education							
Malaria									
60	Malaria	Insecticide treated materials							
61	Malaria	IPT (pregnant women)							
62	Malaria	Malaria treatment (adults, excluding pregnant women)							
Tuberculosis									
63	Tuberculosis	TB detection and treatment (a) Active case finding and contact tracing (b) TB Diagnosis and treatment							
HIV/AIDS									
64	HIV/AIDS	Voluntary counselling and testing							
65	HIV/AIDS	Condoms							
66	HIV/AIDS	PMTCT							
67	HIV/AIDS	Post-exposure prophylaxis							
68	HIV/AIDS	Diagnostics/lab costs for HIV+ in care							
69	HIV/AIDS	Management of opportunistic infections associated with HIV/AIDS (urgent and minor cases only)							
70	HIV/AIDS	Adult ART							
71	HIV/AIDS	Paediatric ART							
72	HIV/AIDS	Prophylaxis of Opportunistic Infections							
Non-communicable diseases									
73	Non-communicable diseases	Screening for risk of CVD/diabetes							
74	Non-communicable diseases	Treatment for those with high blood pressure but low absolute risk of CVD/diabetes (< 20%)							
Clinical / Inpatient Services (note that the content of this component of the Basic EPHS is still being discussed)									

#	Category	Intervention	Level of care / health facility						
			Community	Sub-RHC	RHC	MCH Clinic	UHC	Station Hospital	Township Hospital
Basic Essential Medical Services									
1	Essential Medical Services	Snake bite (without complication)							
2	Essential Medical Services	Dog bite							
3	Essential Medical Services	Acute Gastroenteritis							
4	Essential Medical Services	Respiratory Tract infection							
5	Essential Medical Services	Uncomplicated Urinary Tract Infection							
6	Essential Medical Services	Acute pulmonary oedema							
7	Essential Medical Services	Heart Failure							
8	Essential Medical Services	Acute Myocardial Infection							
9	Essential Medical Services	Uncomplicated Hypertension							
10	Essential Medical Services	Uncomplicated Type II Diabetes Mellitus							
11	Essential Medical Services	Dyspnoea of other causes (a) B1 Deficiency (b) Alcohol related diseases							
12	Essential Medical Services	Emergency treatment of convulsion							
13	Essential Medical Services	Dyspnoea of Respiratory Origin (a) Acute Sever Asthma (b) Stable Asthma (c) Stable Chronic Obstructive Pulmonary Disease (COPD)							
14	Essential Medical Services	Acute abdominal pain							
15	Essential Medical Services	Any Shock Condition							
16	Essential Medical Services	Emergency care services for Acute Poisoning							
Basic Essential Surgical Services									
17	Essential Surgical Services	Peripheral venous cut down							
18	Essential Surgical Services	Emergency Airway including Cricothyroidectomy and Tracheostomy							
19	Essential Surgical Services	Emergency chest tube insertion							
20	Essential Surgical Services	Wound management including suturing							
21	Essential Surgical Services	Incision and drainage of abscess							
22	Essential Surgical Services	Acute Appendicitis							
23	Essential Surgical Services	Appendicular abscess							
24	Essential Surgical Services	Appendicular mass (Conservative treatment)							

#	Category	Intervention	Level of care / health facility						
			Community	Sub-RHC	RHC	MCH Clinic	UHC	Station Hospital	Township Hospital
25	Essential Surgical Services	Irreducible Inguinal hernia							
26	Essential Surgical Services	Inguinal hernia							
27	Essential Surgical Services	Initial management of Burns and Scald							
28	Essential Surgical Services	Removal of foreign body (Minor and Superficial)							
29	Essential Surgical Services	Suprapubic Cystostomy (SPC)							
30	Essential Surgical Services	Gastrointestinal Perforation							
31	Essential Surgical Services	Life saving emergency laparotomy and proceed							
32	Essential Surgical Services	Cellulitis							
Basic Essential Paediatric Services									
33	Essential Paediatric Services	Management of sick new born							
34	Essential Paediatric Services	Provision of vit K immediately after birth							
35	Essential Paediatric Services	Management of infantile Beri Beri							
36	Essential Paediatric Services	Counselling and support mother on breastfeeding and newborn care							
37	Essential Paediatric Services	Dog Bite							
38	Essential Paediatric Services	Assessment of children with developmental delay							
Basic Essential OG Services									
39	Essential OG Service	Instrumental Delivery (Forceps)							
40	Essential OG Service	Instrumental Delivery (Vacuum)							
41	Essential OG Service	Elective LSCS with indication							
42	Essential OG Service	Emergency LSCS							
43	Essential OG Service	APH - Abruptio Placenta							
44	Essential OG Service	APH - Placenta Previa							
45	Essential OG Service	Retained placenta							
46	Essential OG Service	Uterine Inversion							
47	Essential OG Service	Uterine rupture							
48	Essential OG Service	Complicated Abortion							
49	Essential OG Service	PID (Pelvic Inflammatory Disease)							
Basic Essential Orthopaedic Services									
50	Essential Orthopaedic Services	Basic Fracture Management (Open Fracture) – Wound debridement (Clean and dress)							
51	Essential Orthopaedic Services	Basic Fracture Management (Closed Fracture) – MUA & POP							

#	Category	Intervention	Level of care / health facility						
			Community	Sub-RHC	RHC	MCH Clinic	UHC	Station Hospital	Township Hospital
52	Essential Orthopaedic Services	Acute Dislocation of Joints – Reduction							
53	Essential Orthopaedic Services	Compartment Syndrome – Released							
54	Essential Orthopaedic Services	Traumatic digital amputation – Initial lifesaving care/ Digital amputation							
55	Essential Orthopaedic Services	Bone and Joint Infection							
56	Essential Orthopaedic Services	Acute Septic Arthritis* – Antibiotic + splintage							
57	Essential Orthopaedic Services	Acute Osteomyelitis* – Immobilization with plaster slab or sling + infection control with antibiotic							
Basic Essential Emergency Care Services									
58	Emergency Care Services	Basic Essential Resuscitation							
59	Emergency Care Services	Initial Management of Injured Patients							
60	Emergency Care Services	Initial and lifesaving care and treatment of Medical/Surgical/Orthopaedic emergencies							
61	Emergency Care Services	Initial and lifesaving care and treatment of Obstetric emergencies/ Gynaecological emergencies							
62	Emergency Care Services	Initial and lifesaving care and treatment of neonatal emergencies/ Childhood medical and surgical emergencies							
Basic Essential Anaesthesia Care Services									
63	Essential Anaesthesia Care	Local Anesthesia including local nerve block							
64	Essential Anaesthesia Care	Spinal analgesia							
65	Essential Anaesthesia Care	GA for short procedure							
66	Essential Anaesthesia Care	GA by Ketamine							
Basic Essential Mental Health Services									
67	Essential Mental Health Care	Management of Acute psychosis, identification, counselling services for mental disorder							
68	Essential Mental Health Care	Depression including Suicide prevention and Perinatal depression							
69	Essential Mental Health Care	Heroin overdose (Lifesaving Medicine treatment with Naloxone)							
70	Essential Mental Health Care	Initial treatment of Short term Detoxification for alcohol							
71	Essential Mental Health Care	Diagnosis and Counselling for Substance Use Disorders							
Basic Essential Dental Health Services									
72	Essential Dental Care	Simple Extraction (Adult & Paediatric)							
73	Essential Dental Care	Oral Prophylaxis (Scaling – a. Gingivitis; b. Periodonitis; c. Pregnancy Gingivitis)							
74	Essential Dental Care	Restoration (Temporary & Permanent) including Atraumatic Restorative Treatment (ART and Composite Restoration)							

#	Category	Intervention	Level of care / health facility						
			Community	Sub-RHC	RHC	MCH Clinic	UHC	Station Hospital	Township Hospital
Basic Essential Diagnostic Services									
75	Essential Laboratory Services	Type 'C' Lab Services							
76	Essential Laboratory Services	Basic Laboratory Services							

ANNEX 3 STANDARD LIST OF MEDICINES AND MEDICAL SUPPLIES FOR TOWNSHIP LEVEL AND BELOW(VERSION 1)

The previous version of standard medicine list (Version-0 with 182 items) has already been distributed for procurement with 2018 mini budget. This revised medicine list (version 1) is the new list of medicines and medical supplies for township level and below to be procured with 2018-2019 budget(regardless of who procures them).

#	Product Name & Strength (Generic description)	Level of care/ health facility				
		RHC & Sub-RHC	MCH	UHC	50 bedded hospital	100 bedded hospital
1	0.5%chlorine	x	x	x	x	x
2	5% lysol				x	x
3	Acetylsalicylic acid Tab	x	x	x	x	x
4	Acyclovir Cream, Topical	x	x	x		x
5	Acyclovir Tab		x	x		x
6	Albendazole Tab	x	x	x	x	x
7	Allopurinol Tab				x	x
8	Aluminium Hydroxide (+/- Magn. Hydr.) Tab	x	x	x	x	x
9	Amikacin Inj					x
10	Aminophylline Inj				x	x
11	Amitriptyline (hydrochloride) Tab				x	x
12	Amlodipine Tab	x	x	x	x	x
13	Ammonia Spirit				x	x
14	Amoxicillin + Flucloxacillin Tab				x	x
15	Amoxicillin Tab	x	x	x	x	x
16	Amoxicillin/Clavulanic acid Tab				x	x
17	Ampicillin + Cloxacillin Tab				x	x

18	Ampicillin Inj	x	x	x	x	x
19	Apron, plastic, disposible	x	x	x	x	x
20	ARV (Anti rabies vaccine) inj					x
21	Ascorbic acid (Vitamin C) Tab	x	x	x	x	x
22	Aseptol	x	x	x	x	x
23	ASV (Cobra, Viper) Inj	x	x	x	x	x
24	Atenolol Tab				x	x
25	Atropine sulphate Inj				x	x
26	Anti-Tetanus Serum inj				x	x
27	Azithromycin Tab	x	x	x	x	x
28	B1(Thiamine) Inj				x	x
29	B1(Thiamine)Tab	x	x	x	x	x
30	Bandage	x	x	x	x	x
31	Benzylpenicillin (peni G, crystal peni), inj				x	x
32	Blood Grouping and Matching Set (ABO, Rh)				x	x
33	Bupivacaine (Hydrochloride)				x	x
34	Buscabies Lotion	x	x	x	x	x
35	Calcium gluconate Inj				x	x
36	Cap, surgical, disposible	x	x	x	x	x
37	Capillary tube for blood sampling with sealing wax				x	x
38	Carbamazepine Tab				x	x
39	Carbidilol Tab					x
40	Cefixime Tab				x	
41	Cefoperazine +Salbectam Inj					x
42	Cefotaxime Inj				x	x
43	Ceftriaxone Inj				x	x
44	Cephalexin Tab	x	x	x	x	x

45	Cetirizine Tab	x	x	x	x	x
46	Chlorhexidine digluconate 7.1% Bot	x	x	x	x	x
47	Chlorpheniramine hydrogen maleate Tab	x	x	x	x	x
48	Chlorpheniramine Maleate Inj	x	x	x	x	x
49	Chlorpromazine (Hydrochloride) Tab				x	x
50	Chromic Catgut				x	x
51	Ciprofloxacin Infusion				x	x
52	Ciprofloxacin, Tab	x	x	x	x	x
53	Clotrimazole ointment, 1%, Topical				x	x
54	Cloxacillin Tab				x	x
55	Co-amoxiclav Inj					x
56	Cord Clamp				x	x
57	Cotrimoxazole Tab/Powder	x	x	x	x	x
58	Cotton wool	x	x	x	x	x
59	Cough (Bromhexine) Tab/Syrup	x	x	x	x	x
60	Developer				x	x
61	Dexamethasone Tab					x
62	Dexamethasone Inj				x	x
63	Dextran 40, 500ml				x	x
64	Dextrose 5% + Sodium chloride 0.9%, infusion	x	x	x	x	x
65	Dextrose 5%, inf, 500ml, bot				x	x
66	Diazepam Tab/Inj		x	x	x	x
67	Diclofenac sodium Inj	x	x	x	x	x
68	Digoxin Tab				x	x
69	Dobutamine Inj				x	x
70	Domperidone Tab	x	x	x	x	x
71	Dopamine Inj				x	x

72	Doxycycline tab/cap	x	x	x	x	x
73	ECG Paper				x	x
74	Enalapril Tab	x	x	x	x	x
75	Epinephrine (adrenaline), inj, 1mg/ml (1:1000)	x	x	x	x	x
76	Erythromycin Tab	x	x	x	x	x
77	Film Dressing				x	x
78	Fixer				x	x
79	Flucloxacillin Tab/cap	x	x	x	x	x
80	Flucloxacillin+ amoxicillin Inj					x
81	Foley Catheter				x	x
82	Formaldehyde				x	x
83	Furosemide Tab	x	x	x	x	x
84	Furosemide Inj		x	x	x	x
85	Gauze roll	x	x	x	x	x
86	Gentamycin, eye/ear drop, 0.3%	x	x	x	x	x
87	Gentamycin Inj	x	x	x	x	x
88	glass slides				x	x
89	Gliclazide Tab	x	x	x	x	x
90	Glove, examination, latex, non-sterile	x	x	x	x	x
91	Glove, surgical, latex, sterile	x	x	x	x	x
92	Glucose, 25%, Inj	x	x	x	x	x
93	Glucostrip	x	x	x	x	x
94	Glyceryl trinitrate Tab				x	x
95	Hansaplast/plaster, pce	x	x	x	x	x
96	Hydrocortisone sodium succinate Inj	x	x	x	x	x
97	Hyoscine Butylbromide, tab/Inj	x	x	x	x	x
98	Hypochl. acid, antiseptic sol. (EUSOL), 0.27% Bot	x	x	x	x	x

99	Ibuprofen Tab				x	x
100	Insulin Inj				x	x
101	Isosorbide Mononitrate Tab				x	x
102	IV Catheter, inj. port, pce	x	x	x	x	x
103	Ketamine (Hydrochloride) Inj				x	x
104	Lactulose Syrup				x	x
105	Lancet needle	x	x	x	x	x
106	Levofloxacin Tab				x	x
107	Levofloxacin Inj					x
108	Lidocaine + Epinephrine Inj				x	x
109	Lidocaine 2%, inj		x	x	x	x
110	Lignocaine 2% (Dental cartridge), inj, 2.2ml, amp			x	x	x
111	Long Surgical Glove				x	x
112	Losartan (Potassium) Tab				x	x
113	M.O.M Tab	x	x	x	x	x
114	Magnesium hydroxide Tab				x	x
115	Magnesium sulphate, 50%, Inj	x	x	x	x	x
116	Mannitol, 20%, 250ml Infusion				x	x
117	Mask, surgical	x	x	x	x	x
118	Metformin hydrochloride, Tab	x	x	x	x	x
119	Methylated Spirit	x	x	x	x	x
120	Methyldopa Tab				x	x
121	Metronidazole syrup/Tab	x	x	x	x	x
122	Metronidazole, inj, 500mg, 100ml,				x	x
123	Misoprostol Tab	x	x	x	x	x
124	Multivitamin/Compound Vitamin Syrup	x	x	x	x	x
125	Nasogastric tube (Feeding tube)				x	x

126	Needle, dental, 27G, 16mm/33mm, sterile, pce			x	x	x
127	Neomycin sulphate ointment, 1%	x	x	x	x	x
128	Nifedipine retard Tab	x	x	x	x	x
129	Norfloxacin tab	x	x	x	x	x
130	Omeprazole Inj				x	x
131	Omeprazole Tab	x	x	x	x	x
132	Oral rehydration salts (ORS)	x	x	x	x	x
133	Oxygen				x	x
134	Oxygen cannula				x	x
135	Oxytocin Inj	x	x	x	x	x
136	Pantoprazole Tab/Inj					x
137	Paper tape	x	x	x	x	x
138	Paracetamol + Orphenadrine tab				x	x
139	Paracetamol Syrup/Tab	x	x	x	x	x
140	Phenobarbitone tab					x
141	Phenoxymethylpenicillin (Pen. V) Tab			x	x	x
142	Phytomenadione(Vitamin K1) Inj	x	x	x	x	x
143	POP Bandage 4"/6”				x	x
144	Potassium chloride Inj				x	x
145	Potassium permanganate Crystal				x	x
146	Povidone Iodine, 10% w/v, bot	x	x	x	x	x
147	Prednisolone Tab	x	x	x	x	x
148	Propranolol Tab				x	x
149	Pyridoxine (Vitamin B6) Tab/Inj	x	x	x	x	x
150	Ranitidine Inj				x	x
151	Ranitidine Tab	x	x	x	x	x
152	Riboflavin (Vitamin B2), Tab	x	x	x	x	x

153	Ringer Lactate, infusion, 500ml, bot	x	x	x	x	x
154	Rubber Catheter, reusable	x	x	x	x	x
155	Salbutamol solution for nebulizer				x	x
156	Salbutamol, Tab	x	x	x	x	x
157	Scalp Vein Set	x	x	x	x	x
158	Set, Blood transfusion, air inlet, sterile				x	x
159	Set, infusion 'Y', luer lock, air inlet, sterile (Drip Set)	x	x	x	x	x
160	Set, Infusion, Paediatric , sterile				x	x
161	Silk (2/0,3/0)					x
162	Silver sulfadiazine cream, Topical	x	x	x	x	x
163	Sodium bicarbonate Inj				x	x
164	Sodium chloride 0.9%, infusion, 500ml, bot	x	x	x	x	x
165	Sodium Valproic acid Tab				x	x
166	Soft Bandage 4"/6”				x	x
167	Spinal Needle 23/25 G, pcs				x	x
168	Spironolactone Tab				x	x
169	sputum cup				x	x
170	Suction Catheter				x	x
171	Surgical Blade No. 11/22				x	x
172	Syringe, 10ml + needle 23G, pce				x	x
173	Syringe, 1ml + needle 26G, pce				x	x
174	Syringe, 20ml + needle 22G, pce	x	x	x	x	x
175	Syringe, 3ml + needle 23G, pce	x	x	x	x	x
176	Syringe, 5ml + needle 23G, pce	x	x	x	x	x
177	Test, Dengue, combo, Test kit				x	x
178	Test, Haemoglobin color scale, test				x	x
179	Test, HEPATITIS B Anti-HBs Test kit				x	x

180	Test, HEPATITIS C Test kit				x	x
181	Test, HIV 1+2 (Determine) Test kit				x	x
182	Test, HIV 1+2 (Stat-Pak) Test kit				x	x
183	Test, HIV 1+2 (Unigold) Test kit					
184	Test, Malaria, Ag Pf / Pv device, Test kit				x	x
185	Test, Pregnancy hCG TEST, urine, Test kit	x	x	x	x	x
186	Test, SYPHILIS, Test kit				x	x
187	Test, urine,protein and glucose				x	x
188	Tetanus Vaccine	x	x	x	x	x
189	Tetracycline hydrochl., eye oinm., 1%, Topical	x	x	x	x	x
190	Theophylline Tab				x	x
191	Thiamine+ Pyridoxine+ Cobalamin (Vit B1, B6, B12 complex), Tab	x	x	x	x	x
192	Tranexamic acid Inj				x	x
193	Urine Bag				x	x
194	USG Gel					x
195	USG Paper					x
196	Water for Inj	x	x	x	x	x
197	Zinc Sulphate Tab	x	x	x	x	x
198	ART (Anti-Retroviral Therapy Drugs) Tab	x	x	x		
199	Furamin BC Tab	x	x	x		
200	Inj; Depo-Provera	x	x	x		
201	Multi Micronutrient Tab	x	x	x		
202	Vitamin A Tab	x	x	x		

ANNEX 4 TOWNSHIP PRIORIZATION LIST FOR SUPPLY SIDE INVESTMENT

Sr.No.	States/ Region	Township for 1st year investment	Township for 2nd year investment	Township for 3rd year investment	Township for 4th year investment
1	Kachin	1. Waingmaw 2. Shwegu 3. Machanbaw	1. Tanai 2. Mansi 3. Sumprabum 4. Mogaung	1. Myitkyina 2. Chipwi 3. Momauk 4. Nogmung 5. Hpakant	1. Injangyang 2. Hsawlaw 3. Bhamo 4. Putao 5. Kawnglanghpu 6. Mohnyin
2	Kayah	1. Shadaw 2. Mese	1. Hpruso 2. Hpasawng	1. Bawlakhe 2. Demoso	1. Loikaw
3	Kayin	1. Thandaunggyi 2. Kyainseikgyi	1. Hpapun 2. Hlaingbwe	1. Myawaddy 2. KawKareik	1. Hpa-an
4	Chin	1. Paletwa 2. Tonzang	1. Thantlang 2. Matupi	1. Kanpetlet 2. Falam	1. Tedim 2. Mindat 3. Hahka
5	Mon	1. Bilin 2. Kyaikmaraw	1. Thanbyuzayat 2. Chanungzon 3. Kyaikhto	1. Mawlamyine 2. Mudon 3. Paung	1. Thaton 2. Ye
6	Rakhine	1. Ponnagyun 2. Pauktaw 3. Minbya 4. Gwa 5. Buthidaung 6. Maungdaw	1. Rathedaung 2. Ramree 3. Myebon 4. Munaung	1. Kyauktaw 2. Mrauk-U 3. Ann 4. Taungup	1. Kyaukpyu 2. Thandwe 3. Sittwe
7	Shan (South)	1. Mongpan 2. Mongkaung 3. Kyethi 4. Mongnai 5. Kunheing	1. Pekon 2. Longkho/Linkhe 3. Mawkmai 4. Mongshu 5. Hsihseng	1. Nansang 2. Loilen 3. Hopong 4. Lawksawk 5. Pinlaung	1. Laihka 2. Nyaungshwe 3. Kalaw 4. Taungyi 5. Ywangan

					6. Pindaya
8	Shan (East)	1. Matman 2. Mongton	1. Mongkhet 2. Mongyang 3. Mongyawng	1. Mongpin 2. Monghsat 3. Monghpyak	1. Kengtung 2. Tachileik 3. Mongla
9	Shan (North)	1. Tangyan 2. Mongyai 3. Mongmit 4. Mabein 5. Hopang 6. Muse	1. Kunlong 2. Namhsan 3. Hseni 4. Kutkai 5. Manton 6. Namhkan	1. Laukkaing 2. Kyaukme 3. Hsipaw 4. Nawnghkio 5. Namtu 6. Lashio	1. Mongmao 2. Pangwaun 3. Namphan 4. Pangsang 5. Konkyan
10	Sagaing	1. Mingin 2. Banmauk 3. Indaw 4. Layshi 5. Myaung 6. Ayadaw 7. Paungbyin 8. Pale 9. Taze	1. Kalewa 2. Pinlebu 3. Lahe 4. Nanyun 5. Myinmu 6. Chaung U 7. Mawlaik 8. Salingyi 9. Khin-U	1. Wuntho 2. Tigyaing 3. Kyunhla 4. Homalin 5. Tamu 6. Budalin 7. Yinmabin 8. kani 9. Ye-U 10. Tabayin	1. Kale 2. Kawlin 3. Katha 4. Kanbalu 5. Hkamti 6. Sagaing 7. Monywa 8. Shwebo 9. Wetlet
11	Tanintharyi	1. Yebyu 2. Kyunsu	1. Launglon 2. Thayetchaung 3. Tanintharyi 4. Bokpyin	1. Dawei 2. Palaw	1. Myeik 2. Kawthoung
12	Bago	1. Padaung 2. Paukkhaung 3. Nattalin 4. Thegon 5. Oktwin 6. Yedashe	1. Htantabin 2. Paungde 3. Pyay 4. Kyaukkyi 5. Shwegyin 6. Kyauktaga 7. Thayarwady 8. Bago	1. Letpadan 2. Nyaunglebin 3. Kawa 4. Thanatpin 5. Monyo 6. Minhla 7. Waw	1. Zigon 2. Gyobingyauk 3. Okpho 4. Daik-U 5. Phyu 6. Taungoo 7. Shwedaung
13	Magway	1. Minhla 2. Sidoktaya 3. Taungdwingyi 4. Myaing 5. Tilin	1. Sinbaungwe 2. Salin 3. Natmauk 4. Pauk 5. Saw	1. Aunglan 2. Pwintbyu 3. Myathit 4. Seikphyu 5. Mindon	1. Kamma 2. Ngape 3. Chauk 4. Yenangyaung 5. Gangaw

					6. Yesagyo 7. Pakokku 8. Minbu 9. Magway 10. Thayet
14	Mandalay	1. Thabeikkyin 2. Singu 3. Thazi 4. Kyaukpadaung 5. Pyawbwe 6. Taungtha 7. Amarpura 8. Patheingyi	1. Madaya 2. Tada-U 3. Sintgaing 4. Mahlaing 5. Ngazun 6. Aungmyaythazan 7. Pyigyitagon	1. Myitthar 2. Wundwin 3. Natogyi 4. Yamethin 5. Mogoke 6. Chanayethazan 7. Mahaaungmyay	1. Myingyan 2. Kyaukse 3. Meiktila 4. Nyaung-U 5. Pyinoolwin 6. Chanmyathazi
15	Yangon	1. Hlaingthaya 2. Kawhmu 3. Dala 4. Shwepyithar 5. Dagon myothit(south) 6. Dagon myothit(North) 7. Kungyangon 8. Dagonmyothit (Seikkan) 9. Seikgyikanaungto 10. Mingaladon	1. Dagon myothit(east) 2. Kyauktan 3. Thongwa 4. Thanlyin 5. Htantabin 6. North Okkalapa 7. Thingangyun 8. Insein 9. Thaketa	1. Kayan 2. Twantay 3. Taikkyi 4. Hmawbi 5. Hlegu 6. Seikan 7. Dagon 8. Cocokyun 9. Lanmadaw 10. Ahlone 11. Kamaryut	1. Hlaing 2. Kyeemyindaing 3. South Okkalapa 4. Tamwe 5. Mingalartaungnyunt 6. Pazundaung 7. Dawbon 8. Botahtaung 9. Kyauktada 10. Pabedan 11. Latha 12. Bahan 13. Sanchaung 14. Yankin 15. Mayangone
16	Ayarwaddy	1. Kyangin 2. Lemyethna 3. Pantanaw 4. Yegyi 5. Ingapu 6. Kangyidaunt	1. Ngapudaw 2. Kyaiklat 3. Myanaung 4. Einme 5. Thabaung 6. Labutta 7. Mawlamyinegyun	1. Bagale 2. Dedaye 3. Nyaungdon 4. Kyonpyaw 5. Zalun 6. Danubyu 7. Wakema	1. Pathein 2. Hinthada 3. Pyapon 4. Myaungmya 5. Maubin 6. Kyaunggon
17	NayPyiTaw	1. Lewe 2. Tatkon	1. Pyinmanar 2. Zayarthiri	1. Zabuthiri 2. Pokbathiri	1. Ottarathiri 2. Datkhinathiri