

MYANMAR

People in need
14.4 million

People targeted
6.2 million

Requirements
US\$ 10.54 million



Context

Since the military takeover 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. The reduction in services is occurring simultaneously with a reduction in public confidence in the services provided by the de facto authorities, reduced livelihoods due to long periods of COVID-19 restrictions, and a wave of COVID-19 infections that overwhelmed public health systems. Routine immunization has been disrupted, decreasing the number of children protected against preventable diseases and risking explosive outbreaks and poor health outcomes. Surveillance, diagnosis and treatment for tuberculosis and malaria is also extremely limited. Armed resistance against the military government has increased since September 2021 in many parts of the country, increasing displacement and the need for emergency care for conflict-related injuries, including land mines and other explosive remnants of war. Access to the most vulnerable populations remains limited by the de facto authorities.

Response strategy

WHO continues to work with partners to establish alternative channels for access to emergency and essential health services while advocating for the safe provision of health care through the revitalization of the public sector. The following priorities will be integrated into the response strategy:

- Build capacity of partner organizations already on the ground to expand and improve health services offered to those who are excluded from other access to care.
- Work with UNICEF to secure vaccines through the COVAX facility, and the humanitarian buffer while working with partners to ensure increased access to safe COVID-19 care for mild, moderate, and severe cases.
- Facilitate coordination among development and humanitarian health partners to promote essential health services.

Country priorities

- Communicable diseases are prevented, detected, and rapidly responded to among internally displaced persons in conflict- and disaster-affected areas.
- Displaced and crisis-affected people receive essential health services, including lifesaving maternal, newborn, child, and sexual and reproductive health services, as well as treatments for non-communicable diseases, mental health, and psychosocial support.
- Communicable diseases are prevented, detected, and rapidly responded to among non-displaced vulnerable people in conflict- and disaster-affected areas.
- Vulnerable people receive essential health services, including lifesaving maternal, newborn, child, sexual and reproductive health services, as well as treatments for non-communicable diseases, mental health, and psychosocial support.

Planned activities to help meet these priorities include:

- Provide primary health care services aligned with the essential package of health services, including sexual and reproductive, maternal, newborn, adolescent, and child health.
- Provide emergency health care for victims of conflict, landmine, and explosive remnants of war injuries.
- Provide referrals for specific emergency services, such as trauma care, emergency obstetric and newborn care, care in life-threatening emergencies, and gender-based violence clinical care and specialized services.
- Provide mental health and psychosocial support services.
- Fill routine and supplemental vaccination gaps for children and women.
- Prevent, detect, and rapidly respond (care and treatment) to communicable disease outbreaks for at-risk and affected people.

Staff from the Myanmar Humanitarian Fund monitor primary and reproductive health services at a rural health centre in Sittwe. © WHO / Hnin Thiri Naing

- Support the delivery of rehabilitation services and the provision of assistive devices, technology, and products for people with physical injuries and different forms of impairments (including chronic diseases).
- Provide training to frontline workers, contingency medical supplies, and health logistics services to ensure support for routine and emergency services, COVID-19 prevention and treatment, and continuity of treatment for HIV/AIDS, tuberculosis, and non-communicable diseases, such as diabetes and hypertension.

COVID-19 response

Training, equipping, and protecting frontline care providers and ensuring equitable vaccination are the top COVID-19 response priorities. WHO Myanmar will:

- Work with partners to coordinate oxygen supply, provide evidence-based home care guidance, support stockpiling of medicines and personal protective equipment, and train frontline staff.
- Together with UNICEF, work with the COVAX facility, the humanitarian buffer, and the public and private sectors to ensure all vaccination campaign staff have the training and protective materials needed to safely deliver vaccines to the people of Myanmar.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.17	-	1.17
P2. Risk communication and community engagement	-	0.64	0.64
P3. Surveillance, case investigation, and contact tracing	-	0.64	0.64
P5. Diagnostics and testing	-	1.28	1.28
P6. Infection prevention and control	1.28	-	1.28
P7. Case management and therapeutics	-	0.64	0.64
P8. Operational support and logistics	1.34	3.21	4.55
P9. Essential health systems and services	0.32	-	0.32
Total	4.12	6.42	10.54

For more information

Dr Thushara Fernando

WHO Representative

WHO Myanmar

fernandot@who.int



A family in an informal settlement in Hlaingtharyar Township, Yangon in May 2021. © OCHA / Hnin Thiri Naing