

STRATEGIC PLAN (2019-2023)

MYANMAR HEALTH ASSISTANT ASSOCIATION

Forward by MHAA Chairperson, **U Myo Thwin**

MHAA in Myanmar (2019)

478

Staffs

12

Projects

9

States/Regions

76

Townships

6

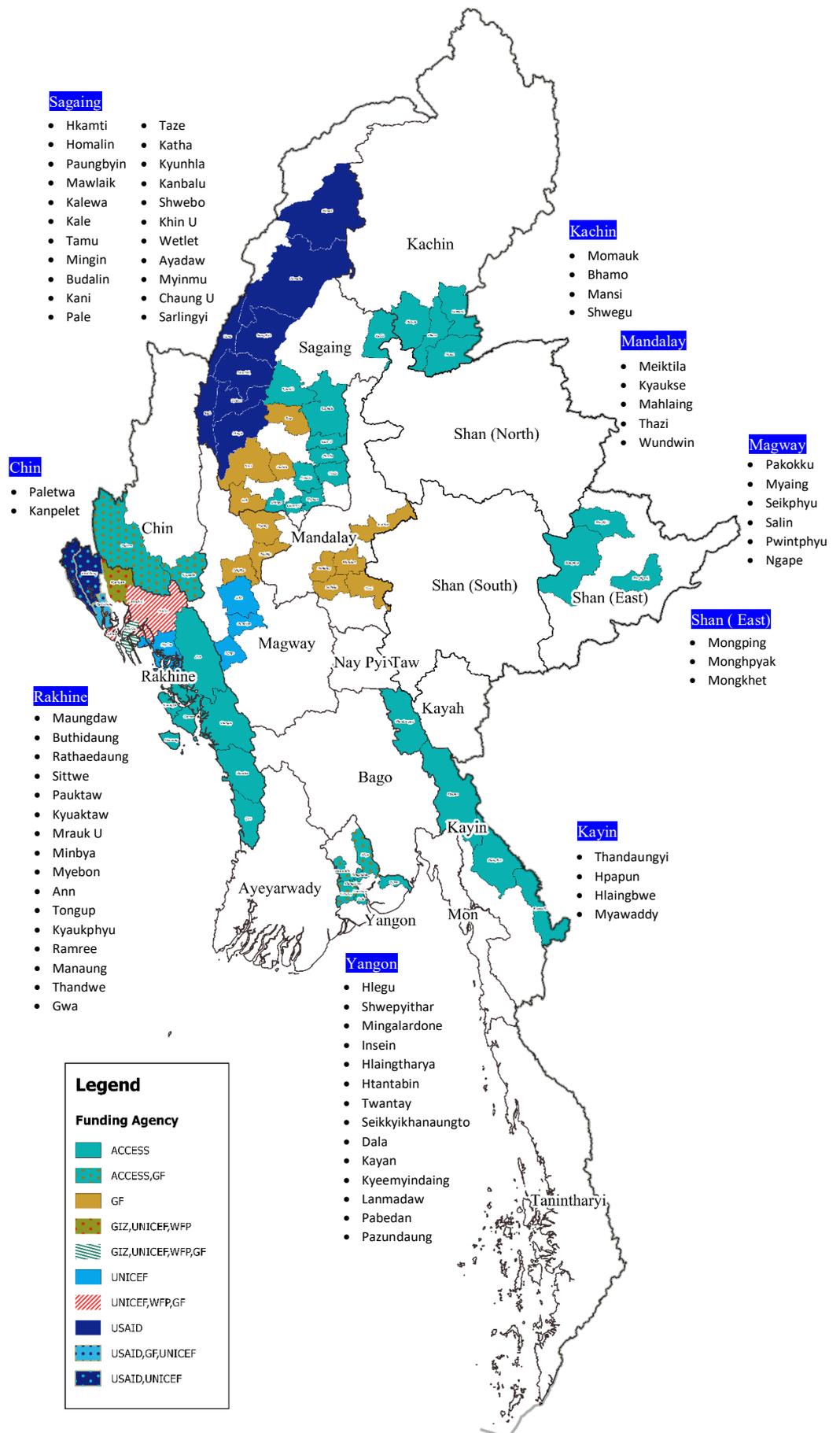
Funding Agencies

11

Partners

Program Areas

- Disease Control (CD and NCD)
- RMNCH+
- Nutrition
- WASH
- Health System Strengthening
- Emergency Response

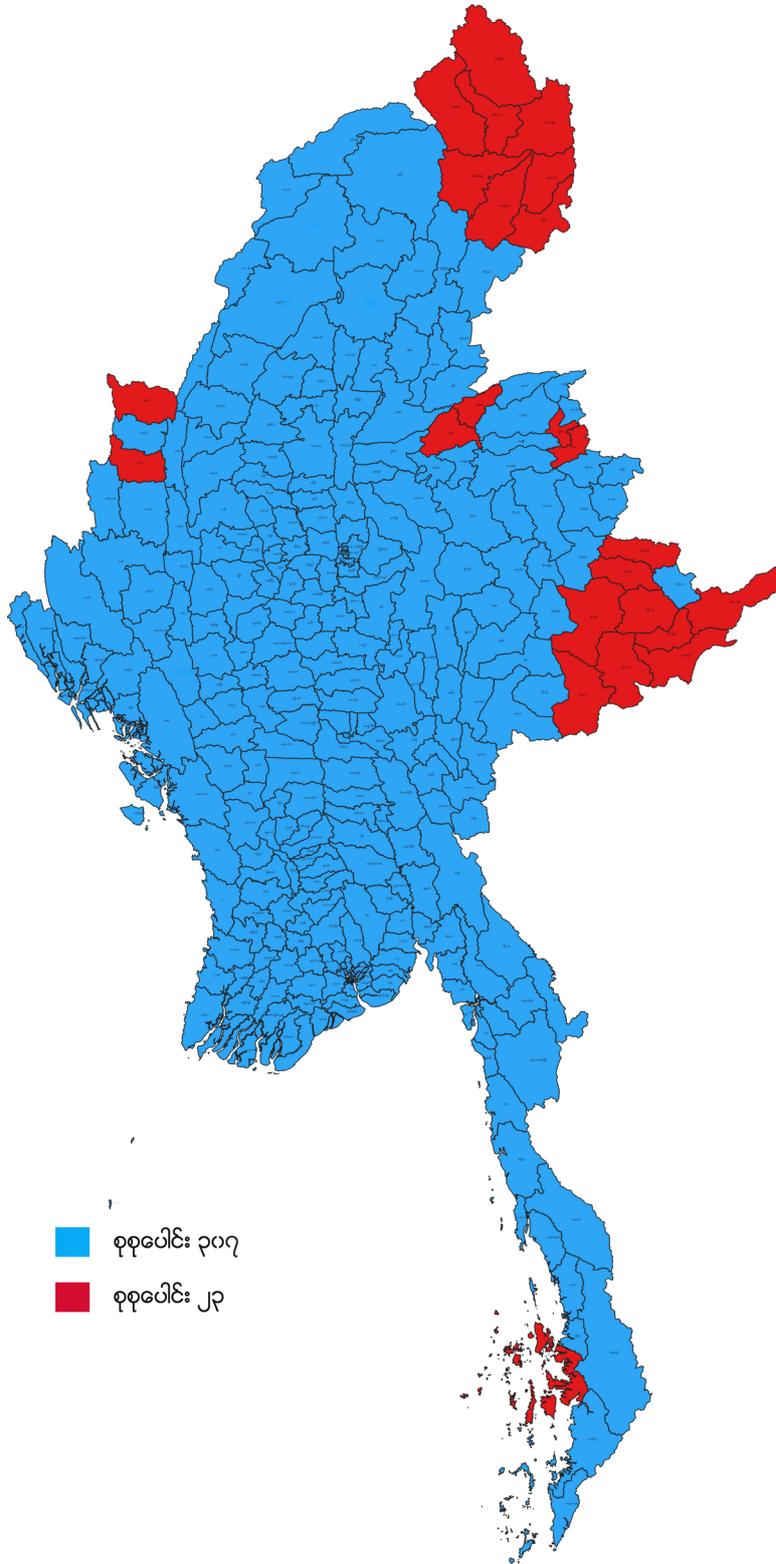




မြန်မာနိုင်ငံ ကျန်းမာရေးမှူးအသင်း



မြို့နယ်အလိုက် ဖွဲ့စည်းမှုအခြေအနေ (၂၀၁၉)



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ရည်ညွှန်းချက်

- MHA အသင်းဖွဲ့စည်းနိုင်ပြီးသော မြို့နယ်များ
- MHA အသင်းဖွဲ့စည်းရန်ကျန်ရှိနေသော မြို့နယ်များ

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Abbreviation

B.Comm.H	- Bachelor of Community Health
BCC	- Behavior Change Communication
BHS	- Basic Health Staff
CBO	- Community Based Organization
CC	- Central Committee
CD	- Communicable Diseases
CEC	- Central Executive Committee
CHA	- Condense Health Assistant
CSO	- Civil Society Organization
EAO	- Ethnic Armed Organization
EHO	- Ethnic Health Organization
HA	- Health Assistant
HLP	- Health Literacy Promotion
HR	- Human Resources
IEC	- Information, Education and Communication
INGO	- International Non-governmental Organization
M.Comm.H	- Master of Community Health
MHAA	- Myanmar Health Assistant Association
MHIS	- Myanmar Health Information System
MoHS	- Ministry of Health and Sports
MPH	- Mater of Public Health
NCD	- Non-Communicable Diseases
NGO	- Non-governmental Organization
NHP	- National Health Plan
PHS I	- Public Health Supervisor (I)
PHS II	- Public Health Supervisor (II)
PMU	- Program Management Unit
RHA	- Regular Health Assistant
RHC	- Rural Health Center
RMNACH	- Reproductive, Maternal, Neonatal, Adolescent and Child Health
UCH	- University of Community Health
UHC	- Universal Health Coverage
UN	- United Nations
WHO	- World Health Organization

Forward

Myanmar Health Assistant Association, itself is systematically organized in a way which can represent the entire Health Assistant community across the country. As the country itself is shifting towards democratic transitions and reforms, MHAA also practices democratic values and principles by having MHAA annual conference where we elect governing and management body of MHAA, respectively.

Health Assistants are created in a way which can fulfill the need of the country dated back to 1953 and it has been more than 60 years of profession. Despite the long period of establishment, the opportunities for long-term development of Health Assistant are still limited. There are three different types of Health Assistants as of Regular Health Assistant (RHA), Condense Health Assistant (CHA) and B.Comm.H (HA) based on the need of different health programs and projects carried out by different governments.

Although there are gaps in terms of generation and educational background, we have come together to shape a shared vision of to become a resourceful public health taskforce, to expand access to career development and access to advanced educational opportunities. It is crucial to have a collective voice of all Health Assistants in order to achieve our common vision and missions and likewise the role of MHAA is foundational.

At the moment, MHAA in township level is specifically comprised at 307 townships and co-owned by the members who are counting at 5,356 and more from across the country. We have mutual partnership with 6 international donor agencies, 11 partners and implementing public health related projects in 76 townships of 9 regions and states. Currently, we have the full-time staff capacity at 478 and still counting.

We took the initial step of developing organizational strategic plan which will pave the way of envisioning and realization of the strategies of achieving our vision and missions. All CEC members, states and regional representatives and other relevant stakeholders have come together and developed this strategic plan together by acknowledging and reflecting the gaps and needs of achieving our long-term vision. This can be seen as a guiding document which incites our core strategies and ways of work for five years' period of time (2019-2023). While developing this strategy, we also tried to compile the invaluable inputs and suggestions of different technical experts and relevant stakeholders as well.

It can be said that being able to develop such a shared strategic plan with the participation of different stakeholders is an incredible milestone for Myanmar Health Assistant Association, indeed. Moreover, I personally believe that if we can actually implement this strategic plan, we will be able to achieve our vision as a resourceful taskforce for promoting public health, expanding our career development and as well as accessing advanced educational opportunities. We could also be seen as integral part of contribution to achieve Universal Health Coverage program which is currently undertaking by the Ministry of Health and Sports.

Therefore, hereby, I would like to express my heartfelt gratitude and acknowledgement to those who have contributed their invaluable time and energy to develop this strategic plan (2019-2023) for Myanmar Health Assistant Association.



Myo Thwin
President

Myanmar Health Assistant Association

Introduction

Over last two decades, notable progress of health status has achieved in Myanmar in particular maternal and child health. However, there is still a gap in accessing to health care and health status among different State/Region and ethnic groups as well as people living in poverty and conflict affected areas¹. Life expectancy at birth is 64.7 years² in Myanmar and Infant Mortality Rate and Maternal Mortality Ratio are 61.8 deaths/1000 live births³ and 282 maternal deaths/100,000 live births⁴ respectively. These are still low compared with most of neighboring countries⁴. With political transition, Myanmar has been increasing its public spending on health while efficient and effective spending still needs to be.⁵ On the other hand, In 2016, National Health Plan (2017-2021) has developed with the aim to achieve Universal Health Coverage by 2030. To ensure better alignments among different programs, among various development partners and types of providers, and among different implementing bodies, NHP provides the space for health-focused organizations.

Strategic Position

MHAA has established its branch up to township level, covering almost every township in Myanmar with the involvement of members from a wide variety of ethnic nationals. Its members are working in government sectors, mainly in Ministry of Health and Sports, as well as in a large number of NGO, INGOs and some UN organizations in various positions. They are providing health and other social services in rural areas, conflict affected areas and disaster-prone area frequently together with local MHAA associations.

Also, as a local non-government association, it carries out health interventions in around 76 townships with the support of 478 project staffs, in partnership with INGOs, Ethnic Health Organizations (EHO) as well as CBOs and CSOs.

Transition

With the upgrading of Health Assistant Training School to University of Community Health in 1995, the membership composition of the association has changed, with the increasing proportion of bachelor and master degrees in public health graduates. The younger generation expresses more enthusiasm in public health rather than clinical care. Further, over ten years, its organizational capacity has showed remarkable improvement in non-profit sectors, earning the trust of MoHS, partners, communities as well as funding agencies.

Recognizing these political, social and health system transitions, constraints and challenges as well as reflecting our vision to serve for the well-being of the people, the 2019-2023 Five-Year Strategic Plan was developed through involvement of representatives from all Regions and States. It is the first Strategic Plan of its types in history of the association, and MHAA will develop such plan consecutively. It aims to contribute in promoting health status and health equity of the people, realize members' expectations and aspirations on better educational and career development, promote organizational development for effective management of association and non-profit sectors.

1. *The Republic of the Union of Myanmar Health System Review, Health Systems in Transition, Vol.4No.32014,WHO* https://apps.who.int/iris/bitstream/handle/10665/208211/9789290616665_eng.pdf;jsessionid=755F01C46272D6A8E5C4EAEA23323E71?sequence=1

2. "Census Atlas: The 2014 Myanmar Population and Housing Census", Dept. of Population, Myanmar. <https://myanmar.unfpa.org/en/publications/census-atlas-myanmar>

3. "Thematic Report on Maternal Mortality", Dept. of Population, Myanmar. http://www.dop.gov.mm/sites/dop.gov.mm/files/publication_docs/4c_maternal_mortality_0.pdf

4. Millennium Development Goal Indicators, United Nations Statistic Division. Accessed 23 Feb 2019. <https://unstats.un.org/UNSD/MDG/Data.aspx>

5. *The Myanmar Public Expenditure Review, 2015. The World Bank.*

<http://documents.worldbank.org/curated/en/504121467987907393/pdf/103993-WP-P132668-PUBLIC-Myanmar-PER-Dec-2015.pdf>

Development Process

MHAA organized a workshop involving members from all states and regions for developing its strategic plan in October, 2018. Participants were ranging from MHAA's CEC members, organization staff and civil servants to ordinary members. The objectives of the workshop were 1) to review current situation of MHAA and organization development 2) to review and update organization's strategies and 3) to develop a five-year strategic plan (2019-2023).

In the workshop, participants assessed MHAA's strengths, weaknesses, opportunities and threats, conducted environmental scanning using PESTEL analysis and developed key words to be reflected in its vision. Mission was also drafted and core values were also developed. The organizational goal, objectives, overall strategies and program areas were developed for the five-year term. The strategic plan of MHAA was informed by a series of input sessions on Myanmar Health System and National Health Plan.

The workshop was followed by a series of meetings, involving CEC members, strategic plan working/monitoring group and MHAA senior staff to review the draft strategic plan and develop operational plan and finalizing workshop was held in Feb 2019. At this, Strategic Plan Implementation Teams have been formed.

History

Myanmar Health Assistant Association was established in 1953 along with the government's program to have rural health care professionals in the shortage of medical professionals after expatriate doctors left the country. The very first Regular Health Assistant (RHA) training was opened in 1951 and completed trainees were appointed as health assistant at Rural Health Center (RHC) since 1953. These trainings were halted after 13th Batch of RHA training since the replacement of Rural Health Doctor into Regular Health Assistant. In 1984, 14th Regular Health Assistant training were reinitiated again and Health Assistants were trained up to 25th batches.

Since 1980 and till date, Multi Public Health Workers (MPHW) including Lady Health Visitor (LHV), Nurses were being trained and become Condensed Health Assistants. In 1995, Health Assistant Training School (Aung San) was upgraded into University of Community Health and Bachelor of Community Health (B.Comm.H) have been awarded. In 2000, The University of Community Health was moved to Magway. In 1997 year, RHA and CHA are promoted into HA-1 who are promoted into THA in 2004 as an estimate.

MHAA was not able to stand and function as a Non-Governmental Organization between the period of 1964-1993. In 1994 under State Law and Order Restoration Council, Myanmar Health Assistant Association was acknowledged and granted as Non-Governmental Organization with reference to registration number 1754 issued by Ministry of Home Affairs. Since then, MHAA has been able to set the following milestones and growing at the organizational level:

Significant Achievements/milestones

1953- Establishment of MHAA

1992- Constitution of MHAA was approved

1994- Ministry of Home Affairs granted registration for MHAA and reactivated

2001- The 5th MHAA annual conference was held with the participation of B.Comm.H students

2008- MHAA undertook Disaster Response Project with the support of UNICEF in Nargis affected areas. By doing so, we had have gained attention from different donor institutions and peer organizations.

2014-According to Association Law, In-service Health Assistant become MHAA members

2019- Sub-offices are opened in 307 townships across the country with the estimated members of 5,365. MHAA operates in 76 townships with the staff capacity at 478. MHAA has been working together with 6 international donor institutions, 11 partner organizations in 12 public health projects.

Vision

A society attains quality of life having an access to equitable health services.

Mission

MHAA is a national association of public health professionals striving towards accessible and equitable quality public health services through health promotion, prevention and control of diseases.

MHAA stands as a united, independent organization earning public trust and international recognition.

Core Values

- ◆ ACCOUNTABILITY
- ◆ INTEGRITY
- ◆ EMPATHY
- ◆ RESPECT ON HUMAN DIGNITY
- ◆ PROFESSIONALISM
- ◆ NON-DISCRIMINATION

Goal

1. Improve health equity and health status of the people
2. Be a continually developing public health organization

Objectives

- 1.1. To contribute in improving health care system in Myanmar
- 1.2. To promote equitable access to quality health care service by communities including marginalized groups, without financial hardship
- 1.3. To promote health literacy and healthy behavior, and reduce burden of diseases

- 2.1. To strengthen the MHAA as public health professional organization
- 2.2. To strive for and seek opportunities for the educational development as well as career development of members and staff

Overall Strategies

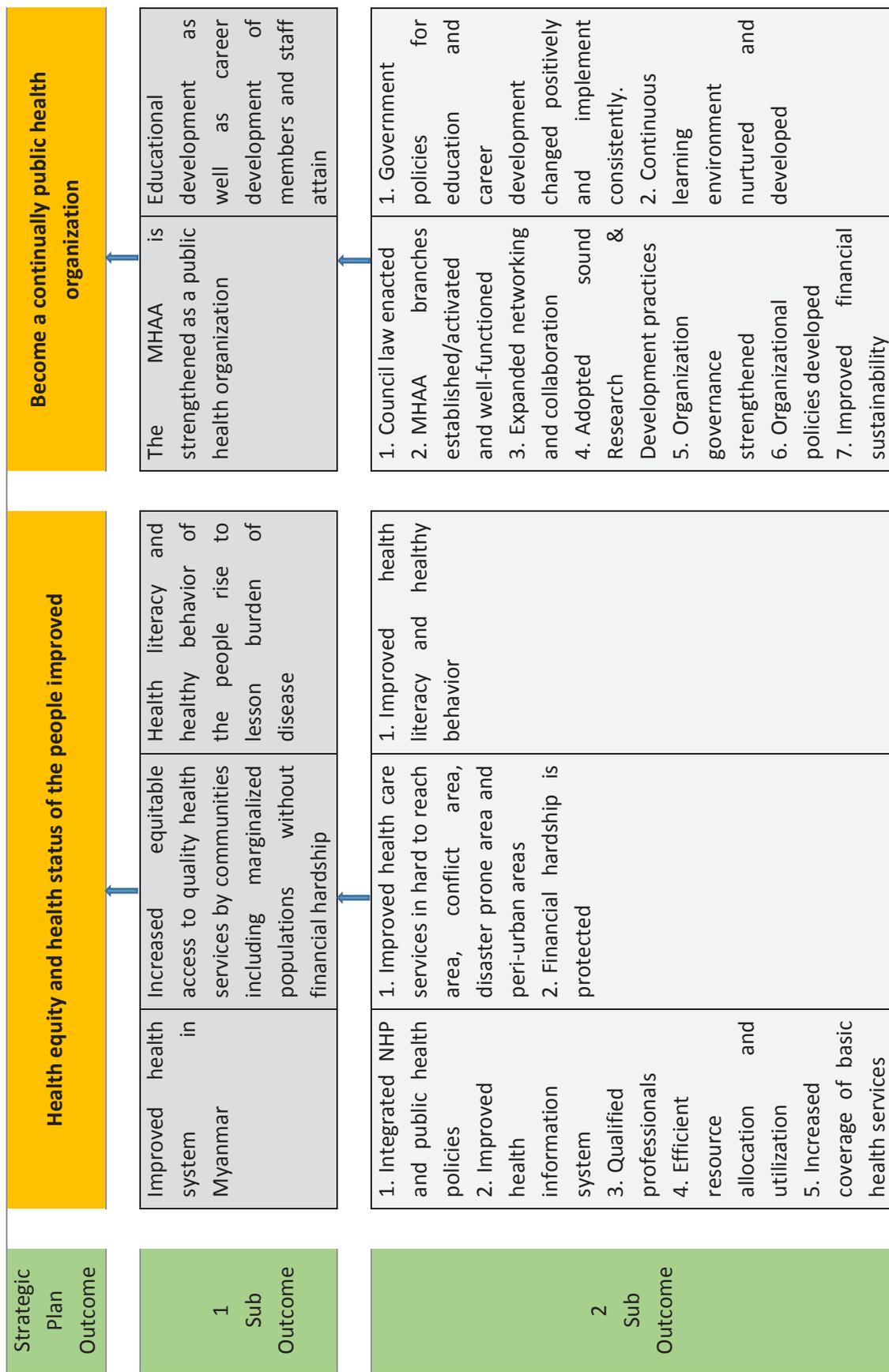
1. Evidence-based advocacy for better health system
2. Community-oriented equitable health services
3. Strengthening individual and institutional capacities of MHAA and its existing and potential members
4. Networking and collaboration with key state-and non-state actors
5. Integrated approach to improve operational efficiency

Program Areas

In line with Myanmar Sustainable Development Plan (2018-2030) and National Health Plan (2017-2012), the following program areas were developed for MHAA's 5-year operations in the whole country including hard-to-reach areas, conflict-affected areas, urban slum and boarder areas for different types of communities such as women, children, adolescents, migrants, elderly, ethnic people and vulnerable groups.

- Disease Control (CD and NCD)
- RMNACH
- Nutrition
- WASH
- Health System Strengthening
- Emergency Response

Results Frameworks



Operational Plan

Under each objective, the expected results and key actions to realize the results were developed.

Expected Result	Key Actions
Objective (1.1) To contribute to improving Health care system in Myanmar	
1.1.1. Integrated NHP and public health policies	<p>Contribute to National Health Plan including policy making process, implementation and monitoring of NHP implementation</p> <p>Carry out HMIS capacity building of MHAA members</p> <p>Develop health situation monitoring and information sharing mechanism on emergency situations and in special areas</p> <p>Review and advocate for the use of standardized guideline, formats, quality data and logical framework</p> <p>Support hiring/outsourcing of external lecturer for UCH</p> <p>Participate in curriculum review/development for public health institutions (PHSI, PHS I, CHA, B.Comm.H, M.Comm.H, MPH)</p> <p>Improve public health skills of MHAA members</p> <p>Advocate on development of competency framework to MOHS</p>
1.1.2. Qualified professionals	<p>Advocate for efficient allocation and better spending on public health sectors to MOHS</p> <p>Fulfill the vacant BHS positions in hard to reach areas by hiring BHSs for a fixed term</p>
1.1.3. Resource Allocation and Utilization	
1.1.4. Increased area coverage of basic health services	

Objective (1.2) To promote equitable access to quality Health Care Service by Communities including marginalized groups, without financial hardship	
1.2.1. Improved health care service in hard-to-reach area, conflict area, disaster prone area, peri-urban area	Provision of health care service in acute emergency
	Develop community participatory monitoring mechanism (Public Health in emergency)
	Mobilize partner organization to support in providing health care for marginalized population
	Identify barriers and limitations to access health care by people in those stated areas
	Provide policy inputs to the health financing sector of Myanmar
Objective (1.3) To promote health literacy and healthy behavior for reducing burden of diseases	
1.3.1. Improved health literacy and healthy behavior	Identify key public health issues for people including children (in-and-out of school) and women for health literacy promotion/BCC interventions
	Develop communication strategies that promote health literacy and behavior change
	Develop and deliver innovative HLP/BCC intervention(s) in prioritized areas through IEC materials in local language
Objective (2.1) To strengthen the MHAA as public health professional organization	
2.1.1. Council law enacted	Mobilize stakeholders/Advocate with MoHS, Attorney General and Union Hluttaws for council law enactment
2.1.2. MHAA branches established/activated and well-functioned	Form and strengthen existing/new branches starting from township level (according to constitution)
	Establish State/Region branch offices (physical infrastructure)

<p>2.1.3. Expanded networking and collaboration</p>	<p>Update the partnership policy</p> <p>Established a better/meaningful engagement with MOHS, EAOs and EHOs at national and sub-national levels</p> <p>Cooperate & collaborate with UN/INGO/NGO/CSOs for effective coordination among community interventions</p> <p>Engage and mobilize other health-related professional organizations for stronger collective voices in policy formulation</p> <p>Develop and implement the comprehensive communication strategy</p> <p>Establish connections with other organizations including university for exchange of knowledge and experience</p> <p>Form a research team</p>
<p>2.1.4. Research and Development</p>	<p>Conduct public health researches (Eg; HR, Health Policy and intervention researches)</p> <p>Advocate UCH and provide support for research capacity development of UCH students</p> <p>Review, revise constitution and get approval according to amendment procedure</p>
<p>2.1.5. Organizational governance strengthened</p>	<p>Finalize MHAA election commission guideline</p> <p>Develop decentralization strategy and plan</p> <p>Strengthen PMU (Program Management Unit)</p> <p>Ensure accountability</p>
<p>2.1.6. Organization policies developed</p>	<p>Conduct policy review and development process (HR, Finance and other management policies)</p>

<p>2.1.7. Improved financial sustainability</p>	<p>Develop fundraising plan</p>
<p>Objective (2.2) To seek and strike for opportunities for the educational development as well as career development of members and staff</p>	
<p>2.2.1. Government's policy for education and career development changed positively and implemented consistently</p>	<p>Research for advocating policy making process</p> <p>Organize consultation workshops/forums to collect voices for the educational/career development</p> <p>Engage with MoHS and advocate with parliamentarians for better HR management on HAs (job grade/rank, promotion, transfer, placement and so on)</p>
<p>2.2.2. Continuous learning environment nurtured and developed</p>	<p>Mobilize resources and create continual public health education platforms</p> <p>Develop library at the MHAA head office</p> <p>Strengthen the skills of members of Central Committee needed to fulfil their tasks</p> <p>Provide financial support for educational development (research grants, guest lecturer costs for UCH and etc.)</p> <p>Connect with WHO to access WHO's hinari (https://www.who.int/hinari/en/)</p> <p>Conduct educational forum/seminars regularly</p>