






RESOURCES NEEDED by WHO for COVID19 until 31 December 2020

USD 9,223,593

EPIDEMIOLOGIC OVERVIEW

	88,234	total specimens tested
	6,233	persons under investigation
	321	laboratory confirmed cases
	254	recovered
	6	deaths (5 in Yangon)

source: Ministry of Health & Sports, Myanmar, 10 July 2020, 0800 hrs

OVERALL RESOURCE MONITORING

Pillars	Cost (USD)
Pillar 1: Coordination	1,415,159
Pillar 2: RCCE	5,728,376
Pillar 3: Surveillance	11,385,400
Pillar 4: PoE	57,003
Pillar 5: Natl Laboratory	8,357,936
Pillar 6: IPC	25,435,147
Pillar 7: Case mgt	63,043,972
Pillar 8: OSL	8,970,378
Pillar 9: Essential health	351,158
Non-specific	37,604,105
Unspecified	18,114,068
Total	180,462,703

Notes: as per the resource mapping inputs data from partners and donors, 10 July 2020, 1200 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 personal protective equipment donation to Myanmar, Yangon airport, 31 May 2020

Highlights

- WHO Myanmar continues active engagement to support a multi-sectoral response to the pandemic including with GoM, MoHS, UN, diplomatic community, health partners, development actors, humanitarian actors, private sector, and the media.
- Weekly coordination meeting among Covid19 partners were held from 31 January 2020 through April 2020, after which the agenda item was mainstreamed in the existing national Health Cluster coordination meetings. This is co-led by MoHS and WHO. Three technical subgroups were further organized for more targeted discussion and actions, all co-led by MoHS and WHO: (1) Laboratory and surveillance subgroup, (2) Case management and infection prevention and control subgroup, and (3) Risk communication and community engagement subgroup.
- Following issuance of MoHS flash proposal in February 2020, the Health sector contingency plan: outbreak response on Covid-19 and other emerging respiratory disease in Myanmar was released in April 2020.
- UN has developed three plans: (1) Country Preparedness and Response Plan in support of the MoHS contingency plan, (2) UN framework for the immediate socio-economic response to Covid19 in Myanmar, July 2020, and (3) Humanitarian Response Plan Covid19 addendum, 26 June 2020.
- With support from WHO & partners, Myanmar made remarkable progress from having no local capacity to test Covid19 in country to the current testing capacity between 2,000 to 3,000 tests per day. This includes expansion of laboratory capacities, testing strategy and testing steering.
- Current suspension of commercial international flights are enforced until end of July 2020. Quarantine and travel measures are likewise observed in domestic travel and adjusted accordingly based on periodic review of epidemiological situation.
- Overall resource monitoring of contributions by a wide range of donors and partners amounts to USD 180 million to date. As this is based on real time inputs by partners, variations are expected subject to database check of entry duplication and quality check. MoHS Health Sector contingency plan estimates a total requirement of 300 million USD from 2020 to 2024. Leveraging its competitive advantage, WHO Myanmar estimates budget requirement of USD 9.2 million to support the government in Covid19 response until 31 Dec 2020, currently 15% funded.

contact

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WHO strategic areas for intervention by pillar

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

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

Pillar 2: Risk communication and community engagement

- Facilitation of regular RCCE partners' coordination including support for monitoring and implementation of the RCCE strategic plan
- Print, digital and social media monitoring; 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 surveillance and case investigations
- Information management support for epidemiologic information for cases and contact tracing

Pillar 4: Points of entry

- Technical assistance to 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 of testing and laboratory expansion strategies

- Logistics support for testing kits, laboratory equipment, consumables, and reagents
- Information management support for submitted samples monitoring and reporting

Pillar 6: Infection prevention and control

- Technical assistance for IPC related priorities and recommendations both in the clinical and public settings
- Logistics support for procurement of personal protective equipment, bleaching powder, and other IPC materials

Pillar 7: Case management

- Facilitation of 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 support for clinicians with regards to updated and best practices in managing Covid-19 patients. Support to data collection and compilation on the clinical cases
- Support in re-equipping designated health facilities for COVID-19 to the necessary functionality to proper case management.

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 Covid-19 supply portal

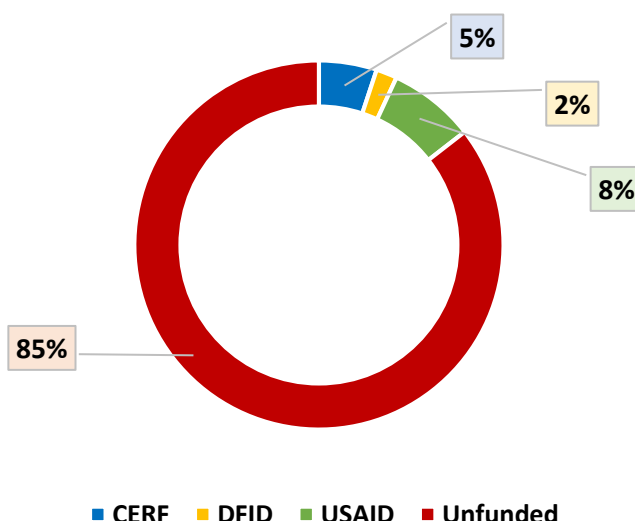
Pillar 9: Maintaining essential health services during an outbreak

- 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

WHO resources requirement for 2020¹:

Pillar	Cost (USD)
Pillar 1: Coordination	324,083
Pillar 2: RCCE	92,000
Pillar 3: Surveillance	250,141
Pillar 4: PoE	60,000
Pillar 5: Natl Laboratory	2,567,255
Pillar 6: IPC	1,628,364
Pillar 7: Case mgt	2,466,190
Pillar 8: OSL	1,695,261
Pillar 9: Essential health	140,300
Projected total	9,223,593

WHO Covid19 funding situation



¹ Includes all activities related to Covid19 funded from the OCR Covid workplan from January to December 2020 through WHO Myanmar. Excludes activities related to Covid19 funded from other workplans as per the corresponding donor agreements.