UK PARTNERSHIPS FOR HEALTH SYSTEMS

SCOPING ASSESSMENT REPORT | MYANMAR

CONTENTS

INTRODUCTION

A scoping assessment was conducted in Myanmar in preparation for the implementation of the UK Partnerships for Health System Strengthening project from 3rd – 7th February 2020, by a team from THET and LSTM.

PURPOSE AND OBJECTIVES OF THE SCOPING ASSESSMENT

The overall purpose of the scoping assessments was to introduce the UKPHS programme and to consult with stakeholders to determine national health systems (HS) priorities and how Health Partnerships (HPs) could contribute to addressing these and contribute to national health system strengthening (HSS) (see ToR in Annex 1).

The specific objectives of the scoping assessment were to:

- Introduce and improve understanding of the UKPHS programme among key in-country stakeholders, as well as the approach and expected outcomes of the scoping assessment.
- Receive inputs from key stakeholders to identify, validate and/or get consensus on national HSS issues, gaps and priorities, while considering gender equity and social inclusion (GESI), across the six HS building blocks with key stakeholders.
- Explore the feasibility of the HP model (using selected criteria) to address the identified HSS priorities.
- Identify interventions that could be implemented through hps and address these HSS priorities, as well as support the country's progress towards UHC.
- Review the UKPHS programme outcome statement and outcome indicators to ensure these are aligned with the identified priorities.
- Identify and understand the work of key actors supporting HSS in the country to ensure HPs build complementarity and synergies with these programmes and initiatives.
- Agree the way forward and to discuss and agree mechanisms for ongoing programme oversight and monitoring through a national oversight mechanism (NOM).

SUMMARY OF ACTIVITIES UNDERTAKEN

Prior to the scoping visit, recent reports and publications on Myanmar's health status, health systems, policies, plans and strategies were reviewed. Summary information, findings and priorities identified through the document review were presented to key stakeholders for comments and to frame discussions on HSS issues, gaps and priorities.

Activities undertaken during the scoping visit included:

COURTESY VISITS AND BRIEFING SESSIONS

The scoping assessment team met the Union Minister of Health and Sports and senior officials in the Ministry of Health and Sports in Naypyidaw. The Union Minister expressed gratitude for the continuing support from the UK in difficult times. The Union Minister listed six key priorities for HSS as follows:

1. Ensuring patient safety,
2. Strengthening monitoring and evaluation,
3. Improving performance of basic public health professionals,
4. Strengthening nursing training
5. Supply chain management,
6. Non-communicable diseases.

During the briefing session with the DFID Health Advisor, ways of linking the priorities for HP interventions, identified through the desk review and stakeholder consultations, to DFID's priority areas in Myanmar were explored.

These priorities were shared in all of the stakeholder consultation workshops and meetings that the team facilitated in Yangon on the remaining days.

STAKEHOLDER WORKSHOPS

A number of workshops were facilitated by the team in Yangon with members of the Technical Advisory Group, the Myanmar Medical and Nursing Councils, Myanmar Medical Association, University Professors, allied health care professionals, hospital administrators, nurses and other hospital staff. At each of these workshop, the team presented summary information from the desk review and the priorities identified by stakeholders in preceding workshops. Stakeholders reviewed, discussed and identified priority areas for HPs that were potentially feasible within the time period and available budget.

On the remaining days of the assessment the team conducted in-depth interviews (IDI) and key informant interviews (KII) with individuals, such as: the Chair of the Technical Advisory Group, the Rector of the University of Medicine 1, the WHO Myanmar's Health Policy Advisor and the Technical Lead of HelpAge Myanmar. Additional inputs were received from these stakeholders on existing partnerships and the areas of work, as well as on the priorities and interventions that would be a good match with the HP model.

GROUP DISCUSSIONS

A group discussion with representatives of other organizations working in HSS in Myanmar was also facilitated. Participants, comprising representatives from United Nations Population Fund (UNFPA), United Nations Office for Project Services (UNOPS), Voluntary Services Overseas (VSO), Community Partners International (CPI) and Business Coalition for Gender Equality (BCGE), shared information on HSS activities implemented by their organizations and other partners in Myanmar. These participants also commented on the priorities identified by other stakeholders and explored potential challenges with project implementation, especially in the more remote and conflict affected areas in Myanmar.

DEBRIEFING SESSION

The team facilitated a web-based debriefing session, which included the Permanent Secretary in Naypyidaw, and key stakeholders in Yangon, on the final day of the scoping assessment. The consensus was that the choice of focus areas was aligned with ongoing partnerships between the UK and Myanmar, e.g., Public Health England, Health Education England, and newer funding opportunities (e.g. the new Health Partnership call, Fleming Fund). Participants agreed that oversight should be provided through a NOM and recommended that the delivery mechanism proposed should promote national ownership, ensuring synergies with national programmes and priorities, and addressing issues related to GESI, as well as the use of implementation science for learning from project implementation.

SUMMARY OF FINDINGS

DESK REVIEW FINDINGS

Over the last three decades, there have been significant improvements in health indices in Myanmar. Maternal mortality ratio decreased from 453 per 100,000 live births in 1990 to 178 by 2015, while the under-five child mortality rate decreased from 110 per 1000 livebirths to 50 over the same period.

Myanmar did not achieve MDGs 4 and 5, however, and has a long way to go to achieve the 2030 Sustainable Development Goals (SDGs) and Universal Health Coverage (UCH). While the overall coverage rates of essential maternal and child health interventions, such as antenatal care, institutional deliveries, and immunizations have increased, these improvements are not equitably distributed across wealth quintiles or population groups.

The WHO Country Cooperation Strategy for Myanmar (2014-2018) developed in partnership with the government and other partners prioritised five areas of work:

1. Strengthening the health system,
2. Enhancing the achievement of communicable disease control targets,
3. Controlling the growth of non-communicable diseases,
4. Promoting health throughout the life course,
5. Strengthening capacity for emergency risk management and surveillance systems to various health threats.

The Ministry of Health and Sports is primarily responsible for the provision of health services to the population through different levels of healthcare facilities and community outreach. In addition, there are private-for-profit providers, private not-for-profit providers as well as other ministries (e.g. defence and labour) that provide health services for their employees. Shortages of human resources, and inequitable distribution of resources are major challenges in strengthening the health system.

Catastrophic out of pocket payments for health emergencies can impoverish families and can be a barrier to care seeking and access. Options for health insurance are currently limited.

While the management and control of communicable diseases has improved in recent years, they remain a concern, especially with the emergence of new infections and concerns about antimicrobial resistance and rational use of medicines. Non-communicable diseases, particularly diabetes and hypertension are increasing.

HEALTH POLICIES AND STRATEGIES

The Ministry of Health and Sports have developed a number of key policy and strategy documents to address these issues. Among the documents reviewed, the most prominent included:

- The *Human Resources for Health Strategy (2018-2021)* which describes its vision as "an adequate, competent and productive health workforce that is responsive to changing health needs within an effective, efficient and equitable health system". Its mission is to "grow, foster and support an adequate, competent and productive health workforce through establishing and enhancing human resources for health (HRH) planning, production, distribution and regulation system". HRH strategies focus on planning, quality, governance and finance.
- The *National Medicines Policy (2019)* focuses on improving the accessibility, availability and affordability of essential medicines and strengthening procurement and supply management system at all levels; improving safety, efficiency and quality of all medicines through strengthened regulation and quality assurance systems; improving rational medicine use; strengthening human resource capacity in medicines management and strengthening collaboration, communication, coordination and the evaluation of the implementation of the National Medicines Policy at all levels.
- The *National Health Plan (2017-2021)* which aims to extend access to a Basic Essential Package of Health Services (EPHS) to the entire population by 2020 while increasing financial protection. Implementation is translated into annual operation plans, which are monitored. Strategies include geographic prioritisation to reduce inequity, service prioritisation, planning at township level and systems building. The document includes a conceptual plan to achieve these objectives. The expectation is that an intermediate EPHS will be available for all by 2024, and a comprehensive EPHS by 2030.

HEALTH ISSUES, CHALLENGES AND GAPS

The below health issues, challenges and gaps identified through the documents reviewed were confirmed by the key stakeholders.

BURDEN OF DISEASE

Myanmar did not achieve the three-health related MDGs and continues to strive to reach targets under the SDGs. Maternal, newborn and child health remain priority areas of work. Although communicable diseases are under better control, emerging and re-emerging infections are of concern. There is also increase in the burden of non-communicable diseases.

AVAILABILITY, ACCESS AND COVERAGE OF HEALTH SERVICES

According to the National Health Plan (2017-2021), it is expected that a basic EPHS will be available to all by the end of 2020. The contents of this package are yet to be finalized. Access to health services varies by geography: access is better in urban areas and poorer in rural areas. Access and coverage of services are restricted in conflict afflicted regions where service delivery is provided through Ethnic Health Organizations. Availability of emergency medical services is very limited. The only emergency medical services currently available in the public health system are at selected locations on the Naypyidaw-Yangon highway.

HUMAN RESOURCES FOR HEALTH

According to the National Health Plan (2017-2021), Myanmar has 1.33 health workers per 1,000 population, compared with the WHO's recommended threshold of 4.45 per 1,000 population required for UHC. The current ratio of medical practitioners to 1,000 population is 0.35, compared to 0.69 and 0.43 for nurses and midwives respectively.

Between 2006 and 2016, the number of medical doctors increased by 60% while the number of nurses and midwives increased by just 26%. In 2016, the numbers of generalist and specialist medical practitioners that graduated were 1894 and 908 respectively. Among nurses graduating in 2016, there were 547 with bachelor's degrees, 1402 with Diplomas and 23 with advanced practice qualifications.

There are significant shortages of trained health workers, particularly at township and the more peripheral levels. Health workers are required to work in the public health system for at least three years after graduation, but this requirement is rarely complied with or enforced. The retention of trained health workers in the public health system is another challenge, with many health workers reluctant to work in rural areas. Internal migration of health workers from the public to the private sector is an issue. With increasing numbers of private hospitals, many health workers move from lower paid jobs in the public hospitals to higher paid jobs in private hospitals. Out-migration of health workers also contributes to health worker shortages.

While there is higher specialty training for doctors in Myanmar, there is also a high demand and preference to gain overseas experience in chosen specialties. The UK is a preferred destination – the UK Royal Colleges conduct some examinations in Myanmar. In some specialties, final examinations are held only in the UK, and therefore adds to the costs of obtaining Royal College memberships and fellowships. Advanced training for nurses in Myanmar is available in selected specialties, and there is

demand for new training courses in additional specialties.

HEALTH INFORMATION SYSTEMS

The health information system uses DHIS 2. However, this system does not currently provide timely and relevant data for monitoring and improving effective coverage of health services. Over 10,000 tablets have been distributed to health

workers with numerous health education messages and clinical care guidelines. These tablets can also be used for data collection at the periphery, but it is unclear if the data collection functions are being used. Myanmar is implementing Maternal Death Surveillance and Response and more and better information is now available on maternal deaths.

HEALTH FINANCING

Out-of-pocket catastrophic expenditure for health is a major concern. Plans are underway for basic health insurance to improve UHC but are yet to be implemented.

MEDICINES, VACCINES AND TECHNOLOGY

Issues of concern in this area include the quality and costs of medicines, improving the rational use of medicines, strengthening antimicrobial stewardship, and the limited training opportunities available in clinical microbiology and pathology, and biomedical engineering.

HEALTH SYSTEMS STRENGTHENING PRIORITIES

A distinction was made during the stakeholder discussions between health systems support and health systems strengthening. The former can include any activity that improves services, such as distributing bed nets to procuring medicines. These activities improve outcomes primarily by increasing inputs. In contrast, strengthening health systems is accomplished by more comprehensive changes to performance drivers, such as policies and regulations, organizational structures, and relationships across the health system to motivate change in behaviour and/or allow more effective use of resources to improve multiple health services.

Suggestions for HSS priorities varied between individual stakeholders and among groups of stakeholders. These variations seemed related to the technical expertise and/or area of work of the individual or group.

The Technical Advisory Group composed of senior technical experts who advise high level officials in the Ministry of Health and Sports, considered that the strengthening of diagnostic laboratory support for pathology and microbiology was a priority. This would contribute to improved diagnosis and management of malignancies, other non-communicable and communicable diseases, and in implementing antimicrobial stewardship. The second priority identified by this Group was the training and professional revalidation of frontline health workers, such as general practitioners, nurses, dental and other technical staff. Improving the quality of care around the time of birth, as this could lead to better outcomes for the mother and baby, was the third priority identified.

The group of University Professors and Allied Health Professionals prioritized the external accreditation of diagnostic laboratories in tertiary hospitals, improving IT support for supply chain management, strengthening HRH (all cadres), and patient safety. Some of the same priorities - supply chain management and patient safety - were identified by the group of hospital administrators and nurses that the team met. This group also highlighted antimicrobial stewardship in hospitals, and capacity building for health workers.

Because of the limited availability of emergency medical services, other stakeholders considered strengthening emergency medical services as a key priority for HSS. Lastly, many stakeholders reported that expertise in research was limited within Myanmar and capacity building in implementation science should also be a priority.

POTENTIAL HP PROJECTS AND INTERVENTIONS

Based on the inputs received from various stakeholders, the potential areas for HP projects and interventions considered were the following:

1. **Strengthening the role of nurses in service delivery** through interventions that:

   - Improve retention such as raising the status of nurses and providing career progression opportunities.
   - Improve quality of care at community level through interdisciplinary collaboration and support for other health workers to deliver services.

Rationale: The training of nurses and midwives requires less time and resources than training medical practitioners. There are currently 23 regional nursing schools and some private nursing schools. If more nurses and midwives are trained, they could be deployed at relatively lower costs to work in public health posts across the country. If interventions to improve retention, particularly in under-served areas, could be successfully tested through HP projects, and then scaled up, these would significantly contribute to progress towards achieving UHC. Nurses could also be trained as trainers to mentor and supervise other health professionals such as basic health workers to provide quality care at community level, and thus address barriers related to gender, inequity and social exclusion.

2. **Improving Emergency Medicine Services** in one urban setting, for example, Yangon or Mandalay

Rationale: Myanmar did not have emergency medicine services until 2012 when a service was started prior to the country hosting the South East Asian games. Emergency ambulance services are available at selected locations on the Naypyidaw-Yangon highway but not in any of the major cities. Victims of road traffic accidents and other emergencies are brought to hospitals by private cars and ambulances. Improving Emergency Medicine Services in the country would contribute to a reduction in mortality and morbidity. It would also contribute to improved capacity among health workers to provide timely quality care for victims of trauma and medical emergencies.

3. **Capacity building for allied health professionals, including:**

   - Laboratory Technicians
   - Pharmacists
   - Biomedical Engineers

Rationale: Capacity strengthening in allied health services was considered a priority by stakeholders to enable and enhance the capacity of public hospitals to deliver quality services. Microbiology laboratory technicians have a key role to play in the accurate diagnosis and management of communicable diseases. This group, along with pharmacists, have an important role in antimicrobial stewardship and ensuring the rational use of medicines. Pathology laboratory technicians have a role in early and correct diagnosis of illnesses including cancers, while biomedical engineers contribute to the timely maintenance and availability of diagnostic and therapeutic equipment.

4. **Strengthening capacity for implementation research**

Rationale: Implementation research was considered a cross cutting priority. Currently most research in Myanmar is conducted by the Department of Medical Research with minimal interactions with academic and clinical staff. Implementation research would help to understand what works, where, and why, and to document learning from projects implemented through HP to inform policy and/or scale up. Capacity for implementation research is limited in Myanmar currently.

ASSESSMENT OF IDENTIFIED HP PROJECTS/INTERVENTIONS TO CONTRIBUTE TO IMPROVING HEALTH SECTOR PERFORMANCE AGAINST SELECTED CRITERIA, INCLUDING GESI:

The proposed areas for HP projects and interventions were considered by key stakeholders including the Permanent Secretary to be ***coherent*** and ***relevant*** to improving health sector performance in Myanmar.

Stakeholders expressed concerns that with the limited time and budget available for HPs, the chances of achieving significant impact was low. Additionally, concerns were expressed about the reportedly high proportion of the budget utilised for travel of UK partners to Myanmar in previous partnerships.

Access to ethnic minorities and conflict affected areas is also limited. These constraints will restrict the geographic areas where HP projects can be implemented. These constraints may also have implications for the ability of HP projects to satisfactorily address GESI related issues.

Implementation research should be an integral part of any project to document facilitators and barriers to implementation, and to measure effectiveness, efficacy and changes in effective coverage of services. Lessons learned could contribute to the design and implementation of larger projects at scale, that are sustainable and have significant impact on health system performance.

HP'S CONTRIBUTION TO HSS AND EXPECTED OUTCOMES

The Initial Theory of Change for the programme is presented below.

MYANMAR PRIORITIES | INITIAL THEORY OF CHANGE

UKPHS
UK Partnerships for Health Systems

Human Resources for Health

	Improving nurse retention (state level)	Strengthening the role of nurses within community based multi-disciplinary health teams.	Strengthened allied health professionals	Service Delivery Emergency Medicine in urban settings	Health Information Systems
Indicative Activities	· Research initiatives to Improve evidence base for understanding factors influencing retention · Development of nurse specialisms and institutional framework to support these · Interventions to improve nurse retention · Strengthening of nurse leadership and representative bodies	· Creation of cadre of 'master nurse trainers' equipped to monitor and support improved quality of care in rural settings · Initiatives to develop the enabling regulatory environment · Initiatives to drive interdisciplinary collaboration	· Capacity development of allied health professionals · Development/ strengthening of curricula for allied health professionals · Development/ strengthening of faculty for allied health professionals	· Training of healthcare staff including paramedics · Establish a design for Myanmar's first comprehensive urban ambulance service, exploring public-private partnerships · Establishment of a service monitoring system	· Partnerships with university and medical schools to build capacity in implementation research · Co-designed/ co-delivered implementation research projects · Development of tools and guidance to support implementation research
Indicative Outputs	· Factors affecting poor retention of nurses in state sector identified. · Increased recognition of nurses role · Availability of nurse specialisms and associated institutional frameworks · National policy for the retention of nurses in state sector adopted	· Roadmap for improving the quality of care at a community level established · Master trainer programme for nurses operating in rural areas established · Number of Master Trainers trained · No. of MDT members benefitting from training	· Increased evidence base for contribution of allied professionals to health systems · Numbers of allied health professionals benefitting from capacity development · Number of faculty benefitting from capacity development · Number of curricula revised	· System designed · Selected components operationalized · Numbers of staff skilled and available to provide emergency services	· Health workers involved trained / mentored in implementation research · Implementation research studies undertaken · Tools and guidelines developed to support implementation research · Research projects co-designed and implemented
Indicative Outcomes	·Improved retention of nurses in the state sector	· Improved quality of care at primary level	· Improved knowledge and skills of allied health professionals · Improvements in quality of allied health services	· Improvements to access to emergency services for citizens of one Myanmar city · Evidence base established for use by policy makers	· Implementation research findings are being used to improve the quality of health services
Potential Impact	**Improved health worker and health service performance, including for the poor and most vulnerable populations.**				

RECOMMENDATIONS:

- HPs should be co-designed by partners in the UK and Myanmar to ensure ownership.
- Encourage participation of health experts from the Myanmar diaspora in the UK to support specific projects.
- Consider facilitating “exposure visits” to the UK by mid-level health staff as part of any HP project.
- Integrate implementation research in all HP projects and strengthen capacity for implementation research.
- Identify synergies with other programmes and identify the added value of new HP projects to existing programmes.
- Ensure good communication among partners and regular monitoring and oversight of the projects by the NOM.

LIST OF ANNEXES

ANNEX 1 - TERMS OF REFERENCE FOR SCOPING ASSESSMENT

DESIGN AND CONDUCT OF SCOPING ASSESSMENTS FOR THE UKPHS PROGRAMME: TERMS OF REFERENCE

BACKGROUND

UK Partnerships for Health Systems (UKPHS) is a DFID-funded grants programme that funds Health Partnerships (HPs) to improve health system performance and to enable progress towards Universal Health Coverage (UHC) in low- and lower-middle income countries (LMICs), especially for poor and vulnerable populations. The UKPHS will support the development of stronger health systems by promoting HPs that are aligned to national health priorities and strategies, focusing on quality, and gender equality and social inclusion (GESI). UKPHS will fund large strategic HPs in ten countries that explicitly focus on supporting LMIC health system priorities, complemented by smaller HP grants that test innovative approaches to specific health system challenges.

PURPOSE OF THE SCOPING ASSESSMENTS

From December 2019 to May 2020, THET and LSTM plan to undertake detailed scoping assessments in each of the 10 countries. The assessments will explore health systems issues, challenges and priorities, and identify and validate health systems priorities that HPs could potentially address and/or contribute to health system strengthening (HSS) or strengthen particular building blocks within the system, whilst ensuring a GESI perspective. These scoping assessments will consider the HP footprint in each country, as well as the potential supply of new and/or adapted HPs, ensuring the best fit between the priorities identified and the likely supply.

During the scoping visit, stakeholders will begin the process of constructing a Theory of Change (ToC) that maps out how HPs can address the identified health system priorities in that country context, contribute to HSS and UHC, and how the poorest and most vulnerable (from a GESI lens) can be supported in particular. All HPs will need to clearly demonstrate their contribution to this ToC. The assessment process will also contribute to stakeholder relationship building and promotion of the programme, and assessment findings will inform grant call design, overall UKPHS programme MEL processes, promote HP alignment with, and support of, national priorities and capacities, and ensure a good fit with the supply of UK expertise.

APPROACH AND METHODOLOGY

1. Desk review

The team will undertake a rapid desk review comprising mainly the review of country specific documents such as: health sector policies, strategies and plans including UHC, Quality Improvement, human resources for health, maternal, newborn, child and adolescent health; available HMIS data; and other relevant key government, donor and/or development partner reports/analyses, in order to construct an overview of health systems issues and priorities, and a stakeholder map for each country.

2. Design of assessment frameworks and tools

The team will draw on a number of frameworks to develop a flexible approach and tools for the scoping assessment that can be adapted to each country context. In addition to the key framework, which will be the WHO Health System Framework and the 6 Building Blocks/core functions,[1] the team will draw on a number of other assessment tools and

[1] World Health Organization (2007). Everybody's Business: Strengthening health systems to improve health outcomes—WHO's Framework for Action. Geneva: WHO, 2007, p.3.

guides, such as the USAID Health Systems Assessment Approach;[2] the Roberts, Hsiao, Berman, and Reich (2003) 'control knobs framework';[3] the DAC OECD Principles for Evaluation of Development Assistance;[4] the WHO five performance criteria for assessing a health system,[5] and the WHO Human Rights and Gender Equality in Health Sector Strategies: How to Assess Policy Coherence,[6] and the Building Block Benchmarks for Gender[7] to design the methodology, approach and assessment tools to identify health systems issues and priorities, and to assess the relevance of the HP model to address these.

3. Stakeholder engagement

Multidisciplinary and multi-stakeholder involvement to discuss potential HP projects is critical, as is engagement of key stakeholders affected by the implementation of these projects. MOH cooperation, collaboration and participation in the scoping process will be essential for generating high quality findings and outcomes that are acceptable to the government of each country. Country commitment will also be critical to increase the likelihood of HP interventions being implemented, achieving the expected results, and these results being sustained beyond the lifetime of the project.

Prior to the scoping visit, THET Country Directors (CDs) will meet with high level MOH officials, DFID Health Advisors and other development partner representatives to provide information and create awareness and build support for the UKPHS programme, outline the purpose of the scoping visit and level of cooperation expected from the MOH. These discussions will also provide opportunities for the initial exploration and validation of the country's health systems issues, challenges, and priorities, including GESI issues, and how the UKPHS programme can contribute to these, as well as support the government to achieve UHC and the SDGs.

In-depth interviews (IDIs) and key informant interviews (KIIs), meetings and workshops will be facilitated with a range of national and sub-national level stakeholders, identified in advance of the scoping visit through a stakeholder mapping exercise. These will include policymakers, representatives from the MoH and other strategic sectors and line ministries, in-country DFID teams, professional bodies and associations, including nursing, training institutions, NGOs, civil society, women's, disability and faith-based organisations, development/funding partners, UN agencies, and private sector organisations.

The objectives of such stakeholder engagement are to:

- Share information on the UKPHS and the HP model
- Share findings and priorities identified through the desk review
- Seek stakeholders' inputs and views to validate findings and agree priorities

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[2] Health Finance & Governance Project. September 2017. Health Systems Assessment Approach A How-To Manual. Version 3.0. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.

[3] Roberts MJ, Hsiao WC, Berman P, Reich MR. 2003. Getting Health Reform Right. New York: Oxford University Press.* This conceptualized a health system as "a set of relationships where the structural components (means) and their interactions are associated and connected to the goals the system desires to achieve (ends)".The framework identifies five major "control knobs" of a health system which policymakers can use to achieve health system goals: financing, macro-organization, payment, regulation and education/persuasion.

[4] DAC Principles for Evaluation of Development Assistance, DEVELOPMENT ASSISTANCE COMMITTEE, OECD, PARIS, 1991 https://www.oecd.org/dac/evaluation/2755284.pdf.

[5] WHO (2007) Everybody's Business: Strengthening Health Systems to Improve Health Outcomes. Geneva, Switzerland: WHO.

[6] WHO (2011) Human Rights and Gender Equality in Health Sector Strategies: How to Assess Policy Coherence https://www.who.int/gender-equity-rights/knowledge/human_rights_tool/en/.

[7] Research in Gender and Ethics (2019) Adopting a gender lens in health systems policy: A Guide for Policy Makers. https://www.ringsgenderresearch.org/wp-content/uploads/2020/01/Adopting-a-gender-lens-in-health-systems-policy.pdf

- Collaboratively assess the potential of the HP model to address the identified priorities
- Get consensus on the interventions that could be implemented through HPs

Debriefing sessions will be facilitated to provide an overview of the outputs and outcomes of the scoping visits and present priorities identified and validated. These sessions will provide opportunities for the team to build consensus on the draft country specific ToC, which will outline potential HP activities, outputs, outcome and impact. As part of this debriefing, teams will agree the way forward and the functioning of a national oversight mechanism. Beyond the scoping visits, the teams will continue to refine and finalise these country specific ToCs.

Summary country reports

Scoping visit reports, which provide an overview of the process and outcomes from each of the countries, will be produced. A summary of the agreed priorities that could potentially be addressed by HP projects and interventions and a draft Theory of Change will also be developed, which will be made available to guide grant applicants in the development of their applications and proposals. These outputs will be further refined and validated through the pre-commencement workshops and other planned stakeholder consultation fora in each country.

Specific activities

1. Conduct a rapid desk review of policies and country reports and other relevant documentation (national health sector plan and policies, strategies and plans for UHC, Quality Improvement, HRH, and relevant HMIS and surveillance data).
2. Map existing Health Partnerships and key stakeholders.
3. Produce a draft situation analysis, including health system issues, challenges and priorities, including, progress on GESI, and identify priorities that could be potentially addressed through HPs.
4. Develop standard frameworks and tools to be used across all countries to engage stakeholders in the identification and validation of health system issues, challenges and priorities, and in assessing the feasibility of the HP model to address identified HSS priorities.
5. Conduct in-depth and key informant interviews and group discussions and workshops with a range of national and sub-national stakeholders to identify and validate health system issues, challenges and priorities, and elicit views and perceptions on the extent to which the HP model could address these.
6. Facilitate a debriefing session with a representative group of stakeholders/gatekeepers to present and validate findings of the scoping assessment and agree the cope and functioning of national oversight mechanisms and way forward.

Expected Deliverables:

1. Desk review and situation analysis including map of stakeholders and health challenges and priorities.
2. Country scoping assessment report, including an overview of the process, key findings, and a summary of agreed priorities to be addressed by HP projects.
3. Draft country level TOC focusing on HP interventions, outputs and outcomes and broad indicators for each of the identified short-, medium- or long-term outcomes, including Gender Equality and Social Inclusion (GESI) indicators.

Composition of scoping team

Each scoping team will comprise up to two international specialists/leaders in HPs, HSS, and/or Gender, and a representative from the THET country offices.

Timeframe and duration of scoping assessment

The scoping assessments are expected to be undertaken between January and May 2020 and each country visit is expected to take up to 5 days. Country Reports and ToC will be completed for all countries by June 2020.

ANNEX 2 – FREQUENTLY ASKED QUESTIONS

WHAT IS THET?

THET is a global health charity operating in 7 countries across the world – the UK, Uganda, Tanzania, Zambia, Somaliland, Ethiopia and Myanmar. THET's primary aim is to address the statistic that one in seven people globally will never visit a qualified health worker. We do this primarily through health workforce development. We train support and educate health workers across Africa and Asia, working in partnership with organisations and volunteers from across the UK, Africa and Asia. We are the only UK charity with this focus. All of the work which THET undertakes adheres to the Health Partnership model framework.

WHAT IS THE HEALTH PARTNERSHIP MODEL?

A Health Partnership is a partnership formed between a UK health institution, either a hospital, a trust, a professional association, or a health education facility like a university and their counterpart overseas. The aim of these partnerships is to deliver health worker training and peer to peer support, through utilising the skills and experience of each organisation. Partners co-develop programmes that address organisational and national priorities. The partnerships themselves are generally long term and sustainable, while the projects which they deliver are discrete and tailored to specific identified needs. The aim of all projects is sustainable impact and mutual benefit.

HOW DOES THET WORK WITHIN THE HEALTH PARTNERSHIP MODEL?

THET takes a 3-pronged approach to partnership work – we carry out policy, advocacy and research, we implement programmes directly, and we manage grants for donors. Our policy work involves advocating, mainly with the UK government, for support for Health Partnership work. In our country programmes work we work through our six country offices partnering with others (MoHs, hospitals, universities, professional associations and other organisations) both overseas and UK-based to deliver programmes that respond to local needs. Finally, THET acts as a fund manager for a number of donors. Historically we acted as the grants manager for the Health Partnership Scheme – a 7 year, £32 million programmes funded by the Department for International Development. This programme supported 210 projects in over 30 countries and trained over 93,000 health workers. Currently, we are managing a number of grants, including the Johnson & Johnson Africa Grants Programme, which focuses on surgery and anaesthesia and community health, and the Commonwealth Partnerships for Antimicrobial Stewardship Programme, funded through the Department of Health's Fleming Fund. This supports partnerships with the aim of improving the detection and monitoring of resistant infections at the hospital level, taking measures to reduce infection and ensuring antibiotics' effective use.

WHAT IS THE UKPHS?

The UK Partnerships for Health (UKPHS) programme was announced by the UK Department for International Development as the successor to the HPS in 2018. After some delays, management of the programme was awarded to THET with technical input from the Liverpool School of Tropical Medicine, and the programme officially began on 2nd December 2019. The programme has a total budget of £28.5m and will run for 43 months until July 2023.

The programme aims to help LMICs build stronger, and more resilient health system, making progress towards universal health coverage through improved health service performance, particularly targeting poor and vulnerable populations.

Some of the key aims are to:

- Support the development of stronger health systems through better governance, information, and management of health institutions
- Provide the health workforce with opportunities to improve skills and knowledge
- Build on the institutional capacity to decrease any reliance on external support.

WHAT KIND OF PROJECTS WILL BE FUNDED UNDER THE UKPHS?

There are two main strands under the UKPHS. The first focuses on 10 strategic countries which were identified by DFID – Bangladesh, Burma, Ethiopia, Ghana, Nepal, Sierra Leone, Somalia/Somaliland, Tanzania, Uganda and Zambia. Grants under this stream must address pre-identified health priorities, as identified by stakeholders within the country. The second strand will fund smaller projects and will have neither a pre-defined country nor a health theme.

All projects under this funding programme must be delivered by Health Partnerships and must address issues with the health workforce through activities such as training, leadership development, or protocol and curricula development. Unfortunately, this funding cannot be used for infrastructure work, including equipment procurement or refurbishment.

HOW MUCH FUNDING IS AVAILABLE FOR WORK IN UGANDA THROUGH THE UKPHS?

The programme has a total budget of £24m available for grants. There will be 6-8 large grants of up to £400k each being implemented in each of the strategic countries. There will be around £2m available for each strategic country, including Uganda, with the number of grants being decided on based on the number and quality of applications.

WHAT ARE THE MAIN OBJECTIVES AND PLANNED OUTCOMES OF THE GRANTS PROGRAMME?

The entirety of the programme aims to contribute to SDG 3 – ensuring healthier lives and promotion of well-being for all at all ages, with a focus on Universal Health Coverage. A key outcome will be improved health worker and health service performance including for the poor and most vulnerable populations. This will be measured through monitoring the number of facilities supported by UKPHS projects demonstrating positive outcomes in health service performance, with a focus on health worker performance. Projects funded under this programme should take an approach which enhances gender equality and social inclusion, focusing on targeting poor and vulnerable groups.

HOW WILL NATIONAL OWNERSHIP AND BUY-IN BE ENSURED?

It is crucial to the success of this programme and the sustainability of its outcomes that national stakeholders play a leading role in determining priorities. The key health priorities addressed by projects being implemented in strategic countries will be determined through a scoping visit undertaken specifically to engage with national stakeholders. Over the course of the scoping visit, national stakeholders will be asked to participate in workshops, focus groups and key informant interviews, aiming to draw out key priorities for those working in the health sector.

The priorities raised during these meetings will then be agreed upon and used to develop a country-specific Theory of Change, which will form the basis for all of the project interventions. Relevant stakeholders will then be invited to join a National Oversight Mechanism (NOM), which will play a key role throughout the programme in ensuring that projects remain aligned with national priorities and feed into the relevant national plans. The NOM will be asked to review and assess applications during the selection phase of the programme and then play an ongoing role in providing oversight on projects as they progress and attending annual national review events.

In addition to the NOM, THET's Country Director and associated country office staff will support funded Health Partnerships for the duration of the programme. They will be continuously engaging with national networks, the Ministry of Health and other relevant partners.

ANNEX 3 - STAKEHOLDERS ENGAGED THROUGH SCOPING VISIT

POSITION	ORGANISATION
Union Minister	Ministry of Health & Sport (MoHS)
Director	Department of Human Resources for Health, MoHS
Deputy Director General (Admin & Finance)	Department of Public Health, MoHS
Director of Nursing	MoHS
Chair	Technical Advisory Group (TAG)
President	Myanmar Academy of Medical Science (MAMS)
President	Myanmar Medical Association (MMA)
President	Myanmar Medical Council (MMC)
Secretary	MMC
President	MMA, Myanmar Society of HIV Medicine
Member	TAG
Professor & Head (Retired)	MMA, Myanmar Colorectal Surgical Society
Vice President	Myanmar Dental Council (MDC) / MAMS
Pro-Rector (Academic)/ Secretary	University of Medicine (1), Yangon (UM 1) / TAG
Rector	University of Medicine, Mandalay (UMM)
Rector	University of Medicine, Mgway (UMMG)
Pro-rector	UM 1
Professor & Head	Department of Medicine, University of Yangon (2) (UM 2)
Professor & Head	Department of Physio
Professor & Head	Department of Biochemistry
Lecturer	Department of Microbiology
Professor	Department of Anatomy
Professor	UM 2
Professor & Head	Department of Paediatrics, UMMG
Rector	University of Nursing, Yangon
Professor	Department of Pathology, UM 1
Rector	University of Medical Technology, Ygn
Joint Secretary	Myanmar Nurse & Midwife Council (MNMC)
Medical Superintendent	East Yangon General Hospital (YGH)
Matron	East YGH
Medical Superintendent	Department of ENT
Senior MS	New Yangon General Hospital (YGH)

Matron	New YGH
AD	YGH
Matron	Yangon Children's Hospital (YCH)
Matron	YGH
Matron	YGH
Matron	YGH
Rector/ MS	YGH
DMS	YGH
Assistant Surgeon	National Rehabilitation Hospital (NRH)
AD	YGH
SMS	YGH
DD/MS	YGH
AD	YGH
AD	YGH
SMS	Aung San TB Hospital
SMS	Yangon Eye Hospital
SMS	Specialist Hospital, Tharkayta
AD	YGH
DMS/DD	YGH
Health Policy Adviser	WHO
Technical Lead, Public Health	HelpAge
Project Manager	HelpAge
Programme Specialist	UNFPA
Program Director (Strategy & Technical)	Community Partners International (CPI)
Senior Program Manager	CPI
Program Manager	CPI
Director	Access to Health Fund
Public Health Programme Specialist	UNOPS
Country Director	Business Coalition for Gender Equality (BCGE)
Business Development & Communication Lead	BCGE
Country Director	VSO Myanmar
Health Adviser	DFID
Team Leader of AIDS & Reproductive Health Team	DFID

Fund Director	Harp
Permanent Secretary	MoHS

ANNEX 4 - SCOPING ASSESSMENT ITINERARY

Date	Venue	List to meet	Type of Activity
2-Feb-2020	Yangon Shan Yoe Yar	THET and IGH fellows	Hospitality
3-Feb-2020	Naypyitaw	HE Minister	Courtesy call
3-Feb-2020	Naypyitaw	PS, DG/DYDG of Medical Services, HRH, Planning & Finance, Disease Control, Director of IR, NIMU, MCH, Nursing, DyGY of Digital Information	Stakeholder engagement
4-Feb-2020	Yangon, UM 1	Chair and members of - MMC, MMA, MAMS, Technical Advisory Group, MNMC and MedTech Association	Workshop
4-Feb-2020	Yangon, UM 1	University Professors and other allied healthcare professionals	Workshop
5-Feb-2020	Yangon, UM 1	UM 1	Meeting/Interview
5-Feb-2020	Yangon, UM 1	Stakeholders, Hospital Admins and workers	Workshop
5-Feb-2020	Yangon, UM 1	UM 1	Meeting/Interview
5-Feb-2020	Yangon, WHO office	Health Policy Advisor of WHO	Meeting
6-Feb-2020	Yangon, THET office	Representatives/Health Advisors of - WHO, Jhpiego, CPI, UNOPS, UNFPA, BCGE (Gender Association)	Group discussion
6-Feb-2020	Yangon THET office	THET/LSTM	Debrief
6-Feb-2020	Yangon, HelpAge Office	Technical Lead, Public Health	Meeting
6-Feb-2020	Yangon, British Embassy	DFID Health Advisor	Meeting
6-Feb-2020	HARP Facility Office, Yangon	Fund Director	Meeting
7-Feb-2020	Yangon, UM 1	Permanent Secretary and other key stakeholders	Debrief Session
7-Feb-2020	Yangon, UM 1	MUKHA steering committee	Meeting

ANNEX 5 - TOPIC GUIDE FOR COURTESY CALLS, IN-DEPTH AND KEY INFORMANT INTERVIEWS, AND SMALL GROUP MEETINGS

POTENTIAL RESPONDENTS

Ministry of Health policy makers and leaders; department heads and programme managers, including gender focal persons; official from other relevant ministries (education, gender finance/ treasury, national planning and development, labour, civil/public service commission or management agencies); representatives from regional and/or local government; professional councils and associations; health training and academic/research institutions; development partners and donors/funders; representatives from UN agencies, international and local NGOs, faith based organisations, civil society groups/organizations, private sector; and institutions (governmental or non-governmental) working on gender equity and social inclusion, including any disability organisations.

MATERIALS

KII guide, notepad, pens, Programme Overview, UKPHS FAQs, Rings Guide on adopting a gender lens in health systems policy, figure of WHO HS Framework; and country-specific desk review findings/priorities.

INTRODUCTIONS

1. All participants introduce themselves
2. Establish post title and roles and responsibilities of respondent(s), if unknown
    - For government officials and NGOs, ask them to describe their area of focus and/or programme(s) they are responsible
    - For DPs and UN agencies ask them to describe their area of focus and/or programme(s) they are supporting and/or implementing
3. Scoping Team provide an overview of the scoping visit, its purpose, objectives and expected outcomes
4. Scoping Team outline stakeholder engagement strategies/plans that will be adopted and seeks respondent's feedback and inputs
5. If a workshop has been agreed, Scoping Team share the workshop programme, and discuss and seek respondent's inputs on the approach, objectives and expected outputs

OVERVIEW OF UKPHS & HP MODEL

1. Scoping Team provide an overview of the UKPHS programme, including FAQs, and examples of any previous HPs in the country, including achievements, challenges and lessons learned.
2. Scoping Team provide any informational materials e.g. Programme Overview, UKPHS FAQs, Share the Rings Guide on adopting a gender lens in health systems policy.[8]

DISCUSSION AND VALIDATION OF HEALTH SYSTEMS PRIORITIES

1. Scoping Team provide a brief overview of the health system priorities, including for GESI, identified through the desk review, and through previous stakeholder consultations, if appropriate.
2. Scoping Team seek inputs and validation on the identified priorities (share list of country-specific desk review findings/priorities) from respondents and probe for any additional priorities.

[8] https://www.ringsgenderresearch.org/wp-content/uploads/2020/01/Adopting-a-gender-lens-in-health-systems-policy.pdf

3. Scoping team explain that the UKPHS programme will seek to strengthen health systems and HPs will aim to support across the 6 building blocks or individual blocks as appropriate to the context and priorities identified. Check respondent's understanding of the WHO Health System Framework (share graphic in Annex if required) and map identified priorities against the building blocks as well as GESI.

APPROPRIATENESS AND FEASIBILITY OF HP MODEL TO ADDRESS IDENTIFIED PRIORITIES

1. Scoping Team Summarise the identified HSS priorities, check respondent's understanding of the HP model and invite respondent's views on how the HP model and HP projects or interventions could address the identified HSS priorities. *Probe for how HP projects could improve health service performance in terms of equity, efficiency, access, quality, and sustainability, and ultimately help the country to achieve UHC?*
2. Probe for 3-5 key priority areas that could be addressed by HPs projects, including indicative activities, outputs and outcome, and overall impact

ADDRESSING GESI PRIORITIES THROUGH HPS

1. Discuss the identified GESI issues across the 6 building blocks, drawing on the Building Block Benchmarks for Gender[9] where appropriate (see Rings "Guide on adopting a gender lens in health systems policy").
2. Explore with the respondent how the identified HP projects/interventions could contribute to improving health sector performance in terms of equity (with a focus on gender equity, disability etc) and could help reach unreached and marginalised populations.

NATIONAL OVERSIGHT MECHANISM

1. Provide an overview of the proposed national oversight mechanism and discuss functions and composition.

Additional information:

1. Any other key stakeholders the respondent would recommend the team should consult.
2. Any other key documents the respondent would recommend the team should review that were not available for review during the desk review.

CLOSURE

- Ask if the respondent would like to add further comments.
- Bring the meeting to a close by summarising the main points.
- Check respondent's availability and agree a date for a debriefing session, if required.
- Thank the participant for his/her time and active participation.

[9] Research in Gender and Ethics (2019) Adopting a gender lens in health systems policy: A Guide for Policy Makers. https://www.ringsgenderresearch.org/wp-content/uploads/2020/01/Adopting-a-gender-lens-in-health-systems-policy.pdf

ANNEX 6 - GROUP WORK ACTIVITIES

GROUP WORK ACTIVITY 1: HSS PRIORITIES IDENTIFIED, VALIDATED AND RANKED

- Identified HSS priority areas and activities are distributed amongst the Groups, with each group allocated a different HS building block/core function.
- Each group will discuss the identified priorities and validate them, adding any that were omitted.
- Each group will rank each priority area and activity, with 1 being the highest ranked priority.
- Group work outputs, findings and conclusions can be captured and synthesized using Worksheet 1 below.

WORKSHEET 1

Building Block	HS Priority Area	Ranking	Priority Activity	Ranking
Governance	1. 2. 3.			
Health Financing				
Service Delivery				
Human Resources for Health (HRH)				
Medical Products, Vaccines, and Technologies				
Health Information System				

GROUP WORK ACTIVITY 2: POTENTIAL HP INTERVENTIONS AND PROJECTS TO ADDRESS IDENTIFIED PRIORITIES

- Groups will discuss and identify potential HP projects and interventions that could address the identified and ranked priority.
- Groups will discuss how HPs could contribute to HSS within and across the 6 building blocks/core functions by addressing these priorities?
- Group work outputs, findings and conclusions can be captured and synthesized using Worksheet 2 below.

WORKSHEET 2

HS Priority Area/activity	Potential HP project/interventions
1. 2. 3.	

GROUP WORK ACTIVITY 3: ASSESSING HPS CONTRIBUTION TO THE HEALTH SYSTEM PERFORMANCE

- Groups will discuss how potential HP interventions/projects will contribute to improving health system performance.
- Groups will answer the questions related to the following criteria to assess contribution:
    - Coherence
    - Relevance
    - Effectiveness
    - Efficiency
    - Access
    - Quality
    - Equity, gender equality and social inclusion
    - Impact
    - Sustainability
- Group work outputs and findings can be synthesized using Worksheet 3.

WORKSHEET 3

HP interventions	Coherence	Relevance	Effectiveness	Efficiency	Access	Quality	Equity	Sustainability	Impact
1									
2									
3									
4									
5									

GROUP WORK ACTIVITY 4: SYNTHESIS OF GROUP WORK AND LINKAGES BETWEEN HP INTERVENTIONS AND OUTCOME/IMPACT

- Groups will discuss and describe the most feasible HP interventions to address the key priorities and the expected outcome(s) and impact.
- Group work outputs and findings can be synthesized using Worksheet 4.

WORKSHEET 4

Priority area	Description of HP Interventions	Expected output, outcome and impact

ANNEX 7 - REFERENCES

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