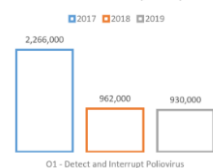


Myanmar Summary Sheet

As the world comes closer to achieving eradication, GPEI will wind down its operations, requiring GPEI-funded countries to proactively plan for a transition away from GPEI resources. This document on Myanmar intends to provide an overview of the status of planning for this transition of assets and infrastructure by the country. More information about polio transition planning is available on the [GPEI web site](#).



GPEI Funding Ramp Down 2017-2019 (USD)



Background:

Myanmar was certified polio-free on 27 March 2014 together with all countries in the South East Asian Region of WHO. Myanmar's last case of wild poliovirus was reported in 2000, and the last case of imported WPV was identified in 2007. Several outbreaks of cVDPV, the last in 2015, have been rapidly and effectively interrupted.

The projected budget for 2019 communicated to Myanmar by GPEI is US \$930,000. Though this figure is subject to change, it is 59% less funding than the 2017 GPEI funding. Myanmar's WHO network of Regional Surveillance Officers (RSO) has been the most valuable GPEI funded asset in the country. With the termination of GPEI support at the end of 2019, funding for the RSO network functions through 2020, and will have to be obtained from other sources in 2021. Ensuring continued support of the RSO network functions will be necessary for the implementation of the EPI multi-year plan 2017 to 2021, as the RSO network, with its close relationship with the states, is in a good position to provide the required technical support and capacity building on priority activities in the multi-year plan.

General Information

Demographics

Total Population: **51,486,253**
 Birth Cohort: **937,697**
 Surviving Infant: **897,244**
 Infant Mortality Rate (per 1000 live births): **61.8**
 Child Mortality Rate (per 1000 live births): **71.8**

Financials

GDP, 2017 (USD): **\$62,601,000**
 GDP per capita, 2015: **\$1,161.5**
 Total Health Expenditures (THE) as % of GDP, 2014: **2.3**
 External Resources on Health as % of THE, 2014: **21.8**
 Government Expenditure on Health per capita, 2012: **19.8**

Human Resources

MOH: **2**
 WHO: **2**
 UNICEF: **3**
 Core Group:
 Rotary:

Polio Funders to-date

GPEI Donors

References

[For references, please click here](#)

GPEI Funding: Detect and Interrupt Poliovirus	2017	2018	2019
Campaigns- SIAs	\$1,259,000	\$0	\$0
Core functions & infrastructure (mainly Technical Assistance)	\$387,000	\$321,000	\$267,000
Surveillance & running costs (excluding Lab)	\$620,000	\$641,000	\$663,000
Grand Total	\$2,266,000	\$962,000	\$930,000

Health Priorities

The Myanmar National Health Plan (NHP) 2017-2021 aims to strengthen the country's health system and pave the way towards universal health coverage, choosing a path that is explicitly pro-poor. The main goal of NHP 2017-2021 is to extend access to a Basic Essential Package of Health Services (EPHS) to the entire population by 2020 while increasing financial protection.

For a listing of priorities, please click on 'Health Priorities' above.

Transition Planning

Country Planning Dashboard: Myanmar

Communication initiated	Coordination body established	Mapping of assets	Mapping of priorities	Transition plan drafted and costed	Transition plan finalized and funding agreed	Transition strategy agreed
Complete	N/A	Complete	Complete	Complete	In process	Complete

Milestones_MMR

Milestone	Update
Awareness raising	High level leadership are aware of the polio funding ramp down and are supportive of the continuation of the RSO network
Coordination	N/A
Evidence	Asset mapping was completed in 2016. For the asset map, click on the adjacent "Evidence" link
Strategic Options	The two strategic options considered: 1) immediate transfer (Government of Myanmar to take over the RSO network when polio resources come to an end), 2) Gradual transfer (with the government taking over some functions in a phased manner)
Vision for the future	Sustaining the RSO network functions with WHO support and oversight for the five-year transition period 2017 to 2021, focusing on strengthening routine immunization and sustaining VPD surveillance to maintain the country's polio-free status
Transition Plan	Activities outlined in the transition plan are mostly integrated with the EPI/CEU multi-year plan and the National Health Plan, EPI/CEU multi-year work plan for 2018-2019. The transition plan foresees capacity building through 2018, gradually transferring some functions to the government, with fulling handing over of responsibilities in 2021. Since the RSO network is made up of Government personnel, on deputation to WHO for a year, mainstreaming is expected to be relatively smooth

Transition Strategy

In Myanmar, the government with funding and technical support from WHO runs the polio program for Regional Surveillance Officer (RSO) network. A Draft polio transitional plan was developed in July 2017 and after having the approval of Ministry of Health and Sports (MoHS), transition will involve capacity building through 2018 and handing over responsibilities to the government after that time period, in 2021.

The following is a summary of how the country plans to address the polio essential functions:

- Strengthening routine immunization – build community trust and participation in immunization, create community demand for vaccines, strengthen vaccine supply chain, laboratory containment activities for polio virus
- Sustained VPD Surveillance including polio surveillance and laboratory containment activities for Polio virus – RSO network is made up of Government personnel, on deputation to WHO for a year. Preferred option is to maintain this arrangement through 2021, with WHO continuing to provide technical support throughout that time period, gradually transferring some functions over to the government.
- The MOHS has an ambitious and detailed EPI multi-year plan 2017 to 2021 which will require continuous technical expertise at state and township level for implementation. The RSO network in its close relationship with the states, is in a good position to provide the required technical support and capacity building on priority activities in the multi-year plan.
- Revise the roles/responsibility of RSO :The MOHS at national and state level greatly appreciates the WHO support and oversight of the RSO network and the varied roles that the RSOs undertake in surveillance, immunization, and outbreak control currently. Activities outlined in the transition plan are mostly integrated with the EPI/CEU multi-year plan and the National Health Plan, EPI/CEU multi year work plan for 2018-2019.

Risks

- The MOHS will not be in a position to manage and finance the RSO network functions in the short-term.
- An abrupt withdrawal of the RSO network functions following the decline in GPEI funding in 2019 could create risks in functional areas including the quality of surveillance, outbreak response and strengthening of immunization services

Challenges

- Sustaining the momentum in surveillance and immunization as desired by the MOHS when polio funding ceases at the end of 2019.
- Continuing to sustain regular capacity building at all levels in order to contribute to a strengthening of the health system in Myanmar in the absence of GPEI support for the RSO network.

Next steps

1. Sustain the RSO network functions with WHO support and oversight for the 5-year transition period 2017 to 2021
 - o Polio transition plan has been submitted to MOHS for approval
 - o Stakeholders/donors advocacy meeting for polio transition plan in Myanmar
 - o Annual work plan development for polio transition and to make endorsement by National Certification Committee for Polio Eradication (NCCPE)
2. Engage RSO network in capacity building at state and township levels for eventual takeover by state public health RSO main function till 2019 is to make capacity building of regions/states and townships to sustain the RSO functions with surveillance and immunization.