

SOUTH-EAST ASIA REGION

Funding requirement

US\$49 526 000

CONTEXT

The WHO South-East Asia Region (SEARO) comprises eleven middle to low-income countries and is home to over a quarter of the global population. The Region is vulnerable to health emergencies caused by natural hazards (e.g., earthquakes, cyclones, floods, landslides) and emerging and re-emerging infections and zoonotic diseases (e.g., Nipah virus infection, Japanese encephalitis, dengue etc). Poverty, haphazard urbanization, unplanned development, climate change, aging populations and armed conflict are among the many factors that exacerbate the vulnerabilities affecting millions of people every year. It is of paramount importance for the Region to be prepared to respond to health emergencies. However, investment in the health sector is limited and emergency response continues to be a challenge.

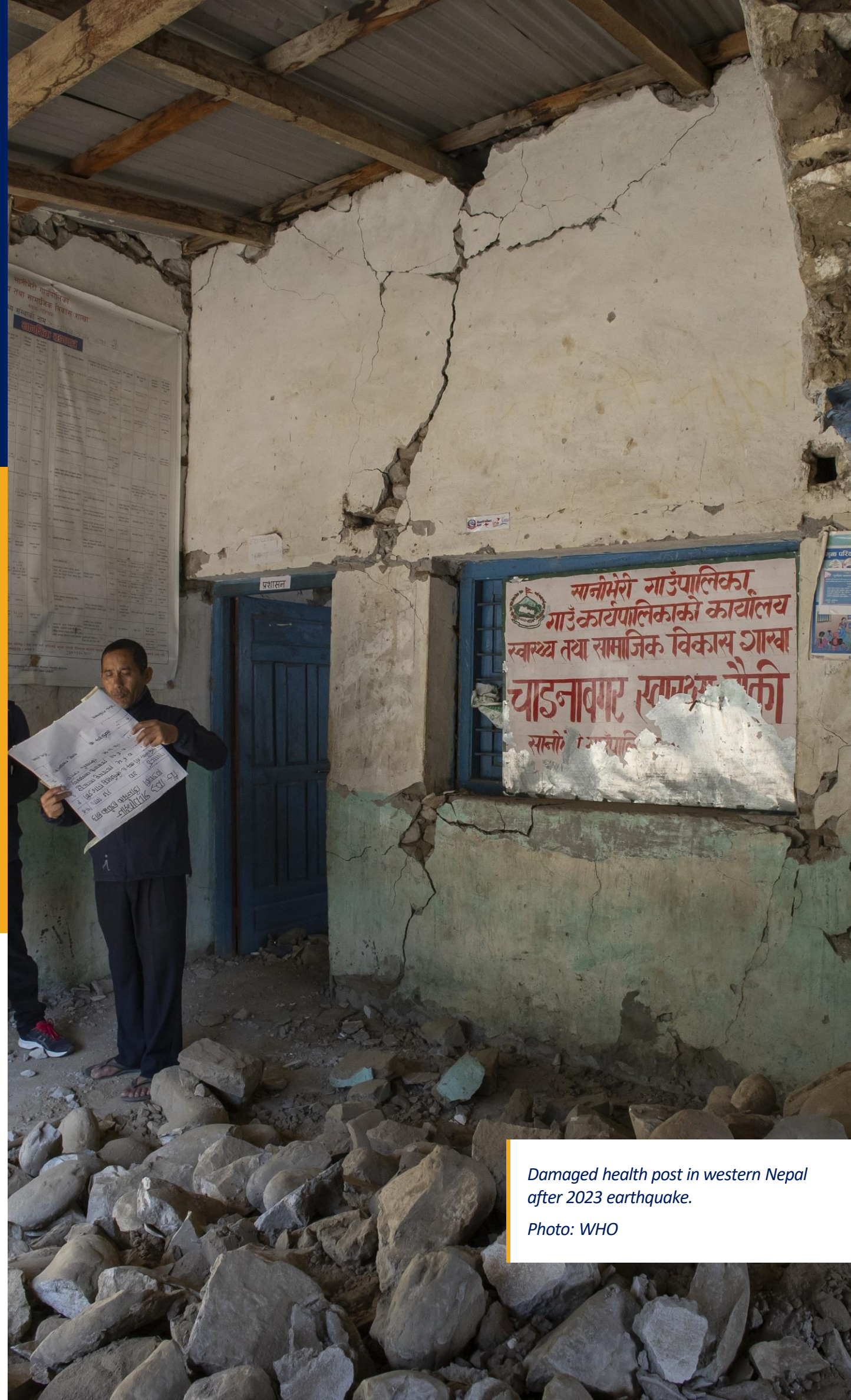
The South-East Asia Region was one of the regions hardest hit by the COVID-19 pandemic. Since January 2020, over 61 million cases of COVID-19 and over 806 000 deaths have been reported from the Region. The Region is also affected by the recent mpox pandemic. Though the numbers of mpox cases have been limited, it is critical that the Region remains ready to respond given the many risks and vulnerabilities. The devastating health effects of the pandemic were followed by catastrophic socioeconomic consequences and several countries in the Region continue to face challenges in financing the public health sector. The disastrous economic crisis in Sri Lanka, ongoing Rohingya refugee response in Cox's Bazar, civil conflict and a humanitarian crisis in Myanmar, and the prolonged closure of borders in DPR Korea have severely impacted the supply of essential medicines and minimum resources required to provide essential health services.

Two countries in the Region simultaneously continue to face protracted and acute emergencies. The Rohingya crisis entered its sixth year, with over 1 million refugees hosted in Cox's Bazar, Bangladesh. WHO continues to support the provision of essential health care services to refugees. In addition, the political situation in Myanmar since February 2021 has exacerbated conflicts in some of the country's states and poses challenges for the population to access essential health services as humanitarian need increases as a result of the fighting. The situation has increased fragility and requires a larger response to ensure humanitarian needs are met.



Flood hit province in Bangladesh.

Photo: WHO



Damaged health post in western Nepal after 2023 earthquake.

Photo: WHO

WHO REGIONAL PRIORITIES

The WHO South-East Asia Regional Office continues working with the Member States and partners on health systems' recovery, building resilience in health systems to ensure health security. The Region published the Regional Strategic Roadmap on Health Security and Health Systems Resilience for Emergencies which will guide the Region in the years up to 2027.

In line with the Regional Roadmap, the broad strategies adopted by the Region in 2024 remain to:

- Support targeted and context-specific emergency response operations to provide healthcare services to populations, focusing on the most vulnerable.
- Strengthen the recovery capacity of health systems, incorporating principles of disaster risk reduction, health systems resilience and multisectoral engagement.

The strategies have been drafted adopting the principles of gender parity, equity and human rights, ensuring that no one is left behind and that communities are at the center of all actions. Some of the key areas of the response include:

Coordination

- Ensure a coordinated response to the emergencies, building on the comparative advantage of all stakeholders through the existing platforms at the regional and country levels through United Nations Teams and Humanitarian Teams.
- Ensure cross-border collaboration in crisis response.

Technical support

- Ensure effective disease surveillance, risk communication and community engagement, infection prevention and control, and laboratory support and clinical management.
- Ensure compliance with norms and standards on mass gatherings and points of entry in health response.

Access to essential health services

- Ensure continuity of essential and basic health services, particularly in fragile, vulnerable and conflict-affected settings.
- Address urgent health care needs of migrants and refugees and other vulnerable groups.
- Support regional stockpiling, developing regional hubs and building a strong logistics system.

BANGLADESH

The Rohingya crisis in Cox's Bazar, Bangladesh, has entered its sixth year and remains an extremely vulnerable context. Currently, it hosts 967 467 Rohingya refugees in 33 camps in Ukhiya and Teknaf Upazilas, excluding over 30 000 refugees who had been voluntarily relocated to the island of Bhasan Char in Noakhali district. In 2024, WHO in Cox's Bazar, Bangladesh will be supporting mainly outbreak readiness and response activities, aiming to cover a total of 1 million people. The key objectives will be to sustain a streamlined and coordinated health sector response to disease outbreaks and other health-related hazards and to reaffirm multisectoral partnerships and prepare for, prevent, and quickly respond to outbreaks of communicable disease and other health-related hazards, including for periods of increased risk during the monsoon and cyclone seasons.

Strategic Objective 1: (Coordination): To collectively prepare for and respond to humanitarian and public health emergencies to improve the health outcomes of affected populations through timely, predictable, appropriate, and effective coordinated health action.

Strategic Objective 2: (Preparedness and Response): Prepare for, prevent, and respond quickly to outbreaks of communicable diseases and other health-related hazards, including for periods of increased risk during the monsoon and cyclone seasons.

Proposed activities for 2024:

- Provide essential laboratory and medical supplies including Interagency Emergency Health kits and trauma kits for emergency preparedness and response for an estimated 100 000 patients.
- Build capacity of over 500 health workers around interventions to save lives and strengthen health systems.
- Test 5000 patients for hepatitis C by rapid diagnostic tests and provide treatment to 1000 hepatitis C HCV ribonucleic acid confirmed patients considering a 20% positivity rate in Rohingya refugees.
- Establish antimicrobial resistance surveillance in refugee settings and test 2400 samples in the year 2024.
- Promote healthy lifestyles and reduce the risk of non-communicable diseases, particularly in women.
- Provide technical and logistical support to health sector partners to establish 10 blood transfusion centers in selected health facilities in camps especially for obstetric care and improving delivery outcomes.
- Conduct a scientific survey/study to assess adherence to TB treatment among Rohingya populations to enhance treatment compliance.
- Enhance health information systems at primary and secondary health care level.
- Support the oral cholera vaccination campaign.



*WHO Infection Prevention and Control Specialist, Rebecca Rachel, visits a hospital in Bangladesh.
Photo: WHO*

MYANMAR

With the current political situation and the ongoing armed conflicts in several states across the country, Myanmar is facing several challenges to providing essential health services. In 2024, WHO along with health cluster partners is targeting to reach 2.7 million people among 12.1 million people in need of health assistance. The total funding requirement for the health cluster is estimated at USD 130 million to provide lifesaving health interventions, prevent disease outbreaks, ensure essential health service provision and build capacities among frontline health workers.

Strategic Objective 1: Strengthen capacities to prepare for timely detection and response to Health Emergencies.

Strategic Objective 2: Save lives and improve access to priority life-saving health services, ensuring quality and inclusive healthcare for people most in need of humanitarian health assistance.

Proposed activities for 2024 include:

- Ensure delivery of priority lifesaving healthcare and services through mobile & static clinics, telemedicine and purchase of services – from for-profit, not-for-profit institutions and public facilities. Direct provision of lifesaving medicines, medical devices and assistive products to improve access to high priority lifesaving health services, ensuring quality and inclusive health care for the people most in need of humanitarian health assistance.
- Conduct timely and effective validation and coordinated responses to disease outbreaks through functioning Early Warning, Alert and Response System (EWARS) and communication among relevant stakeholders.
- Ensure preposition and timely distribution of life-saving supplies through efficient logistic and operational support, aiming to save lives and provide early detection and response to disease outbreaks. Integrate lifesaving diagnostic and treatment services for communicable diseases including HIV, hepatitis B&C, tuberculosis and malaria, etc.
- Support mental health and psychological support services to all populations affected by conflict, natural disasters, and other acute health emergencies.
- Enhance lifesaving reproductive, maternal and child health care including support for a lifesaving package of services for antenatal care, emergency obstetric care and related referrals, and services for the prevention of mother to child transmission of HIV and syphilis.
- Provide health cluster coordination training to critical staff in health partners.
- Enhance Risk Communication and Community Engagement (RCCE) activities through technical and logistic support and capacity-building.



A mobile clinic in Hko Ma Monastery IDP camp, Tarmakhan.

Photo: Best Shelter

ACHIEVEMENTS IN 2023

SUPPORTING REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH IN COX'S BAZAR



*Health care workers receive practical training
in antenatal care at a Medical College in
Bangladesh.*

Photo: WHO/Terence Ngwabe Che

The health system in Cox's Bazar has been overwhelmed by a massive influx of displaced Rohingyas for over a decade. The refugees and the local communities have significant health needs, especially pregnant women and their newborns. WHO has been working to address this challenge by implementing a comprehensive Reproductive, Maternal, Newborn, Child and Adolescent Health (RMCAH) strategy covering all interventions from community to facility level. One of the key elements of the strategy is to improve the clinical skills of health service providers in managing major direct obstetric complications including: bleeding before, during and after delivery, high blood pressure and related disorders, obstructed labour and peripartum infection, and new-born resuscitation and postnatal care of mothers and infants. In this regard, WHO is supporting the multidisciplinary skills lab in Cox's Bazar Medical College, a practical training hub that teaches trainees clinical procedures in a structured and supervised teaching environment until they reach the required minimum standard for patient treatment. The training also includes a rigorous evaluation process that tests the knowledge and skills of the trainees before and after the training and through an Objective Structured Clinical Examination (OSCE).

Professor Dr Md. Farhad Hussain, Principal of Cox's Bazar Medical College and Chairperson of the Skills Lab Management and Coordination Committee (SLMCC) said, "We are honored to collaborate with WHO to set up the first multidisciplinary skills lab in Cox's Bazar. The skills lab has enabled us to organize clinical skills-based, hands-on training programs that have improved the knowledge of our trainers on national guidelines and recommendations. This has also helped our students and healthcare workers to enhance their practical knowledge and skills to manage obstetric and newborn complications in Cox's Bazar and Rohingya camps."

FOR MORE INFORMATION

Dr Edwin Salvador | Regional Emergency Director | WHO Health Emergencies Programme, South-East Asia Regional Office
| salvadore@who.int

Dr Nilesh Buddha | Lead (Regional Emergencies) | WHO Health Emergencies Programme, South-East Asia Regional Office
| buddhan@who.int