

In January and February 2020, THET and LSTM conducted country-centred scoping assessments in each country in order to consult with key stakeholders and identify and validate national health system priorities that could be supported through Health Partnership (HP) activities funded by UKPHS. These consultations also aimed to ensure that HP activities are developed in line with national needs and capacities and contribute to the countries' efforts to achieve Universal Health Coverage (UHC).

DESK REVIEW

The LSTM team, in collaboration with THET, conducted a rapid review of the available secondary data before the country visits to produce an overview of the country context and the health system, including key health systems issues, gaps and priorities. Documents reviewed included health sector policies and plans, UHC plans, quality policy and strategy, human resources for health (HRH) policy and strategy, country demographic and health surveys, available relevant Health Management Information Systems (HMIS) data, and key reports/ analyses (including World Bank data, Political Economy Analyses and DFID bilateral business cases and reports). The desk review findings and identified national priorities were summarised in a PowerPoint presentation to be shared, discussed and validated with individuals during the scoping trip.

SCOPING VISIT

Following the desk review, THET/LSTM visited each country to identify health system strengths, weaknesses and gaps, to understand the political economy, to determine health systems strengthening (HSS) areas, and then identify which health system component could be addressed by a UKPHS-funded project. The team carried out in-depth interviews and key informant interviews with: policy-makers, including representatives from the Ministry of Health and other strategic sectors and line ministries; in-country DFID teams; professional bodies and associations, including nursing; training institutions; and development/funding partners and UN agencies.

Preliminary findings from these interviews were presented to a larger group of stakeholders, with validation of the national HSS issues, gaps and priorities across the six WHO building blocks (including Gender Equality and Social Inclusion issues). The group conducted an exploration and assessment of the potential of the HP model to address identified HSS priorities, including its feasibility, relevance, coherence/fit, equity, efficiency, sustainability, etc. This was followed by a consensus-building exercise on potential interventions that could be implemented through HPs that would address these priorities and support the countries' progress towards UHC, mapping against the UKPHS programme outcome.

The team then developed a simple theory of change based on these priorities and what types of activities had been suggested, and debriefed senior officials at the Ministry of Health with an overview of the outputs and outcomes of the visit, and the priorities identified and validated by stakeholders.

Overleaf is a summary of the key findings from the scoping assessment along with the conclusions and priorities that emerged from the stakeholder workshop. Applicants will be expected to develop proposals based on a selection of the indicative activities, outputs and outcomes suggested in the accompanying theory of change, although THET will consider other interventions if they broadly fit within the priority categories outlined.

GLOSSARY OF ACRONYMS

- ANC - Antenatal care
- CHW - Community Health Worker
- CHEW - Community Health Extension Worker
- CPD - Continuing professional development
- DHO - District Health Office
- GBV - Gender-based violence
- GESI - Gender equality and social inclusion
- HF - Health facility
- MDT - Multi-disciplinary teams
- MNH - Maternal and newborn care
- MNCH - Maternal, newborn and child health
- MoE - Ministry of Education
- MoH - Ministry of Health
- MPDSR - Maternal Perinatal Death Surveillance and Response
- NCD - Non-communicable diseases
- NDP - National Development Plan
- N/M - Nursing and Midwifery
- OT - Occupational Therapist
- PHC - Primary Health Care
- PNC - Post natal care
- QA - Quality Assurance
- QI - Quality Improvement
- VHT - Village Health Team

OVERVIEW OF FINDINGS:

While there have been significant improvements in health indices in Myanmar in the last three decades, the country was unable to achieve MDGs 4 and 5 and is still struggling to meet the SDGs. It is encouraging to see that the maternal mortality ratio has decreased from 453/100,000 livebirths in 1990 to 178/100,000 in 2015, while under-5 child mortality rate decreased from 110/1000 livebirths to 50/1000 over the same period. Nevertheless, inequitable distribution of these improvements, shortage of human resources, and limited health insurance options pose significant challenges to wider health system strengthening. The Ministry of Health and Sports is primarily responsible for provision of health services to the population through different levels of healthcare facilities and community outreach. Nonetheless, there is a significant private for-profit sector which needs to be engaged especially when addressing questions of access to healthcare in rural areas.

CONCLUSIONS AND PRIORITIES FOR UKPHS:

Meetings with the Minister of Health, the Permanent Secretary, DFID and multiple stakeholders gave us a detailed analysis of the key priorities and a clear sense of where the Health Partnership model could add most value. Crucially, we also took account of other funding schemes in the country and the UK Health Partnership Fund in particular.

TO IMPROVE THE RETENTION OF NURSES IN THE STATE SECTOR AND STRENGTHEN THEIR ROLE IN THE DELIVERY OF QUALITY HEALTHCARE AT A PRIMARY LEVEL

The selection of this focus area was based on a number of factors including:

- Access to health services varies by geography, with better access in urban areas than rural areas. Nurses can play a constructive role in addressing this
- There is poor institutional and system recognition of nurse specialisms and the contribution nurses can make to improving quality PHC as part of multidisciplinary teams
- There is poor retention of nurses in the state sector
- There is a lack of specialist nurse training
- There is scope to improve the status of nurses (leadership and empowerment of nurses to senior positions) and address institutional and gender barriers
- There is scope to strengthen the role of both the confederation and association of nurses and midwives

TO IMPROVE EMERGENCY MEDICINE

The selection of this focus area was based on a number of factors:

- There is a significant shortage of trained personnel
- There is a need to improve the training of emergency medicine practitioners
- There is currently no emergency pre-hospital service outside the Yangon-Naypyidaw motorway

TO BUILD THE CAPACITY OF ALLIED HEALTH PROFESSIONALS

- There is a significant shortage of trained personnel (Pharmacists, dietitian, medical laboratory technicians)

TO BUILD RESEARCH CAPACITY

- There is a need to strengthen the evidence base across all these priorities areas through the development of implementation research in particular

MYANMAR PRIORITIES | INITIAL THEORY OF CHANGE

