<table>
<thead>
<tr>
<th>Country</th>
<th>Programmatic Area</th>
<th>Activity</th>
<th>Partner</th>
<th>Jun-20</th>
<th>Nov-20</th>
<th>Jun-21</th>
<th>Expected Outcome</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myanmar</td>
<td>Demand Promotion &amp; ACSM</td>
<td>HPV communication strategy/tools including risk communication strategy for HPV vaccine introduction in adolescent girls</td>
<td>UNICEF</td>
<td></td>
<td></td>
<td></td>
<td>HPV communication tools available for its introduction in 9-10 aged girls</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>Supply Chain &amp; Procurement</td>
<td>EVM improvement plan implementation by development of web-based cold chain equipment inventory (electronic) management protocol</td>
<td>UNICEF</td>
<td></td>
<td></td>
<td></td>
<td>Database of cold chain equipment available for its introduction in e-platform to facilitate inventory management</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>Supply Chain &amp; Procurement</td>
<td>Technical assistance to develop EPI eLMIS project documents (technical requirements, tender and contract management guide) &amp; support tendering process and initial work on introducing EPI products in mSupply</td>
<td>UNICEF</td>
<td></td>
<td></td>
<td></td>
<td>Project document ready with technical specifications of eLMIS requirement to integrate into national m-supply</td>
<td>$1,045,764</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Health Information Systems (Data)</td>
<td>Development and roll out of mobile based app for monitoring and supervision of EPI sessions in fixed and outreach areas</td>
<td>UNICEF</td>
<td></td>
<td></td>
<td></td>
<td>Improved quality of vaccination services by real time monitoring and supervision of outreach and fixed vaccination sessions</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>Programme Implementation/Coverage &amp; Equity</td>
<td>Implementation research for GIS pilot project in Yangon to support rollout of GIS for EPI microplanning</td>
<td>UNICEF</td>
<td></td>
<td></td>
<td></td>
<td>Research findings of Yangon GIS project to guide roll out in other state/regions</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>Supply Chain &amp; Procurement</td>
<td>Technical assistance to MOH, WHO-CO, and UNICEF-CO with nationwide HPV vaccine introduction. Support WHO with planning and leading in-country stakeholder meetings, readiness assessment pre-launch, and initial vaccine introduction. Plan for post-introduction evaluation of national HPV vaccine introduction following 1st cohort dose 2.</td>
<td>CDC Foundation</td>
<td></td>
<td></td>
<td></td>
<td>Completion of Myanmar first cohort vaccination in schools; initial lessons learned will inform Dose 2 implementation</td>
<td>$22,400</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Programme Implementation/Coverage &amp; Equity</td>
<td>Assessment of impact and effectiveness of rotavirus vaccine in Myanmar</td>
<td>CDC</td>
<td></td>
<td></td>
<td></td>
<td>Data on vaccine effectiveness and impact will generate continued confidence in and support of rotavirus vaccination program. Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation</td>
<td>$50,000</td>
</tr>
</tbody>
</table>
1. Cross boarder meetings

Health Financing/Sustainability

Vaccine-Specific Support

Technical support for improvement of data quality

1. Rota vaccine introduction

Support for Rota and intussusception Surveillance.

Vaccine-Specific Support

Myanmar

Myanmar

Myanmar

Myanmar

Myanmar

Health Information Systems

Data.

WHO

Develop, conduct and implement specific strategic plan for reaching hard to reach, migratory, peri-urban and conflict area and under performing townships.

PHC activities

Planning and budgeting deficits at the subnational level presents as one of the weakest links in the PFM cycle, leading to inefficient allocation and utilization of budget at the frontlines of service delivery. Communication and skills gaps, along with lack of proper SOPs and guidance, among programs and budget divisions responsible for allocating and executing the budget led to poorly prepared budgets and subsequent underperforming white gaps in PHC service delivery left unattended on the ground. MOHS/NIMU under NHP 2017-21 aimed to introduce inclusive Township Health Planning (THP) process to address this planning and budgeting deficit at the township level. However, with NHP into third year of implementation, progress on this front - agreement on the process, guidelines and templates for participatory township level planning AND training and roll out of the reform is yet to be seen.

WHO

1. Nationwide EPI coverage survey completed
2. Operational Research on Routine Immunization at State/Regional level conducted
1. Conducted coordination meeting with other EHOs and local partners and provided technical support for tailored activities.
2. Provided EHOs in planning, implementation and monitoring of integrated PNC services.
3. Recruited additional MOHs for strengthening immunization services in 98 prioritized townships.
4. Conducted pre-posting integrated trainings based on local context
5. Train follow up recommendations of immunization and surveillance reviews and Joint Appraisal 2019.

WHO

1. Rota vaccine introduction completed
2. Preparatory activities for HPV vaccine introduction completed

World Bank

1. HPV vaccine introduction (PIE) completed
2. Conducted EPI annual review meeting and training assistants for evaluation at all levels

WHO

1. HPV Post Introduction Evaluation (PIE) completed

Myanmar

Vaccine-Specific Support

HPV vaccine introduction and post introduction evaluations of newly introduced vaccines

World Bank

1. HPV vaccine is introduced to reach, migrant, peri-urban, conflict and marginalized communities.
2. Increased coverage of vaccines among hard to reach, ethnic and marginalized communities, peri-urban, slum, migratory and conflict areas.
3. Improved surveillance indicators at the national and sub-national level.

Myanmar

Vaccine-Specific Support

Support for Rota and intussusception Surveillance.

World Bank

1. Increased coverage of vaccines among hard to reach, ethnic and marginalized community, peri-urban, slum, migratory and conflict areas.
2. Improved surveillance indicators at the national and sub-national level.

WHO

1. Data Quality self assessment completed
2. Technical support provided for EVM assessment

World Bank

1. Quality EPI coverage data and useful for documented costed microplanning at all levels
2. Ensure availability of costed micro planning at all levels
3. Improved denominators availability at all levels

WHO

1. HPV vaccine introduction completed
2. Training of pilot S/R and developing/adapting and agreed upon SOPs and templates for township health planning and budgeting process developed and agreed to by MOHS

WHO

1. Rota and intussusception surveillance on-going
2. Rota and intussusception surveillance on-going
3. Improved denominators availability at all levels

World Bank

1. Increased coverage of vaccines among hard to reach, ethnic and marginalized community, peri-urban, slum, migratory and conflict areas.
2. Improved surveillance indicators at the national and sub-national level.

WHO

1. HPV vaccine introduction completed
2. Technical support provided for EVM assessment

World Bank

1. HPV vaccine is introduced
2. Training of pilot S/R and developmental and agreed upon SOPs and templates for township health planning and budgeting process developed and agreed to by MOHS

WHO

1. HPV vaccine introduction completed
2. Various trainings and activities to hard to reach, peri-urban, conflict and marginalized communities.
3. Improved surveillance indicators at the national and sub-national level.

World Bank

1. HPV vaccine is introduced to reach, migrants, peri-urban, conflict and marginalized communities.
2. Increased coverage of vaccines among hard to reach, ethnic and marginalized communities, peri-urban, slum, migratory and conflict areas.
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WHO

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2. Various trainings and activities to hard to reach, peri-urban, conflict and marginalized communities.
3. Improved surveillance indicators at the national and sub-national level.
In November 2020 Myanmar will hold another general democratic election, which presents an opportunity to expand and deepen political commitment to undertake health systems reforms, in particular health financing, and social support for these reforms. To take advantage of this opportunity, there is a further need to raise awareness and build shared understanding and consensus among the various stakeholders in health prior to and after the elections. In addition, this presents also another opportunity to strengthen coordination and collaboration across health donors and development partners involved in financing health in Myanmar.

Myanmar’s stakeholders—government officials, non-governmental organizations, private sector, ethnic health providers, and civil society—desire and are motivated for learning and reflecting on the successes and failures of other countries, and for consensus building to work together towards UHC goals. As such, there are opportunities to further raise awareness, support knowledge-sharing, and lessons learned garnered over recent reforms efforts and initiatives, and build skills to address UHC challenges and develop solutions through workshops, seminars, and peer-to-peer exchange with other countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Sector</th>
<th>Description</th>
<th>Implementor</th>
<th>TA Plan Developed</th>
<th>TA Plan Implemented</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myanmar</td>
<td>Health Financing/Sustainability</td>
<td>In November 2020 Myanmar will hold another general democratic election, which presents an opportunity to expand and deepen political commitment to undertake health systems reforms, in particular health financing, and social support for these reforms. To take advantage of this opportunity, there is a further need to raise awareness and build shared understanding and consensus among the various stakeholders in health prior to and after the elections. In addition, this presents also another opportunity to strengthen coordination and collaboration across health donors and development partners involved in financing health in Myanmar. Myanmar’s stakeholders—government officials, non-governmental organizations, private sector, ethnic health providers, and civil society—desire and are motivated for learning and reflecting on the successes and failures of other countries, and for consensus building to work together towards UHC goals. As such, there are opportunities to further raise awareness, support knowledge-sharing, and lessons learned garnered over recent reforms efforts and initiatives, and build skills to address UHC challenges and develop solutions through workshops, seminars, and peer-to-peer exchange with other countries.</td>
<td>World Bank</td>
<td>TA Plan developed in consultation with the government, health donors/DPs, and key CSOs</td>
<td>TA plan implemented</td>
<td>Improved understanding of health financing and sustainability leads to better dialogue and planning on transition of donor financed programs.</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Programme Management - Financial Management</td>
<td>Develop and oversee a joint plan of action with the dual aim of: (a) strengthening of Government systems sufficiently to allow Gavi HSIS funds to move away from UNICEF and back into those systems, if not in whole then in part, and (b) to the extent possible, facilitate broader strengthening of the country’s PFM systems which may not directly benefit Gavi’s support</td>
<td>Independent Contractor</td>
<td>TA plan implemented</td>
<td>TA plan implemented</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>Health Information Systems (Data)</td>
<td>Implementation Support</td>
<td>University of Oslo</td>
<td></td>
<td></td>
<td>$ 15,644</td>
</tr>
</tbody>
</table>

| Independent Contractor | Total Cost | $ 99,085 | $ 15,644 | $ 200,000 |

World Bank

TA Plan developed in consultation with the government, health donors/DPs, and key CSOs

TA plan implemented

Improved understanding of health financing and sustainability leads to better dialogue and planning on transition of donor financed programs.