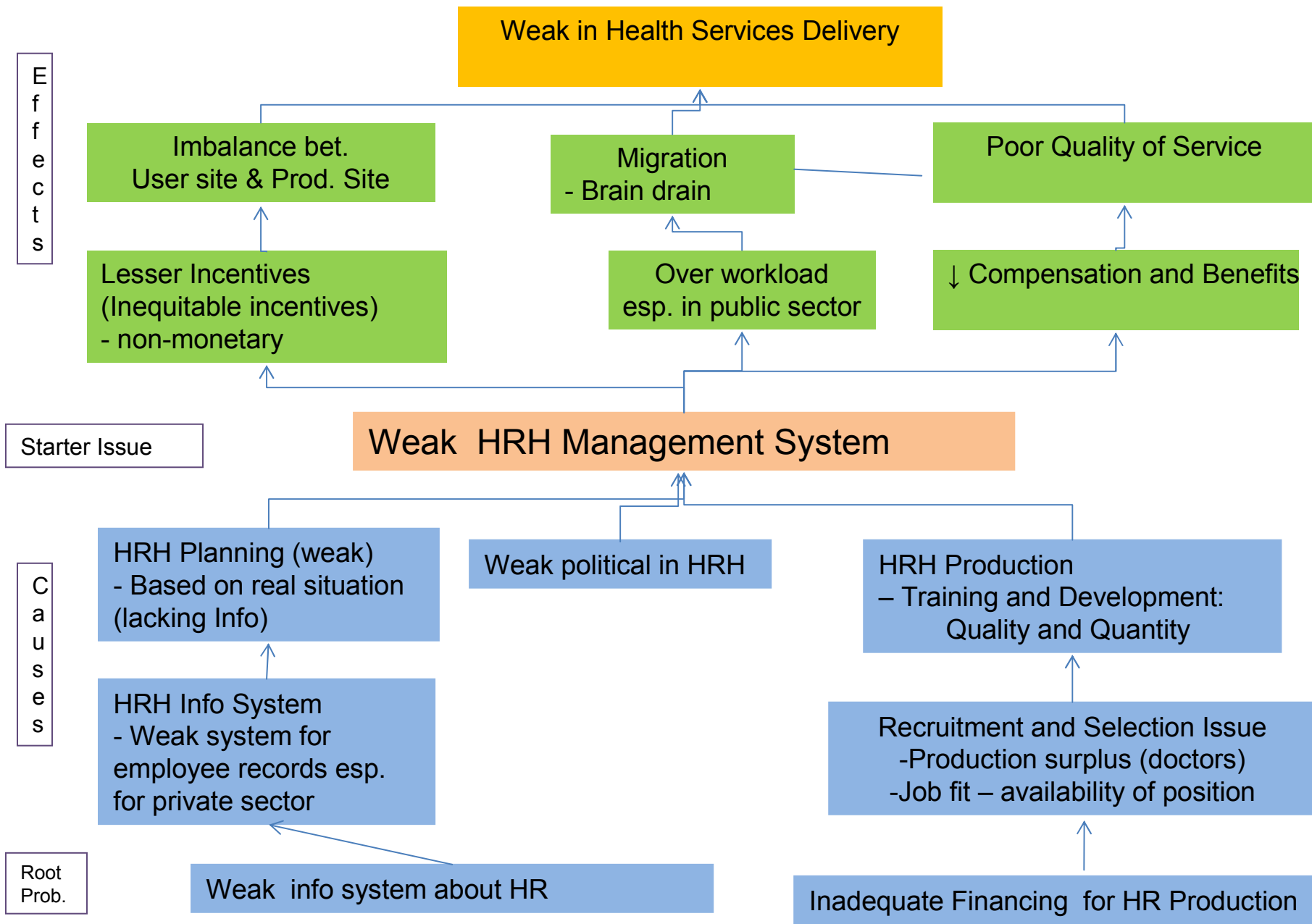


Highlights of Workshops

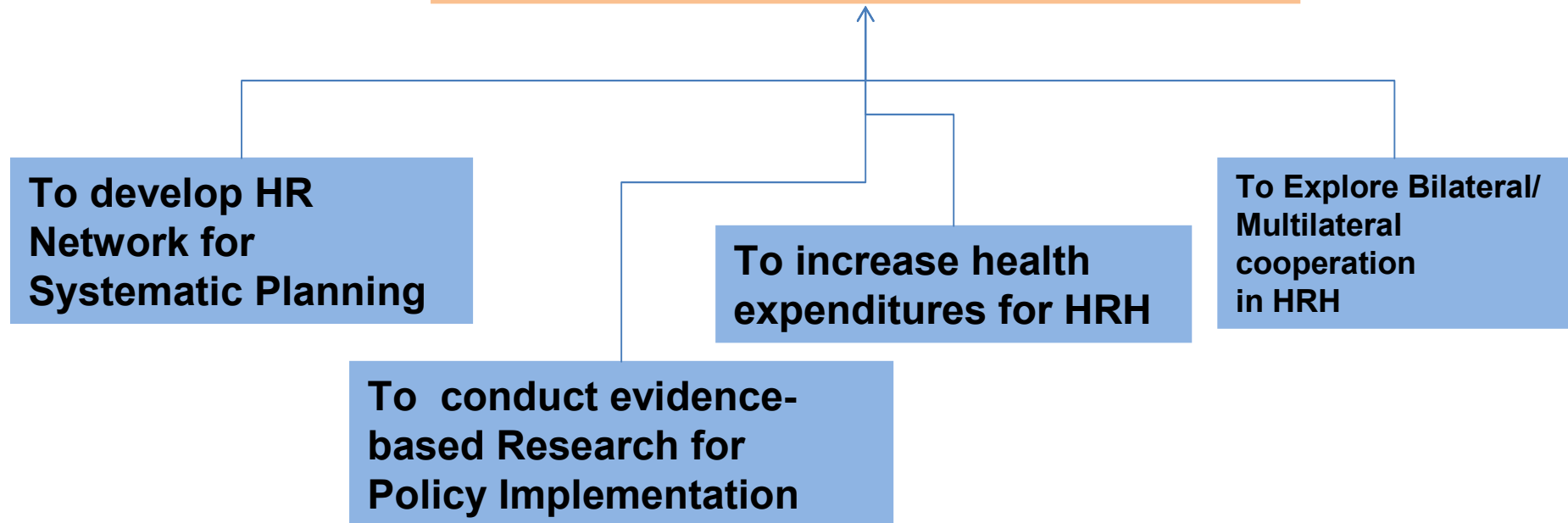
(Myanmar)



Problem Tree

Objective Tree

To Strengthen Strong HRH Management System



Key Result Areas:

1. HRH Management Development Capability to achieve goals of MOH
2. Production and continuous development of an appropriately skilled work force by allocating adequately funding for HRH
3. Development of HRH Information system and strengthen network for policy management to improve quality health services

Two possible HRMD strategies

1. Improvement of HRH Management Development Capability to achieve goals of MOH
2. Production and continuous development of an appropriately skilled work force by allocating adequately funding for HRH

C. Workforce projection tool activities

Workforce Requirements and Supply Projections

Workforce and Cost Parameters (Projection for Medical Dr)

Inclusive Years	2008 - 2017
Current Population	57,656,000
Annual Population Growth Rate	2.02%
Equity Factor	2.00%
Attrition Rate	2.00%
Supply at Beginning of Year	21,725
Current Salary Cost	960,000
Current Cost to Train	7,000,000
Profession to Population Ratio	0.37

C. Workforce projection tool activities

Workforce Requirements and Supply Projections

Individual Category Report (Myanmar)

Projection for Medical Dr

Workforce and Cost Parameters				
General Practitioner			Attrition Rate	2.00%
Inclusive Years	2008 - 2017		Supply at Beginning of Year	21,725
Current Population	57,656,000		Current Salary Cost	960,000
Annual Population Growth Rate	2.02%		Current Cost to Train	7,000,000
Equity Factor	2.00%		Profession to Population Ratio	0.37

Projections										
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Production Patterns	2,506	2,334	2,478	2,450	2,460	2,470	2,480	2,490	2,500	2,510
Maximum Growth Allowed in Budget		300	300	300	100	100	100	100	100	100
Total Requirements	21,333	22,199	23,100	24,038	25,014	26,030	27,087	28,187	29,332	30,523
Supply at Beginning of Year	21,725	22,025	22,325	22,625	22,725	22,825	22,925	23,025	23,125	23,225
Surplus/Deficit	392	-174	-775	-1,413	-2,289	-3,205	-4,162	-5,162	-6,207	-7,298
Cost of Training	2,745,960,000	-1,218,000,000	-5,425,000,000	-9,891,000,000	-16,023,000,000	-22,435,000,000	-29,134,000,000	-36,134,000,000	-43,449,000,000	-51,086,000,000
Salaries and Wages	376,588,800	-167,040,000	-744,000,000	-1,356,480,000	-2,197,440,000	-3,076,800,000	-3,995,520,000	-4,958,520,000	-5,958,720,000	-7,006,080,000
Total Cost	3,122,548,800	-1,385,040,000	-6,169,000,000	-11,247,480,000	-18,220,440,000	-25,511,800,000	-33,129,520,000	-41,089,520,000	-49,407,720,000	-58,092,080,000

Project Matrix

Project Elements	Indicators	Assumptions
<p>Development Objective To produce adequate and qualified medical doctors for delivery of comprehensive health care to the community</p>	<p>Doctors Population Ratio for Union</p>	<p>If there is no drop out in applying services. (better compensation and benefit program) If the production is more or less stable</p>
<p>Immediate Objectives -To produce adequate and qualified medical doctors - To utilize qualified medical doctors for delivery of comprehensive health care to the community</p>	<p>-Number of medical doctors produced annually - Doctors Pop Ratio for different States and Division</p>	<p>Government allocation to HRH will be more If there is no drop out in applying services.</p>
<p>Outputs Number of qualified medical doctors Number of medical doctors in the service area (both public and private)</p>	<p>-- Number of Produced annually - Doctors Pop Ratio for different States and Division</p>	

Logical Framework

Program: HRH Development Program

Team: HRH Taskforce

No.	Narrative summary	OVI	Means of verification	Important assumption
1.	<p>Goal: To ensure that there is equitable distribution of med doctors all over the country.</p>	<p>-Doctor population ratio compare to regional standard</p> <p>-Doctor population ratio serving in diff. regions in the country annually</p>	<p>-Review records</p> <p>-Surveys for private sectors</p>	<p>- Political interest in HRHMD</p>

Logical Framework

Program: Program: HRH Development Program

Team: HRH Taskforce

No.	Narrative summary	OVI	Means of verification	Important assumption
2.	<p>Purpose:</p> <ul style="list-style-type: none"> -To achieve the adequate proportion of med doctors for serving health care services. - To formulate policy for compensation and benefits to prevent brain drain 	<ul style="list-style-type: none"> -Ratio of in service personnel to net enrollment - Attrition rate 	<ul style="list-style-type: none"> -Record review -Survey (rapid assessment) 	<ul style="list-style-type: none"> -If there is attractive incentives - Political commitment

Logical Framework

Program: Program: HRH Development Program			Team: HRH Taskforce	
No.	Narrative summary	OVI	Means of verification	Important assumption
3.	<p>Development Objective To produce adequate and qualified medical doctors for delivering comprehensive health care services to the community</p>	Doctors Population Ratio for Union	-Record review	-Better cooperation between MOH and MOF
4.	<p>Immediate Objectives -To produce adequate and qualified medical doctors - To utilize qualified medical doctors for delivery of comprehensive health care to the community</p>	<p>-Number of medical doctors produced annually - Doctors Pop Ratio for different States and Division</p>	<p>-Record review -Record review And Rapid assessment for private sectors</p>	<p>-Government allocation to HRH will be more -If there is better incentives esp. for those working in the rural areas</p>

Logical Framework

Program: Program: HRH Development Program

Team: HRH Taskforce

No.	Narrative summary	OVI	Means of verification	Important assumption
5.	<p>Outputs</p> <ul style="list-style-type: none"> -Number of qualified medical doctors in accordance with national needs -Number of medical doctors in the service area (both public and private) 	<ul style="list-style-type: none"> -- Number of med doctors produced annually - Doctors Pop Ratio for different States and Division 	<ul style="list-style-type: none"> -Record review -Record review and Rapid assessment for private sectors 	

Logical Framework

Program: Program: HRH Development Program

Team: HRH Taskforce

No.	Narrative summary	OVI	Means of verification	Important assumption
6.	<p>Activities</p> <ul style="list-style-type: none"> -For the production of the medical doctors as the guidelines to achieve the goals of MOH -Continuing training of the teachers in the field practice areas. 	<ul style="list-style-type: none"> -- Number of med doctors produced annually - Doctors Pop Ratio for different States and Division - Number of CME at Universities and Teaching Hospital 		

Logical Framework

Program: Program: HRH Development Program

Team: HRH Taskforce

No.	Narrative summary	OVI	Means of verification	Important assumption
6.	<p>Activities (Contd) - Coordinating and collaborating with other related departments, the related social organizations and local authority in respective areas.</p>	<p>- Number of Coordinating meeting at central level annually - Number of Coordinating meeting at States and Divisional level annually</p>		

Logical Framework

Program: Program: HRH Development Program

Team: HRH Taskforce

No.	Narrative summary	OVI	Means of verification	Important assumption
6.	Activities (Contd) -Provision and upgrading the facilities ICT sufficiently to all universities and the training schools.	- Percentage of improvement of ICT facilities in the medical universities		

Action Plan

ACTIVITIES	TIME FRAME	RESPONSIBLE PERSON	REMARKS
Formation of taskforce for policy review	2006	-National health workforce committee for HRHMD	- Including MOH, MOF, MPED,NGOs,Representatives from private sectors(comprising users , producers and
Development of multi stakeholder mechanism for national health workforce strategy	2006-2011	-NHWC for HRHMD	-Stakeholder meeting held in 2006 - Annual Meeting will be done
Formation of states and divisional levels Health Workforce committees	2008	-NHWC for HRHMD	-S/D health committees -Quarterly Meeting will be done and report back to the NHWC

Action Plan

ACTIVITIES	TIME FRAME	RESPONSIBLE PERSON	REMARKS
Collecting data on production, training, deployment and distribution of HWF with regards to categories, health problems and geographical distribution	2008	-DOH,DMS, DMR, DHP	-Collecting both in public and private sectors by conducting surveys
Review existing strategies and plan related to health system HRH esp. those related to health workforce entry , management and exit	2008-2009	-NHWC for HRHM	-As the NHP was developed in 1993, out of 15 statements one was found to be directly concerned with HRH

Action Plan

ACTIVITIES	TIME FRAME	RESPONSIBLE PERSON	REMARKS
Review pertinent health problems and development HRH for priorities area within the country	2008-2009	NHWC for HRHM	-Development of scenarios of assumptions of health workforce production and utilization over 10 yr. vision with consideration of pull and push factors