

# Myanmar UK Health Alliance Stakeholder Meeting

## Summary Report

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*Tuesday 9<sup>th</sup> January 2018, University of Medicine 1, Yangon*



## Acknowledgements

This report was compiled by the Tropical Health and Education Trust (THET). We would like to express our gratitude to Dr Thandar Aye and Dr Khin Zar Nyo who kindly helped to facilitate this event. WE would also like to thank the Ministry of Health and Sports and University of Medicine 1, Yangon for hosting the meeting.

-THET, January 2018



## Executive Summary

This meeting, jointly hosted by HEE and THET, followed a similar meeting with UK stakeholders in London in September 2017. Our objectives were to:

- Celebrate a new Alliance
- Provide ample opportunities for networking
- Improve our understanding of priorities
- Identify barriers and opportunities
- Share next steps and how to get involved

Importantly, Professor U Aye Maung Han, Chair of the Technical Advisory Group, confirmed the five priority areas that the MoHS has identified for support through partnership with the UK. These are:

1. Improving quality of medical education and training (UG and PG)
2. Strengthening laboratory services
3. Nurse training
4. Quality assurance of GPs
5. Data systems and the HMIS

The remaining sessions were framed by the announcement of these priority areas. We heard about the background of the Myanmar UK Health Alliance, and of its Implementation Plan for 2018. The significant challenges for nursing training were also presented, followed by an example of a Myanmar UK partnership programme, Improving Global Health. In the afternoon, two workshops explored diaspora engagement in Myanmar healthcare as well as training opportunities in the UK.

The Alliance is now developing an action plan for our next steps, which include:

1. Share with attendees a response to this event from the MoHS
2. Hold regular events for Myanmar and UK stakeholders, at least once a year
3. Develop a web based group or a well-moderated website for all MUKHA stakeholders
4. Develop working groups across the five MoHS priority areas
5. Host regular (focused) webinars for stakeholders to enable ongoing communication
6. Develop a regular update mechanism signposting to funding and other opportunities
7. Diaspora specialties will be mapped and formed into groups
8. The Alliance will develop a Myanmar UK Burmese Diaspora Toolkit

The event was warmly received by attendees, with many expressing appreciation for the work of the Alliance and the UK partners. It was clear that the Myanmar health system faces many challenges, but a number of practical solutions were identified throughout the course of the day. Indeed, to quote one delegate, “where there’s a will, there’s a way”.

## Background and Objectives

In 2016 Health Education England (HEE) was asked to lead a delegation of organisations to explore existing UK health activity in Myanmar, to gain a better understanding of the priorities and needs of the Myanmar Ministry of Health and Sports (MoHS) and the potential for better collaboration through the creation of a Myanmar UK Health Alliance (MUKHA). A workshop was held on 27<sup>th</sup> October 2016 at the University of Medicine 1 in Yangon at which delegates represented different departments of the Myanmar Ministry of Health and Sports, Myanmar's medical institutions, the UK's Department of Health, Public Health England, DFID, and the UK's NHS, Royal Colleges and higher education institutions.

Parties engaged in the delegation agreed to the set up of an alliance and the creation of a Memorandum of Understanding between the MoHS and HEE, to boost coordination and collaboration around national priority areas. HEE and the Tropical Health & Education Trust (THET) partnered to establish the set up of the alliance and management of operations, including set up of an in-country office.

This meeting, jointly hosted by HEE and THET, followed a similar meeting with UK stakeholders in London in September 2017. Our objectives were to:

- Celebrate a new Alliance/ movement
- Provide ample opportunities for networking
- Improve our understanding of priorities
- Identify barriers and opportunities
- Share next steps and how to get involved

### Participants

This meeting brought together 53 participants from universities and health facilities across Myanmar, the Ministry of Health and Sports, professional associations and councils, DFID, and diaspora from the UK.

## Event Notes

### Morning Sessions

**Welcome Speech**, *Professor Thet Khaing Win, Permanent Secretary, Ministry of Health & Sports, Myanmar*

Professor Thet Khaing Win opened the meeting. He welcomed participants and summarised the previous events held in Yangon and London, before setting out the objectives of the Myanmar UK Health Alliance.

- To enhance bilateral relations in respect of Myanmar achieving compliance with the International Health Regulations
- To consolidate and strengthen the friendly ties and reciprocal understanding between the two countries
- To facilitate the sharing of mutual knowledge, experience and understanding of respective human and development needs in the field of healthcare, by means of friendly cooperation between two countries
- To facilitate the mutual interest in exchange programmes for officials of each country and that professionals selected to join such programmes have an opportunity to enhance clinical and technical skills and explore best experiences

**Introduction Speech**, *Professor Ged Byrne, Director of Global Engagement, Health Education England*

Our two countries share many common challenges and problems. Our work enables economic prosperity and peace. Lord Nigel Crisp describes the notion of co-development. You cannot expect a relationship between two countries to depend on one way traffic of doing things. The way we work has to have mutual benefit.

Our work enables higher quality service. In the UK we have been focusing on developing such partnerships.

In the UK we have 40,000 nurses and 20,000 doctor vacancies.

I am delighted to be here today in my favourite place on the planet. I'm particularly delighted with the progress of THET and the Alliance. We are going to do stuff this year that will really change the lives of people in Myanmar.

**Top Five Priorities in Myanmar for Partnership with the UK**, *Professor U Aye Maung Han, Chair, Technical Advisory Group*

I want to express my deep appreciation for the work. The choice of the five priorities was made by the Minister himself.

Our health system is a pluralistic mix of public and private systems, although the MOHS remains the major provider. The health systems challenges include human resources, physical infrastructure, supply chain and financial resources.

We have a number of partners that are helping us, including local and international NGOs, UN agencies, international funding agencies, DFID and overseas education and training institutions.

The five priority areas that the Ministry has identified for support through partnership with the UK are as follows:

1. Improving quality of medical education and training (UG and PG). The curriculum needs to be dynamic and that suits the purpose and our demographics. We need to ensure different teaching methodologies are integrated, e.g. case based learning, workplace based learning and assessment, etc. This also includes physical resources development, including a clinical skills lab, a lab for biomedical sciences, an e-Library and information technology for teaching/learning assessment.

2. Strengthening laboratory services. There are three types of laboratories across Myanmar, with 1,123 in total. However, there are only 83 pathologists, 52 microbiologists, 55 lab officers, and around 2,000 other technologists and technicians. We want to improve the work force and capacity build pathologists, microbiologists, haematologists and biomedical engineers. We would like them to go to UK for training.

3. Nurse training. There are 21,586 nurses across Myanmar. 19,974 are in the hospitals, 799 are in training institutions, and 813 in the public sector. We only have 1.3/ 1,000 population – lagging behind the WHO benchmark (4.5). We therefore have a deficit of over 40,000 nurses.

4. Quality assurance of GPs – they are the gatekeepers. They ensure people are serviced in the areas they work. The GPS was established in 1987. It has 38 branches and there are 6,359 registered GP clinics and private hospitals in Myanmar. Their new strategic plan for 2017 – 2021 is crucial and important, with strong core values. They want to deliver the best quality patient care. The GPS offers CME courses, distance learning, they are trainers in various subjects, and they offer family medicine training. Areas for development include e-learning, practice management and standardisation of treatment guidelines, soft skills, CPD, financial assistance.

5. Data systems and the HMIS. In the last decade we have been developing the data dictionary. But only since 2014 have we been transferring to digital system. As of 2016 there are 225 townships using HMIS (DHIS2). Coverage on public health is now nationwide.

For these areas we want to go straight to implementation stage instead of going through situational analysis – prioritisation – planning – implementation. Many steps have already been done. We want action!

**Beginning of the Myanmar UK Health Alliance**, *Professor Ged Byrne, Director of Global Engagement, Health Education England*

Over the last 20 years or so, many UK institutions have developed strong relationships with institutions in Myanmar. They work in very discrete fields.

BUT, the fundamental problem is that they do not talk to each other. They also act towards a global agenda, rather than a Burmese specific agenda.

Health is always very complex – these discrete packages therefore are not sustainable. We want to coordinate these activities and offer value for money. We want:

- a platform for coordinated effort
- to promote increased activity on priority areas, dissemination of policies,
- to promote commercial investment
- increased coordination which will lead to economies of scale
- a mechanism for the Ministry to engage with a network to focus efforts on national plans

### Why an Alliance?

It is a proven approach to coordination and collaboration for increased impact: It allows coordination and alignment to strategic priorities, facilitation of collaboration within a network, supports efficient partnership working, and supports development of effective partnership working.

Sharing expertise and working in partnership: can support curriculum development through Royal College collaboration, can fund placements and fellowships in Myanmar, address workforce gaps through educational placements and volunteering programmes, create institutional health partnerships for improvement, international collaboration on public health, train the trainer in specialty areas, and offer exchange programmes to share models and learning.

Progress so far:

- Establishment of an in-country presence
- Identification of workforce and health priorities
- Established UK steering committee
- Identification of Myanmar steering committee
- Baseline funding for 2018-2019 identified
- Engaged with other potential investors
- UK diaspora event and engagement

The Prosperity Fund (roughly \$2 billion) – the Foreign Secretary made it clear that he wanted the PF to fund health care (in part). Myanmar is earmarked for this. This is one very exciting opportunity for us.

### **Questions**

**Why this choice of the strategic areas?** We need a training programme that the UK institutions can deliver, but I agree with you that we also need a focus on specialties like psychiatry and radiology. But remember that the alliance is also only a coordinating mechanism. We will support all partnerships and initiatives. What we are trying to do is ensure that certain priorities are pursued. There will be different ways we work through the alliance. We will put more strategic effort in proactively building relationships and seeking funding for these areas.

**Myanmar UK Health Alliance Implementation Plan 2018**, Louise McGrath, Head of Programmes, Tropical Health and Education Trust

Alliance priorities for 2018:

1. Facilitate coordination and alignment. We will establish a communication platform, deliver regular newsletter and updates, establish thematic working groups and promote sharing and learning.
2. Provide logistical and administrative support. We will offer advice and support, promote linkages and address shared challenges.
3. Facilitate diaspora engagement. We will support ongoing mapping and linking of diaspora, understand and address barriers and support the development of systems or tools to facilitate the formalisation of diaspora engagement

→Focus on key thematic areas. This will be achieved through establishing thematic working groups, identifying additional organisations and supporting fundraising.

The alliance is not a funding body, however there will be some large opportunities coming up shortly, including the Burma UK Healthcare Partnerships fund and the Prosperity Fund.

### Questions and Comments

**Some partnerships have not worked very well. We need to sit down and revise what has already been done, to think about what is best to do going forward.**

### *Nursing Training in Myanmar, Professor Myat Thandar, Rector, University of Nursing*

The University of Nursing is rolling out a new programme in 2019 – it is the “Bridge” programme.

Nurses have many roles. We are care providers, communicators, care coordinators, client advocates, educators, health promoters, manager/ leader, counsellors, researchers, change agents and professionals.

93% of nurse health workforce is working in clinics.

We have two universities of nursing – 1 in Yangon and 1 in Mandalay, which have a 4 year BNSc (generic) and a 2 year BNSc (bridge). We have 25 nursing training schools (3 year Diploma of Nursing).

Our departments include the state/divisional/township health departments, a school health team, occupational health, TB projects, clinics in the industries, MNMC and the MNMA, a physical medicine department and the Nursing Division Headquarter.

We have more NCDs, infectious diseases, and many other health challenges in the 21<sup>st</sup> Century.

Curriculum components include basic science, behavioural science, nursing and midwifery sciences and electives.

I have asked the Ministry to offer positions for nursing specialties. The Master of Nursing Science (specialty) was launched in 2015.

Hospitals are understaffed. 2,000 nurses are produced every year. The number of doctors that have been produced is greater than the number of nurses!

There are many needs in nursing:

- There is a nursing shortage
- Increased production
- Quality

- Infrastructure
- Experienced teachers/ instructors
- Retention (Salary, working environment, status)

The Bridge Programme: this is going off-campus because although bachelor nurses perform better, only around 0.08% of diploma nurses have pursued the bridging programme previously. Subjects in the programme include critical thinking, health assessment, leadership and management, teaching and learning and management of the critically ill patient.

But they need training of trainers!

Challenges:

- Training of trainers gap
- Haven't yet decided recruitment priorities
- Piloting of modules and materials
- M&E and nursing research

### **The Role of the 'IGH through Leadership Development' Fellowship in Myanmar, Dr Sateesh Ganguli, Fellow, Improving Global Health**

Improving Global Health (IGH) was developed in around 2007 as a response to Lord Nigel Crisp's (then Chief Executive of the NHS) report. The programme has been running in Myanmar since 2015. In the meantime, the NHS has recognised that it is important for NHS staff to develop leadership skills. Dr Sateesh described two IGH projects being delivered in Myanmar:

*The Development and Use of Quality Indicators within General Practice* – This project is in line with the National Health Plan and has looked at the handwashing facilities and practices in Myanmar. Findings include the fact that 1 in 5 facilities do not have alcohol and/or a sink with soap, while less than ½ GPs report that they wash hands between patients.

*Improving recognition and management of osteoporosis at Yangon General Hospital* – Osteoporosis is a significant problem in Myanmar, which is increasing with an ageing population. They have worked to set up a Fracture Prevention Clinic which is now fully operating and is being delivered by Yangon General Hospital.

Future projects include focuses on chronic disease registers, infection prevention and control, and sustainable quality improvement training.

### **Questions**

**Are there any plans to take IGH work to other states, e.g. the Chin or Rakhine states?** We hope to expand IGH in future. Currently the programme faces time and cost constraints, however. HEE would also hope to support IGH more in future.

**We would like an annual work plan against the MUKHA MOU, as well as a five year plan. Ideally this is developed collaboratively.** Yes, plans are currently being developed between the steering committees but of course we will consult other key organisations and institutions as we develop these.

**How do you intend to work with other international partners (non-UK)?** The international Health Workforce Group – which has representatives across various high-income countries – meets annually. Others are keen to develop a joint approach, too. MUKHA is permissive of these conversations.

**There's No Health Without Mental Health: is there any future focus on mental health?** There are many problems with regards to mental health in Myanmar, including stigma. HEE has just launched a new group with the Royal College of Psychiatrists. The MUKHA would like to enhance such relationships. Indeed, mental health is a key priority for DFID.

**How can we improve things for transfusion medicine?** In Uganda, they signed a MOU with the UK and now have received training and other investments. First, arrange a meeting with key stakeholders.

## Afternoon Sessions

### Diaspora engagement in Myanmar Healthcare Workshop

There are around 1,000 Burmese diaspora globally, and more than 100 who are health professionals in the UK. This workshop looked to discuss the need and role for diaspora specialists to contribute to improving health care in Myanmar, how often and what level their input may be required, how to overcome any challenges in engaging diaspora, and what practical support the MoHS could provide to support their contributions.

Across the groups it was agreed that contributions from every specialty were required to strengthen the health system in Myanmar, as long as the contributions were those that are genuinely needed. Areas for contributions identified were:

- Delivery of training (particularly hands on training – it is skills development rather than knowledge that is required)
- Research
- Academic work
- Service delivery
- Technical skills transfer
- Remote support (e.g. sharing advice and technical expertise online, although there are some confidentiality considerations here)
- ELearning (tailored to needs, e.g. geriatrics) and free online materials that could be shared
- Networking within specialties
- Fundraising for specific needs/ causes in Myanmar
- Ambassadorship in the UK for Myanmar, and advocacy for particular health issues

The level of engagement required depends on the type of project. They want a coordinated input and for people to be committed to visiting regularly (ideally twice per year), rather than just once. In the past, some input has been more ad hoc. Terms of reference should also be drafted for the visits. There is a role for the Alliance to help coordinate and arrange visits within specialty areas. Local health professionals value a liaison person from the diaspora community. The Alliance can help to source such persons.

Contributions from diaspora need to be monitored, evaluated and captured through reports. Again the Alliance could help in this regard.

Diaspora can also invite clinicians to visit the UK.

Barriers and suggested solutions include:

Barrier	Solution
<b>The requirement to obtain and pay a fee along with submission of</b>	One solution suggested is to pursue the limited gratis registrations that are already offered for work at public

<b>GMC confirmation that you are qualified for a licence from the Myanmar Medical Council (MMC) in order to fully participate</b>	hospitals. It is not difficult to secure a licence but it can take around two months, so advance preparation is necessary. This can be renewed if you visit regularly. Clearer guidance on these processes is required, and the Alliance could offer this.
<b>Time constraints</b>	Could sabbaticals or study leave be offered/ explored by diaspora in future? There is also a Code of Good Practice between NHS trusts, whereby commitments overseas can be matched by special leave – diaspora could also explore this with senior management.
<b>Lack of funding sources for travel costs</b>	Travel costs are the greatest costs incurred for diaspora. While there are some bursary opportunities available through the Royal Colleges, and there are further opportunities through funded health partnerships, this remains limited. More signposting is required, and the Alliance could help in this. Accommodation costs are not so much of a problem because the medical schools tend to offer accommodation to diaspora for free.
<b>Unclear definition of roles</b>	It was recommended that all visits be better prepared in advance, with terms of reference for the visit developed, and expectations managed between the diaspora and the receiving institution.
<b>Acceptance by the receiving institution</b>	Ice breaker sessions, prior engagement, formal introductions and better advance communications between both parties would all help to improve the acceptance of diaspora into the receiving teams
<b>Negative attitude by diaspora</b>	Sometimes, the diaspora forget that local health professionals have a wealth of knowledge already – this should be recognised and reflected during their visits
<b>Lack of formal recognition for diaspora by the MoHS</b>	Advocacy to the MoHS by the local institutions and the diaspora could be made at conferences or during individual contacts

### Training Opportunities in the UK Workshop

There do exist some training opportunities for Burmese health professionals in the UK, however they can be few and far between. HEE would like to assist by developing circular migratory programmes between the UK and Myanmar. In this workshop, the groups were asked to discuss the priority specialties where UK training would be valuable, the challenges for engaging in programmes and how to overcome these, and the technical support required from the UK and the MoHS to ensure trainees can be fostered and supported on return.

Across the groups it was clear that training in the UK is highly valued and would be most beneficial for the subspecialties (such as for orthopaedic, anaesthesia, radiology, oncology, geriatrics and emergency subspecialties) and for there to be plenty of opportunities for hands on and competency based training.

The current MTI schemes do not have enough of a focus on training – they feel more like a job.

Challenges and their solutions include:

Challenges	Solutions
<b>Registration, which requires passing an English test</b>	The Alliance and HEE can explore options for accelerated English courses in Myanmar – there could be opportunities available through the British Embassy or online or the diaspora could be able to offer English coaching
<b>Securing visas – it is unclear whether the Home Office will be able to award appropriate visas</b>	HEE can discuss visa options with the Home Office
<b>Recognition of the training by the MMC</b>	The Alliance could discuss this with the MMC
<b>A lack of signposting to opportunities</b>	The Alliance could help to signpost to opportunities
<b>Financing</b>	Options for part-funding by MoHS and the support of willing NGOs can be explored

Securing leave for up to two years from the Myanmar employer was considered to be easy.

Where there were concerns that trainees would not return to Myanmar following their training, HEE confirmed that they would only approve programmes that have a return/ re-induction package.

**Closing Remarks**, *Professor Ged Byrne, Director of Global Engagement, Health Education England*

We need the genius to come from inside Myanmar via the new steering group. The “where there’s a will, there’s a way” comment made earlier could be a slogan for the day.

Lord Nigel Crisp has already commented that he would like to visit Myanmar in the near future. He has confirmed that the nursing element of today’s discussions have been particularly well received.

The Improving Global Health programme has been great. It has had a big impact so far, but there is still a lot of work to do.

The Alliance will now amend its implementation plan based on today’s discussions and will share this with the steering group, and we will begin enabling communications between stakeholders, including via a Facebook Community of Practice.

There is UK interest, diaspora interest and Burmese interest in taking this Alliance forward.

## Next steps

The Alliance is now developing an action plan for our next steps, to which we will invite you to share your feedback. Here is a summary of our intended next steps.

### **Communications and Engagement**

1. Share with attendees a response to this event from the MoHS
2. Hold regular events for Myanmar and UK stakeholders, at least once a year. These will be communicated at least two months in advance
3. Develop a web based group (e.g. Community of Practice) or a well-moderated website for all MUKHA stakeholders in the UK and Myanmar
4. Develop working groups across the five MoHS priority areas that can better define areas for collaborative work, can develop implementation plans and can research funding opportunities for specific pieces of work
5. Host regular (focused) webinars for stakeholders at least twice per year to enable ongoing communication without the need for travel
6. Develop a regular update mechanism (e.g. a newsletter) signposting to funding and other opportunities, to be sent to stakeholders every 1-2 months

### **Support to diaspora**

1. Diaspora specialties will be mapped and formed into groups. We will then discuss with the Myanmar Medical Association how best to proceed in planning their future visits.
2. The Alliance will develop a Myanmar UK Burmese Diaspora Toolkit, which will set out clear guidance on how to get involved, how to prepare for visits, and who to contact.

## Appendices

### Appendix 1. Meeting Agenda

- 09:00 – 09:15**    **Welcome Speech**  
*Dr U Myint Htwe, Union Minister, Ministry of Health and Sports*
- 09:15 – 09:30**    **Introduction Speech**  
*Professor Ged Byrne, Director of Global Engagement, HEE*
- 09:30 – 10:00**    **Top Five Priorities in Myanmar for Partnership with the UK**  
*Professor U Aye Maung Han, Chair, Technical Advisory Group*
- 10:00 – 10:30**    **Beginning of Myanmar UK Health Alliance**  
*Professor Ged Byrne, Director of Global Engagement, HEE*
- 10:30 – 10:45**    *Tea break*
- 10:45 – 11:15**    **Myanmar UK Health Alliance Implementation Plan 2018**  
*Louise McGrath, Head of Programmes, THET*
- 11:15 – 11:45**    **Nursing Training in Myanmar**  
*Professor Myat Thandar, Rector, University of Nursing*
- 11:45 – 12:15**    **The Role of the 'IGH through Leadership Development' Fellowship in Myanmar**  
*Dr Sateesh Ganguli, Fellow, Improving Global Health*
- 12:15 – 13:00**    *Lunch*
- 13:00 – 14:00**    **Diaspora Engagement in Myanmar Workshop**
- 14:00 – 15:30**    **Training Opportunities in the UK Workshop**
- 15:30 – 16:00**    **Closing Remarks**  
*Professor Ged Byrne, Director of Global Engagement, HEE*

## Appendix 2. Event Participants

Participant	Organisation	Role
Ged Byrne	HEE/Global Health Exchange	Director of Global Engagement
Louise McGrath	THET	Head of Programmes and Development
Laura Macpherson	THET	Country Programmes Coordinator
Dr Thinn Thinn Hlaing	THET	Country Director
Ma Shwe Sin Win	THET	Project Asistant
Dr Khin Zar Nyo	Diaspora	
Dr Thandar Aye	Diaspora	
Dr Zaw Myo Htet	Diaspora	
Dr Aye Aye Mon	Diaspora	
Dr Su Su Lin	International Relationship, MOHS	
Prof Ne Win	MAMS	Chair
Prof Aye Mon	MOHS	Professor of Surgery
Prof Win Win Mya	MOHS	Professor of Obstetrics
Prof Ye Myint Kyaw	MOHS	Professor of Paediatrics
Prof Aye Aye Khaing	MOHS	Professor of Childhood Cancer
Prof Hla Myat Nwe	MOHS	Professor of Neonates
Prof War War Wan Maung	MOHS	Professor of Nuclear Medicine
Prof Khin Cho Win	MOHS	Professor of Radiation Oncology
Prof Than Than Sint	MOHS	Professor of Radiology
Prof Mu Mu Naing	MOHS	Professor of ICU
Prof Kyaw Swa Hlaing	MOHS	Professor of Urology
Prof Thida Aung	MOHS	Transfusion Medicine
Sister Thida Swe	MOHS	Nurse-in-Charge ICU
Sister Zar Zar Htwe	MOHS	Nurse-in-Charge Ortho
Dr Myint Oo	GPS	
Dr Ba Min Ko	Health and Hope	

Prof Aye Aung	TAG	
Dr Vijay Kumar	GPS	
Sister Chaw Su	Nurse-in-Charge Emergency	
Dr Tun Zaw Min	World Child Cancer	
Dr Yi Yi Kyaw	MOHS	Professor of Paediatric Oncology, Mandalay
Sister Nant Win Kyi	Yangon Children's Hospital	
Dr Thuya Aung	New YGH, Surgery	
Prof Myo Myint Maw		
Prof Khin Maung Myint	MOHS	Professor of Orthopaedics
Dr Myint Myint Aye		
Dr Khin Theingi Myint	DMS, YGH	
Prof Maung Maung Khaing		
Prof Graham Layer	RCSEd	Vice President
Dr Cho Mar Lwin		
Prof May Khin Thein		
Prof Zaw Lin Aung		
Prof Rai Mra	MMA	
Prof Moe Moe Tin	UM2	
Prof Thuzar Han	MOHS	Ophthalmology
Prof May Thet Hnin Aye	UM, Magway	
Prof Nyo Nyo Win	Yankin Children Hospital	Paediatric Surgery
Usmaan Rahman	IGH fellow	
Clare Doherty	IGH fellow	
Prof Ye Ye Aung		
Prof Phone Myint	Urology	
Amie Parech	IGH fellow	
Dr Lwin May Oo	GP	