On 31 December 2019, the Chinese authorities notified WHO regarding the cluster of pneumonia cases of unknown etiology from Wuhan, Hubei Province, China. As early as 5 January 2020, available information and technical advice was exchanged between the Ministry of Health and Sports and WHO. MoHS rapidly organized coordination meetings and preparatory actions including enhanced surveillance following this exchange. During the night of 30 January 2020, coronavirus disease (COVID-19) was declared as a Public Health Emergency of International Concern (PHEIC) by the WHO Director General under the International Health Regulation (IHR). Within hours of WHO declaring the public health emergency of international concern, Myanmar government set up the inter-sectoral central committee to prevent and treat novel coronavirus, chaired by Union Ministers of International Coordination as well as Health & Sports, comprising Chief Ministers of the States and Regions, Vice Union Ministers of key Ministries. Furthermore, the outbreak of coronavirus disease was declared by the WHO as a pandemic on 11 March 2020. The Central Committee is elevated to a national-level Central Committee for COVID19 Prevention, Control and Treatment, headed by the State Counsellor from 16 March 2020. The first COVID-19 case was detected in Myanmar on 23 March 2020.

The Ministry of Health and Sports activated the incident management system to respond to the COVID-19 outbreak. The Union Minister of MoHS lead coordination meetings within the MoHS as well as with the health partners. The Central Command Center was established with a group of experts including epidemiologists, data analysts, public health specialists, logistic specialists, risk communication experts and IT specialists.

Moreover, the central level, State/Region and township levels of the MoHS are collaborating with health partners to conduct the public health measures such as early detection, active case finding, referral of suspected cases to designated hospitals, management of cases, stockpiling of essential medicines and non-pharmaceutical supplies, personnel deployment and infection control at healthcare settings.

The MoHS developed Health Sector Contingency Plan for COVID-19 in collaboration with the WHO and other key partners. This plan is adapted from the best practices around the world to Myanmar context, for all the healthcare professionals. Furthermore, MoHS developed a guideline on COVID-19 prevention and control in IDP camps.

The Health Emergency Operations Centers (HEOC) at the central level and States/Regions play a critical role

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COVID-19 Response of the Ministry of Health and Sports, Myanmar

In coordinating the response among various departments of MoHS. The HEOCs are also used for virtual meetings and capacity building webinar sessions. In addition, the HEOCs serve as a coordination platform among the central level, States/Regions and health partners through virtual meetings.

National Health Laboratories and other designated laboratories in Myanmar tested a total of 74,978 samples as of 29th June 2020. The MoHS prepared the hospitals with facilities of intensive care units and isolation units. The MoHS made forecasting for personal protective equipment, diagnostic equipment, biomedical equipment, essential drugs and medical supplies in different type of healthcare facilities.

The COVID-19 surveillance dashboard was created, and the real time information is easily accessible. Through this platform, the important information including guidelines and procedures to the general public and health care workers are being distributed and the key activities taken by MoHS are informed to the public in timely manner. A variety of guidelines and SOPs in response to COVID-19 are publicly available on the MOHS website [https://bit.ly/336g1Is].

Regarding to risk communication, the MoHS developed the 'framework for health literacy promotion against COVID-19. This framework includes development of key messages to specific targeted audiences using simple, short and straight forward messages. Messages can be found in different formats such as posters, stickers, pamphlets, vinyl posters, billboards and video key messages. All key messages can be found in MoHS website: www.mohs.gov.mm and posted almost daily and timely basis in the MoHS Facebook Page: [https://bit.ly/30dELRg]

The national Health Cluster meetings give opportunities to discuss strategic and operational issues among development and humanitarian health partners on COVID-19 response in Myanmar. Four National Health Cluster Meetings were held during January through June 2020. The MoHS is continuing efforts in fighting against the COVID-19 in collaboration with WHO and partners.

For more information, please contact:
Dr Kyaw Khine San, Disaster and Public Health Emergency Response Division, Department of Public Health, Ministry of Health and Sports (DPHERD), dr.kyawkhinesan@gmail.com
WHO continues to respond to both acute and protracted humanitarian health needs in Myanmar in collaboration with the Ministry of Health and Sports (MoHS) and health cluster partners. WHO has further supported MoHS in all the key areas of COVID-19 pandemic preparedness and response. This includes the areas of country-level coordination, planning, and monitoring, risk communication and community engagement, surveillance, rapid response teams, and case investigation, support to points of entry, national laboratories, infection prevention and control, case management, operational support and logistics, and maintaining essential health services. Indeed, the COVID-19 pandemic has been prioritized by the Health Cluster since early this year in order to protect the health not only of the most vulnerable in areas with protracted emergency but of the country as a whole.

WHO is actively engaged with various stakeholders including the MoHS, UN country team, diplomatic community, development actors, humanitarian actors, health partners, civil society organizations, private sector, and the media for a multisectoral COVID-19 response in Myanmar. Furthermore, there are nine different pillars of public health emergency and preparedness response which requires concurrent attention. It is in this context that several coordination platforms were convened including the COVID-19 partners meeting which was later mainstreamed in the national level health cluster meetings, and three coordination groups: the risk communication and community engagement, epidemiology and laboratory diagnosis, and case management and infection prevention and control groups. The surge increase of relevant stakeholders across different pillars of interest necessitated a strong foundation and practical tools which facilitate timely information exchange. Information management (IM) support is not usually at the forefront but is a critical backbone for effective coordination and communication. WHO adapted its IM support in order to cope with the expanding demands through at least four avenues.

First, partner contact and mailing list. A basic tool for coordination is developing and maintaining an up to date contact and mailing list. Organizing contact information and areas of interest to support delivery of relevant information or request action to the appropriate person is a meticulous task. As at this writing, there are 603 registered contacts from 114 organizations in the combined COVID-19 partner and health cluster database. This can be viewed online through this link, https://bit.ly/2zW8WCu.

Second, COVID-19 resource mapping. On Feb 2020, MoHS communicated the 2019 novel coronavirus preparedness and response plan flash
proposal requesting an estimated five million USD. This is to enable implementation of priority public health measures to prevent and contain the novel coronavirus at an early stage. Establishment of a realtime resource monitoring platform to assist resource mobilization efforts was facilitated. The flash proposal was later replaced by the MoHS health sector contingency plan for COVID-19 and other emerging respiratory disease outbreak response in Myanmar. Since then, several iterations were conducted to the now improved dashboard. This can be viewed online through this link https://bit.ly/322QN1d.

Third, COVID-19 3Ws (who is doing what where). There are nine pillars of public health emergency preparedness and response. Having an overview of partner activities for COVID-19 across the country is important for identification of priorities for improvement, be it by pillar type or location. Establishment of a real-time 3Ws platform where partners can specify their presence by township level and which pillars are supported was facilitated. This can be viewed online through this link https://bit.ly/2yv8tGe.

Fourth, health cluster resource mapping of monsoon preparedness 2020. The annual monsoon season presents compounding risks for different hazards (e.g. flooding, landslide, cyclone) and communicable diseases (e.g. seasonal influenza, vector-borne diseases) in the context of COVID-19. Learning from the previous year’s monsoon response, establishment of a monsoon preparedness resource mapping platform was facilitated. This information provides an overview of which resource types relevant to monsoon response are available and where in the country. This can be viewed online through this link https://bit.ly/330amXc.

It is important to note that by using these online platforms, partners can update their information when relevant, and that such updates are automatically reflected in the dashboard view section. This is a useful tool that facilitates real-time information sharing in order to inform planning or decisions, and prioritize actions where needed. WHO continues to stand ready, alongside MoHS, UN, partners and relevant stakeholders, not only in responding to the current pandemic and humanitarian health needs but also in continuously preparing for other future health emergencies in Myanmar.

For more information, please contact: Dr Win Bo, WHO Myanmar, bow@who.int
UNFPA's response to COVID-19 supports continuity of sexual and reproductive health services, prevention of gender-based violence and promotes the wellbeing of women, girls and young people. Women are disproportionately represented in the health and social services sectors, increasing risk of exposure to the virus. Stress, limited mobility and livelihood disruptions increase vulnerability to gender-based violence (GBV) and exploitation. If health systems redirect resources away from sexual and reproductive health (SRH) services, access to family planning, antenatal care and other services will suffer.

UNFPA continues to support SRH and GBV services at 33 Women and Girls Centres, mobile and static clinics in Rakhine, Kachin, Kayah, Kayin, Mon and Shan States. UNFPA has distributed personal protective equipment (PPE) to four KDHW clinics and one referral hospital in non-government controlled areas Kayin State through Community Partners International or CPI, as well as partners (Myanmar Medical Association or MMA, Marie Stopes Myanmar or MSI and Relief International or RI) operating mobile units in other states. UNFPA distributed 3,000 PPE Kits to midwives from Bago, Kayin and Mon States and will distribute 4,800 more kits to midwives and Lady Health Visitors. 1,850 PPE packs with gowns, N95 masks, boots, goggles and gloves were distributed to state health departments in Kachin, Kayin, Mon, Shan and Rakhine States and 12,000 surgical masks, hand sanitizers, and face shields to the Maternal Reproductive Health Division.

UNFPA is collaborating to incorporate a COVID-19 Module into a Safe Delivery Application while young people are being targeted through applications including Love Questions Life Answers, Baykin and circuit mobile applications. A MHPSS expert roster was activated to coach midwives, staff at elderly care homes, and GBV caseworkers. With the Department of Social Welfare, case managers, safe house and helpline staff were supported to adapt GBV response services. Over 16,000 dignity kits including menstrual hygiene materials were distributed at IDP camps. Mini-dignity kits including soap, sanitizer, flash lights and mobile phone cards will be distributed in quarantine centers.

For more information, please contact: Mollie Fair, United Nations Population Fund (UNFPA), fair@unfpa.org
Support to hospitals, quarantine places and ambulance volunteer for COVID-19 pandemic response

In Yangon and Mandalay, communities are using charity-based ambulances when they need transportation to health facilities. It is crucial that these volunteers are protected and to continue providing patient transportation safely. With the support of ECHO and the Luxembourg Ministry of Foreign Affairs, in the framework of the Myanmar Consortium for Community Resilience Humanity & Inclusion (HI) supported 46 ambulances in Yangon and 40 ambulances in Mandalay to ensure infection prevention and control measures for the volunteers and for safe transportation of COVID-19 suspected patients to avoid nosocomial infections. Modification measures included making partitions between patient and driver compartment. Plastic cover for patient seat and stretcher bed, personal protective equipment, alcohol-based hand rub sanitizers and infrared digital thermometer were equipped in all the 86 ambulances. Moreover, Humanity and Inclusion organized training to 82 ambulance volunteers in Yangon and 52 ambulance volunteers for mode of transmission and preventive measures of COVID-19 and how to handle and transport suspected COVID-19 patients. Existing MoHS health education pamphlets and “How to wear and remove surgical mask safely” were distributed to charity-based ambulance organization.

HI supported Yangon General Hospital (YGH), Mandalay General Hospital (MGH), and North Okkalapa General Hospital (NOGH) to strengthen the infection prevention and control measures. Three light-emitting diode or LED boards were delivered to YGH, MGH, and NOGH each, for raising community awareness on COVID-19 risk communication messages at patients’ waiting room. Emergency medical equipment were provided to be used during case management in the intensive care unit or ICU, along with personal protective equipment (PPE).

Hygiene material, PPE and disinfectant were provided to Yangon and Mandalay Regional Public Health Department to be used at quarantine places.

For more information, please contact: Pyae Phyo Aung, HI (Humanity & Inclusion), waikyiphyo1990@gmail.com
Health care services are being delivered through mobile clinics in conflict-affected areas of Rakhine state. A total of 38 mobile teams from health partners are providing primary health care services, reproductive health care, and nutrition services in eight townships up to 2020. In order to become more systematic and improve effectiveness of health care service delivery through mobile clinics, it is important to have a standardized mobile team with minimum standard team members and minimum service package. To this end, Rakhine State Health Department organized an important workshop for standardization of mobile clinics on 14-15 Feb 2020 chaired by Dr. Sai Win Zaw Hlaing, Rakhine State Health Director, and participated by colleagues from Rakhine State Health Department, township medical officers from six townships and health partners implementing mobile clinic activities. According to the discussion from the workshop, there are three types of mobile clinic categories: (a) primary health care mobile clinic, (b) sexual and reproductive health /nutrition/mental health mobile clinic, and (c) static clinic. For each category, the participants discussed together and agreed on the minimum team members and minimum service package which are in line with essential package of health services from National Health Plan. State Health Department also recognized that some of the mobile clinics’ areas in Sittwe IDP camps are very close to each other including with government fixed health facilities. Remapping of clinics sites in Sittwe IDP camps is to be considered in a follow-up workshop together with other important factors such as catchment population and patient caseload. For capacity building of mobile clinic team members, State Health Department will arrange for the participation of health care partners in some of the relevant trainings done by government. Follow-up workshop was planned to be conducted in May for discussion of standard operation procedures, guidelines, reporting forms, monitoring plans and capacity-building for mobile team members. However due to COVID-19 pandemic, it was postponed and completed on 17-18 Jul 2020. After conducting that workshop, Rakhine State Health Department will submit the final report to Union level Ministry of Health and Sports, Rakhine State Government and will share the final report to all health partners to be followed. Actual implementation with the agreed standardized mobile clinic team members and minimum services is scheduled to commence on 01 Jan 2021.

For more information, please contact: Dr. Sai Win Zaw Hlaing, Rakhine State Health Department, saiwinzawhlaing@mohs.gov.mm
Continuation of Health Services during the COVID-19 pandemic

The COVID-19 pandemic has strained health services throughout the world with healthcare resources being diverted to combat the disease. MERCY Malaysia in Myanmar with the support of Myanmar Humanitarian Fund continues to provide health care services to displaced people, including the newly displaced due to armed conflict, in Sittwe, Rakhine State in the midst of COVID-19 pandemic. By following the guideline and instruction concerning COVID-19 from Ministry of Health and Sports Myanmar, the following services are provided:

1. Primary Health Care
2. Maternal and Child Health Care
3. Health Education session
4. Non-communicable disease care
5. Immunization activity collaboration with township health department
6. Contraceptive service
7. Delivery care
8. Emergency patient referral

We are mindful on how health facilities can become potential hotspots for the virus to spread. Steps were thus taken to protect the communities and health staff at the Primary Health Care clinics, with specific clinic times being put into place for different groups (Elderly and Persons with Disabilities at 9 am, children at 10 am, adults at 11 am, etc.) to avoid crowding in the clinic and to allow our services to continue with the proper social distancing measures.

For patients with existing non-communicable diseases such as diabetes, hypertension, etc. an increased supply of medication is given to the patients so that they will not need to come to the clinics as frequently, especially since these groups have been found to be especially vulnerable to the virus. MERCY Malaysia has also taken steps to ensure that other health services such as our maternal and child health care services can still continue with proper social distancing and safety measures. Clinics are frequently sanitized to prevent potential cross contamination and health staffs are provided with suitable personal protective equipment.

For more information, please contact: Mr Shah Fiesal Hussain, MERCY (Mercy Malaysia), shah@mercy.org.my

Malteser International celebrated Global Handwashing Day 2019 in Buthidaung Township, Rakhine State

To promote hygiene practice among students, Malteser International has celebrated the Global Handwashing Day on 15 October 2019 at Basic Education High School in Buthidaung Township, Rakhine State. Malteser International is contributing to the achievement of the national strategic goal which states “All schools provide a healthy physical learning environment through the provision, operation and maintenance of safe water supplies, adequate toilet facilities and handwashing facilities, and solid waste disposal facilities for all students and staff, together with promotion of safe hygiene practices”.

A total of 80 students participated in the Global Handwashing event. Mr. Maung Maung Oo, Deputy Township Education Officer from Township Education Department including Basic Health Staff from Township Health Department were present in the event. The event was supported by the German Ministry for Economic Cooperation and Development.

For more information, please contact: Mostak Ahmed, MInt (Malteser International), mostak.ahmed@malteser-international.org
As the conflict between Tatmadaw and the Arakan Army intensified, the emergency needs on health increased in the affected areas. Christian Aid and its partner, CCERR (Community Care for Emergency Response and Rehabilitation), endeavours to respond to the health needs of the communities affected by the conflict in Paletwa and Samee in Chin State.

Through a project funded by the Myanmar Humanitarian Fund or MHF in consortium with Triangle Generation Humanitaire and its Chin-based partner, health support through mobile clinics and health referrals are made available to the people in this conflict affected area.

The project could not be implemented fully in late 2019 due to the escalation in violence and travel restrictions in Paletwa township. However, in March 2020, clashes in Paletwa led to the movement of more than 2,000 people to Samee town. CCERR’s health team was able to access areas in Samee where people have fled. With considerable health needs, the medical team initiated the health response.

There are currently 11 mobile clinics in Paletwa and Samee townships ran by CCERR’s health team in cooperation with township health department where consultations are held and medicines for common diseases like cough, cold, fever and diarrhea are provided four times a week in the camps. Health education is also given to the displaced population. The mobile clinics have made 16 rounds (four times in four weeks) in the IDP camps and have reached 1, 378 people as of Jun 2020.

Part of health support is the referral of medical cases to hospitals which saw an increase during the peak of the fighting. Of the 27 cases referred to Matupi Hospital, 25 patients were injured from mine explosion while two were severe Hepatitis C cases. Financial aid for travel, meals, accommodation and health expenses form part of the support.

The project is providing critical emergency health support in this critical moment.

For more information, please contact: Joana Villaflor, CA (Christian Aid), jvillaflor@christian-aid.org
As of 30 Jun 2020, Myanmar had 299 COVID-19 confirmed cases, of which two cases had been detected in Kachin State. Though COVID-19 situation was relatively stable in Kachin State in terms of number of confirmed cases, it has its own inherent challenges: presence of official ground crossings and illegal ground crossings along the Myanmar-China boarder, protracted conflict resulting to over 100 IDP camps in government and non-government-controlled areas, geographical barriers, migrant populations working in mining and banana plantation sites, and others. The pandemic context itself, even with a low number of cases, presents many obstacles to execute even routine health service provision.

The supportive guidance of MoHS, the remarkable leadership of Kachin State Government and the upmost commitment of every health staff are the foundations of preparedness and response, in addition, the health cluster coordination mechanism is one of the windows of opportunities in Kachin.

The logistics and operation assistances supported by MoHS, health and non-health partners, different donors (Chinese authorities, private donors, etc.) complemented each other for an improved health operations. Installation of thermal scanners in all three official ground crossings and Early Warning, Alert and Response System or EWARS strengthen disease surveillance systems. Weekly virtual coordination meetings were organized and used as a venue for technical support provision, information sharing, timely reporting, monitoring and evaluation. Overall, these contribute to a comprehensive collaboration and resilient health system.

In addition, 1,777 volunteers who partook in COVID-19 response activities, have strong commitment to continue supporting in public health activities especially with dengue hemorrhagic fever control activities.

Kachin State Health Department provides risk communication and community engagement through various platforms, including using its social media page (Facebook). Timely information sharing through transparent, publicly accessible platforms contribute towards improvement in accountability to the affected population and raising community awareness. The virtual meeting practice is likewise implemented which may be used to adapt to the new normal situation.

Guided by improved leadership skills, these are just some of the opportunities which have been maximized during this COVID-19 context which could last beyond the pandemic.

For more information, please contact: Dr Aye Thein, Kachin State Health Department, dr.ayethein@gmail.com
Best Shelter was setup by a group of peer drug users, registered in 2010 as a non-government organization, and the group gained the trust of their peers in Lashio. The support group has been part of ongoing medical and social activities by the Asian Harm Reduction Network (AHRN) in Northern Shan, Kachin and Sagaing.

Since Dec 2019, Best Shelter in partnership with AHRN implements two projects with support from German Agency for International Cooperation or GIZ and Myanmar Humanitarian Fund or MHF. Respectively, “Drug Policy and Community Acceptance in Myanmar” and “Emergency response to improve Primary Health Care and Mental Health Services to address substance use and related psychological-social-medical consequences for the most marginalised populations in IDP camps in Kachin and Shan State”.

The core activities of Best Shelter:
1. Advocacy with communities and influencers to promote Harm Reduction
2. Social reintegration of drug users through income generation and microfinancing
3. Primary prevention of drug use
4. Ensuring enabling environment for drug users
5. Health care activities (overdose management, HIV/AIDS, viral hepatitis, TB, malaria a.o.)
6. Consultancy and trainings on the harm reduction cascade

In response to the COVID-19 pandemic, Best Shelter closely coordinates with State Health Departments in humanitarian work in IDP camps in Kachin and Shan States, produced COVID-19 awareness posters and provided health education and messaging in Hpakant, Bhamo and Waingmaw Townships. Ensured continued essential health care services, ART/TB treatment, mental health care and non-communicable diseases (hypertension/DM) through mobile clinic operations with strict infection control.

Best Shelter conducted a series of virtual training for mental health and psychosocial support and cross cutting themes such as disability inclusion, prevention of sexual exploitation and abuse and accountability to affected population. From Jan to May 2020, our mobile clinics in Hpakant, Waingmaw, Bhamo in Kachin and Laukkai in Northern Shan State reached 2,637 patients (IDPs head count) with its service delivery.

For more information, please contact: Dr Linn Aung Thu, Best Shelter, bestshelter2017@gmail.com

Starting a new journey

IOM started partnership with Kachin Baptist Convention to support primary health care services in Kachin State since 2019. With funding from the Government of Japan, IOM provided primary health care services to 25,458 beneficiaries, health education to 7,612 and emergency referral support to 336 cases in 14 IDP camps across Kachin State.

In its assistance to strengthening emergency preparedness, control and response plan of Kachin State Public Health Department for COVID-19, IOM participated in coordination & partnership activities, and contributed 29 testing booths, renovated the isolation ward, provided logistics and commodities support for fever surveillance at points of entry along border areas.

Currently, IOM is planning to support capacity building through training to both basic health staff and youths in 11 additional IDP camps and disseminate sexual and reproductive health and
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For more information, please contact: Dr Minn Thit Aung, MDM (Médecins du Monde), fieldlpco.kachin.myanmar@medecinsdumonde.net

Support, Don’t Punish 2020 Campaign 2020, Mission at Myitkyina Township, Kachin State on 26 Jun 2020 (Photo/Médecins du Monde)

Support, Don’t Punish 2020 Amid Covid-19

Starting a new journey continue from page 11

rights information to marginalized population in camps complementing the existing health system. Moreover, mental health and psychosocial support was integrated in health education sessions to prevent gender-based violence challenges in IDP camps amidst COVID-19 situation and response.

For more information, please contact: Dr Htet Lwin Win, IOM (International Organization for Migration), htwin@iom.int
Health Poverty Action (HPA), Myitkyina is implementing primary health care services especially building successfully bridge linkage between MOHS and EHO to implement immunization program in hard to reach areas of non-government control area (NGCA) in Kachin State since 2014. HPA provides technical and budget support to ethnic health organization based technical, vaccine and logistic supports from Kachin State Health Department, MoHS.

During crash immunization, 2020, HPA could interview a mother with two children, in N Gum La village, In Ja Yang Township, NGCA, on experience of immunization service. She cordially shared her experience that previously she did not know the importance of immunization or where to get immunization services. She thought her children did not need immunization as other children in her hard to reach village. When she partook in community awareness session, she received health education about immunization from ethnic health care providers supported by HPA. The providers explained to the community using flip charts about immunization to understand its importance including morbidity, mortality, and disability due to vaccine-preventable diseases. She and other mothers also discussed two ways with health care providers about immunization including adverse events following immunization, the value of vaccines, misbeliefs, and their incorrect concepts.

After the session, she realized the importance of immunization and the dangers of vaccine-preventable diseases. She decided that she must bring her children to immunization sessions to get the full dose. She asked to health care providers when they will conduct immunization sessions and which vaccines should be received by their children in relative age.

Ethnic health care providers immunized children for diseases including polio, diphtheria, pertussis, tetanus, hepatitis B, haemophilus influenza B, pneumococcal disease, TB, measles, rubella, Japanese encephalitis and pregnant women for neonatal tetanus. Nutrition supplement is also combined with the immunization sessions.

For more information, please contact: Dr Myo Min Kyaw, HPA (Health Poverty Action), mmkyaw84@gmail.com
Restraining burden of malaria outbreak by strengthening the collaboration during COVID-19 pandemic

When the first confirmed case of COVID-19 was reported in March 2020, Myanmar had been trying to control the transmission and bring down the impact of pandemic situation of COVID-19. Meanwhile, other health problems especially malaria continued to grow especially in Kachin. This situation caused the healthcare workers putting the additional workload in responses to COVID-19 and Malaria case management.

As COVID-19 response activities, PSI collaborated with NMCP and stakeholders by participating in awareness raising, assisting the transportation of testing booths, donation of face masks and hand sanitizers; and proactively involved as a volunteer in facility quarantine sites.

In the midst of COVID-19 pandemic, some PSI’s private outlet providers from Waimaw township reported the dramatic increase of malaria confirmed cases. In response to this, PSI collaborated with NMCP and actively participated in active case detection, management of positive cases, behavioral change activities, long lasting insecticidal nets (LLIN) distribution and IRS activities with technical support from Kachin NMCP. As a result, 1,145 people were tested with RDTs. Of these, 375 cases were found positive and treated according to the national guidelines at Khan Yan and Si Pant village, Waimaw township. Moreover, two antiretroviral therapy (ART) Clinic, run by Sun Quality Health Care providers in Myitkyina and Bhamo townships, successfully managed in providing 6 months of ART drugs to all the currently ART receiving clients (over 40 clients). Therefore, the patients have enough ART drugs up to September 2020.

Since Myikyina is included among the malaria elimination townships, PSI continues to serve as a key implementing partner for malaria case management, timely notification, investigation and foci investigation, LLIN distribution and other measures such as RACD in collaboration with local NMCP and partners; for the purpose of reducing malaria burden and contributing to the goal of malaria elimination.

For more information, please contact: Dr Soe Khaing Linn, PSI (Population Services International), sklinn@psimyanmar.org

Integrated Health Project in Kachin State

Alliance Myanmar works and liaises with Township health departments of Kachin State (Myit Kyi Na, Mogaung, Mohnyin and Tanai Townships), Ethnic community-based health organizations (ECBHOs) and community-based organizations (CBOs).

Alliance Myanmar serves some of the most remote and isolated villages of Kachin State. It leads the consortium by taking the coordination role with township health department and supports the respective township health departments to provide integrated maternal and child health, nutrition, and sexual and reproductive health services, improve the capacity and coordination of basic health staff and volunteer health workers and strengthen the Township Health Department’s monitoring and supervision mechanisms.
Adolescent Sexual and Reproductive Health (ASRH) Project (Achievement in 2019)

Youth Initiative Activity, Myanmar Medical Association, Adolescent Sexual and Reproductive Health Project at Jaw Ma Sat IDP Camp, Myitkyina Township, Kachin State (Photo/Myanmar Medical Association)

Adolescent Sexual and Reproductive Health (ASRH) Project of Myanmar Medical Association is one of the leading programs that give health promotion knowledge on adolescent sexual and reproductive health information to the vulnerable youth (aged between 15 to 24 years). The project promotes access to youth-friendly sexual and reproductive health services to marginalized and vulnerable adolescents as well as the general population of young people. In order to promote access to adolescent sexual and reproductive health information, Myanmar Medical Association, Adolescent Sexual and Reproductive Health Project went through interpersonal communication which includes peer education session, half-day training, youth-initiative activities, happy and health melody of life, edutainment program, events, leadership development training and mass communication using social media (Talk & Solve Facebook Page, Adolescent and Youth Friendly Health Services Network Facebook Page), counseling phone lines (White Lines and Pink Lines) and radio program (Padamyar FM).

All the above activities were done in the project areas (Yangon Region, Kachin, Kayin, Mon, and Shan States). In Yangon Region (Hlaingthayar, Shwepyitha, South Dagon and Dagon Seikkan Townships), Kachin State (Myitkyina, Mohnyin, and Mogaung Townships), Kayin State (Hpa-An, Kawkareik, and Myawaddy Townships), Mon State (Mawlamyine, Mudon, and Thanbyuzayat Townships) and Shan State (Taunggyi, Hopong, Lashio and Muse Townships) where young people are more vulnerable to the health problems since they have risky behaviors such as exposure to risk sex and drugs and mobility.

During 2019, more than 217,000 young people were reached through different approaches of the project activities informing ASRH messages including HIV and GBV. Also, more than 200,000 young people reached through Facebook page.

For more information, please contact: Dr Than Htaik Aung, MMA (Myanmar Medical Association), dr.thanhtaikaung@gmail.com

Integrated Health Project in Kachin State

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SRHR awareness activities at the most remote and isolated villages of Kachin State were carried out by the Alliance Myanmar and its partners, ECBHOs and CBOs.

With the partnership with SARA, harm reduction activities are implemented in Myit Kyi Na, Namatee, Lwegel and Mansi townships.

Community feedback mechanism is being implemented in Myitkyina and Bamaw Townships with coordinate and collaborate with community networks.

As mainly State Health Department already organized for control and prevent COVID-19 response, Alliance Myanmar supported not only non-pharmaceutical supplies such as PPE, hand gel, surgical and N95 mask, infrared thermometer, exam glove and Dettol to THD of Alliance implementation townships but also referral cost of COVID-19 suspected cases under Access to Health Fund.

For more information, please contact: Dr Nyein Chan Mg, Alliance (Alliance Myanmar), nyeinchang009@gmail.com
Kachin Back Pack Health Worker Team COVID-19 Response

With support from the Myanmar Humanitarian Fund, Community Partners International (CPI) is working with the Kachin Back Pack Health Worker Team (BPHWT) to safeguard internally-displaced persons (IDPs) and conflict-affected communities in Kachin State, Myanmar, from COVID-19. Under this initiative, Kachin BPHWT equipped mobile health workers serving around 9,000 people sheltering at 15 IDP sites in Myitkyina, Waingmaw and Hpakan townships with packages of essential medicines and supplies. Kachin BPHWT expanded the activities of a general clinic at an IDP site in Myitkyina Township to include COVID-19 prevention and response. This clinic is now conducting COVID-19 awareness and fever screening and referring suspected COVID-19 cases to quarantine facilities. Kachin BPHWT is providing medical services to the volunteers of the Kachin State COVID-19 Prevention Network. These volunteers are supporting fever screening and vehicle disinfection at COVID-19 checkpoints and assisting at quarantine facilities in Myitkyina Township. Kachin BPHWT also launched a mask-making initiative with CPI’s support. In the last few weeks, Kachin BPHWT members have produced 3,200 cloth face masks which they have distributed at eight IDP sites and nearby villages in Myitkyina and Hpakan Townships.

For more information, please contact: Dr Arkar Linn Naing, BPHWT (Kachin Back Pack Health Worker Team), arkarlinnaing@cpintl.org

Kachin Baptist Convention for the Health of Kachin State

Kachin Baptist Convention (KBC) is providing health services and filling the gaps based on the needs, feedbacks and voices of the local communities. The health programs of KBC are internally displaced persons support program, malaria control program, reproductive, maternal, newborn and child health program, mental health assistance program, nutrition program, primary health care and patient referral support program, Christian Health Worker training, herbal medicine promotion program, blood donation and HIV/AIDS awareness raising program. These services are supported by a combination of external and internal funding including donation from church members.

During the last quarter of 2019, KBC provided primary health care services to 12,908 patients through Christian Health Workers, nurses and medical doctors through both fixed and mobile clinics. KBC also provided support for 212 patient referrals to ensure further management at secondary and tertiary hospitals.

KBC will continue provision of humanitarian and developmental health assistance in reducing the financial burden of the community for health.

For more information, please contact: Dr Malut Naw Tawng, KBC (Kachin Baptist Convention), malutnawtawng@gmail.com
Reaching Equitable Health Care Service to Vulnerable Community

Arranging health care services in remote areas and IDP camps was one of the plan of Myanmar Health Assistant Association (MHAA). Even in Man Wein Gyi RHC in Mansi Township that is located near the border to China and many non-government-controlled areas and internal conflict, health care activities including mobile clinic were supported by MHAA. In November 2019, MHAA went to Man Wein Gyi even though the internal conflict was happening. MHAA conducted rural health center coordination meeting and organized two mother support groups and one village health committee. After that, mobile clinic was arranged with six basic health staff (BHS) in RCM camp 2. Most of the community in this camp are Kachin ethnic group. Therefore, explanation about our project and dissemination of health knowledge on non-communicable disease (NCD) was done in Kachin language with the help of BHS staff who is in Kachin ethnic group. After that, screening for NCD in 67 persons and treatment their sufferings were done. Camp and community leaders were very satisfied to MHAA and BHS for coming and kind treatment.

For more information, please contact: Aung Myo Khaing, MHAA (Myanmar Health Assistant Association), pm.kachin@myanmarhaa.org

Health and COVID-19 Response to Humanitarian Crisis

Kachin Development Group (KDG) is a non-profit local development agency. It has been working since the founding year of 2005, and currently based in Laiza. Since 2011, KDG has been engaged in humanitarian response to promote welfare and protect the rights of the IDPs and the host community in Kachin Independence Organisation (KIO) controlled area along China border in Kachin State.

While KDG is not a specialize health agency, efforts are made in trying to be instrumental in reaching health services to the most needed community. KDG with the collaboration of KIO’s Health Department has been providing essential health services and capacity building initiatives with the support of the Community Partners International or CPI since 2019 in respective health centers.

The main activities under this programme includes capacity building for health workers and volunteers, renovation and upgrading of health facilities, provision of essential medicines, mothers and child health care, provision of incentives to health workers, and sexual and reproductive health and rights services.

In addition, KDG have been engaging in COVID-19 response in hard-to-reach IDP camps located in and around Laiza town and local host communities.

Table 1. Response Fact Sheet

<table>
<thead>
<tr>
<th>Target Township:</th>
<th>Wainmaw and Moemauk in Kachin State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Community:</td>
<td>15 - IDPs and 7 - host community</td>
</tr>
<tr>
<td>Population Covered:</td>
<td>IDPs - 45,000; Host community – 25,000</td>
</tr>
</tbody>
</table>

For more info - https://kgdkachin.org

continue to page 19

NSS government and State Health Department (SHD) have been on high alert since the beginning of the outbreak in China in Jan 2020. On 28 Mar, the SHD activated Public Health Emergency Operation Center at the state level for coordination of information and resource in response to the COVID-19 pandemic. The SHD has deployed a series of containment strategies including:

- Fever surveillance at the point of entry along the border with China
- Screening of migrant workers returning from China
- Mandatory 21 days facility quarantine for migrants who returned from neighboring countries and national traveler from different states and regions, followed by an additional 7 days home quarantine.
- Transportation of migrants returning from China to their place of origin using a designated transportation system arranged by State Government.
- Fever surveillance at the ground crossing point in between townships
- Early diagnosis of suspected cases
- Isolation and prompt treatment of confirmed cases
- Contact tracing and mandatory quarantine for all close contact
- Social distancing
- Limit social gathering to five people
- Closure of schools, religious places, and public parks
- Curfew at night from 12:00 midnight to 4:00 am

Additionally, the NSS government and NSS SHD jointly carry out community mitigation measures in order to prevent or slow down community transmission. These measures include:

- Risk communication and community engagement has been achieved through the dissemination of health messages using hand-held speaker at community level. As of 07 Jul 2020, NSS has
  - Tested 3,042 samples
  - Reported three confirmed cases for COVID-19, and all three patients have recovered
  - Accommodated over 5,700 people in the facility quarantine center
  - Managed home quarantine for 14,000 people
  - Performed 79,986 information dissemination sessions through hand-held speakers at the community level

References;
(1) Data sources: Northern Shan State Health Department.
(2) Donation of Surgical masks for COVID-19 prevention in IDP camp, Namkham Township by NSS SHD, Jul 2020

For more information, please contact: Dr Ye Nyunt, Northern-Shan-State Health Department, dryenyunt1975@gmail.com
Health and COVID-19 Response to Humanitarian Crisis

It is quite challenging for KDG to be working in the low capacity humanitarian setting to response to this COVID-19 tragedy but KDG staff have been actively participating to COVID-19 preventive actions led by COVID-19 Prevention Committee of KIO.

It is humble to admit that KDG’s involvement in COVID-19 response has been limited only to some activities under four pillars – 2, 3, 6 and 8 out of WHO guided pillars. The COVID-19 response action of KDG covers seven IDP camps and three host communities in and around Laiza town.

The main activities include supporting coordination by providing office supplies to central COVID-19 Prevention Committee office, training of community surveillance volunteers, distribution of IEC materials, provision of preventive materials, provision of incentive to more than 100 community surveillance volunteers.

For more information, please contact: U La Rip, KDG (Kachin Development Group), kdg_jbh@yahoo.com
Première Urgence International (PUI) started working in Myanmar in 1984 as Aide Medical International training health workers, doctors & nurses. In April 2020, PUI commenced a Myanmar Humanitarian Fund or MHF funded project providing a multi-sectoral intervention to the displaced, resettled, affected by flood population as well as in hard-to-reach and non-government-controlled areas (NGCA) areas of Kayin State. PUI’s intervention brings health care to IDPs in Myaing Gyi Ngu Camp in Hlaingbwe township, and food security to flood affected households in Kawkereik and Kyainseikgyi townships.

The COVID-19 outbreak pandemic contributed to an influx of migrant populations from Thailand which increased pressure on the health and livelihoods sectors. Multiple skirmishes in the State made COVID-19 responses difficult. Current probable scenarios include several epidemic waves, emphasizing the need for a contingency plan and health system strengthening.

To prevent and control the spread of COVID-19, PUI is supporting the Hlaingbwe hospitals. Following this, PUI deployed a mobile clinic unit in Myaing Gyi Ngu Camp to provide minimum essential health packages including COVID-19 screening as needed. Protection mainstreaming for specific cases of GBV and MHPSS in the form of emergency referrals will be implemented via two local CBO partners. Nutrition screening will be done for children under five years of age.

Considering the lack of reliable and updated data on humanitarian health needs in hard to reach and NGCA, an analysis will be carried out to identify the specific needs, to improve humanitarian health information and access to health services and improve humanitarian response.

For more information, please contact: Josh Kreger, PUI (Première Urgence Internationale), mmr.hom@premiere-urgence.org

With the support of Myanmar Humanitarian Fund, Community Partners International (CPI) had launched a new humanitarian project in Kayin State in the last quarter of 2019. CPI is working with two local partners to delivery health and other humanitarian assistances to displace people in Hlaingbwe, Kyaukkyi, and Hpa-pun Townships, Kayin State.

Kayin project is a multi-sectoral project touching seven thematic areas (Health, Nutrition, Food Security, WASH, Education in Emergency, Shelter, and Protection) for 13,500 IDPs in Ee Tu Hta, Myaing Gyi Ngu, and Ke Doh areas. During the inception phase, CPI organized advocacy meeting with local stakeholders in including Kayin State Department of Social Welfare, camp management committees, UNICEF, and Ethnic Health Organizations. In November 2019, CPI also conducted a rapid assessment in Ee Thu Hta IDP camp in Hpa-pun Township using “Multi-sector Initial Rapid Assessment” tools. In addition, CPI supported school furniture, and teacher salaries for pre-and lower-primary schools in Myaing Gyi Ngu IDP camp in collaboration with Kayin Department of Social Welfare and UNICEF. It could bring about 300 children (aged 5 to 10 years) back to the class room.

For more information, please contact: Dr Si Thura, CPI (Community Partners International), sithura@cpintl.org
Avoid the Three C’s

Avoid:<br>
- Close contact
- Gatherings<br>
- Masklessness<br>

What can you do?<br>
- Keep a safe distance<br>
- Wash your hands regularly<br>
- Wear a mask<br>
- Stay home if you’re sick
Early warning, alert and response system or EWARS, Rakhine & Kachin State (Jan-Jul 2020)

Number of consultations, EWARS, January to July 2020

<table>
<thead>
<tr>
<th>EWARS summary</th>
<th>Rakhine</th>
<th>Kachin</th>
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<tr>
<td>EWARS reporting organizations</td>
<td>11</td>
<td>9</td>
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<tr>
<td>weekly reports received</td>
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<td>609</td>
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<tr>
<td>reporting sites</td>
<td>157</td>
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<tr>
<td>Total consultations</td>
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<td>verified cases</td>
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EWARS summary Rakhine Kachin

Number of consultations, EWARS, January to July 2020

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<tr>
<th>Activity</th>
<th>Jan</th>
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<th>Mar</th>
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<th>Jun</th>
<th>Jul</th>
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<th>Nov</th>
<th>Dec</th>
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<td>Bimonthly National Health Cluster meetings (proposed as every first Tuesday of the month to be verified when closer to date)</td>
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<td>3Ws (Who does What, Where)</td>
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<td>Cluster Coordination Performance Monitoring 2020</td>
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<td>Humanitarian Response Plan</td>
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</table>

Health Cluster Work Plan overview 2020 - as at December

(72) Myanmar Health Cluster Participated Organizations, by type, by location

<table>
<thead>
<tr>
<th>Categories</th>
<th>Number of organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>International non-governmental organizations</td>
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<tr>
<td>National non-governmental organizations</td>
<td>14</td>
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<tr>
<td>Donors</td>
<td>11</td>
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<tr>
<td>Others/observers</td>
<td>10</td>
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<tr>
<td>United Nations Specialized Agencies</td>
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<tr>
<td>Intergovernmental organization</td>
<td>1</td>
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<tr>
<td>National authorities</td>
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<tr>
<td>Total</td>
<td>72</td>
</tr>
</tbody>
</table>

Humanitarian Response Plan 2020, Health Cluster funding status

| people targeted, HRP             | 619,000 |
| requested, HRP                   | 20.1m US$ |
| requested, Health COVID-19        | 21.6m US$ |
| funded                           | 4.0m US$  |
| coverage (%)                     | 10.0%    |


For more information on Health Cluster activities, please contact:

Dr Kyaw Khine San, dr.kyawkhinesan@gmail.com
Programme Manager/Assistant Director
Disaster & Public Health Emergency Response Division, MoHS

Dr Allison Gocotano, gocotanoa@who.int
WHE Technical Officer, Health Cluster Coordinator
WHO Country Office for Myanmar