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

ANNUAL OPERATIONAL PLAN 2019 - 2021

NATIONAL HEALTH PLAN (2017 - 2021)

CONTENTS

BACKGROUND

UNIVERSAL HEALTH COVERAGE

Myanmar aspires to achieve 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. Therefore, it is 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/Financial protection mechanism

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 health services are to be made available to those population groups. This should take the form of an explicitly defined health 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 services
- ***Intermediate*** **EPHS** by the year 2026 (expansion of the Basic EPHS that will include more secondary care services/specialist 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 health benefit 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 proposed contents of the Basic EPHS for Township level and below is presented in Annex 2 and can be changed accordingly.
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, Rescue and Resettlement and the Ministry of the Office of the Union Government all 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, Daw Aung San Suu Kyi 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 Hospitals, Station Hospitals and Health Centres, starting within the community. Extending the Basic EPHS to the entire population requires substantial investments by the Government and 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 service 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 health planning at the local level is essential to achieve the NHP goals. The planning will be based on a good understanding of the 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 Departments and their partners 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 and Supply-side readiness at health facilities. Supply-side readiness requires all the inputs, functions, and actors' behaviours to be aligned. In conjunction with the operationalization of the NHP (2017-2021), 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 that are harnessed by Leadership and Governance. 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 population.

Successful implementation of the NHP also requires a supportive environment. This includes adequate policies/regulations 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 transparency and accountability mechanisms, including social accountability, will help give communities a voice, which in turn will enhance responsiveness of the health system and health service delivery.

THE ANNUAL OPERATIONAL PLAN (2019-2021)

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 and the second year's AOP in May 2018.
This document presents the Annual Operational Plan (2019-2021), which considers lessons learned from the implementation of the first year's and the second 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 points and other relevant stakeholders
- Expectations by 2020/21
- Roles of the different levels / stakeholders
- Achievements Year 1 & 2 (i.e., a list of activities from the first and second's year AOP that were initiated and possibly completed)
- Planned activities for AOP (2019-2021)

A more detailed activity matrix for the AOP (2019-2021) 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) if possible, and whether technical assistance is required. Annex 2 shows the proposed contents of the Basic EPHS, organised under two components: (i) Public Health/Out-Patient Services, and (ii) Clinical/Inpatient Services (which was updated by department of medical service recently). Annex 3 presents the standard list of medicines and medical supplies for Township level and below. Annex 4 presents the list of equipment and medicines required for Basic EPHS (Clinical Package) according to its guideline. Annex 5 exhibits laboratory services included in Type C lab. Annex 6 presents the Prioritized Township List for supply side investments.

EXPECTATIONS, ACHIEVEMENTS, AND PLANNED ACTIVITIES FOR YEAR 3 & 4 (2019-2021)

Strengthening Systems – Human Resources for Health *Production and Management*	Responsible entity: *MoHS* Focal points: *DHRH: DyDG (Academic Affairs)* In collaboration with: *Minister's Office-CHRHCU, 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 reviewed and revised to be more objective and transparent. Steps to address attrition and improving 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 and appointment 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, temporary employment etc.)

Achievements Year 1 (2017-2018)

- HRH Strategy (2018-2021) developed and endorsed
- Yearly annual operating 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). VBHW Working Group and HRH TWG discussed the need to also include VBHWs 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 were also translated into English

Achievements Year 2 (2018-2019)

- Central level CHRHCU formed in May 2019 and Two Executive Meetings were already conducted
- HRH Review was done (by WHO consultant)
- WISN training by international consultant and conducted a pilot testing in four Townships (led by DHRH with WHO consultant)
- Finalising NHWA for 2019 including Frontline Health Workforce Data (by DHRH and WHO)
- Data Contribution to State of World Nursing Report (SOWN) and Virtual launching of the Report
- (Reviewed and revised of RHC manual with SOP for JD of BHS). Consecutive workshops with States/Regional Health Directors, TMOs and BHS from different areas were conducted (BHS Section and NIMU including all other sections under PH and DC)
- Data system and Workflow management for DHRH has already been done. The same system for other departments needs to be developed
- DOPH Planning has developed electronic CVs of all doctors under MOHS and further expanding to other health workers to complete HRH database (DPH Planning Section, DAAS)

Planned activities for AOP Year (2019-2021)

** COVID-19 Pandemic started in 2019 December and MOHS is applying New normal Lifestyle and considering Post COVID-19 plans of action for health service delivery*

- CHRHCU ensures accommodation office and one representative from WHO to start negotiating the work of CHRHCU. Allocating the assigned officials (part time) to work with WHO counterparts to implement year 3 and 4 activities
- 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
- Develop Annual Operation Plan for Human Resource for Health for year 3 and 4, based on HRH Strategic Plan (2018-2021), ensuring the AOP fully supports the implementation of NHP
- Further develop a consolidated HRH Information and Planning System (CHiPS) that is aligned with other existing databases; which will be managed by the focal points from each department to contribute in the CHRHCU
- This is the high time to review and reconsider Temporary Employment as there could be shortage of frontline health workers strained and worn out by the long - lasting effect of COVID-19. (Who will do it? How? Should be considered in collaboration with MMC, MNMC and MHAA)
- Coordinate with different EHO Groups to develop and implement minimal functional health workforce requirements for the delivery of EPHS in the future.
- 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
- CHRHCU Planning unit has to initiate the above activities for year 3 and 4

COVID-19 Responsive Measures

- Attract/deploy more types of health care cadres (para medical, (lab, clinical, public health) technicians, nurse-aids, community health care workers

- Give more opportunities to private sector (Drs + others) for training, and developing training facilities (including EHOs)
- Recruit, train and maintain - volunteers (Med and non-meds) for future disasters and public health emergencies (need more people with different skill levels and skill types) (including EHOs)

Strengthening Systems – Human Resources for Health *Accreditation of Training Institutions*	Responsible entities: *Professional Bodies and DHRH* Focal points: *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 including EHOs 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 (2017-2018)

- Draft MMCAC Accreditation Standards for Basic Medical Education (BME) was finalized and awaiting endorsement
- MNMC accreditation guidelines have been submitted for approval; Minister approved to continue pilot test
- MMC accreditation guidelines have been drafted
- Assessment tools for MNMC accreditation standards was developed and was waiting for approval
- Dissemination of MNMC accreditation standards to public and private training institutions was accomplished

Achievements Year 2 (2018-2019)

- MMCAC accreditation standards are already finalised and endorsed
- MNMC accreditation guideline, standards have already been approved and pilot testing was done in FOUR training schools
- Assessment tool for pilot test has been developed and approved
- MMC accreditation guideline is already developed
- National approach for the accreditation of training institutions (and for the involvement of other actors, including the private sector and EHOs) was finalized
- Pilot visits to two medical universities to test/finalize the MMC accreditation guidelines and standards was conducted
- MMC accreditation standards and procedures were developed and disseminated through virtual meeting to all medical universities
- Training of MNMC and MMC accreditation assessors on accreditation guideline implementation was conducted
- Training of faculties or internal QA committees on self-assessment report writing was conducted
- Established Internal Quality Assurance Board (IQAB) in medical universities and Internal Quality Assurance Team in the training schools

Planned activities for AOP-Year 3 and 4 (2019-2021)

** COVID-19 Pandemic started in 2019 December and MOHS is applying New normal Style of Living and at the same time considering Post COVID-19 plans of action for health service delivery*

- Recognition of the healthcare providers trained by EHOs
- Organise meetings with different EHOs to explore closer collaboration around the accreditation of training institutions

Strengthening Systems – Human Resources for Health *Pre-Service Training*	Responsible entities: *DHRH, Universities, CHRHCU* 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 (2017-2018)

- 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
- 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 already 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)

Achievements Year 2 (2018-2019)

- Integrated medical curriculum for the foundation year of basic medical education has been already developed and initiated in 2019 December intake (Medical Universities and DHRH)
- Ensured greater alignment with job descriptions (tailored for the delivery of the basic EPHS) (BHS Forum conducted by DPH at NPT)
- Development of curriculum for Bachelor Midwifery program has already been developed and launched (DHRH)
- National Standard for Elderly care givers has already been developed (DHRH)
- Commenced Elderly Care Assistant Training for two times in 2019 at Nursing Training School - Yangon

- Introduced Inter Professional Education (IPE) in the preservice curriculum of medical doctors and nurses and allied professionals (DHRH)
- Established additional skill labs at selected nursing schools and at medical universities to increase skills-based practice opportunities for faculty and students
- National Skill Lab was already opened in University of Medicine (1) to increase skills-based practice opportunities for faculty and students
- Conducted training/workshops for Improving knowledge and teaching skills of faculty
- Institutionalized faculty's ability to test students' performance
- Provided TOT to representatives from States and Regions for PHS-II training in University of Community Healthy

Planned activities for AOP-Year 3 and 4 (2019-2021)

- 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)

** COVID-19 Pandemic started in 2019 December and MOHS is applying New normal Lifestyle and at the same time considering Post COVID-19 plans of action for health service delivery*

- Alignment between revised midwives' curriculum and updated BHS JD and also adapted to new normal lifestyle resilience to COVID-19

COVID-19 Responsive measures

- Develop and finalize the guidelines for all categories of health professionals on management of COVID-19 (DMS, DPH)
- Update epidemiology and clinical management of COVID-19 (SARS COV-2) in the undergraduate and post graduate medical, nursing, and allied professionals. (DHRH)
- HRH/ Medical education needs to innovate - social distancing can result in difficulties in teaching in person
- Search for areas for online teaching and small group teaching (e.g in districts vs only in large city) (if second wave - will be less disruptive)
- Need to prepare Faculty (need different skill training, teaching material modification, modules, tests, and exams)
- Students will also need to make adjustments for using online medical education

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 (2017-2018)

- 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)
- Implementation of regular training of non-MoHS providers in Townships and in State/Regional Health Departments approved by Union Minister
- Introduction of Diploma in Family Medicine and a Master program for non-MOHS providers endorsed by Union Minister

Achievements Year 2 (2018-2019)

- Seminar on development of Family Medicine has already been conducted
- Minister's endorsement received for conducting both Diploma and also Master program in Family Medicine for non-MOHS provider
- Commenced Diploma in Family Medicine since 2003, (Diploma in GP was opened in as early as 1997)
- Revision of the existing diploma in family medicine curriculum was done
- The establishment of a Department of Family Medicine in medical universities has already been approved

Planned activities for AOP-Year 3 and 4 (2019-2021)

** COVID-19 Pandemic started in 2019 December and MOHS is applying New normal Lifestyle and at the same time considering Post COVID-19 plans of action for health service delivery*

- Continue efforts to engage with EHOs beyond Kayin, Mon and Kayah and special regions; 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 through public private partnership including private nursing and midwifery school
- To continue strategic purchasing pilot in EHO areas extending service delivery to the community and conflict affected area
- To continue to promote public private partnership approach in health service delivery including non-MoHS providers such as private providers, EHOs, GPs, Ministry of Defence, Social Security Board etc.
- Formation of a Department of Family Medicine in all medical universities

Strengthening Systems – Human Resources for Health *Task-Shifting*	Responsible entity: *MoHS (central level); State/Regional Health Departments* Focal point: *SHD/RHDs, 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 and Term of References (ToR) 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 staff

State and Region Level:

- To monitor and guide task shifting activities in the Township according to JD manual and their ToR

Township Level:

- To implement task shifting activities according to JD manual and their ToR

Achievements Year 1 (2017-2018)

- Task shifting strategies included into the new HRH strategy
- Task shifting of BHS already incorporated in the revised JD

Achievements Year 2 (2018-2019)

- Conducted national basic health professional forum at Nay Pyi Taw
- Developed carrier ladder for all types of basic health professionals at Township level and below

Planned activities for AOP-Year 3 and 4 (2019-2021)

** COVID-19 Pandemic started in 2019 December and MOHS is applying New normal Lifestyle and at the same time considering Post COVID-19 plans of action for health service delivery*

COVID-19 Responsive measures

- Task shifting: assign *PHS2* from the RHC/Sub RHC specifically at the Quarantine site supervised by HA to conduct COVID-19 education, contract tracing, and other activities
- Task shift of some activities of Lab Technicians to other paramedical staff in wards where Gene Expert exists, or for running CPR; things like this have to be thought over by the NHL, and MOHS leaders for further utilization of limited resources of lab technicians in long run
- Developing SOPs on Task Shifting
- Systematically consider which activities to allocate to which staff in case of COVID-19
- Provide proper hands-on training and close supervision for staff assigned to new tasks

- Develop SOPs by MoHS with close collaboration with different stakeholders including Associations, Departments, Councils, etc.
- M&E to ensure the effective implementation of Task shifting of BHS already incorporated in the revised JD

Strengthening Systems – Human Resources for Health *In-Service Training and Continuous Professional Development*	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 staff to deliver basic EPHS according to their respective roles and responsibilities by providing technical and financial support

State and Region Level:

- To revitalize State and Regional training teams
- To develop effective coordinated training plans for health staff

Township Level:

- To ensure monthly CME programs/Refresher training based on Basic EPHS

Development Partners and Implementing Partners:

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

Achievements Year 1 (2017-2018)

- Developed BHS standard training manual for State/Region training teams (BHS section, DPH)

Achievements Year 2 (2018-2019)

- Minister's approval for implementing regular training of non-MoHS providers in Townships, Regional health departments is already achieved
- Access to Health Fund provided financial and technical support to the seven states for coordination of training plan throughout the year

Planned activities for AOP-Year 3 and 4 (2019-2021)

- Revitalize State/Region health training teams and ensure better coordination of training at State/Region level and below using L&PICs
- Explore possible expansion of the scope of L&PICs to (i) 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 etc.)
- Identify locations for and establish additional L&PICs
- Prepare State/Region health training teams to provide training through L&PICs
- Conduct TOT for State/Region and District Training Teams on revised curriculum of PHS II
- Conduct Refresher training on PHS II
- Standardize training teams' technical and training skills

- Support training teams to develop and implement competency-based in-service capacity building plan
- Initiate the effort to gradually increase government budget for training to slowly replace external funding allocated to training and to ensure sustainability
- Township CME should be institutionalized by cooperating with specialists from districts to spare and share knowledge and with Nursing and Midwifery Training Schools to have specific teaching methodologies
- Invitation of EHO participants and volunteers (CHW and AMW) to monthly CME (start engagement with EHOs)
- Develop Continuous Professional Development points system for licensing and re-licensing

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

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 (2017-2018)

- Retention is part of the new HRH Strategy, but still needs to be further articulated in a retention policy

Achievements Year 2 (2018-2019)

- Developed "Strengthening the Rural Health Workforce for UHC in Myanmar" document by the Technical Working Group assisted by International and National Consultants with extensive literature review and series of workshops in 2018
- Based upon this document, four series of workshops were conducted from June to December in 2019 upon Rural Retention measures with a wide range of Stakeholders from the MOHS, including Central, States/Regional and Township representatives, Rectors and Lecturers from Academia and also from INGOs and UN Agencies. RR Strategies near to final (with support from WHO)
- MOHS representatives participated in six countries' research: Retaining frontline health workers-a case study from Myanmar 2019, initiated by SEARO, WHO. Myanmar has documented some RR measures as regards Education, Incentives and Governance and this document has provided a lot of input to the document on RR Strategies
- A total of 200 nurses from these 15 Townships were attending off-campus training in BNSc (nursing) initiated in 2019 and this could further expand to more Townships as one rural retention measure (DHRH)

Planned activities for AOP-Year 3 and 4 (2019-2021)

** COVID-19 Pandemic started in 2019 December and MOHS is applying New normal Lifestyle and at the same time considering Post COVID-19 plans of action for health service delivery*

- **Recruitment and Retainment**: Health workforce is deeply under resourced especially with COVID-19 pandemic outbreak. Compulsory government service after graduation of doctors and nurses and other paramedical staff should be strongly considered. Strategies for Retaining health staff should be included in the recruitment process
- **Deployment:** Consider contracting out services for various levels of healthcare providers from individuals or as a whole service contract to be applied in time of health crisis (Temporary Employment)
- Eg: start thinking of possibility of contracting out services with non-medical personnel, such as cleaners, sanitary workers
- Create safe working place for the healthcare providers by strong support from the MoHS
- **Task shifting**: assign ***PHS2*** from the RHC/Sub RHC specifically at the Quarantine site supervised by HA to conduct COVID-19 education, contract tracing, and other activities
- **Proceed with Regulations** on compensation for hazardous events for health workers during the pandemic of COVID-19
- ***Policy support to HWF especially related to COVID-19 infection-*** *should provide* compensation for being infected, death, permanent disability, severe injury, and organ loss
- **Recognition and rewards to Frontline HWF**- promotion given to staff (front liners), outstanding awards, providing bank loan with small interest etc.
- Need to review, revise and rewrite - regulations, laws, and rules for recruiting and skill training of all health care providers - (MOHS, Medical Council, Hluttaw) e.g employment of contracted health staff) (including EHO)

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 (2017-2018)

- 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

Achievements Year 2 (2018-2019)

- Developed and/or updated cost-effective standardised designs for the different types of health facilities
- Reviewed/revised procurement procedures to increase transparency and accountability
- Standardised equipment list for health facilities at Township level and below
- Trained MOHS Engineers for "Costing for renovation of health infrastructures in Townships"

Planned activities for AOP-Year 3 and 4 (2019-2021)

- Continue developing an integrated infrastructure investment plan for 5 years in alignment with the NHP and MoHS's Priority
- Continue the development of the health facility registry (with geocodes) align with National e-Health architecture and standards
- Continue coordination with different EHO groups to develop and implement standard infrastructure requirements for delivery of basic EPHS
- Initiate accreditation system for health facilities including EHO health facilities
- To develop and/or update cost-effective standardised designs for the different types of health facilities at different levels

Strengthening Systems – Service Delivery *Extending Service Delivery to the Communities (CBHW)*	Responsible entity: *MoHS* Focal point: *DyDG Disease Control, DyDG Public Health, DyDG RMNCAH-N* 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 (2017-2018)

- 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 (Committed at 2019-2020 budget year)

Achievements Year 2 (2018-2019)

- Established CBHW core group and working group in MOHS for development of National CBHW policy and guidelines
- Conducted situational analysis of CBHW in Myanmar in 3 States/Regions and share findings with key stakeholders
- Estimated the cost of CBHWs in scale-up of EPHS
- Developed a national policy on CBHWs and submitted to Cabinet that was approved by MoHS

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To disseminate and publish the national policy for CBHW (with a Directive or Standing Order from the Union Minister)
- To 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)] and effective implementation

- To integrate and implement actions [actions are taken forward by defined focal points across departments/programs at national, State/Region and Township level]
- To facilitate collaboration between Township Health Department, INGOs, NGOs 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 stepwise referral system will be revitalized with updated national 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 (2017-2018)

- Set up core group and working groups for Myanmar Referral System Review

Achievements Year 2 (2018-2019)

- Literature review was done by working group and core group
- Developed first draft of the National Referral Guideline by working group

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To do peer review on the first draft of the National Referral Guideline
- To conduct Multi-stakeholder's consultation meeting on the National Referral Guideline development
- To finalize and endorse the National Referral Guideline by working group and core group, and by MoHS
- To disseminate the National Referral Guideline to all stakeholders
- To create the enabling environment in which the National Referral Guideline will be implemented and operationalized

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 effort 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 (2017-2018)

- 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

Achievements Year 2 (2018-2019)

- Reviewed and updated the National Supply Chain Strategic Plan in alignment with the NHP
- Agreed on one national platform for the LMIS and roll out to all Regions and States
- Conducted Diploma Course for Supply Chain Human Resources Capacity Development at University of Public Health
- Finalized standard list of essential medicines and commodities, as well as standard list of equipment, based on level of health facility

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To conduct consultation meetings/workshops to develop a national roadmap for LMIS
- To conduct consultation meetings/workshops to develop a national Logistic distribution system
- To conduct consultation meetings/workshops to develop a national systematic procurement and supply chain system for MoHS
- To organize consultation meetings/workshops to review and revise the MoHS Inventory System (to move from a push to a pull system)
- To organize quarterly meetings of the National Supply Chain Taskforce (for strategic decision making and way forward)
- To synchronize the planning and budgeting of National Procurement and Supply Chain Management System and PFM system
- To review and revise the National Procurement and Supply Chain Strategic Plan

Strengthening Systems – Service Delivery *Fund Flow and Financial Management*	Responsible entity: *MoHS, DPs* Focal point: *Finance Sections of MoHS (DMS & DPH)* 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 confines 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 (2017-2018)

- 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)

Achievements Year 2 (2018-2019)

- Developed the National Health Account (2016-2018) by using SHA 2011 methodology to improve financial data quality, access, and use
- Strengthened capacity in financial management by conducting electronics Hta-Sa training to all States and Regions
- Identified PFM bottlenecks in consultation with MoPF and other relevant stakeholders

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To disseminate and published the NHA (2016-2018)
- To disseminate the report for the PFM bottlenecks in health service delivery in consultation with MoPF and other relevant stakeholders (WB)
- To continue efforts to improve budget allocation and execution by introducing and communicating explicit formulae for inter- and intra-departmental resource allocation
- To continue efforts to synchronise planning and budgeting matter in line with MSDP implementation

- To do resource tracking exercise for current external aids and public spending or resource on health sector including bilateral assistance
- To improve bottom-up budget planning, budget allocation, and utilization by using electronic PFM system
- To continue capacity strengthening in public financial management by conducting electronics Hta-Sa training and electronic PFM system to all States and Regions

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 staff 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 (2017-2018)

- 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 and 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

Achievements Year 2 (2018-2019)

- Developed SOP and Guideline for the Basic EPHS (Clinical and Public Health)

- Reviewed / developed standard treatment guidelines, with a focus on the Basic EPHS
- Strengthened / developed competency-based licensing and re-licensing

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To publish the Basic EPHS SOPs and guidelines (for services in both components of the package (public health and clinical)
- To conduct trainings/workshop to effectively use the Basic EPHS SOPs and Guideline
- To develop and discuss options for quality improvement processes that can help providers meet the minimum standards of care
- To strengthen / further develop competency-based licensing and re-licensing
- To continue work on establishment of an independent accreditation body responsible for the accreditation of health facilities (public, private-for-profit, NGOs, EHOs)
- To develop Patient Safety Culture and practice in all public hospitals under MoHS
- To develop medical audit system and establish clinical audit team to improve quality of care or patient safety
- To conduct consultation meetings or workshops with key stakeholders including private sector to improve quality of care and patient safety

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 (2017-2018)

- 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)
- Mobile tablets were distributed to health staff in some States/Regions, to be used for effective health promotion at operational level

Achievements Year 2 (2018-2019)

- Developed the Community Engagement Manual
- Community Engagement Manual training to States and Regions
- Mobile tablets were distributed to health staff in the remaining States/Regions, to be used for effective health promotion at operational level

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To conduct consultation meetings/workshops to develop a communication strategy for UHC
- To continue establishing the State/Regional level Health CSO Networks for demand for service and feedbacks
- To conduct National/State/Regional Level Health CSO Networks forum to develop and establish the community feedback mechanism

- To strengthen CSO/EHOs' ability to capture the voice of the community through the State/Regional health fora and, more broadly, through the CSO network
- To establish Township health working group which is composed of all key stakeholders including community representatives from Township for transparency and accountability matter
- To explore the ways/means of financial protection mechanism to reduce financial barrier to access to services by poor and vulnerable populations

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 (2017-2018)

- 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)

Achievements Year 2 (2018-2019)

- Developed and published the Strategic Directions for Financing Universal Health Coverage in Myanmar
- Drafted National Health Insurance Law
- Published learning briefs on experiences of strategic purchasing pilot projects in Kayin, Chin and Yangon
- Estimated the required budget for NHP budgeting (2017-2021) implementation
- Developed and published policy brief on impact of household out of pocket spending on health

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To conduct Township level EPHS costing exercise at some Townships to test the affordability
- To conduct technical exercise of Benefit Incidence Analysis in collaboration with CPI and Duke University?
- To organize meetings/workshops to continue development of a supportive regulatory environment for the health financing strategy [including the drafting of a bill on Health Insurance (National Health Insurance Law)]
- To conduct consultation meetings/workshops regularly to build capacity and skills in and drawing lessons from strategic purchasing pilots by CPI/PSI/EHOs through health financing technical working group
- To communicate and advocate key findings from NHA (2016-2018) to policy makers/decision makers to make the case for changes in budget allocation and utilization to be an effective and efficient PFM System
- To conduct all stakeholder's meetings/workshops to continue coordination mechanism (incl. parliamentarians and civil society) around regulatory framework to support the health financing strategy development and implementation
- To continue securing DP support where needed for the implementation of the NHP
- To explore the alternative health financing mechanism to reduce OOP to access health services by poor and vulnerable populations

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) to ensure quality 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 (2017-2018)

- 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

Achievements Year 2 (2018-2019)

- Finalised definition of norms to deliver the Basic EPHS (skills, staffing, medicines, equipment…)
- Completed costing of Basic EPHS by using one health tool
- Developed SOPs/guidelines for clinical services to be provided at Township Hospitals and Station Hospitals as part of the Basic EPHS

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To estimate the cost of (budget needed for) the clinical and public health components of the Basic EPHS at Township and below level
- To train providers from Township and Station Hospitals on the SOPs/guidelines relating to clinical services that are part of the Basic EPHS
- To conduct health facility assessment at Township level and below
- To do an investment plan to support human resources, medicines, and equipment to health facility according to SOPs and Guideline of Basic EPHS delivery based on health facility assessment results

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 (2017-2018)

- 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

Achievements Year 2 (2018-2019)

- Health infrastructure investment package implemented in the Year-2 Townships
- RHCs and Sub-RHCs to reconstruct or rehabilitate identified in the Year-2 and Year-3 Townships
- Introduced the five years health infrastructure investment plan in all States and Regions
- Introduced the five years health infrastructure renovation plan in all States and Regions

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To do categorization of Townships based on geographical, terrain and population density for resource allocation purpose
- To do continuous support the infrastructure investment plan in all NHP Townships

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 (2017-2018)

- 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 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

Achievements Year 2 (2018-2019)

- Established Township Health Working Groups
- Developed the Health Facility Assessment Mobile App
- Developed the ITHP tools and guidelines
- Developed the tools and guidelines for State/Region Inclusive Health Plans
- Conducted the State and Region Health Plan development workshop in Chin, Kachin, Shan (East), Shan (North), Kayah, Kayin, Rakhine, and Magway

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To disseminate the State and Region Health Plans in some States/Regions
- To conduct the pilot testing on ITHP tools and guidelines in some selected Townships
- To review and revise ITHP template and guidelines according to pilot result in close collaboration with different stakeholders
- To develop a national roll-out plan, identifying roles and responsibilities and training needs and approaches
- To 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, Director (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 develop National e-Health Architecture and standards
- To implement HIS National Strategic Plan
- To promote HMIS data to be used in decision making process and resource allocation

State and Region Level:

- To ensure quality and timely data, its collection, analysis and give feedback to Townships
- To promote data culture for evidence-based decision making

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 and central level

Achievements Year 1 (2017-2018)

- 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

Achievements Year 2 (2018-2019)

- Reviewed and revised Public Health dataset (Data Dictionary) in line with SDG indicators and M&E framework indicators
- Published the new data dictionary for HMIS
- Conducted training for the new data dictionary and hospital electronics HMIS

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To continue developing the National e-health architecture, including National e-Health Standard Framework

- To establish Data Warehouse for MoHS deploying DHIS 2
- To do the activities promoting effective use of data at all levels and evidence informed decision making/planning
- To initiate and establish Electronic Medical Record System at all health facilities
- To conduct data quality assessment throughout the data flow and carry out supervision on data quality assurance
- To build the capacity of MoHS/HIS staff on data management and the development of periodic reports on health indicators
- To explore ways to make exchange of health information between MoHS, EHOs, private providers, INGOs/NGOs, and others

Developing a Supportive Environment *Policies and Regulations*	Responsible entity: *MoHS* Focal point: *Minister's Office, NIMU* In collaboration with: *Departments of MoHS, 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 review and revise the National Health Policy (1993)
- To develop strong legal framework to support the implementation of NHP and UHC

Achievements Year 1 (2017-2018)

- 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

Achievements Year 2 (2018-2019)

- Drafted the Myanmar National Health Policy in an inclusive way
- Developed and published the National Medicine Policy
- Developed the health system strengthening 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)

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To endorse and disseminate the Myanmar National Health Policy (2020)
- To continue coordinating with Parliament, related Ministries, and civil society for drafting of National Health Insurance Law
- To monitor review process of existing policies by different stakeholders
- To review and revise health policies and regulations in accordance with changing political and socio-economic situation of the country

Developing a Supportive Environment *Oversight*	Responsible entity: *MoHS* Focal point: DG, MoHS & *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 (2017-2018)

- 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

Achievements Year 2 (2018-2019)

- Established NHP Joint Review Group and its TORs
- Established NHP Oversight Committee and its TORs
- Strengthened the functions of the HSS TSG Sub-Groups

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To conduct the NHP oversight committee and the NHP Joint Review Group meeting regularly
- To strengthen the functions of the HSS TSG Sub-Groups (HRH/Health Financing/ HIS/Procurement and Supply Chain)
- To continue work on establishing mechanism to ensure development partners' support and implementing partners' activities are aligned with the NHP

Developing a Supportive Environment *Accountability*	Responsible entity: *MoHS* Focal point: NHP oversight committee, *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 and UHC 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 mechanisms 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

Township level:

- To review and revise the local health committee at village, village tract and Township level with adequate composition of different stakeholders
- To promote and develop community feedback mechanisms for health service provision

Parliamentarians, Civil Society Organizations:

- To initiate community feedback mechanisms for health service delivery
- To advocate local health authorities for active participation in local health committee and health issues

Achievements Year 1 (2017-2018)

- 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

Achievements Year 2 (2018-2019)

- Developed the transparency and accountability guidelines
- Developed a mechanism to systematically capture the voice of the community through conducting regular forums of States and Regions CSO health network

Planned activities for AOP-Year 3 and 4 (2019-2021)

- To finalize the leadership and management training guidelines including transparency and accountability
- To conduct training for leadership, management, transparency and accountability guidelines to subnational and Township levels
- To conduct regular health forums at different levels to capture the community voices
- To conduct regular coordination meetings with different health providers especially EHOs and private sectors for effective health service delivery
- To do the regular reporting to all relevant stakeholders for progress, the process, transparency, and accountability
- To review and revise the local health committee at village, village tract and Township level with adequate composition of different stakeholders

Monitoring and Evaluation Framework	Responsible entity: *MoHS* Focal point: *NIMU, National Programs* 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 Regional level, the State/Regional Health Authorities will oversee 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 evaluate NHP Implementation in States and Regions as well as at Township level based on NHP M&E Framework

Township Level:

- To monitor and evaluate NHP Implementation at Township level and below based on NHP M&E Framework

Achievements Year 1 (2017-2018)

- 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 January 2018
- Data quality: a mechanism for triangulation was established using WHO Data Quality Toolkit

Achievements Year 2 (2018-2019)

- Finalised and published the NHP's M&E framework
- Analysed the MoHS health expenditure in 2015-2018
- Developed M&E indicators for Myanmar Sustainable Development Plan 2030
- Published the MoHS's four-year achievement document
- Conducted implementation research on health system strengthening

Planned activities for AOP Year 3 and 4 (2019-2021)

- To develop data collection mechanism, 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
- To 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
- To conduct the National Health Plan (2017-2021) evaluation
- To develop EPHS Scorecard by using DHIS 2 platform data to assess the service availability and readiness by Townships in terms of public health, disease control and access to health services
- To apply the EPHS Scorecard to some States and Regions to compare the service availability and readiness gaps for resource allocation and decision making

ANNEXES

ANNEX 1 ACTIVITY MATRIX FOR THE 3RD AND 4TH YEAR'S ANNUAL OPERATIONAL PLAN (2018-2019)

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
1.	STRENGTHENING SYSTEMS TO SUPPORT OPERATIONALISAT - ION OF THE NHP														
1.1.	Human Resources for Health														
1.1.1.	Production and Management														
a.	Initiate Human Resources Functional Unit activity 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. CHRHCU regular meeting quarterly	X	X	X	X	X	X	X	X	DyDG (Academic Affairs), DHRH	DPH, DMS, DTM, FDA, WHO				
	ii. CHRHCU AOP for four sections for 2019 - 2021	X			X	X			X	DyDG (Academic Affairs), DHRH					
b.	Develop Annual Operational Plan for Human Resource for Health for Year 3 & 4														
	i. Pure DHRH selection procedures, PG?	X	X							DyDG (Academic Affairs), DHRH					
	ii. IPE?									DyDG (Academic Affairs), DHRH					
c.	Further develop a consolidated HRH Information and Planning System (CHiPS) that is aligned with other existing data-base, which will be managed by the to-be-established HR Functional Unit/ HRH focal from each department	X	X	X	X	X	X	X	X	HRH focal from all Departments under MoHS					

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
	i. Convene regular stakeholders (key stakeholder meetings) to discuss how to manage and update HRH database		X		X		X		X	DyDG (Academic Affairs), DHRH	All departments under MoHS				
	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		X		X	Director (CSA), DHRH and HRH focal from each department	All departments under MoHS				
	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	All departments under MoHS				
	iv. Disseminate HRH information through MoHS webpage and regular update			X	X	X	X			HRH focal from each department	e-Health Unit				
	v. Initiate discussion on inclusion of non-public HRH data in HRH information and planning system					X	X			DyDG (Academic Affairs), DHRH					
d.	Further develop HRH database (to keep electronic CVs)														
	i. Update the existing HRH Database	X	X	X	X	X	X			Admin/Finance Division, DoPH	All departments under MoHS				
	ii. Convert the Microsoft Access Database into Web-based Application		X							Admin/Finance Division, DoPH	All departments under MoHS				
	iii. Develop HRH data Dashboard			X						Admin/Finance Division, DoPH	All departments under MoHS				
	iv. Update the Web-based HR Information System for all categories of MoHS Staff			X	X	X	X			Admin/Finance Division, DoPH	All departments under MoHS				
e.	Develop HRH projections and forecasts (considering both the existing infrastructure and the planned phased expansion under NHP)				X				X	CHRHCU, MoHS	All departments under MoHS				
f.	Review and reconsider the approach for "temporary employment"														

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
	i. Discuss what the best way forward is with States and Regions and DPH	X	X			X				DyDG DPH	DHRH, States/ Regions Health Departments				
	ii. Draft guidelines		X	X	X					DyDG DPH					
	iii. Share draft guidelines with key stakeholders (including States and Regions) for feedback				X	X				DyDG DPH	DHRH, States/ Regions Health Departments				
	iv. Organize workshop to discuss/revise draft guidelines				X	X	X			DyDG DPH	DHRH,				
g.	Coordination with different EHOs to develop and implement a national approach and process with a focus on basic health staff, and later medical doctors at Station Hospitals				X			X		MoHS, CHRHCU	NIMU+EHOs				
1.1.2.	Accreditation of training institutions														
a.	Recognition of the healthcare providers trained by EHOs	X			X			X		DyDG (Academic Affairs), DHRH	States/ Regions Health Departments + EHOs				
b.	Finalization and dissemination of Myanmar Medical Council (MMC) accreditation guidelines and procedures for Basic Medical Education	X	X	X						DyDG (Academic Affairs), DHRH					
c.	Dissemination of MNMC guideline on "Standard and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar"			X	X	X				DyDG (Academic Affairs), DHRH					
d.	Conduct pilot visits to schools to test/finalize the MNMC accreditation guidelines and standards	X	X												
e.	Train MNMC and MMC accreditation assessors on accreditation system implementation	X	X			X	X			DyDG (Academic Affairs), DHRH					
f.	Train faculties or internal QA committees on self-assessment report writing	X		X	X			X	X	DyDG (Academic Affairs), DHRH					
g.	Establish proper QA offices for the training institutions	X	X	X						Rectors and Sr. Principals					

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
h.	Organise meetings with different EHOs to explore closer collaboration around the accreditation of training institutions				X	X	X	X	X	DyDG (Academic Affairs), DHRH					
1.1.3.	Pre-service training														
a.	Alignment between revised midwives' curriculum and updated BHS JD and adapted to new normal lifestyle resilience to COVID 19	X	X	X	X					DyDG (Public Health), DPH Rector, UCH, Director Nursing, DHRH					
b.	Continue the establishment of additional skill labs at selected nursing schools and at University of Medicine 1 (National Skill Lab) to increase skills-based practice opportunities for faculty and students	X	X			X	X			DyDG (Public Health), DPH Rector,UCH, Director Nursing, DHRH	Donors + Partners				
c.	Conduct the foundation year of Integrated medical curriculum in 2018 December intake and develop the curriculum for other years	X	X							DyDG (Academic Affair),DHRHDyDG (Public Health), DPH, Rector, UCH	Medical Universities				
d.	Continue improving knowledge and teaching skills of faculty			X	X	X	X	X	X	DyDG (Academic Affair),DHRHDyDG (Public Health), DPH, Rector, UCH	Medical Universities + Allied Health Universities				
e.	Training conducted to increase faculty's knowledge and skills, and their ability to test students' performance at remaining nursing and midwifery training schools	X	X	X	X	X	X	X	X	Director (Nursing), DHRH	Nursing and Midwifery training schools				
f.	Alignment between PHS 1 and PHS 2 training and updated JD of BHS	X	X	X	X	X	X			Respective Rectors and Principals BHS Section, DPH					
g.	COVID 19 Responsive measure	X	X	X											
	i. Develop and finalize the guidelines for all categories of health			X	X	X				MoHS, CHRHCU DHRH	Medical Universities				

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
	professionals on management of COVID 19 (DMS, DPH)														
	ii. Update epidemiology and clinical management of COVID-19 (SARS COV-2) in the undergraduate and post graduate medical, nursing, and allied professionals. (DHRH)			X	X	X				MoHS, CHRHCU DHRH	Medical Universities				
	iii. HRH/ Medical education needs to innovate - social distancing can result in difficulties in teaching in person.			X	X	X	X			MoHS, CHRHCU DHRH	Universities				
	iv. Search for areas for online teaching and small group teaching (e.g in districts vs only in large city) (if second wave- will be less disruptive)			X	X	X	X			MoHS, DHRH	Medical Universities				
	v. Need to prepare Faculty (need different skill training, teaching material modification, modules, tests, and exams)			X		X	X			MoHS, DHRH	Medical Universities				
	vi. Students will also need to make adjustment for using online medical education		X	X	X	X	X	X	X	MoHS, DHRH	Medical Universities				
1.1.4.	Engagement with non-MoHS providers														
a.	Continue efforts to engage with EHOs beyond Kayin, Mon, Kayah and special regions		X	X		X	X		X	MoHS, NIMU	EHOs, CPI, Access to Health Fund				
	i. Identify areas where training of basic health workers can be harmonized				X	X	X		X						
	ii. Hold sensitization meetings in Special Regions number 2 and number 4, and in Kayin State around NHP implementation				X	X	X		X	NIMU	Access to Health Fund				

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
b.	Explore opportunities to establish more Learning and Performance Improvement Centres (L&PICs) in EHO areas									MoHS, NIMU	Access to health fund				
c.	Pursue efforts to develop a mechanism to enable health workers trained by EHOs in border areas to be licensed through public private partnership including private nursing and midwifery school				X	X	X			MoHS, NIMU	Professional councils and Bodies				
d.	To continue to promote public private partnership approach in health service delivery including non-MoHS providers such as private providers, GPs, Ministry of Defence, Social Security Board etc.	X	X	X	X	X	X			MoHS, Private Health Division, DMS	NIMU, MAMS, MMA, Private Hospital Associations				
e.	Formation of a Department of Family Medicine in all medical universities		X	X	X					MoHS, DHRH					
f.	Development of the curriculum for the master in family medicine program		X	X	X					MoHS, DyDG DHRH	Medical Universities				
g.	Revision of the existing diploma in family medicine curriculum			X	X										
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					DPH, DMS					
	ii. Conduct workshops for capacity assessment (self-assessment) of Township Health Departments with all relevant stakeholders				X	X				DPH, DMS					
	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								

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
b.	Monitor the effective implementation of task shifting among BHS									BHS Section, Maternal and Reproductive Health Division, DHRH,					
	i. Establish an advisory group with relevant stakeholders (including DPH, BHS Section, HRH Department, MRH Division, NIMU, project THDs, DPs)				X										
	ii. Develop tools and strategies for monitoring in collaboration with the advisory group				X	X									
	iii. Pilot monitoring tools (effectiveness measures) and strategy in project Townships				X	X									
	iv. Adjust monitoring tools based on pilot results and develop appropriate mechanisms for testing and roll out at national level					X	X								
c.	To continue carrier development for all types of basic health professionals														
d.	COVID 19 Responsive measures														
	i. Task shifting: assign ***PHS2*** from the RHC/Sub RHC specifically at the Quarantine site supervised by HA to conduct COVID-19 education, contract tracing, and other activities														
	ii. Task shift of some activities of Lab Technicians to other paramedical staff in wards where Gene Xpert exists, or for running CPR; things like this have to be thought over by the NHL, and MOHS leaders for further utilization of limited resources of lab technicians in long run.														
	iii. Developing SOPs on Task Shifting o Systematically consider which activities to allocate														

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
	to what staff in case of new tasks o Provide proper hands-on training and close supervision for staff assigned to new tasks o Develop SOPs by MoHS with close collaboration with different stakeholders including Associations, Departments, Councils, etc														
	iv. M&E to ensure the effective implementation of Task Shifting of BHS already incorporated in the revised JD														
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														
	i. 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									DyDG DPH, BHS Section	National Programs, State/Regions Health Departments				
	ii. Identify locations for and establish additional L&PICs									MoHS, DPH	Donors, Partners				
	iii. Prepare State/ Region health training teams to provide training through L&PICs									DyDG DPH, BHS Section					

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
b.	Conduct TOT for State/Region and District Training Teams on revised curriculum of PHS II				X	X	X								
c.	Conduct refresher training on PHS II					X	X	X	X						
d.	Standardize training teams' technical and training skills														
e.	Support training teams to develop and implement competency-based in-service capacity building plan					X	X	X	X						
f.	Initiate the efforts to gradually increase government budget for training to slowly replace external funding allocated to training and to sustainability														
g.	Township CME should be institutionalized by cooperating with specialists from districts to spare and share knowledge and with Nursing and Midwifery Training Schools to have specific teaching methodologies					X	X	X	X						
h.	Invitation of EHO participants and volunteers (CHW and AMW) to monthly CME (start engagement with EHOs)														
i.	Develop Continuous Professional Development points system for licensing and re-licensing														
1.1.7.	Retention														
a.	Review, revise and rewrite – regulation, laws and rules for recruiting and skill training of all health care providers – (MOHS + Medical Council + Hluttaw) e.g. employment of contracted health staff) (including EHO)														
b.	**Recruitment and Retainment:** Health workforce is deeply under resourced especially with COVID 19 pandemic outbreak. Compulsory government service after graduation of doctors and nurses and other paramedical staff should be strongly considered. Strategies for Retaining health														

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
	staff should be included in the recruitment process.														
c.	Deployment: Consider contract out services for various levels of health care providers in individuals or as a whole service contract to be applied in time of health crisis (Temporary Employment)				X	X	X	X	X						
	i. First start with literature review upon Temporary Employment/Contract out health services in other countries				X	X									
	ii. Virtual meeting amongst SHs					X	X								
	iii. Research proposal to IR grant – tapping those private providers (GPs/MWs) to serve temporarily at vacant posts under Government's contract					X	X								
	iv. MoHS/Local Government – what could be provided to those contract out providers (salary rate? Other support by local government?)					X	X	X	X						
	v. Development of guideline and SOP for contracting out services/Temporary employment						X	X	X						
d.	Create safe working place for the health care providers by strong support from the MoHS														
e.	Proceed with Regulations on compensation for hazardous events for health workers during the pandemic of COVID 19														
f.	Policy support to HWF especially related to COVID 19 infection – should provide compensation for being infected, death, permanent disability, severe injury and organ loss														

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
g.	Recognition and rewards to Frontline HWF – promotion given to staff (front liners), outstanding awards, providing bank loan with small interest etc				X	X	X	X	X						
1.2.	Infrastructure														
a.	To continue developing an integrated infrastructure investment plan for 5 years in alignment with the NHP	X		X		X		X		Planning and Engineering Divisions, DPH+DMS	UNOPS+ CSR				
b.	To continue the development of the health facility registry (with geocodes)		X	X	X	X	X	X	X	MoHS e-Health Unit	DPH + DMS Planning Divisions				
c.	To continue coordination with different EHO groups to develop and implement standard infrastructure requirements for delivery of basic EPHS		X		X		X		X	MoHS, NIMU	EHOs, CPI, Access to Health Fund				
d.	To initiate accreditation system for health facilities	X	X	X	X	X	X	X	X	MoHS, NIMU	Professional Bodies + Councils				
e.	To develop and/or update cost-effective standardised designs for the different types of health facilities	X			X			X		Engineering Divisions of DPH+DMS	Partners				
1.3.	Service Delivery														
1.3.1.	Extending Service Delivery to the Communities (CBHW)														
a.	To disseminate the national CBHW policy (with a Directive or Standing Order from the Union Minister)				X	X	X			BHS Division (DPH), Disease control Division,	National Health Programs, Donors, partners				
b.	To develop framework for CBHW policy implementation [i.e., which actions are to be taken across departments and programs at the different levels (national, State/Region and Township)]				X	X	X	X	X	BHS Division (DPH), Disease control Division	National Health Programs, Donors, partners				
c.	To integrate and implement actions [actions are taken forward by defined focal points across departments/programs at national, State/Region and Township level]						X	X	X	BHS Division (DPH), Disease control Division	National Health Programs, Donors, partners				
d.	To facilitate collaboration between Township Health Department and EHOs around training of CBHWs				X	X	X	X	X	BHS Division (DPH), Disease control Division	National Health Programs, Donors, partners				

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
1.3.2.	**Referrals**														
a.	To do peer review on the first draft of the National Referral Guideline				X	X				Medical care DMS/DPH-BHS/NIMU	National Health Programs, Donors, partners				
b.	To conduct multi-stakeholder consultation meeting on the National Referral Guideline development					X				Medical care DMS/DPH-BHS/NIMU	National Health Programs, Donors, partners				
c.	To finalize and endorse the National Referral Guideline by working group and core group					X	X			Medical care DMS/DPH-BHS/NIMU	National Health Programs, Donors, partners				
d.	To disseminate the National Referral Guideline to all stakeholders						X	X	X	Medical care DMS/DPH-BHS/NIMU					
e.	To create the enabling environment in which the National Referral Guideline will be implemented							X	X	Medical care DMS/DPH-BHS/NIMU	National Health Programs, Donors, partners				
1.3.3.	**Procurement and Supply Chain Management**														
a.	To conduct a coordination meetings/workshops to develop a national roadmap for LMIS		X		X		X		X	Procurement and supply chain department	National Health Programs, Donors, partners				
b.	To conduct a coordination meetings/workshops to develop a national logistic distribution system	X		X		X		X		Procurement and supply chain department	National Health Programs, Donors, partners				
c.	To conduct a coordination meetings/workshops to develop a national systematic procurement system for MoHS		X		X		X		X	Procurement and supply chain department	National Health Programs, Donors, partners				
d.	To organize consultation meetings/workshops to review and revise the MoHS Inventory System (to move from push to a pull system)	X		X		X		X		Procurement and supply chain department	National Health Programs, Donors, partners				
e.	To organize quarterly meetings of the National Supply Chain Taskforce (for strategic decision making and way forward)	X	X	X	X	X	X	X	X	Procurement and supply chain department	National Health Programs, Donors, partners				
f.	To synchronize the planning and budgeting of National Procurement and Supply Chain Management System	X			X	X			X	Procurement and supply chain department	National Health Programs, Donors, partners				

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
g.	To review and revise the National Procurement and Supply Chain Strategic Plan				X				X	Procurement and supply chain department	National Health Programs, Donors, partners				
1.3.4.	**Fund Flow and Financial Management**														
a.	To disseminate and publish the NHA (2016-2018)				X	X				MoHS NHA Team	Budget Divisions of MoHS				
b.	To disseminate the report for the PFM bottlenecks in health service delivery in consultation with MoPF and other relevant stakeholders (WB)				X	X				MoHS	MOPF+ WB				
c.	To continue efforts to improve budget allocation and execution by introducing and communicating explicit formulae for inter- and intra-departmental resource allocation				X	X	X	X	X	MoHS Budget Divisions					
d.	To continue efforts to synchronise planning and budgeting matter in line with MSDP implementation				X	X	X	X	X	MoHS Budget Divisions+ Planning Divisions					
e.	To do resource tracking exercise for current external aids and public spending or resource on health sector including bilateral assistance				X				X	Admin and Finance Units (DMS and DPH)					
f.	To improve bottom-up budgeting planning, budget allocation, and utilization by using electronic PFM system			X	X			X	X	MoHS	MOPF+ Township Health Departments				
g.	To continue capacity strengthening in public financial management by conducting electronics Hta-Sa training and electronic PFM system to all States and Regions		X		X		X		X	NIMU+WB+ MOPF+ Budget Departments					
1.3.5.	**Quality of Care**														
a.	To publish Basic EPHS SOPs and guidelines (for services in both components of the package (public health and clinical)				X	X				DMS+DPH+NIMU					

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
b.	To conduct trainings/workshop to effectively use the Basic EPHS SOPs and Guideline					X	X	X	X	DPH+DMS	States/Regional Health Departments				
c.	To develop and discuss options for quality improvement processes that can help providers meet the minimum standards of care				X	X	X	X	X	MOHS +DMS					
d.	To strengthen further development of competency-based licensing and re-licensing				X				X	MoHS	Professional Councils				
e.	To continue work on establishment of an independent accreditation body responsible for accreditation of health facilities (public, private-for-profit, NGO, EHO)	X		X		X	X	X	X	MoHS	Professional Bodies + MMC				
f.	To develop Patient Safety Culture and practice in all public hospitals under MoHS	X	X	X	X	X	X	X	X	DMS	Public and Private Hospitals				
g.	To develop medical audit system and establish clinical audit team to improve quality of care or patient safety	X	X	X	X	X	X	X	X	DMS + Hospitals	Public and Private Hospitals, Professional bodies				
h.	To conduct consultation meetings or workshops with key stakeholders including private sector to improve quality of care and patient safety		X		X		X		X	DMS Private sector	Public + Private Hospitals				
1.3.6.	Demand for Services														
a.	To conduct consultation meetings/workshops to develop a communication strategy for UHC					X	X	X	X	BHS Section					
b.	To continue establishing the State/Regional level Health CSO Networks for demand for service and feedbacks	X	X	X	X	X	X	X	X	MoHS, NIMU	CSO Network + Partners				
c.	To conduct National/State/Regional Level Health CSO Networks forum to develop and establish the community feedback mechanism	X	X	X	X	X	X	X	X	MOHS, NIMU	INGOs+ CSO Health Networks+ NGOs				
d.	To strengthen CSO/EHOs' ability to capture the voice of the community through the	X	X	X	X	X	X	X	X	MoHS, NIMU	CSO Networks/EHOs				

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
	State/Regional health fora and, more broadly, through the CSO network														
e.	To establish Township Health Working Group which is composed of all key stakeholders including community representatives from Township for transparency and accountability matter	X		X		X		X	X	NIMU + DPH	State/Region HD				
1.4.	Health Financing														
a.	To conduct Township level EPHS costing exercise at some Townships to test the affordability		X	X	X	X	X	X	X	MoHS, NIMU	WHO+ Partners				
b.	To conduct technical exercise of Benefit Incidence Analysis in collaboration with CPI, Duke University and ILO			X	X		X		X	MoHS, NIMU	CPI, ILO, Universities				
c.	To continue development of a supportive regulatory environment for the health financing strategy [including the drafting of a bill on Health Insurance (National Health Insurance Law)]	X	X	X	X	X	X	X	X	MoHS, NIMU	Chair of HFS Sub-Group and HF TWG				
d.	To conduct consultation meetings/workshops to build capacity and skills in and drawing lessons from strategic purchasing pilots by CPI/PSI/EHOs through health financing technical working group	X	X	X	X	X	X	X	X	MoHS, NIMU	HF TWG + CPI +PSI + Access + EHOs				
e.	To communicate and advocate key findings from NHA (2016-2018) to policy/decision makers to make the case for changes in budget allocations and utilization to be an effective and efficient PFM system		X	X	X	X	X	X		MoHS, NIMU	HF TWG + NHA Team				
f.	To conduct all stakeholders' meetings/workshops to continue coordination mechanism (including parliamentarians and civil society) around regulatory framework to support the health financing strategy development and implementation		X	X	X	X	X	X	X	MoHS	NIMU+CSO+ Parliamentarians + NGOs				
g.	To continue securing DP support needed for implementation of the NHP	X	X	X	X	X	X	X	X	MoHS, NIMU	Donors, Partners				

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
2.	OPERATIONALISATION AT THE LOCAL LEVEL														
2.1.	Prioritisation in Terms of Services														
a.	To estimate the cost of (budget needed for) the clinical component of the Basic EPHS at Township and below level		X	X	X	X	X			MoHS, NIMU DMS + THD	WHO				
b.	To train providers from Township and Station Hospitals on the SOPs/guidelines relating to clinical services that are part of the Basic EPHS			X	X	X	X	X	X	Medical Care Division - DMS	NIMU				
c.	To do a plan to support human resources, medicines, and equipment to health facility according to SOPs/guidelines of Basic EPHS delivery		X		X	X	X	X	X	NIMU, Planning Divisions of DPH, DMS	Donors+Partners				
2.2.	Geographical Prioritisation														
a.	To do categorization of Townships based on geographical, terrain and population density for resource allocation purpose									NIMU, MoHS					
b.	To continue the five years infrastructure investment plan in all NHP Townships									Planning and Engineering Divisions of DPH, DMS	States/Region Health Departments				
2.3.	Planning at Township Level														
a.	To disseminate the State and Region Health Plans in some S&R				X	X				Planning Divisions/SHDs/ NIMU					
b.	To conduct pilot testing on Inclusive Township Health Plan tools and guidelines at some selected Townships				X	X				NIMU/ Planning Divisions/BHS section					
c.	To review and revise iTHP template and guidelines according to pilot result in close collaboration with different stakeholders					X				NIMU + Planning Divisions +BHS					
d.	To develop a national roll-out plan, identifying roles and responsibilities and training needs and approaches					X				NIMU+ Planning Divisions + SHD, RHDs					

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
e.	To introduce the Inclusive Health Plan template and guidelines at State/Region and Township levels as per the roll-out plan				X	X	X			MoHS, DOPH and NIMU					
3.	DEVELOPING A SUPPORTIVE ENVIRONMENT														
3.1.	Health Management Information System														
a.	To continue developing the National e-health architecture, including National e-Health Standard Framework	X	X	X	X	X	X	X	X	MoHS e-Health Section					
b.	To establish Data Warehouse for MoHS deploying DHIS 2	X	X	X	X	X	X	X	X	HMIS					
c.	To do the activities promoting effective use of data at all levels and evidence informed decision making/planning	X	X	X	X	X	X	X	X	HMIS Division, DPH					
d.	To initiate and establish Electronic Medical Record System at all health facilities	X	X	X	X	X	X	X	X	HMIS Division, DPH					
e.	To conduct data quality assessment throughout the data flow and carry out supervision on data quality assurance	X	X	X	X	X	X	X	X	HMIS Division, DPH					
f.	To build the capacity of MoHS/HIS staff on data management and the development of periodic reports on health indicators	X	X	X	X	X	X	X	X						
g.	To explore ways to make exchange of health information between MoHS, EHOs, private providers, INGOs/NGOs and others	X	X	X	X	X	X	X	X						
3.2.	Policies and Regulations														
a.	To endorse and disseminate the Myanmar National Health Policy	X	X	X	X					MoHS					
b.	To continue coordinating with Parliament, Related Ministries and civil society for drafting of National Health Insurance Law			X	X	X	X	X	X	MoHS + NIMU					
c.	To monitor review process of existing policies by different stakeholders	X	X	X	X	X	X	X	X	MoHS + Departments					

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
d.	To review and revise health policies and regulations in accordance with changing political and socio-economic situation	X	X	X	X	X	X	X	X	MoHS + its Departments					
3.3.	Oversight														
a.	To conduct the NHP Oversight committee and the NHP Joint Review Group meeting regularly									NHP Oversight Committee + NIMU					
b.	To strengthen the functions of the HSS TSG Sub-Groups (HRH/Health Financing/HIS/Procurement and Supply Chain)				X	X	X	X	X	HSS-TSG					
c.	To continue work on establishing mechanism to ensure development partners' support and implementing partners' activities are aligned with the NHP	X	X	X	X	X	X	X	X	NIMU, MoHS					
3.4.	Accountability														
a.	To finalize the leadership and management training guideline including the transparency and accountability		X	X	X					NIMU+ Access					
b.	To conduct training for leadership, management, transparency and accountability guideline to subnational level and Township level				X	X	X	X	X	MoHS,NIMU+ SHDs+RHDs					
c.	To conduct regular health forums at different levels to capture the community voices				X				X	NHP Team + CSO Networks + partners					
d.	To conduct regular coordination meeting with different health providers especially EHOs and private sectors for effective health service delivery	X		X		X		X	X	NHP Team					
e.	To do the regular reporting to all relevant stakeholders for progress, the process, transparency and accountability				X				X	NIMU, MoHS					
4.	MONITORING AND EVALUATION FRAMEWORK														
a.	To develop data collection mechanisms, allow the generation of all indicators		X		X		X		X						

#	Area of work / Activity / Tasks	Year 3 & 4								Government focal point	In collaboration with	Budget estimate	Funding source	Technical assistance required	Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4						
	included in the NHP's M&E framework and develop appropriate channels for this information to reach NIMU in timely manner									MoHS National Prorgrams + NIMU					
b.	To 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			X	X	X	X	X	X	NIMU+ HMIS					
c.	To conduct the NHP (2017-2021) evaluation					X	X	X		NIMU+ External Evaluation Team					
d.	To develop EPSHS Scorecard by using DHIS 2 platform data to assess the service availability and readiness of health service delivery by Townships	X	X	X	X					NIMU+HMIS+ THDs					
e.	To apply the EPHS Scorecard to some State and Region to compare the service availability and readiness				X	X	X	X	X	NIMU+HMIS+ States/Regions					

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

#	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							

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)							
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)									
Basic Essential Emergency Services									
1	Essential Emergency Care	Cardiac arrest						X	X
2	Essential Emergency Care	Shock						X	X
3	Essential Emergency Care	Severely injured patient						X	X
4	Essential Emergency Care	Burns and scalds						X	X
5	Essential Emergency Care	Acute poisoning						X	X
6	Essential Emergency Care	Emergency airway obstruction						X	X
7	Essential Emergency Care	Acute pulmonary oedema						X	X
8	Essential Emergency Care	Convulsion						X	X
9	Essential Emergency Care	Acute severe asthma						X	X
10	Essential Emergency Care	Acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD)						X	X
11	Essential Emergency Care	Snake bite						X	X

12	Essential Emergency Care	Dog bite						X	X
Basic Essential Medical Services									
13	Essential Medical Care	Acute Gastroenteritis						X	X
14	Essential Medical Care	Upper respiratory tract infections						X	X
15	Essential Medical Care	Urinary tract infections						X	X
16	Essential Medical Care	Vitamin B1/Thiamine Deficiency						X	X
Basic Essential Surgical Services									
17	Essential Surgical Care	Acute appendicitis and appendicular abscess							X
18	Essential Surgical Care	Cellulitis and Abscess						X	X
19	Essential Surgical Care	Wound management						X	X
Basic Essential OG Services									
20	Essential OG Care	Antenatal care						X	X
21	Essential OG Care	Normal labour						X	X
22	Essential OG Care	Postnatal care						X	X
23	Essential OG Care	Bleeding in early pregnancy						X	X
24	Essential OG Care	Antepartum haemorrhages						X	X
25	Essential OG Care	Postpartum haemorrhages						X	X
26	Essential OG Care	Ruptured ectopic pregnancy							X
27	Essential OG Care	Severe Pre-eclampsia and eclampsia						X	X
28	Essential OG Care	Caesarean Section							X
Basic Essential Paediatric Services									
29	Essential Paediatric Care	Sick New-born Care						X	X
30	Essential Paediatric Care	Sick young infants and children						X	X
31	Essential Paediatric Care	Diarrhoea in children						X	X
32	Essential Paediatric Care	Acute Respiratory Infection in children						X	X
33	Essential Paediatric Care	Dengue Haemorrhagic Fever						X	X
34	Essential Paediatric Care	Paediatric ear infections						X	X
Basic Essential Orthopaedic Services									
35	Essential Orthopaedic Care	Acute fractures						X	X
36	Essential Orthopaedic Care	Acute dislocation of joints						X	X
37	Essential Orthopaedic Care	Acute musculoskeletal and joint infections						X	X
38	Essential Orthopaedic Care	Soft tissue injuries						X	X
Basic Essential Anaesthetic Care Services									
39	Essential Anaesthetic Care	Spinal anaesthesia							X
40	Essential Anaesthetic Care	Ketamine anaesthesia							X
41	Essential Anaesthetic Care	Local anaesthesia							X
42	Essential Anaesthetic Care	Obstetric anaesthesia							X

Basic Essential Mental Health Services									
43	Essential Mental Health Care	Person with agitated and/or aggressive behaviour						X	X
44	Essential Mental Health Care	Alcohol withdrawals						X	X
Basic Essential Dental Health Services									
45	Essential Dental Care	Simple Extraction (Adult & Paediatric)							X
46	Essential Dental Care	Oral Prophylaxis (Scaling – a. Gingivitis; b. Periodontitis; c. Pregnancy Gingivitis)							X
47	Essential Dental Care	Restoration (Temporary & Permanent) including Atraumatic Restorative Treatment (ART and Composite Restoration)							X
Basic Essential Supportive Services									
48	Essential Laboratory Services	Type 'C' Lab Services						X	X
49	Essential Radiology Services	Basic Radiology Services							X
50	Blood Transfusion Services	Basic transfusion services							X

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 (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, disposable	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, disposable	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, Hemoglobin 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 LIST OF EQUIPMENT AND MEDICINE REQUIRED FOR BASIC EPHS (CLINICAL PACKAGE)

Sr.No.	Equipment (Anaesthesia and Resuscitation equipment)	Remarks
1	A manual bag valve/self-inflating resuscitation bag. (Ambu bag)	
2	Oxygen supply (cylinder or concentrator)	
3	Suction apparatus	
4	A Stethoscope	
5	Monitor with basic parameters (Pulse Oximeter, NIBP, ECG)	
6	If there is no monitor	
7	A Sphygmomanometer (*Digital Sphygmomanometer is better)	
8	Pulse Oximeter monitoring is compulsory	
9	Airway management instruments (face mask, oropharyngeal airways, laryngoscope sets, LMA*, etc.)	
10	Appropriate accessories for circulation management (IV cannula, Drip N/S, R/l, Gelofusin)	
11	Lighting for clinical observation of patients	
12	Emergency lighting and alternative electric power supply	
13	Sterilization. Autoclave	
14	Adjustable operating table	
15	Intravenous fluid infusion stand	
16	Equipment for difficult airway management	
17	Cardiac defibrillator	
18	Equipment for spinal anaesthesia, GA	
19	Drugs (Expired date, plant)	
20	Recovery area with resuscitation equipment	
21	Dental Chair	Already distributed according to NHP Township Prioritization
22	Dental Instrumental Set	Already distributed according to NHP Township Prioritization

23	OPG X-ray	Already distributed according to NHP Township Prioritization
24	Dental LA cartridge	Already distributed according to NHP Township Prioritization
25	Dental Needle	Already distributed according to NHP Township Prioritization
26	Glass Ionomer Cement	Already distributed according to NHP Township Prioritization
27	Scaler Set	Already distributed according to NHP Township Prioritization

ANNEX 5 BASIC LABORATORY SERVICES (TYPE C LABORATORY SERVICES)

Sr.No.	Services	Township Hospital	Station Hospital	Remarks
1	Blood Glucose	√	√	
2	Total cholesterol	√	√	
3	Total bilirubin	√	√	
4	LFT	√	√	
5	Total and Differential Protein	√	√	
6	Uric Acid	√	√	
7	Urea	√	√	
8	Creatinine	√		
9	Hb%	√	√	
10	T&DC	√	√	
11	Platelet count	√	√	
12	CP	√		
13	ESR	√	√	
14	BT/CT	√	√	
15	PCV	√	√	
16	Blood Grouping (ABO & Rh)	√	√	
17	ZN Stain	√	√	
18	Gram's Stain	√	√	
19	MF	√	√	
20	MP	√	√	
21	RA Test	√	√	
22	Widal Test	√	√	
23	HBsAg	√	√	
24	HBsAB	√	√	

25	Anti HCV Antibody	√	√	
26	HIV Ab	√	√	
27	ICT Syphilis	√	√	
28	ICT Malaria	√	√	
29	Urine RE	√	√	
30	UCG	√	√	
31	Stool RE	√	√	
32	ICT Dengue	√		
33	ASO	√		

Type-C laboratory services will be available at every Township hospital whereas station hospitals will also provide those services package with the exception of LFT, Creatinine, CP, ASO and ICT Dengue.

ANNEX 6 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. Pyinmana 2. Zayarthiri	1. Zabuthiri 2. Pokbathiri	1. Ottarathiri 2. Datkhinathiri

ACCESS TO HEALTH FUND

UKaid
ပြိုက်နိုင်ငြည်သူများမှ လှူဒါန်းသည်

SWEDEN

USAID
FROM THE AMERICAN PEOPLE

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC

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