

SOUTH-EAST ASIA REGION

Requirements US\$ 144.7 million



Rohingya camp in Cox's Bazar, Bangladesh. WHO mobilized partners in Cox's Bazar, Bangladesh to establish over 1000 beds in and around the camps for treatment of severe cases of COVID-19. WHO also enhanced the disease surveillance system, strengthened contact tracing, trained health workers on infection prevention and control, and delivered essential health supplies.
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Context

Several of the 11 Member States that comprise the WHO South-East Asia Region are low- and middle-income countries, where the government is the leading health service provider and investment in the health sector remains a challenge.

The Region is vulnerable to health emergencies caused by natural hazards (e.g. earthquakes, cyclones, and floods), as well as emerging and re-emerging infections and zoonotic diseases (e.g. Zika, Nipah virus and Japanese encephalitis). Moreover, rapid urbanization, aging populations, unplanned development and armed conflict exacerbate this vulnerability. Despite the need to prepare for health emergencies in the Region, investment in health sector preparedness and response continues to be a challenge.

Since January 2020, over 55 million cases of COVID-19 and more than 750 000 COVID-19-related deaths were reported. The Region experienced several COVID-19 surges, overwhelming the health systems in some countries, especially during the deadly Delta variant wave. As in other regions, the health effects of the pandemic were followed by severe socioeconomic consequences and human suffering.

In this context, financing the already fragile health systems in the Region is an increasing challenge. This affects negatively the provision of essential health services, adding to the morbidity and mortality caused by COVID-19. The repeated waves of COVID-19, its associated “lockdowns” and health measures, the repercussions of misinformation, and constraints on travel, movement and trade – all this is undermining the Region's ability to bounce back better and stronger.

WHO has been contributing to the pandemic response by providing high-level technical and operational support. Through global and regional partnerships and platforms, the WHO Regional Office for South-East Asia works with partners and stakeholders, building on their comparative advantages to provide support across 11 strategic areas.

Member States continued to face protracted and acute emergencies at the same time as the COVID-19 pandemic. The Rohingya crisis entered its fifth year, with almost 1 million refugees housed in Cox's Bazar, Bangladesh. WHO continues to support strengthening the provision of essential health services for the refugees.

The ongoing conflict in Myanmar has increased the country's fragility; the political situation that erupted in February 2021 has posed additional challenges to the pandemic response.

Increased funding is critical to address the deteriorating humanitarian situation and minimize further human suffering in 2022.

Results achieved in 2021

- **Established the Regional Incident Management Support Team**, which coordinated all technical and operational support to the Member States through WHO country teams in all 11 Member States.
- **Developed and implemented the Strategic Preparedness and Response Plan for 2020 and 2021** and closely monitored through the Global Monitoring and Evaluation Framework. This mechanism facilitated the COVID-19 response for a population of almost 1.75 billion, including roll-out of COVID-19 vaccination. Approximately 53.7% of the total population in the Region is now fully vaccinated, with 66.5% of the population having received at least one dose.
- **Continued response to the Rohingya crisis**, addressing the health needs of almost 1 million refugees housed in Cox's Bazar, Bangladesh. Established a strong Early Warning Response and Alert System to help prevent catastrophic outbreaks of COVID-19 in the refugee camps.
- **Strengthened genomic sequencing capacity across the Region**, which remains critical in the COVID-19 response. Ongoing work with the WHO Collaborating Centres and partnerships established through the ACT-A and Health Systems Connector played a pivotal role in this area.

Response strategy

The WHO Regional Office for South-East Asia continues to work with Member States and partners to address the urgent and lifesaving health needs of the Region's vulnerable populations, coordinating a response in line with global standards and guidance. The broad strategies adopted include:

- Support context-specific emergency operations to ensure an effective response to the COVID-19 pandemic in the Region's Member States.
- Ensure the provision of essential health services to the most vulnerable populations, especially those in humanitarian settings (e.g. Rohingya refugees).
- Facilitate building back better by focusing on resilient health systems.

As a cross-cutting approach, the strategy will encompass gender, equity and human rights to ensure no one is left behind and communities are at the centre of all actions.



Regional priorities

Coordination

- As the Health Cluster Coordinator, build capacity and partnerships, which will be key to a stronger response in 2022.
- Maintain existing platforms at regional and country level through UN Teams and Humanitarian Teams to ensure a coordinated response, building on the comparative advantages of all stakeholders.
- Integrate cross-border collaboration as part of coordination efforts.

Technical support

- Provide technical support in disease surveillance, risk communication and community engagement, infection prevention and control, laboratory support, and clinical management.
- Sustain ongoing technical work for mass gatherings and for public health and social measures.

Supply chain management

- Continue supporting regional stockpiling, developing regional hubs, and building the capacity of human resources.

Essential health services

- Support health systems to ensure the continuity of essential and basic health services, especially in fragile, vulnerable and conflict-affected settings.
- Address health care needs of migrants, refugees and other vulnerable groups.

WHO supported COVID-19 preparedness and response for vulnerable Rohingya refugees and host communities in Cox's Bazar, Bangladesh. WHO Infection Prevention and Control Specialist speaks with a doctor at a Severe Acute Respiratory Infection Isolation and Treatment Centre in a Rohingya camp. © WHO / Fabeha Monir

Vaccines

- Continue COVID-19 vaccination activities.
- Maintain routine immunization programmes.

Research and evidence generation

- Conduct accurate data collection and analysis to inform evidence-based policies and interventions for the pandemic response.

COVID-19 response

The South-East Asia Region continues to work to maintain essential health services during the COVID-19 pandemic, with a renewed focus on vaccination and research. The response is aligned with the Strategic Preparedness and Response Plan for 2022. A large component of this work includes coordination with partners through regional platforms and mechanisms established in 2020–2021. Risk communication, community engagement, and infodemic management activities – including the development and dissemination of critical information and addressing misinformation and rumours – will continue throughout 2022. A focus will also be placed on strengthening surveillance, epidemiological investigation and contact tracing, as well as on adjusting public health and social measures, as needed. To ensure a holistic COVID-19 response, the Regional Office is also strengthening activities for: points of entry, international travel and transport, and mass gatherings; laboratories and diagnostics; infection prevention and control, and protection of the health workforce; case management, clinical operations, and therapeutics; operational support; as well as logistics and supply chains.

Focus country

Myanmar



- People in need: 14.4 million
- People targeted: 6.2 million
- Requirements (US\$): 10.54 million

Since the military takeover in Myanmar on 1 February 2021, the public health workforce has been severely impacted by the Civil Disobedience Movement, which has drastically reduced the range of essential health services available in the public sector. Simultaneously, the country is experiencing decreased

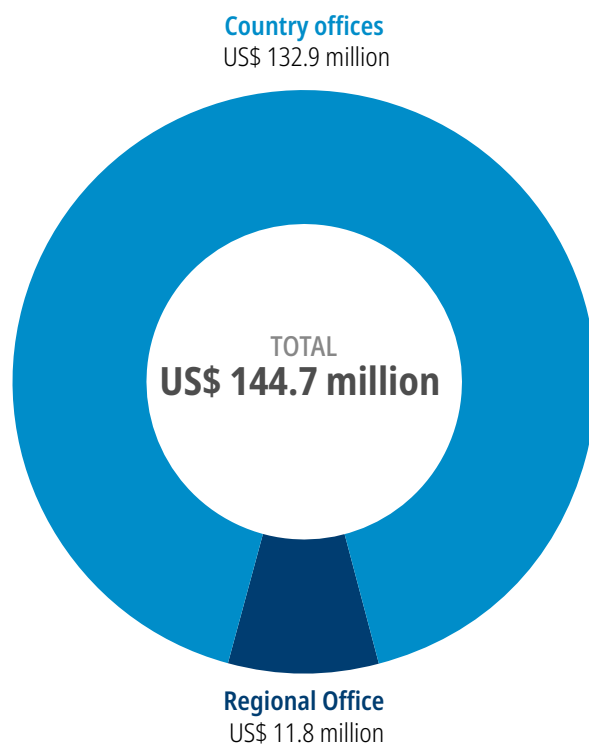
public confidence in the services provided by the de facto authorities; weakened livelihoods due to long COVID-19 restrictions; and a wave of COVID-19 infections that overloaded the public health system, resulting in a 4.78% case fatality rate. Routine immunizations have been disrupted. This has resulted in declining numbers of children protected against preventable diseases, combined with higher risks of explosive outbreaks and poor health outcomes. Surveillance, diagnosis, and treatment for tuberculosis and malaria are also extremely limited. Training, equipping and protecting frontline care providers, together with equitable vaccination, are priority actions in the COVID-19 response.

Airport Staff unload a cargo of COVID-19 vaccines and test kits at Yangon International Airport on 1 June 2020.
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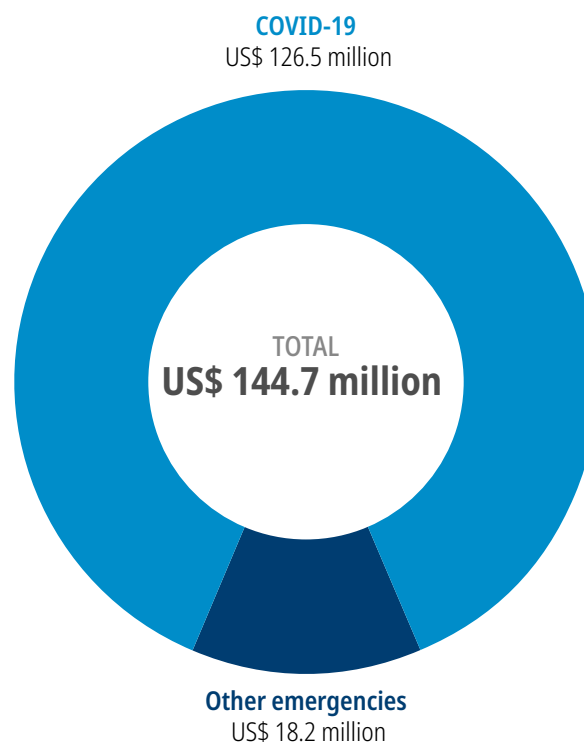


Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	10.4
P2. Risk communication and community engagement	7.4
P3. Surveillance case investigation and contact tracing	18.1
P4. Travel, trade, points of entry and mass gatherings	2.8
P5. Diagnostics and testing	25.1
P6. Infection prevention and control	6.8
P7. Case management and therapeutics	9.8
P8. Operational support and logistics	23.0
P9. Essential health systems and services	12.3
P10. Vaccination	23.6
P11. Research innovation and evidence	5.3
Total	144.7

For more information

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