



# Shin Kong Life Foundation Taiwan-Myanmar Medical Empowerment Project: 2015 Final Report



Boston University Family Medicine  
Global Health Collaborative  
*Primary Care and Health System Strengthening*

Research  
Education  
Consultation  
Technical Assistance



## Summary

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The first year of the collaboration between the Shin Kong Life Foundation (SKLF), the Myanmar Academy of Family Physicians (MAFP), Global Health through Education, Training, and Service (GHETS), and the Boston University (BU) Global Health Collaborative has been very successful and provided an excellent beginning for this multi-institutional international collaboration. The pilot phase of the Taiwan-Myanmar Medical Empowerment Project (TMMEP) focused on three core components: training-of-trainers, clinical training sites, and primary care system reform planning. The project made significant advances in each of these areas and has set an energetic and positive tone for Family Medicine development in Myanmar.

To prepare for the development of a future post-graduate training program in Family Medicine for all GPs, the project began by training a cohort of faculty members to create and teach the program. The primary focus for the MAFP and the GHETS/BU Collaborative at the outset of the project was the intensive 12-week training of faculty (TOF) course. The course was designed jointly by the MAFP and the GHETS/BU Collaborative with multiple modules prepared complete with PowerPoint presentations, lectures, group and individual assignments, and audio-recordings. Most of the discussion sections were led by local MAFP faculty with occasional sessions by the GHETS/BU Collaborative team when in Myanmar. The training aimed to enhance not only the skills of course participants, but to also support development of “super-trainers” within the MAFP who would be capable of leading delivery of future TOF courses. Each participant developed and presented a section of a Family Medicine curriculum as a core project. The combination of these sections of curriculum will serve as the preliminary draft of the competency-based curriculum that will be used in the post-graduate Family Medicine training program. The full curriculum will be developed jointly with the MAFP and the GHETS/BU Collaborative as part of the next phase of the project.

Once the curriculum is completed and faculty have been fully trained in teaching methods, clinical sites will be necessary to carry out practical training in Family Medicine. The MAFP has identified three pilot clinical training sites, and is currently investing in equipment and clinic renovations to accommodate future learners. These sites will serve not only to train future Family Medicine doctors but also increase the visibility of the MAFP and Family Medicine in the community.

One of the most important accomplishments of the MAFP and the GHETS/BU Collaborative during this pilot phase was the great progress made in the initial development of organizational infrastructure. During this time, the MAFP became a formally established and registered non-governmental civil society organization in Myanmar. This is a major step towards the recognition of Family Medicine as a specialty in Myanmar and has attracted positive attention from both the government and the medical community. Additional organizational successes in 2015 for the project include the establishment of offices, administrative staff, and a draft constitution of the MAFP.

Finally, the MAFP began initial outreach and advocacy in support of Family Medicine. Throughout the year, there were several positive meetings with government and university officials. The primary goal of these meetings was to discuss the role of Family Medicine in the Myanmar healthcare and education systems and how future development might be integrated within the context of the Myanmar government’s national strategic health plan. With recent election and the anticipated turnover in government posts, incoming leadership has already asked the MAFP for assistance in expanding the training of primary care doctors through potential new university initiatives, including offering trained teaching physicians, a well-established Family Medicine curriculum, and technical and policy expertise.

## Results/Outcomes

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The original proposal for this one-year pilot project focused on three specific objectives to formally begin the process of developing Family Medicine in Myanmar. Each objective is listed here along with a detailed description of the progress made and the specific outputs.

### 1. Strengthen the primary care human resource infrastructure in Myanmar by preparing primary care leaders for developing and implementing new training programs in Family Medicine designed to improve access, equity and quality of care for the population

The first Training of Faculty (TOF) course was a great success with 21 active and engaged participants. The course ran for 12 weeks, beginning with an opening ceremony in a local hotel on September 27<sup>th</sup>, 2015, which was attended by MAFP membership, president of the People's Health Foundation, and the GHETS/BU Collaborative Executive Director and Myanmar Program Manager. The course met twice a week, with each session lasting three hours, and included lectures with PowerPoint presentations (see Appendix A), group activities, case and curriculum presentations, and lively discussions on teaching methods. Each participant was assigned a section of curriculum to develop throughout the 12 weeks and was required to present their progress to the class twice during that time. The course culminated with a graduation ceremony also at a local hotel that was very well attended and grand celebration of not only the course participants but the activities and dedication of the MAFP during its first year. The presentation of certificates to graduates was done by the BU Collaborative Executive Director and Deputy Director, Dr. Jeffrey Markuns and Dr. Laura Goldman, respectively.

The level of work and dedication to the course by the participants was very impressive. They successfully managed the intense pace, numerous assignments, and curriculum final project along with their full-time clinic duties and family obligations. The quality of the assignments and particularly the curriculum work was outstanding with marked improvements from week to week. Kyaw Thu, as the assistant facilitator, demonstrated that he was a highly capable faculty member and well on his way to becoming a "super-trainer". He made himself available for the other participants as maintained constant contact and provided weekly updates to the GHETS/BU Collaborative team.

#### Outputs:

- Successful design and implementation of the TOF Level 1 course with an MAFP member, Kyaw Thu, serving as an assistant facilitator to become one of the first "super-trainers" for future course as the project expands
- 21 locally trained MAFP leaders in Family Medicine education
- Collation of course syllabus, presentations, assignments, and recorded audio-lectures to serve as resources for future courses
- Preliminary competency-based curriculum for post-graduate Family Medicine program drafted by the course participants with special emphasis on understanding how they would organize and teach the skills and competencies

## 2. Assisting primary care leadership within Myanmar in planning and preparing for the development of Family Medicine as a complete medical specialty

The founding of a professional organization, the Myanmar Academy of Family Physicians, was seen as an essential step in building towards recognition of Family Medicine as a complete medical specialty. The formal and legal registration of an organization dedicated to the specialty sends a message of longevity and professionalism for Family Medicine in Myanmar. It gives the Family Medicine leaders in Myanmar the ability to engage with the public and private sectors as a professional organization and with a certain level of authority that is not always available to individual practitioners. In addition, the MAFP is now poised to raise awareness about primary care and Family Medicine in Myanmar on an international scale by being able to become members and engage with other organizations such as the World Organization for Family Doctors.

For the founding members, the formation of the MAFP is the validation and reward for many years of dedication to a specialty that can vastly improve the state of healthcare in Myanmar. These enthusiastic doctors have worked hard to make their voices heard and have pressed on even during times when their efforts were dismissed as unrealistic and unimportant. As Myanmar becomes increasingly open and accessible, they are looking forward to learning as much as they can from other organizations and individuals who are part of the Family Medicine community.

The forming of the MAFP is also significant for the younger and up and coming doctors, medical students, and recent graduates as it represents a new and exciting option for those who become general practitioners (GPs). The MAFP is in a position to bring the additional training and workshops that GPs have been anticipating for many years. With sessions designed specifically for Family Medicine doctors and GPs by the members, the MAFP can meet the needs of the GP medical community that have long been ignored.

### Outputs:

- Formal and legal registration of the MAFP as a professional organization within Myanmar
- Establishment of an MAFP headquarters in Yangon including an office space for the leadership team and a conference room for board meetings, membership meetings, and small group training sessions of up to 20 people
- Hiring of a part-time accountant, part-time office administrator, and full-time office associate
- Preliminary MAFP Constitution, outlining goals for the organization as well as membership tiers and training requirements
- First stages of development of MAFP organization structure including leadership positions, roles and responsibilities, and reporting requirements

### 3. Promote public-private partnership and collaboration between primary care leadership and institutions and governmental and academic leaders and institutions in an effort towards transformational primary care system reform

The creation of the MAFP was pivotal to the building of a sustainable foundation for primary care system reform in Myanmar. As a formal organization, the MAFP now has a strong platform from which to promote Family Medicine and raise awareness about the specialty. In addition, strategic planning sessions with the GHETS/BU Collaborative for current and future projects have helped prepare the MAFP for increased collaboration with governmental and academic leaders as well as other specialists in the medical community. Finally, the MAFP has been successful in holding meetings and beginning to collaborate with key political figures and representatives in the medical and educational communities. A direct result of this has been the MAFP leadership being invited to discuss plans for healthcare system reform by the newly elected government officials.

#### Outputs:

- Meetings of the MAFP and the GHETS/BU Collaborative with:
  - The Minister of Health and Director Generals within the ministry to raise the profile of Family Medicine and awareness about the MAFP
  - The rectors of University of Medicine 1 and University of Medicine 2 in Yangon to discuss academic collaborations
- Strategic planning sessions and creation of tools and documents to drive the mission and vision of the MAFP forward, specifically related to primary care system reform
- Increased recognition and reputation of the MAFP within the government that has led to a direct solicitation for input and attendance at meetings about primary care system reform by the newly elected government

## 2015 Travel Schedule

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In order to help guide and support the TOF course, attend meetings with stakeholders, be able to collaborate in-person with the MAFP, and support other project activities, the GHETS/BU Collaborative took the following trips to Myanmar in 2015:

**Dates:** May 28<sup>th</sup>, 2015 – June 3<sup>rd</sup>, 2015

**Travelers:** Jeff Markuns and Malwina Carrion

**Activities:**

- TOF course planning, date setting, and discussion on recruitment
- Strategy development with MAFP for grant including schedule of activities, logistics,
- Meetings with MOH and medical university rectors in Nay Pyi Taw at MOH offices
- Visits to Tin Aye's clinic and Aung Pyi Soe's medical student tutoring center

**Dates:** September 27<sup>th</sup>, 2015 – September 30<sup>th</sup>, 2015

**Travelers:** Jeff Markuns and Malwina Carrion

**Activities:**

- TOF Opening Ceremony
- Teaching of first two classes of TOF course
- Review of lectures and teaching materials with TOF course facilitators
- Development of MAFP membership requirements and planning of future training programs

**Dates:** November 2<sup>nd</sup>, 2015 – November 7<sup>th</sup>, 2015

**Travelers:** Jeff Markuns

**Activities:**

- TOF course sessions on curriculum feedback and giving lectures
- Strategic planning for collaborations with other international organizations present in Myanmar
- Participation in the Myanmar Medical Association membership meeting
- Informal meeting with University of Medicine 2 rector

**Dates:** November 30<sup>th</sup>, 2015 – December 6<sup>th</sup>, 2015

**Travelers:** Jeff Markuns and Laura Goldman

**Activities:**

- TOF Graduation Ceremony
- Strategic planning for collaborations with the government in Myanmar after 2015 as well as the universities and additional potential project supporters such as USAID and the World Bank
- Forecasting and deadline setting of MAFP organization infrastructure plans, advances, and needs
- Preliminary work with a volunteer US journalist to gather stories for future marketing materials

## Lessons Learned

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There have been many successes in this pilot year and it has created tremendous momentum for the development of Family Medicine in Myanmar. As with any new endeavor, there are lessons to be learned along the way that can be applied to the future phases of the project and continued work in Myanmar.

- The enthusiasm and passion for Family Medicine in Myanmar is very evident in the members of the MAFP. The level of work and dedication that they have put into getting the organization off the ground and as well as conducting activities has been inspiring.
- Bringing together multiple organizations to work on one project can be a tricky situation, particularly at first, as each has to learn to navigate the others' administrative processes and coordinate schedules. This can delay important actions such as the dissemination of funds and can result in a shorter project timeline. However, with a concentrated effort by all parties, it is possible to overcome the obstacles in the short-term to still achieve a remarkable level of success.
- The initial joining and infrastructure building of an organization can be time-consuming and requires a clear and focused plan of priorities. With the excitement around starting a long dreamed of organization, meetings and members can become overwhelmed with the tasks required to set a strong foundation. It is imperative to start meetings with dedicated agendas and specific goals so that progress can be documented and meetings can stay on task.
- Myanmar is a country that has been closed off for so many years and is currently in the midst of significant political and societal transformations. Therefore, it is important to be flexible to changes that can occur overnight and without warning, such as new policies or regulations within both the public and private sectors. Such changes must be shared with project partners as soon as possible so that delays and modifications to schedules can be made.
- The doctors who are committed to the work of the MAFP have been willing to suffer lost income from their private clinics and devote a significant amount of time for activities. As the MAFP grows, it should be a priority to find a way to compensate these doctors so that they know their dedication is important and appreciated as well as to encourage them to continue to be active members without worrying about financial loss.
- The transfer of funds to Myanmar can take longer than usual and at seemingly random intervals can require additional information to be sent to the bank in Myanmar. This needs to be taken into account and planned for to ensure that activities are not disrupted by a lack of funds.
- Some doctors in Myanmar may have had negative experiences with government or universities in the past. We must be sensitive and respectful to these relationships and the events that have occurred, particularly the GHETS/BU Collaborative as foreigners, while still pursuing our goals.
- Other MAFP partners, such as the Royal College of General Practitioners (RCGP), bring additional workshops that are beneficial to the advancement of the organization and its members. However, it is important that all parties coordinate trainings to ensure there are no scheduling conflicts and to build upon each other's work, where possible.

## Conclusions and Future Plans

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The pilot phase has been very successful and has created a level of excitement and positivity in the Myanmar medical community that has been missing in recent years. The generous support of SKLF allowed a group of highly skilled and successful GPs to realize their dream of creating a professional organization dedicated to Family Medicine. The government and the universities have taken notice of the development of the MAFP and have even begun to invite members to participate in discussions on strategic planning and reform, something that was previously seen as improbable if not impossible.

The significant success of the pilot program coupled with the more welcoming and open political climate has created the opportunity for the rapid development of Family Medicine in Myanmar. During Phase 2 of the project, we will aim to maximize the generous support of SKLF by focusing on the essential next steps to ensure the establishment of Family Medicine within the country.

As detailed in the project proposal, the goals of Phase 2 are:

- Strengthen primary care human resource infrastructure in Myanmar by preparing primary care leaders, trainers and providers
- Build clinical infrastructure to support training and clinical service delivery reforms
- Further enhance the organizational infrastructure of the MAFP to support program expansion throughout Myanmar
- Fortify relationships with governmental, academic, and private entities in an effort to promote primary care and subsequent public policy reforms in Myanmar

With the continued support and enthusiasm of SKLF, the collaboration between the MAFP and the GHETS/BU Collaborative can carry on developing Family Medicine within the country and helping to shape the next chapter of healthcare in Myanmar.



## Budget

The following is the approved budget from the pilot phase of the TMMEP program. All funds have been transferred to the MAFP. All funds for both the MAFP and the GHETS/BU Collaborative have been spent with the exception of the money for the clinical physical structure upgrades and ambulatory teaching support. This money is currently being held as the plans for the clinics are finalized. Once the clinics are complete, the money earmarked for ambulatory teaching support will be utilized for this purpose.

Activities	MAFP	GHETS/BU	Spent	Balance
<b>TRAINING-OF-FACULTY</b>				
International Program in Taiwan	Support direct from SKLF			
In-country Faculty Development Course		\$ 30,000	\$ 30,000	\$0
Myanmar lecturer support	\$ 1,000		\$ 1,000	\$0
International lecturer support	\$ 1,000		\$ 1,000	\$0
Participant stipends (20 faculty members)	\$ 8,000		\$ 8,000	\$0
Didactic training (facility, equipment, refreshment)	\$ 2,000		\$ 2,000	\$0
Teaching materials	\$ 1,000		\$ 1,000	\$0
Travel costs for Mandalay faculty	\$ 2,000		\$ 2,000	\$0
Administration	\$ 4,250		\$ 4,250	\$0
<b>CLINICAL TRAINING SITES</b>				
Clinical physical structure upgrades	\$ 9,000		\$ 9,000	\$0*
Ambulatory teaching support	\$ 7,000		\$ 7,000	\$0*
Administration	\$ 9,000		\$ 9,000	\$0
<b>PRIMARY CARE SYSTEM REFORM PLANNING</b>				
Local and national stakeholder planning meetings	\$ 1,000	\$ 8,000	\$ 9,000	\$0
International partner system review	\$ 1,000	\$ 3,000	\$ 4,000	\$0
Strategic plan development	\$ 1,000	\$ 3,000	\$ 4,000	\$0
Contingency	\$ 2,500	\$ 2,250	\$ 4,750	\$0
<b>Subtotal 1</b>	<b>\$ 49,750</b>	<b>\$ 46,250</b>	<b>\$ 96,000</b>	<b>\$0</b>
<b>Taiwan tax</b>				\$ 24,000
<b>Subtotal 2</b>				<b>\$ 24,000</b>
<b>Travel (direct reimbursement)</b>		\$ 10,000	\$ 10,000	\$ 10,000
<b>Total</b>	<b>\$ 49,750</b>	<b>\$ 56,250</b>	<b>\$ 106,000</b>	<b>\$0</b>