






Resources needed by WHO to support
Covid19 response until 31 Dec 2020

USD 6,523,870

Epidemiology overview 9 Oct 2020

	367,539	specimens tested
	15,581	persons under investigation
	22,445	laboratory confirmed Covid19 cases
	6,366	recovered
	535	deaths

Overall resources monitoring

pillars	cost USD
pillar 1: coordination	1,395,612
pillar 2: risk comms	5,683,549
pillar 3: surveillance	11,404,206
pillar 4: points of entry	75,038
pillar 5: national laboratories system	9,023,638
pillar 6: IPC	27,507,423
pillar 7: case management	62,126,119
pillar 8: supply logistics	9,589,739
pillar 9: essential health	3,071,088
non-specific	37,508,509
Unspecified	17,949,871
Total	185,334,791

Notes: as per the resource mapping inputs data from partners and donors, 08 Oct 2020, 1300 hrs; further, the non-specific category includes USD 37.52m from Government of Myanmar.

Strategic Objectives:

Build capacity and sustain coordination for detection and response.

Strengthen operational readiness to prevent disease spread.

Mitigate impact in the event of community transmission.



Arrival of WHO medical supplies to Myanmar at Yangon International Airport, 19 July 2020

Highlights

- A locally transmitted Covid19 case was detected in Sittwe on 16 Aug 2020 followed by a surge of Covid19 cases in Rakhine State and Yangon Region. Public health and social measures were further stepped up in both areas. *Stay at home* programmes are in place for Sittwe **since 20 Aug 2020**, in Rakhine state as a whole since **26 Aug 2020**, and in Yangon Region as a whole **since 21 Sept 2020**. Suspension of *domestic* airlines commenced on 11 September and extended until **31 October**. Suspension of *international* commercial aviation has been extended to **31 Oct 2020**.
- With recent spike of cases in Yangon Region and Rakhine state, Ministry of Health and Sports (MoHS) expanded facilities for clinical management, laboratories, and quarantine to actively contain the situation. Policies for quarantine, hospitalization and discharge of cases have already been adjusted, based on periodic epidemiological review as well as continuous technical updates from WHO.
- WHO Myanmar continues to actively support a *whole-of-society* pandemic response, including government, UNCT, HCT, CPG, diplomatic community, development & humanitarian partners, media, private sector, civil society. Weekly multi-sectoral coordination meetings of Covid19 partners were held from 31 January 2020 through 30 April 2020, after which they were mainstreamed in existing national Health Cluster coordination meetings and in three technical groups. Each of these four fora is co-led by MoHS and WHO. Three technical groups were organized for targeted actions for: (1) Laboratories & surveillance, (2) Case management & infection prevention & control, (3) Risk communication & community engagement.
- UN Myanmar developed three plans: (1) *Country preparedness & response plan* in support of the *MoHS contingency plan*, (2) UN framework for socio-economic response to Covid19 in Myanmar, July 2020, (3) Humanitarian response plan *Covid19 addendum*, 26 June 2020.
- A joint task force between MoHS and UN country team Myanmar has been set up, facilitated by WR Myanmar, to develop **joint addendum** to the Myanmar Health Sector Covid19 outbreak response contingency plan and UN Myanmar Country preparedness and response plan, with a revised time line extended to **30 September 2021**.
- Resources monitoring of contributions by multiple partners amounts to USD185million to date. Monitoring is based on partners' inputs and quality checks. MoHS' contingency plan requires USD300 million for **2020-2024**. Using comparative advantage, WHO Myanmar **needs USD 6.5million** to support the national Covid19 response til **end-2020, 69% funded** to date.

contact

WHO Myanmar country office:
Dr Stephan Paul Jost
WHO Representative
email: josts@who.int

WHO strategic areas for intervention by pillar

Pillar 1: Country-level coordination, planning, and monitoring

- Partner coordination, capacity building of field partners and support for the health emergency operations centers (HEOC)
- Technical assistance for development, updating and monitoring of key planning and guiding documents
- Outbreak modelling for strategic decision-making and response planning
- Information management support and resource mapping

Pillar 2: Risk communication and community engagement

- Regular RCCE partners' coordination including monitoring and implementation of the RCCE strategic plan and RCCE stakeholder mapping
- Print, digital and social media monitoring; proactive media engagement; assessment and survey for tailoring RCCE needs; and development, translation and dissemination of key public health messages including global updates;

Pillar 3: Surveillance, rapid response teams, and case investigation

- Technical and operational assistance for enhancing surveillance through case investigation & contact tracing
- Information and data management support
- Support international surveillance and case investigations under International Health Regulations (2005).
- Operational and capacity building support of rapid response teams at States and Regional levels.

Pillar 4: Points of entry

- Technical assistance and participation in regular coordination platforms concerning returning migrants and quarantine procedures
- Support for strengthening border health posts especially at international land crossings

Pillar 5: National laboratories

- Technical assistance for updating testing and laboratory expansion strategies
- Logistics support for testing kits, laboratory machines, equipment, consumables, and reagents
- Capacity building of laboratory staff at States and Regions
- Human resource support for strengthening of laboratory and data management capacity
- With support from WHO & partners, Myanmar made remarkable progress from having no local capacity to the current testing capacity between 4000 to 4,500 tests per day at 35 facilities.

WHO resources requirement for 2020¹:

pillar	cost USD
pillar 1: coordination	796,762
pillar 2: risk comms & community engagement	131,000
pillar 3: surveillance	619,501
pillar 4: points of entry	0
pillar 5: national laboratories system	2,430,270
pillar 6: infection prevention & control	746,341
pillar 7: case management	1,062,526
pillar 8: supplies logistics	597,470
pillar 9: essential health services	140,000
projected total	6,523,870

Pillar 6: Infection prevention and control

- Technical assistance for IPC related priorities and recommendations both in the clinical and public settings
- Disseminate guidelines & SOPs on clinical management of SARI cases including Covid19 and IPC to all States and Regional hospitals across the country
- Logistics support for procurement of personal protective equipment, hand sanitizers, bleaching powder, and other IPC materials

Pillar 7: Case management

- Regular partner coordination and sharing of global updates on technical guidance, including progress on medicines and vaccine development, concerned with clinical case management
- Capacity-building for clinicians, hospital administrators on updated and best practices in managing Covid19 patients and severe acute respiratory diseases in facilities with high dependency and intensive care units and those without intensive care units.
- Technical support through case management webinar series and data management of clinical cases
- Logistic support in re-equipping designated health facilities for Covid19 to the necessary functionality to proper case management.
- Participation in the oxygen survey

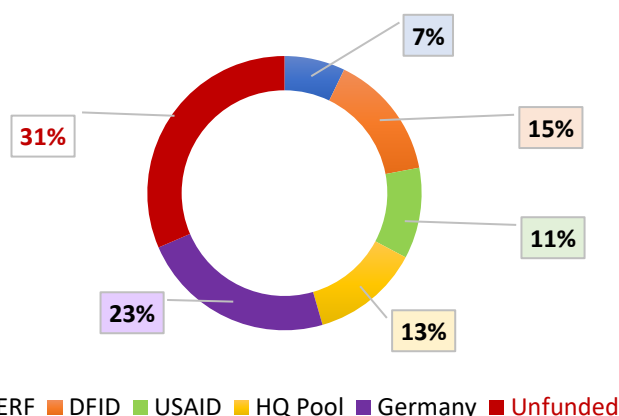
Pillar 8: Operational support and logistics

- Technical assistance for strengthening of eLMIS
- Cross-cutting logistics support for operations including procurement of priority items in limited global supply through utilization of the Covid19 supply portal

Pillar 9: Maintaining essential health services during an outbreak

- Technical assistance for preparation of necessary plans to continue essential health services such as immunization, HIV-TB, malaria, nutrition, RMNCAH and non-communicable diseases
- Operational support for essential health service provision to fragile, conflict, and vulnerable settings with ongoing humanitarian operations and other hard to reach areas
- Proposals developed, with WHO Myanmar as penholder, to Global Fund to secure an additional \$17.7 million to support mitigation of Covid19 impact on TB, HIV and malaria services, in addition to strengthening an expanding number of Covid19 testing laboratories in strategic locations in the country.

WHO Covid19 funding situation



¹ Includes all activities related to Covid19 funded from the OCR Covid workplan from January to end-December 2020 through WHO Myanmar. Excludes activities related to Covid19 funded from other workplans as per the corresponding donor agreements. Adjusted to collaborative activities with feasible implementation by 31 December 2020.