Myanmar UK Health Alliance Engagement Event

Summary Meeting Report

Tuesday 26th September 2017, Friends House, London

Acknowledgements

This report was compiled collaboratively by the Tropical Health and Education Trust (THET) and Health Education England (HEE). We would like to express our gratitude to Dr Thandar Aye, Dr Khin Zar Nyo, Dr Aung Aung Lwin and Professor Arthur Sun Myint who kindly helped to facilitate this event and assisted in its organisation.
-THET and HEE, November 2017

Executive Summary

This UK meeting, jointly hosted by HEE and THET, was the first opportunity to bring a wider group of UK stakeholders engaged in health in Myanmar together with Burmese diaspora. We aimed to:

- Empower the diaspora community to lead on this work
- Celebrate a new Alliance
- Provide ample opportunities for networking
- Improve our understanding of priorities
- Identify barriers and opportunities
- Share next steps and how to get involved

We heard from Professor Pe Thet Khin about the significant challenges facing the Myanmar health system, and some of the priority areas for development in collaboration with the UK. Dr Thinn Hlaing then presented the background to the Myanmar UK Health Alliance, and on its progress so far. Providing further context to the work that the Alliance intends to support, Louise McGrath then presented on the impact that Myanmar UK health initiatives have had in Myanmar to date. This was followed by four detailed presentations about Myanmar UK health partnerships that are working to build capacity in the areas of oncology, mental health, intensive care and trauma.

In the afternoon, the attendees were split into groups to discuss health workforce development priorities, challenges and opportunities in the fields of maternal and child health, haematology, histopathology and immunology, stroke, neurology, rehabilitation, general medicine and gastroenterology, cardiology, rheumatology, education, oncology, nuclear medicine, surgery, ophthalmology and radiology, mental health, public health, primary health, diabetes and endocrinology, and critical Care, anaesthesia and chest medicine.

A second group session included discussion on areas for Alliance support, collaborative working, communications and next steps. In response, the Alliance is considering how we might take forward the following next steps:

1. Share with attendees a response to this event from the MoHS
2. Hold regular events for Myanmar and UK stakeholders
3. Develop a web based group (e.g. Community of Practice) or a well-moderated website
4. Host regular (focused) webinars for stakeholders
5. Develop a regular update mechanism signposting to funding and other opportunities
6. HEE will explore options for negotiating with NHS hospitals to create volunteer leave
7. Provision of training in situational analysis, M&E and sustainability
8. Amass data and share information about things that have worked
9. Identify designated contacts for each specialty in Myanmar
10. Work with the MMC to develop a clear plan for registration
11. Develop and share good practice guidelines
12. Develop opportunities for stakeholders to work with the advisory group
13. Develop a strategy for engaging professionals beyond doctors and beyond Yangon/ Mandalay

Background and Objectives

In 2016 Health Education England (HEE) was asked to lead a delegation of organisations to explore existing UK health activity in Myanmar, to gain a better understanding of the priorities and needs of the Myanmar Ministry of Health and Sports (MoHS) and the potential for better collaboration through the creation of a Myanmar UK Health Alliance (MUKHA). A workshop was held on 27th October 2016 at the University of Medicine 1 in Yangon at which delegates represented different departments of the Myanmar Ministry of Health and Sports, Myanmar's medical institutions, the UK's Department of Health, Public Health England, DFID, and the UK's NHS, Royal Colleges and higher education institutions.

Parties engaged in the delegation agreed to the set up of an alliance and the creation of a Memorandum of Understanding between the MoHS and HEE, to boost coordination and collaboration around national priority areas. HEE and the Tropical Health & Education Trust (THET) partnered to establish the set up of the alliance and management of operations, including set up of an in-country office.

This UK meeting, jointly hosted by HEE and THET, was the first opportunity to bring a wider group of UK stakeholders engaged in health in Myanmar together with Burmese diaspora. Our objectives were to:

- Empower the diaspora community to lead on this work
- Celebrate a new Alliance/ movement
- Provide ample opportunities for networking
- Improve our understanding of priorities
- Identify barriers and opportunities
- Share next steps and how to get involved

Participants

This meeting brought together 82 participants from various healthcare specialties and organisations, including representatives from across the NHS, Royal Colleges, DFID, Public Health England, and a number of health charities, and 41 diaspora members.

Event Notes

Morning Sessions

Welcome Address, *Professor Ged Byrne, Director of Education and Quality, HEE (North)*

Professor Byrne opened the meeting. He welcomed participants and talked through objectives for the day, the long history and friendship between the two countries and the important role of diaspora in the development of the health system in Myanmar.

Professor Byrne then handed over to the Chair for the day, Dr Thinn Hlaing, THET Country Director for Myanmar. Professor Byrne thanked Dr Hlaing for her commitment and hard work as MUKHA lead in-country. Dr Hlaing stressed to the group that despite the current political situation, healthcare needs remain critical and she welcomed this important event to bring diaspora together with others committed to healthcare improvements in Myanmar.

Keynote Address: Challenges Facing the Myanmar Health System, Priorities and the UK's Contribution, *Professor Pe Thet Khin, Secretary, Technical Advisory Group, Myanmar Ministry of Health and Sports and Professor Ged Byrne, Director of Education and Quality, HEE (North)*

Professor Khin thanked the UK for the opportunity to be at the event and to address the group on behalf of the MoHS. He recognised there are many existing areas in which Myanmar and the UK are working well together, but also that there are other areas that could be strengthened through the Alliance as well as new opportunities to explore. Infectious diseases still present a challenge, whilst anti-microbial resistance presents a real threat to Myanmar as it does across the globe. Drug resistant malaria could be potentially disastrous and is a perfect example of why countries should work together on healthcare, as health does not respect geographical boundaries. Non-communicable diseases (NCDs) are on the rise, as are road traffic accidents – a result of urbanisation yet low safety standards on roads and vehicles, with insufficient focus on prevention. There is a need for capacity building support at all levels, including health system strengthening.

Professor Byrne spoke again to share the work being delivered through an existing health alliance between the UK and Uganda. He also described the work in Gulu, Uganda, to establish a group of health partnerships that will create the environment and conditions to enable exchanges of health professionals between the UK and Gulu, and to support education and training, service delivery and capacity building.

Myanmar UK Health Alliance: Progress and Ambition, *Dr Thinn Hlaing, Country Director for Myanmar, THET*

Dr Hlaing described the development of the new Myanmar UK Health Alliance that followed from last year's workshop in Yangon, at which Myanmar – UK partnerships started to be mapped out. Since then THET has continued to map the existing partnership work between the two countries, and provided some examples including those supported by the THET-managed and DFID-funded Health Partnership Scheme. Dr Hlaing then described the objectives of the new Alliance, which are primarily to encourage closer collaboration between the Myanmar MoHS and UK stakeholders, and to enhance cooperation between the stakeholders. Since being set up at the beginning of 2017, progress has included setting up a UK Advisory Group (with the Myanmar Advisory Group to follow),

and supporting the DFID Minister Alistair Burt's visit to Yangon and Minister U Myint Htwe's visit to London.

The MUKHA intends to support the MoHS through better aligning work with the MoHS National Health Plan 2017-2030, to explore and support opportunities for learning, development and research between the two countries, to promote coordination and collaboration between all parties, and to conduct monitoring and evaluation where required to demonstrate the impact of the collaborative work.

We will continue to pursue the MoU between the MoHS and HEE, the formation of the Myanmar Advisory Group under the leadership of the MoHS and the Technical Advisory Group, and for THET to be registered as an iNGO in Myanmar.

We also plan to tackle priority issues, which include public health infrastructure strengthening, human resources for health (in terms of medical and allied professional training), new service development, diaspora engagement and funding.

Myanmar – UK Health Initiatives: Impact to Date**,** *Louise McGrath, Head of Programmes and Development, THET*

To set the scene for the Myanmar – UK Health Programmes Presentations, Louise summarised what we know about Myanmar – UK health partnerships so far, and where we think they are adding value to the Myanmar health system. THET has mapped more than 30 health partnerships to date, and three Health Partnership Scheme funded partnerships alone have trained 1,677 health workers since the beginning of 2015. We think this demonstrates the significant contributions that these partnerships are making to the Myanmar health system.

Health partnerships are able to improve health outcomes through strengthened capacities, strengthened systems and strengthened services and infrastructure, and at different levels of the health sector including the national, regional and community township levels.

Myanmar – UK Health Programmes Presentations

Postgraduate training and oncology service developments in Myanmar, Professor Arthur Sun Myint, Oncologist, Clatterbridge Cancer Centre

Professor Myint detailed the historical perspective of the development of oncology services and training in Myanmar. There are now six oncology centres in Myanmar, situated in Mandalay, Taunggyi, Yangon, Pinlon, Zabuthiri and Naypyidaw, in addition to two situated in Defence Services General Hospitals. There is an unmet need for necessary equipment and human resources at these sites.

The International Atomic Energy Agency has supported brachytherapy courses since 2014 in Myanmar, which means 20 patients are now treated per week, instead of 5, and has supported a National Cancer Control Programme since 2015.

There is a lack of training, leadership, infrastructure and funding for oncology research in Myanmar but there are opportunities for collaborative research with UK institutions and a radical change in policy and investment is still required.

In addition to research there are opportunities for Myanmar and UK institutions (including the Royal Colleges, THET and WHO) to deliver postgraduate training and to support service delivery, and to have a role in economic development too.

Mind to Mind Myanmar: Mental Health Matters, Dr Nwe Thein, Founder and Trustee, Mind to Mind Myanmar

Mind to Mind Myanmar assists in improving mental health care for the people of Myanmar. They work with specialists, GPs, patients and the public, and collaborate with the Royal College Psychiatrists to support placements and training in Myanmar. The College provides support in the form of a bursary for volunteer airfares. So far, they have delivered WHO mental health training (mhGAP) to nearly 300 GPs in five towns and cities across Myanmar.

They have been evaluating the impact of their training through 3, 9 and 12 month follow ups, and have found that confidence in identifying, diagnosing and treating mental health issues has increased significantly as a result. They are currently preparing results of this evaluation for publication and hope to contribute to the evidence base on the value of international placements and global learning.

In November 2017 Mind to Mind Myanmar will be visiting again to deliver mhGAP training for GPS in two different towns, a research and publication workshop and CBT workshops for psychiatrists in Yangon, and a dementia behaviour management workshop for neurologists in Yangon, Mandalay and Naypyidaw.

They have learnt many lessons from their work to date. mhGAP workshops using new teaching methods and their charity clinics are among the elements that have worked well, while refresher workshops and creating a sense of ownership have not worked as well. In terms of health systems, Dr Thein suggests that some very specific improvements could be made for mental health, including provision of training of trainers workshops for mhGAP with local psychiatrists, regular supervision for GPs, and referral and discharge pathways for complex cases between psychiatrists and GPs.

Dr Thein also clarified what could benefit their work going forward, including formalising their collaboration with partners (an MoU is in progress), mandating the mhGAP training for the GP accreditation programmes, and better funding for expansion of existing work.

My Perspective on Intensive Care Services in Myanmar, Dr Aung Aung Lwin, Consultant in Intensive Care and Acute Medicine, Broomfield Hospital

The Brighter Future Foundation, for which Dr Lwin is Chair of Trustees, has been supporting the development of Yangon General Hospital and the University of Medicine 1 since 2012 through ABG machine donation, teaching visits, lectures, clinical ward rounds, donation of equipment and consumables and sponsoring clinical observerships in the UK. A large achievement of this work has been the team bonding in Myanmar. Yet, there are still improvements required in ICU. There are very few critical care beds, a lack of a robust referral system, a vastly inadequate staffing level, outdated training, a lack of engagement between teams, a lack of essential drugs and equipment and a lack of infection control. ICU is crucial – without it there would be no emergency medical, surgical, trauma, orthopaedic, obstetric or paediatric services, and no elective surgery for high risk patients. There are also improvements required in nursing care in the ICU.

Dr Lwin suggests the following improvements: state of the art ICU in teaching hospitals, expansion of ICU capacity, a referral system, improvement to intensive care training, long term placements for overseas trainees and specialists (at least two years), improved retention of high quality training doctors and nursing staff, equipment and consumables, and improved infection control systems.

Ten Years of Cambridge Global Health Partnerships, Evelyn Brealey, Programme Director, Addenbrooke's Abroad and Dr Rowan Burnstein, Director of Studies, Clinical Medicine, Magdalene College

Addenbrooke's Abroad, which was established by Dame Mary Archer 10 years ago is one of only a few dedicated programmes supporting global health partnerships and international volunteering at an NHS Foundation Trust. They recognise that international volunteering takes place within the NHS but that it can achieve much more in a coordinated and supported framework.

The Cambridge Yangon Trauma Intervention Partnership began its first (two year) project in 2015 with support from THET. They aimed to deliver sustainable education relating to the management of trauma across a range of disciplines in Yangon General Hospital. Their work is underpinned by mutual collaboration and mutual benefit. Disciplines now involved in the partnership are pathology, orthopaedics, critical care, physiotherapy, medical and nursing, medical education and hospital administration/ HR. They have delivered a number of training interventions including locally run clinical skills labs, SORT courses (practical courses on orthotrauma for postgraduate year 1 orthosurgeons), ADAPT (practical ortho trauma course for nurses), DelTICa (multidisciplinary teaching using a systems based approach) and observerships to Cambridge for University of Medicine 1 staff. Dr Burnstein described the three day DelTICa course for developing trauma intensive care in the context of resources already available, and its syllabus. The evaluation of the two year project found that each of the work-streams had marked successes, associated with positive clinical change, but that frequently cited barriers to change were resource limitations and workforce shortages.

Dr Burnstein described some "unexpected" projects that have come about following their HPS-funded project. They have conducted an ITU survey and assessment tool, delivered a National ITU Symposium from which a 10 year plan was developed, and have secured NIHR grant funding for research into traumatic brain injury across seven countries.

All disciplines are applying for further funding to embed and scale up training, to evolve the ICU assessment tool and to conduct traumatic brain injury research.

Discussion Points – Q&A

Procurement challenges – Myanmar is spending money on equipment but does not have the trained staff to operate or maintain the equipment. Myanmar is also being charged premium prices from technology companies and could potentially work with the alliance partners and learn from UK/ NHS examples of negotiating lower price to purchase at scale. Access to medicines is still a major challenge.

Afternoon Sessions

Group Session 1: Health Workforce Development Priorities, Opportunities and Challenges

Delegates were split into groups according to specialty to discuss priorities, issues, opportunities and solutions within their fields of expertise. The discussions are summarised in the table below.

Group	Challenges	Priorities	Opportunities and Solutions
Maternal and child health	• Lack of data (under-resourced) • No recognition of TBA training • Services so different in urban and rural areas • Lack of health professionals • Lack of multidisciplinary support for children with disabilities	• Safety for women and children	• Develop local leadership • Develop nurses
Haematology, histopathology and immunology	• Lack of adequately trained specialists – and mainly only in Yangon (with a few in Mandalay) • Lack of effective use of available resources (e.g. Advanced technology, machines were provided but unable to use) • Transfusion services: Need more trained people	• Pathology (all specialities): Leadership and governance • Poor use of equipment: donations not being used/ not appropriate • Weak diagnostic services	• Training of technicians, pathology, AHPs and specialist nurses • Pathology (all specialties): support with leadership and governance, quality assurance and resources • Improve diagnostic services: need to acknowledge need to change training to meet the demands of health system • Make use of diaspora in a more joined up way – groups/ societies of specialities discuss collective strategies and then deliver together, and structured teaching timetable/ regular teaching sessions - Is there a role for the diaspora to play a role in formal training • Short term fellowship programme/ training to UK (which diaspora members

			can support) • Engagement in multi-centre clinical trials • Bring the young on board, who may have more energy and be more open to change and innovation • Explore opportunities through MTI scheme to come to UK on 2 year placement
Stroke, neurology, rehabilitation, general medicine and gastroenterology	• Rehabilitation: Lack of 'enough' AHPs such as physiotherapists and the 'complete lack' of OT, SALT, dietitians, etc. • Neuro- and stroke-specific rehabilitation are yet to develop as specialties • Poor public awareness of available services such as thrombolysis • Lack of AHPs for comprehensive stroke care • Shortage of 'skilled' gastroenterology workforce (both doctors & nurses) • Massive workload of medical and nursing professionals in public hospitals leave little chance for patients to engage even if they want to • Lack of patient engagement and health literacy (few questions asked by patients is part of culture)	• In all specialties, the culture of MDT training and working environment should be adopted • Developing nursing and AHPs in all specialties • Need to empower the nurses in clinical skills as well as in hospital management	• An epidemiology survey regarding the common neurological problems in Burma so as to further establish the priorities • Training of future stroke physicians using a structured training curriculum • Training of AHPs and nurses, including in extra skills such as swallowing assessment in stroke patients for nurses (establishing the AHP training can take some time) • All diaspora in this group are keen to contribute in this area • Robust Clinical Governance system should be firmly in place and should be universal • Regular morbidity and mortality reviews and incident reporting culture must be encouraged in all hospitals • Safety mechanism in the private hospitals/polyclinics should also be monitored seriously • Public health education to improve patient engagement
Cardiology, rheumatology, education, oncology,	• More specialists and AHPs required, e.g. physicists in Nuclear Medicine, specialist nurses, physiologists,	• Diaspora to gain support from Ministry and local specialist group, and allocate nominated person of	• Develop larger numbers of AHPs • Provide infrastructure support such as training rooms, accommodation, and

nuclear medicine	physiotherapists, radiographers, sonographers, radiotherapy technicians and paramedics • Limited access to care due to of coverage in district area • Logistical challenges such as leave, limited number of visits and funding for diaspora trainers	contact locally	recruitment of qualified trainers • All diaspora members keen to contribute more in structured programme • Exchange programme for observership as well as fellowship programme overseas to achieve subspecialist skills e.g.: MTI programme • Improve public education regarding various diseases through media
Surgery, ophthalmology and radiology	• Cataract surgery is a primary cause of blindness in Myanmar	• Increasing service access • Development of international standards (e.g. Safe Surgery Checklist) • Supporting the role of technicians	• Work-based assessment • Surgeons are in a position of influence in Myanmar – they might be able to influence how you train the workforce as a whole, then cascade down to others. You need to identify a good leader within the professional group • Use QI as a training tool • Multi-disciplinary meetings • Audit project, and create unifying principles around measuring • Ophthalmology: Equipment support • Ophthalmology: Regular training, continuity and sustainability in training
Mental health	• Mental health is still a taboo in Myanmar, with suicide still illegal • A great shortage of psychiatrists and there is only 1 clinical psychologist in the country. No other staff are trained in mental health, including GPs and physiotherapists and other community level staff like nurses/ health officers who are really best	• Mental health services need to go beyond Mandalay and Yangon	• Improved recruitment by MoHS of more basic health staff. There seems to be enough infrastructure for this • Leadership training • Task shifting/ training of existing community level staff who are well-placed to deliver mental health services • Expansion of mhGap (WHO) training (in Burmese) to these staff

	placed. There are therefore no community mental health services.		• Awareness raising of the issues both at community level and national level • Mental Health First Aid training for wider workforce
Public health	• There is no public health private practice and so doctors don't want to do it. Also many public health doctors are not posted following training. Therefore, there is an important retention problem • There are very weak data and surveillance systems. The numbers quoted from datasets are very dubious	• Need to strengthen leadership in public health	• Development of data systems and use of digital technology • Long term infectious disease and lifestyle messaging, e.g. eating well, smoking, with policy planning • System set up for outbreak surveillance
Primary health	• Services – Lack of formal referral pathway and criterion between private General Practitioners and secondary care - Unequal distribution of general practitioners in rural and urban areas - Lack of guidelines and essential medication lists lead to suboptimal management of chronic diseases in the community • Training - No mandatory annual appraisal process or continuous professional development regulations are in place - No undergraduate faculty is in place in the curriculum and is in process of developing it • Ways for Myanmar diaspora general practitioners to effectively involve in	• Consider establishing guidelines for common NCD (management plan and essential drug list) • Training – undergraduate and post-graduate GP faculty to be developed • To incorporate plans for Myanmar diaspora GP to be able to support the above initiatives	• RCGP to support curriculum development for under/post-graduate curriculum alongside medical universities in Myanmar • To advocate the MoHS to develop prevention and minimum standard of care management plan for common NCD

	government's plans to strengthen general practitioners work force - available time, registration process, mutual trust		
Diabetes and endocrinology	• There are many undiagnosed people with diabetes in rural areas, leading them to have many complications	• There is a need for prevention of diabetes • No trained staff (including nurses) at community level to manage the condition. There are only quacks who give medicines	• Delivery of training by UK health professionals • Improved recruitment by MoHS of more basic health staff. There seems to be enough infrastructure for this

* No notes have been provided by the Critical Care, Anaesthesia and Chest Medicine group

Group Session 2: Supporting and Engaging

Attendees were split into groups at random to promote more networking and to encourage discussion between disciplines for Group Session 2. The below topics were discussed and suggestions were made by attendees.

Topics	Suggestions
Areas for Alliance Support	• Coordinate and track partner activities, with provision of timetables for some specialties, in collaboration with the MoHS • Signpost to and provide funding (where feasible) • HEE to negotiate for NHS hospitals to create volunteer leave (Lord Nigel Crisp or Professor Byrne to look into this possibility) • Provision of a networking/ engaging platform • Support and advice for delivering situational analysis and M&E • Further events similar to this one • Regular provision of progress updates from the UK and Myanmar Advisory Groups and signposting to opportunities • Advice and support in thinking through sustainability of training work • Amass data and sharing information about things that have worked • Identify designated contacts for each specialty in Myanmar • Develop a clear plan for MMC registration • Enable structured support from Ministry of Health • Develop/ share good practice guides • Review guidelines • Support training
Collaborative Working	• Via designated contact persons at the Ministry and in each specialty • Via better communication and more engagement from decision makers • Requires acceptance from local health worker groups to the diaspora input
Communications	• Web based group (e.g. Community of Practice) or a well-moderated website with a password protected section for “members” • Webinars • Skype meetings • Social media • Regular newsletters/ email updates
Suggestions for Practical Next Steps	• Action plan following this event • Provision of clear information regarding MMC registration • Response from the Ministry to this event • Communications from colleagues in Burma regarding their priorities and what kind of support they need most and first • Communicate clear plan about funding
Advice Going Forward	• In addition to the formal advisory group, provide access to another group of younger people who may be able to bring a different perspective, and allow opportunities for attendees to work with the advisory group generally • If the Alliance builds good relationships and trust, this will facilitate the work of the partnerships working through the alliance • Shouldn’t only focus on doctors • Need to explore how to engage effectively with areas outside Yangon

Learning from the Ugandan Diaspora, *Moses Mulimira, UK Coordinator, Uganda UK Health Alliance*

Moses shared his experience as co-founder of the Uganda Diaspora Health Foundation, which launched in 2015.

His overriding message was that diaspora members are key to development within their countries of origin. While the emigration of health workers from low- and middle-income countries as a result of various push and pull factors has been identified as the most critical problem facing health systems, he argued that diaspora have the substantial potential for transformative development, including in terms of financial remittances as well as the transfer of knowledge and skills back to countries of origin if and when they decide to return. Diaspora members are also well-placed to champion various health issues, including the lack of value attached to human lives (e.g. within refugee communities), the lack of support for strong public health systems, and the lack of support for new global health financing mechanisms in low- and middle-income countries.

Through the Uganda Diaspora Health Foundation diaspora are empowered and embedded in driving the Uganda UK Health Alliance forward. The Alliance, in turn, enables the diaspora to be better connected to others working in health across the UK and provides links into the Ministry of Health, as well as provides training and leadership development opportunities.

Closing Remarks, *Ben Simms, CEO, THET*

Mr Simms provided the closing remarks for the day. He talked through the impressive growth in Myanmar and the realistic aims to achieve Universal Health Coverage by 2030. He has been pleased to see an emphasis on rural health and expert insight based on many years' service by attendees. He reiterated the reflection by Professor Khin that sometimes things are easier said than done, and so we should manage expectations and ensure we focus our activity on achievable objectives.

Mr Simms noted that we heard many concrete, practical examples for partners working to develop the health system in Myanmar. There have also been exciting ideas around how we can collaborate, and how we can partner to save money.

He noted discussions about bringing people to the UK for training, and the NHS as a global health resource. The diaspora play a hugely important role, particularly in Myanmar where the system is complex and can be difficult to navigate. They understand the culture and are motivated in what they do. Prioritisation is so important. Currently, it is difficult to encourage anyone to say no to requests that may be inappropriate or less important than other priorities.

We have a vision to scale up the contributions. There are clearly natural synergies and friendship between the two countries, and this is a strategic marriage between two countries. The MoU between the MoHS and HEE will come, but in the meantime we intend to progress work now.

Mr Simms then announced the renewed HPS funding for 2017 and encouraged Myanmar health partnerships to apply. He also explained that he expected more funding for partnerships in the future. At the same time, we must not shy away from commercial partnership and linking into the private sector.

Mr Simms thanked everyone for their attendance and reiterated the mutual benefits of this work: that HEE is also grasping the opportunities to make the NHS better.

Evaluation Form Summary

We received 33 completed evaluation forms from attendees. The key information captured by the evaluation forms is summarised here.

Usefulness of Sessions

Session	% Agree useful or very useful
Myanmar UK Health Alliance: Progress and ambition	88
Myanmar UK Health Programmes Presentations	80
Health Workforce Priorities, Opportunities and Challenges	82
Supporting and Engaging	79
Learning from the Ugandan Diaspora	63

How attendees benefited from the event

Benefit	%
New connections	70
Strengthened connections	64
New understanding of work being delivered in Myanmar	58
Energy/ motivation/ inspiration	58
Improved knowledge/understanding of priorities, opportunities or challenges	55
Sense of community	45
Practical advice	27
Other (details not provided)	9

Feedback: Areas of success

- Great opportunity for networking, particularly for those with common interests
- Well organised
- Coordination mechanisms have started to be proposed
- Enabled attendees to learn more about the challenges facing the Myanmar health sector

Feedback: Areas for improvement

- Ensure a bigger venue and better audio system in future
- The event could have been more focused in order for conclusions to have been drawn
- The emphasis was on the medical specialties and hospital care, rather than on areas that would benefit the maximum number of people in Myanmar
- Afternoon group work session aims could have been clearer
- The role and function of the alliance could have been clearer
- How people can help and get involved could have been clearer
- Next steps and key dates could have been shared

Suggestions for what to include at any future Myanmar UK Health Alliance Event

- More emphasis on the poster display
- Summaries at the end of each group session
- More engagement with the MoHS
- More discussion and group sessions
- Discussion based on things that have already worked, i.e. governance and leadership models

Next steps

The completed evaluation forms and the informal feedback we have received suggest that we have achieved all of our intended outcomes for the event aside from the last around being clear with attendees on next steps and how to get involved. The Alliance is now developing an action plan for our next steps, to which we will invite you to share your feedback. Here is a summary of the next steps that we are considering how we might take forward.

Communications and Engagement

1. Share with attendees a response to this event from the MoHS
2. Hold regular events for Myanmar and UK stakeholders, at least once a year. These will be communicated at least two months in advance. The next scheduled event is to take place on Tuesday 9th January 2018 in Yangon (location to be confirmed). At this event, we intend to continue conversations about the priorities of the Burmese colleagues in order that targeted support can be provided
3. Develop a web based group (e.g. Community of Practice) or a well-moderated website
4. Host regular (focused) webinars for stakeholders at least twice per year to enable ongoing communication without the need for travel
5. Develop a regular update mechanism (e.g. a newsletter) signposting to funding and other opportunities, to be sent to stakeholders every 1-2 months

Support to partners

1. HEE will explore options for negotiating with NHS hospitals to create volunteer leave
2. Provision of training in situational analysis, M&E and sustainability, i.e. through webinars and workshops
3. Amass data and share information about things that have worked
4. Identify designated contacts for each specialty in Myanmar and enable structured support from the Ministry of Health
5. Work with the MMC to develop a clear plan for registration
6. Develop and share good practice guidelines
7. Develop opportunities for stakeholders to work with the advisory group
8. Develop a strategy for engaging professionals beyond doctors and beyond Yangon/ Mandalay

Appendices

Appendix 1. Meeting Agenda

09:30 – 10:00 **Registration**

10:00 – 10:15 **Welcome**
Professor Ged Byrne, Director of Education and Quality, HEE (North of England)

10:15 – 10:55 **Keynote Address: Challenges facing the Myanmar health system, Priorities and the UK's Contribution**
Professor Pe Thet Khin, Secretary, Technical Advisory Group
Professor Ged Byrne, Director of Education and Quality, HEE (North of England)
Billy Stewart, Head, DFID Burma

10:55 – 11:15 **Myanmar UK Health Alliance: Progress and ambition with Q&A**
Dr Thinn Thinn Hlaing, Country Director for Myanmar, THET

11:15 – 11:30 *Tea break*

11:30 – 11:40 **Myanmar – UK Health Initiatives: Impact to date**
Louise McGrath, Head of Programmes and Development, THET

11:40 – 12:30 **Myanmar – UK Health Programmes Presentations with Q&A**
Professor Arthur Sun Myint, Oncologist, Clatterbridge Cancer Centre
Dr Nwe Thein, Founder & Trustee, Mind to Mind Myanmar
Dr Aung Aung Lwin, Consultant in Intensive Care & Acute Medicine, Broomfield Hospital
Evelyn Brealey, Programme Director, Addenbrooke's Abroad
Dr Rowan Burnstein, Director of Studies, Clinical Medicine, Magdalene College

12:30 – 13:30 *Lunch & Posters*

13:30 – 14:35 **Health Workforce Development Priorities, Opportunities and Challenges: group work**

14:35 – 14:50 *Tea break*

14:50 – 15:25 **Supporting and engaging: group work**

15:25 – 15:45 **Learning from the Ugandan Diaspora**
Moses Mulimira, UK Coordinator, Uganda UK Health Alliance

15:45 – 16:00 **Closing Remarks**
Ben Simms, CEO, THET

Appendix 2. Event Participants

Evelyn Brealey	Addenbrooke's Abroad	Programme Director
Dr June Win	Blyth's Meadow Surgery	General Practitioner
Dr Win Win Maw	Broomfield Hospital, Mid-Essex Hospital NHSFT	Consultant Rheumatologist
Dr Aung Aung Lwin	Broomfield Hospital, Mid-Essex Hospital NHSFT	Consultant in Intensive Care and Acute Medicine
Dr Myint Than	Broomfield Hospital, Mid-Essex Hospital NHSFT	Consultant Anaesthetist
Dr A Yee Than	Cambridgeshire Community Services NHS trust	Consultant Community/Neurodevelopmental Paediatrician
Professor Arthur Sun Myint	Clatterbridge Cancer Centre	Oncologist
Dr Kyaw Hlwan Moe	CWP NHS Foundation Trust	Consultant Psychiatrist in Acute Care
Daryl Burnaby	DFID	Health Advisor
Dr Aye Aye Thi	East Midland Deanery	Gastroentrology SPR
Dr Min Htut	Epson & St Helier University Hospitals NHS Trust	Consultant Neurologist and Neurophysiologist
Dr Mya Thida Ohn	Essex	
Dr Thandar Aye	Freeman Hospital, Newcastle	Cardiology Registrar (ST6)
Dr Sai Han	Glasgow Royal Infirmary	Consultant in Nuclear Medicine
Christopher Jones	Health and Hope	Executive Director
Ged Byrne	HEE	Director of Education and Quality
Jonathan Brown	HEE	Chief Operating Officer
Anna Lee	HEE	Global Health Consultant
Tim Swanick	HEE	Senior Clinical Advisor/ PG Dean
Dr Andrew Deaner	HEE	Trust Liaison Dean North Central London
Tom Hughes	HEE	CEO Office/ Policy Advisor
May Tha Hla	Helping the Burmese Delta	Founder
Jonathan Wilkinson	Helping the Burmese Delta	Founder
Frances Barnsley	Helping the Burmese Delta	Midwife
Dr Zarni Soe	Hull and East Yorkshire Hospitals NHS Trust	Specialist registrar in Haematology

Liliane Chamas	Imperial College London	Policy Fellow
Naz Nikpour	Improving Global Health	Fellow
Katie Macdonald	Improving Global Health	Fellow
Louise Hart	International Health Partners	Associate Director, Health Programmes
Dr Khin Zar Nyo	James Cook University Hospital	ST-7 Registrar, Stroke and Acute Medicine
Dr Kyaw Zin Maw	James Paget University Hospital	Consultant Haematologist
Professor Thida Win	Lister Hospital	Consultant Respiratory and General Medicine Physician
Dr Thidar Pyone	Liverpool School of Tropical Medicine	Public Health Physician
Dr Rowan Burnstein	Magdalene College, Cambridge	Director of Studies, Clinical Medicine
Dr Than Mya	Milton Keynes Hospital	Consultant Physician
Dr Nwe Win Thein	Mind to Mind Myanmar	Founder & Trustee
Professor Samuel Kyaw Hla	Myanmar Medical Council	Chair
Murray Cochrane	NHS Improvement	Head of Programmes
Mr Ashok Ram	Norfolk and Norwich University Hospital	Consultant Paediatric Surgeon
Dr Zin Zin Htike	Nottingham University Hospitals	Consultant in Endocrinology and Diabetes
Fernando Pinho	Please Take Me There	CEO
Tina Endericks	Public Health England	Global Health Security
Professor Neil Squires	Public Health England	Director of Global Public Health
Dr Sai Hyne Kham Murng	Queen Elizabeth University Hospital	Consultant Immunologist
Dr Aung Khaing Moe	RCGP Humber and the Ridings Faculty	Faculty member/ RCGP International Representative
Alexandra Lesmes	Royal College of GPs	International Project Development Manager
Peter Saunders	Royal College of GPs	Myanmar Group Trainer
Rachel Cooper	Royal College of Nursing	International Adviser (Global Health)
Agnes Raboczki	Royal College of Obstetricians and Gynaecologists	International Membership Business Administrator
Dr Jay Halbert	Royal College of Paediatrics and Child Health	EPCP Clinical Advisor
Marcus Wootton	Royal College of Paediatrics and Child Health	Project Manager
Dr Sue Broster	Royal College of Paediatrics and Child Health	Neonatologist
David Tolley	Royal College of Surgeons of Edinburgh	Consultant Urologist
Dr Thynn Thynn Yee	Royal Free Hospital, London	Haematologist

Dr Thet Oo	Royal Lancaster Infirmary	Consultant Haematologist
Dr Nwe Oo	Sheffield	Consultant Haematologist
Dr Elizabeth Goodburn	Soapbox Collaborative	Senior Technical Advisor
Dr Ann Baldwin	South London Region	GP Trainer
Ms. Phyu Phyu Myint	Southend University Hospital	Deputy Sister, Critical Care Unit
Richard Broadberry	Spire Hospital, Southampton	Senior Biomedical Scientist in Haematology
Dr Amit Parekh	St Georges Hospital, London	Consultant Radiologist
Dr Yu Yu Kyaw	Stoke Mandeville Hospital	Consultant in Diabetes and Endocrinology
Dr Zaw Myo Htet	Sunderland Royal Hospital	Associate Specialist in Cardiology
Professor Pe Thet Khin	Technical Advisory Group	Secretary
Dr Fleur Kitsell	Thames Valley and Wessex Leadership Academy	Improving Global Health Programme Director
Ben Simms	THET	Chief Executive
Louise McGrath	THET	Head of Programmes and Development
Dr Thinn Thinn Hlaing	THET	Country Director for Myanmar
Laura Macpherson	THET	Country Programmes Coordinator
Dr Nay Win	Tooting Centre	Clinical Director of Diagnostics and Haematologist
Moses Mulimira	Uganda Diaspora Health Foundation	Director & Co-Founder
Dr Ko Ko	Wallington Surrey	General Practitioner (Retired)
Dr Ye Lin Hock	Warsall Hospital NHS Foundation Trust	Consultant Histopathologist
Dr Diana Tun	Watford Hospital	
Dr Chit Ko Ko	West Midlands Rehabilitation Centre	Consultant Physician in Neurological Rehabilitation
Dr Aye Mya Soe	Whitby Group Practice Surgery	General Practitioner
Dr Maung Maung Kyi	Wolverhamptom	Consultant Anaesthetist
Piera Freccero	World Child Cancer	Programme Quality Manager
Dr Min Zaw Aung		Retired Consultant Anaesthetist
Dr Min Min Latt		Consultant Psychiatrist
Dr Thet Htay		Consultant Psychiatrist
Dr Tha Han		