MYANMAR

MAGNITUDE

Country	Fatalities	Missing[1]	Total	Source
Myanmar	61		61	UN Office for the Coordination of Humanitarian Affairs (OCHA)–UNDP, Brief on Tsunami Response in Six Less Affected Countries, November 2005.

1 Some countries have not disaggregated between the deceased and the missing.

PHASE I: EMERGENCY RELIEF

ASSESSMENT

Affected areas

The tsunami affected limited areas in the Ayeyarwaddy Division, Tanantharyi Division, Yangon Division and Rakhine State. In Ayeyarwaddy Division, Nguputaw, Labutta and Bogale townships were affected. In Yangon Division, Cocogyun was slightly affected. In Rakkhine State, Sittwe, Manaung, Thandwe, Ramree, Myebon, Kyaukpyu, Gwa and Taungup townships were affected. In Tanitharyi Division, Kawthaung district was affected.

Myanmar was less affected due to a number of factors. There is a high underwater range of mountains underneath the Andaman and Nicobar Islands. The south is protected by numerous offshore islands (Myeik archipelago). Traditional and local customs also played a part. There was a full moon on 26 December; most people do not go out to sea for fishing during a full moon. In addition, it was low tide at the time of the tsunami. Fortunately, the population density in the affected areas is low.

Affected population

People along the southern coast were affected; 61 died and 43 were injured. Damage to public health infrastructure was minimal. In 17 villages, 601 houses were destroyed and 2592 were homeless. The total loss to property was valued at 1585.6 million kyats.

The response

The Government set up temporary shelters/distribution points and distributed essential items to households. The MoH provided emergency medical care, established an early warning surveillance system, ensured safe water and sanitation and food, instituted vector control measures, and provided immunization, health education and social mobilization immediately. All dead bodies were managed by the local people in the traditional manner.

WHO's response was closely coordinated with the UN disaster preparedness and management group and with international NGOs, through the Red Cross-led Tsunami Assistance Coordination Group.

WHO's primary role was that of providing technical support to the MoH. WHO technical guidelines for emergencies were disseminated. Regular updates to the diplomatic and international community were organized through distribution of situation reports and WHO press releases.

WHO focused on reducing the risk of disease outbreaks and morbidity by supporting disease surveillance and providing emergency medical supplies as requested by the MoH.

Partnerships

WHO's response during the emergency phase was closely coordinated with the UN disaster preparedness and management group, and international and national NGOs. WHO's primary role of providing technical support to the MoH was maintained throughout this phase.

CAPACITY-BUILDING

Five sets of new emergency health kits were handed over to the Ministry, along with 22 680 treatment courses of antimalarial drugs (CoArtem), donated by a major pharmaceutical company to address the potential risk of a malaria outbreak in coastal areas.

PHASE II: ACTIVE INTERVENTIONS

ASSESSMENTS AND MONITORING

Rehabilitation of those directly affected and rebuilding basic health facilities were the short-term needs. The limited impact of the tsunami in Myanmar resulted in limited fund-raising, and available funds were used to strengthen national and local capacities for disaster preparedness and response. A work-plan was made for technical assistance, development of a system for early warning and timely response, post-disaster health needs assessment, replacement of lost assets, and effective coordination and communication.

COORDINATION AND GAP-FILLING

WHO support

The MoH put together a proposal for disaster preparedness and response, for which SEARO allotted funds and UN OCHA (Turkey) supported the recruitment of an international consultant. Priorities included the provision of supplies and equipment, strengthening disease surveillance, setting up operation rooms at the MoH and the WHO Country Office, along with other measures to strengthen national capacity in order to respond to any major incident.

Activities included:

- Renovation of affected health infrastructure
- Development of a National Disaster Preparedness Plan
- Production of information, education and communication (IEC) materials for basic health staff and the community
- Procurement of personal protective equipment
- Procurement of rapid test kits and other laboratory items
- Operations room support for the Department of Health

- Provision of basic units of new emergency health kits (NEHK) and supplementary kits
- Provision of drugs, insecticides, bed-nets, fogging machines and rapid diagnostic tests for malaria control.

The WHO Country Office designated a focal person and formed a Tsunami Response Group.

Health systems and infrastructure

The overall purpose of the MoH was to protect the health of the survivors and others affected by the tsunami. To this end, the MoH took care of water and sanitation needs, immunization of vulnerable populations, vector control by spraying insecticides, and health education and social mobilization.

Surveillance systems

The MoH established a disease surveillance system to provide early warning of emerging health threats, so that a timely response could be initiated. This facilitated early recovery and rehabilitation. Surveillance data were compiled and used to signal any likely disease outbreak or unusual health event. Regular communication was maintained at all levels and daily situation reports were compiled. No outbreaks were reported.

PHASE III: REVIEW AND CONSOLIDATION

The tsunami caused limited damage in Myanmar, but provided the opportunity for the country to strengthen and update the National Disaster Management and Preparedness Plan.

Health protection and disease prevention

Surveillance systems are in place but may need to be strengthened for the surveillance of risk factors, disease identification and response. An early warning system, and an advocacy and awareness system are in place. Disaster-prone areas have been mapped.

Health service delivery enhancement

Capacity-building and logistics support are areas that need strengthening. Emergency supplies and buffer stocks need to be available at all times, and delivery mechanisms of these streamlined. Community empowerment has been strengthened, which is crucial for effective response in emergencies.

Health policy and coordination

The Central Committee for National Disaster Prevention was formed. The disaster management and response programme is in place with Central, State/Division, township, villager tract/ward and village-level working committees. A disaster preparedness and response plan of the Department of Health is in place with the Central, State and Division Health Departments. The roles and responsibilities of each is clearly defined.

Support expected from WHO

The areas identified for support include training, logistics support, technical assistance, and information, education and communication (IEC). For infrastructure development, Myanmar requires laboratory equipment and supplies for the surveillance of communicable diseases following a disaster. Transport and communication equipment are other needs.