Early Warning Alert and Response System (EWARS)

MoHS started the EWARS pilot implementation in Rakhine State after a training in July 2016. Two and a half years later, Disaster & Public Health Emergency Response Division facilitated a central level review meeting on EWARS in December 2018. The meeting reviewed the results and experiences from the pilot EWARS implementation in Rakhine State. This was followed by a state level review meeting in Sittwe during February 2019. EWARS cascade trainings were conducted in 7 townships in Rakhine State namely Kyauktaw, Mrauk-U, Myebon, Ponnagyun, Rathedaung, Buthidaung and Maungdaw in February 2019.

On 15 March 2019, an EWARS orientation training was organized in Nay Pyi Taw with the objective of introducing EWARS to focal persons from Kachin, Kayin and Shan (North) States. The next step is to establish EWARS in internally displaced persons camps and conflict-affected areas of Kachin State during this year.

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

Public Health Information Services Highlights:

Health Resources and Services Availability Monitoring (HeRAMS) is an approach for monitoring health facilities, services and resources availability in emergencies providing essential information to support decision making and coordination of health actors in emergencies. For more information: https://www.who.int/hac/herams/en/

WHO Surveillance System for Attacks on Health Care. In 2012, World Health Assembly Resolution 65.20 was adopted, requesting WHO to provide leadership at global level to collect and report information on attacks on health care. The purpose of this surveillance system is to systematically collect data on attacks on health care, and their impact on health care, which include people facilities and medical logistics, in countries facing emergencies. For more information: https://www.who.int/emergencies/attacks-on-health-care/en/
WHO health emergency response in Myanmar

WHO continues to respond to humanitarian health needs in Myanmar, as a UN specialized agency and as Health Cluster co-lead with the Ministry of Health and Sports (MoHS), at national and subnational levels.

In 2018, in Kachin and Rakhine States, WHO provided technical, coordination and information management support. Operational support for MoHS mobile clinics in Maungdaw, Buthidaung, Rathedaung and Sittwe townships of Rakhine State was provided from February to September 2018 for the conflict-affected areas. During the monsoon season, WHO provided a package of assistance including essential medicines, life-jackets and operational support to assist MoHS mobile health teams in serving flood-affected people in Mon and Kayin States, and Bago and Thanintharyi Regions, including those affected by the Swar Chaung Dam spillway break. In December 2018, WHO supported a central level review meeting on Early Warning, Alert and Response System (EWARS) in Nay Pyi Taw, the culmination of two years’ experience from pilot implementation in Rakhine State.

In 2019, WHO is providing key operational support for MoHS’ mobile clinics for health service provision to the affected population of the recent armed clashes in Kyauktaw, Ponnagyun, Rathedaung, Buthidaung and Maungdaw townships of Rakhine State. MoHS emergency life support trainings for 330 trainees (doctors and nurses) from Lewe, Pyinmana and Tet Kone townships of Nay Pyi Taw were also supported during first quarter of 2019. Other priority activities for 2019 are continuation of Health Cluster assistance at all levels, technical support for monitoring and implementing the health-related recommendations of the independent Rakhine Advisory Commission, strengthening of health emergency operations center, and the roll-out of EWARS in emergency affected areas of Myanmar.

For more information, please contact: Dr Win Bo, World Health Organization, Myanmar, bow@who.int


Collaboration for universal health coverage in Kachin State

World Health Day on 7 April 2019 highlighted the theme Universal Health Coverage. Kachin State Health Department, Ministry of Health and Sports, is a main health service provider in the State, collaborating with 28 organizations for health service provision. This includes internally displaced persons camps and some conflict-affected areas. Various levels of government health facilities are serving different communities in Kachin State. State Health Department also provides technical support and medical supplies to local organizations and NGOs for health service provision to conflict-affected people in nongovernment controlled areas. Kachin State Health Department is facilitating Health Cluster meetings in Myitkyina with support from WHO. During 2018 and 2019, regular coordination meetings with national and international partners continue to page 3
Health care response in Rakhine state

Under the leadership of Rakhine State Health Department, health care services are provided to different communities in collaboration with humanitarian health partners. In 2018, 32 mobile health teams of MoHS and Health Cluster partners provided basic health services in IDP camps and hard-to-reach areas throughout Rakhine State. In Pauktaw township, a catch-up immunization campaign was successfully implemented during 5 to 7 February 2019 in Muslim villages and IDP camps together with a range of essential services - tuberculosis screening, malaria blood testing, prevention of mother to child transmission for HIV, nutrition screening, and health literacy promotion.

Health Cluster meetings chaired by State Health Department provide a good coordination platform for 22 national and international organizations. It is organized on a regular basis with support from WHO. On 18 January 2019, State Health Department organized the follow up meeting to monitor and implement of health-related Rakhine Advisory Commission recommendations, first held 20 September 2018. For example, a good concrete action was to develop a state nutrition plan for Rakhine State. The State Nutrition Plan workshop was held in February 2019 to scale up nutrition activities as part of the multi-sectoral national plan of action for nutrition. Furthermore, State Health Department is planning to conduct auxiliary midwife and community health worker trainings in each township of Rakhine State until the needs are met.

Following the central and state level review meeting on Early Warning, Alert and Response System (EWARS), online EWARS reporting started during the last week of February 2019. The annual community health care program evaluation for 2018 was conducted by Rakhine State Health Department on 21 to 22 March 2019. In addition, World Health Day on 7 April 2019 featured the theme Universal Health Coverage.

For more information, please contact: Dr Aye Thein, Kachin State Health Department (Kachin SHD), dr.ayethein@gmail.com

Collaboration for universal health coverage in Kachin State

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For more information, please contact: Dr Kyi Lwin, Rakhine State Health Department (Rakhine SHD), kyilwin@mohs.gov.mm

were convened. These meetings served as a common platform to coordinate operations of humanitarian health partners. Kachin State Health Department is partaking in the national Health Cluster coordination at Nay Pyi Taw and Yangon. Furthermore, State Health Department has planned to complement health services provision in IDP camps through joint mobile clinics in coordination with other health partners in Kachin State.

For more information, please contact: Dr Aye Thein, Kachin State Health Department (Kachin SHD), dr.ayethein@gmail.com
CPI’s humanitarian & development assistance in Kachin State

In January 2019, CPI was successfully selected to implement “Essential Health and Nutrition Service Provisions for IDPs in Kachin” project with the support from the Myanmar Humanitarian Fund. This project will deliver health and nutrition services to targeted people in 18 IDP camps of Bhamo, Hpakant, Mansi, Mogaung, Mohnyin, Momauk, Myitkyina, Shwegu, and Waingmaw townships. The second project for CPI in Kachin State is “FP2020 project” funded by UNFPA. CPI will facilitate training of trainers and multipliers trainings on new family planning methods in Bhamo, Hpakant, Mansi, Mogaung, Mohnyin, Momauk, Myitkyina, Shwegu, and Waingmaw townships. The main objective of the project is to enhance task shifting of some family planning methods to auxiliary midwives. In February 2019, CPI organized an advocacy meeting to introduce these two Directorate projects to State Health Director.

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 and feedback of the communities. The health programs of KBC include internally displaced persons (IDP) support programme, Malaria Control programme, Reproductive, maternal, newborn and child health programme, Mental Health Assistance programme, Nutrition programme, Primary Health Care and Development programme, Community Health Worker training, Herbal Medicine Promotion programme, Blood Donation & HIV/AIDS Awareness programme. These services are supported by a combination of external and internal funding including donation from church members.

In 2018, KBC provided primary health care services to 11,494 patients through community health workers, nurses and medical doctors in both fixed and mobile clinics. KBC also provided support for 482 patient referrals to ensure further management at secondary and tertiary hospitals. KBC is implementing malaria & reproductive, maternal and child health program in collaboration with Community Partners International (CPI) and Kachin State Health Department. KBC will continue provision of humanitarian and development health assistance in 2019.

For more information, please contact: Dr Than Min Htike, Community Partners International (CPI), thanminhtike@cpintl.org

For more information, please contact: Dr Malut Naw Tawng, Kachin Baptist Convention (KBC), malutnawtawng@gmail.com
USD 215 million Access to Health Fund launches to improve healthcare in conflict-affected areas

People living in conflict-affected areas, or those who live far from health services in remote or hard-to-reach places, are more likely to experience poorer health outcomes in Myanmar. Health inequities may also come about as a result of ethnicity, gender, sexuality or ability. Four donors – the United Kingdom, Sweden, United States, and Switzerland – are committed to helping Myanmar overcome health inequities through continued pooled funding for Myanmar’s health sector: The Access to Health Fund (2019 – 2023). Access to Health is aligned with national health priorities, especially supporting the achievement of Universal Health Coverage by 2030 as laid out in Myanmar’s National Health Plan 2017-2021.

Access to Health will focus on the most underserved and vulnerable populations under a rights-based approach. Through support to ethnic health organizations in close coordination with the Ministry of Health and Sports, the Fund will help bring services where they are most needed and concentrates attention on conflict-affected areas, which government health providers may find difficult to reach, and where available health services may be limited or of poor quality. Access to Health will also dedicate funding and resources to health system strengthening, sustaining and building on the gains achieved by the Fund’s predecessor, the Three Millennium Development Goals Fund (3MDG) Fund.

Clinton Health Access Initiative (CHAI) is collaborating with National AIDS Program and Drug Dependence Treatment and Research Unit to increase access to HIV counselling and testing and linkage to care among people who inject drugs (PWID) in Kachin State, with the objectives of: (i) Providing technical assistance in HIV counselling and testing and ART initiation; (ii) Strengthening referral linkage between NGOs and government ART centers and decentralized sites; (iii) Providing technical support for coordination of ART treatment and methadone maintenance therapy services among PWID who are HIV positive.

CHAI has been assisting and supporting for strengthening public sector for decentralization of ART in Kachin State by two phases -- Phase 1 (April 2014 to March 2016), and Phase 2 (July 2017 – June 2019). It covers all ART sites in Katha District in Sagaing Region and all townships of Kachin State.

Increase access to HIV counselling and testing

For more information, please contact: Ms Taniele Jalee Gofers, The United Nations Office for Project Services (UNOPS), TanieleG@unops.org

For more information, please contact: Nyi Nyi Soe, Clinton Health Access Initiative, nsoe@clintonhealthaccess.org
Strengthening community health structures and diversity in the health care system in Rakhine State

Community-based health volunteers like Community Health Workers (CHWs) and Auxiliary Midwives (AMWs) are important elements of the health system in Myanmar to reach out the population living in remote villages having poor access to health services. In Maungdaw Township, Rakhine State, Malteser International (MI) is working in close cooperation with the MoHS, where the volunteers had 10,976 patient contacts during 2018. Furthermore, these volunteers are trained to recognize danger signs of pregnancy and to initiate life-saving referrals to medical facilities.

In line with Rakhine Advisory Commission’s (RAC) recommendation No. 39 and 41, MI supported the MoHS in training additional 24 CHWs and 18 AMWs to increase health coverage. Moreover, the volunteers are from different ethnic backgrounds which aims to improve social cohesion among the diverse population and to build trust and sustainable linkages with the public health care system.

In 2019, MI continues to support volunteer trainings in Buthidaung and Maungdaw Townships as well as the provision of basic medical supplies and regular supervision of health volunteers in Maungdaw North to ensure quality and continuous engagement of those important actors in health care services.

Safe pregnancies for Kachin’s displaced mothers as mobile clinics reach deep into camps

Ja Htoi Lu was pregnant and she felt fine. She wasn’t planning an antenatal visit. She had been through the trauma of fleeing armed conflict, and living seven years in an IDP camp. Compared to this, an apparently healthy pregnancy didn’t seem like much to worry about.

Ja Htoi might never have gone to her first antenatal visit had it not been for UNFPA and partner Myanmar Medical Association or MMA’s efforts to reach women like her. She decided to go to the mobile clinic of MMA.

The doctor immediately diagnosed her with hypertension in pregnancy, which has few immediate symptoms and tends to go unnoticed by mothers. But it can lead to pre-eclampsia with a risk of serious complications, including permanent disability or death for both mother and baby.

Thanks to the timely diagnosis, these risks dropped. The doctor gave Ja Htoi the drugs and the information she needed. Thanks to this, she could make an informed decision about her health and about the safest way to give birth. She stayed healthy and delivered a much-loved baby.

For more information, please contact: Khin Saw Wai, Malteser International, khinsaw.wai@malteser-international.org

For more information, please contact: Mollie Fair, United Nations Population Fund (UNFPA), fair@unfpa.org
Pyi Gyi Khin actions in Kachin State

Pyi Gyi Khin (PGK) conducts antiretroviral therapy (ART) Support Program since 2017 by supporting human resources to National AIDS Program in Kachin State. Three ART Program Officers of PGK are assisting clinical treatment and data management for NAP in Myitkyina, Mohnyin and Hpakant ART centres. Three ART Promoters are assisting Myitkyina AIDS/STD Team, and Waingmaw and Mogaung ART decentralization sites for data management. They support the ART centres and decentralization sites in order to enhance the accessibility of ART treatment by providing care outside health facilities and support case tracking, adherences to treatment, awareness on HIV, TB, Hepatitis-B/C and referral linkages. In 2018, one ART Program officer was assigned at Bhamo ART centre. One monitoring and evaluation (M&E) staff has been assisting State Health Department since 2016. All are supported by The Global Fund to Fight AIDS, Tuberculosis and Malaria.

In 2019, PGK will conduct HIV prevention activities for key populations through two Key Population Service Centres in Myitkyina and Bhamo. One health forum will be organized in Myitkyina with key stakeholders with the objective of Universal Health Coverage and National Health Plan awareness raising, strengthening civil society organizations network, and empowering its members to practice in township health working-groups. The aim is to coordinate efforts on behalf of CSOs to the Ministry of Health and Sports who will engage in the process of developing National Health Insurance and Universal Health Coverage Law.

Access to and utilization of harm reduction service and treatment in Hpakant township

Myanmar is facing a concentrated HIV epidemic among key populations, notably among people who inject drugs (PWID) with national HIV prevalence of 34.9%. In order to bring prevention and care closer to migrant workers who use drugs, AHRN runs five strategically located comprehensive harm reduction projects near the mines in Hpakant Township through funding support from The Global Fund to Fight AIDS, Tuberculosis and Malaria and Three Millennium Development Goals Fund. Bringing life-saving needle exchange and ART closer to our clients and support the National Methadone Program in their daily operation of three methadone clinics located in Hpakant Town & Seik Mu and Lone Khin Villages. Under the umbrella of National AIDS Program, ART service has been integrated in the methadone clinics since May 2016. Clients receiving methadone now receive ART at the methadone clinics and AHRN provide counseling, HIV testing and treatment of clients not (yet) on methadone in the remote drop-in-centre clinics.

Despite obstacles in these settings, methadone service proved to be a key factor to scale up ART services and viral load suppression among PWIDs. Up to 31 August 2018, of the total of 1,880 methadone clients, 100% received HIV testing, 32% (620/1880) were diagnosed with HIV, 73% (455/620) received ART. Among ART patients, 170 clients took viral load testing, resulted in 92% viral suppression.
Improving living conditions of persons with disabilities affected by displacement and conflicts in Kachin State

Due to the lack of data, needs analysis and considering insufficient service provision to Persons with Disabilities in conflict-affected areas-Kachin State, this project aims at piloting activities for specific needs of persons with disabilities. By implementing following activities, the project will increase beneficiaries’ protection, give equal access to humanitarian assistance, services and improve their living conditions. Humanity & Inclusion (HI) will implement the project activities in partnership with Kachin Baptist Convention (KBC), Myanmar Physically Handicapped Association (MPHA) to better identify, assess the needs of persons with disabilities and design appropriate responses. Focus in 2019:

- Support to inclusive humanitarian response, advocacy for use of Washington Group Questions
- Awareness raising for communities on the rights of Persons with Disabilities, Inclusive social events
- Establishment and support of Self-Help Groups
- Provision of functional rehabilitation, assistive devices, home adaptations
- Psychosocial peer to peer support

"Working together to Save Lives"

IOM shared the Emergency Referral services information and achievements by conducting meetings with Voluntary Health Workers (VHW), Basic Health Staff and private sectors, feedback and response sessions at various levels with beneficiaries who received referral services at the township hospitals, and community engagement sessions which promote a good linkage in facilitating emergency referral system through hot-line numbers and participation of community members for social support. This partnership with local association is an important aspect of the emergency referral pathway as a way for community participation and building trust with the community.

Despite the conflict that occurred in northern areas of Rakhine State, emergency referral support has continued and as a result, the number of emergency patients receiving referral support in Pauktaw and Buthidaung Townships has increased yearly and referral coverage for pregnant mothers and under five children continued to increase from different communities.

IOM Health Program in Rakhine works closely with the State and Township Health Departments in the delivery of health care services across all populations and provided through support for service delivery, referrals, capacity building, procurement of commodities and refurbishment. Moreover, IOM integrates and leverages existing relationships and programs focus on strengthening government capacity in the provision of quality Sexual and reproductive health and rights & Maternal, newborn and child health services.

For more information, please contact: Mr Fabrice Vandputte, Humanity & Inclusion (HI), fvandputte@hi.org

For more information, please contact: Dr Htet Lwin Win, International Organization for Migration, htwin@iom.int
Maternal and Child Health project in Hshiheng, Laihka and Mawkmai township, Southern Shan State

With the support of 3MDG fund, Relief International (RI) made partnerships not only with respective Township Health Departments but also with two Ethnic Health Organizations (Shan State Development Foundation and Pa Oh Health Working Committee) and one Community Based Organization (Seven Star Local Development Organization) in order to cover both government controlled and non-government controlled areas in Hshiheng, Laihka and Mawkmai Township of Shan State.

Relief International provides its assistance, (supporting of financial, medicines/medical supplies and capacity building) to BHS to deliver Maternal and Child Health (MCH) services to community. The Shan Project team of RI has bridged the gap in order to support inequality and support delivery of primary healthcare services, emergency referrals, health promotion programs and community-based health care. As a result of continuous participation and coordination with Basic Health Staff (BHS), the immunization coverage achieved an ascending trend, the coverage of MCH services increased and utilization of emergency referral services was promoted.

RI supports transportation cost and per-diem for the Expanded Program on Immunization (EPI) team and outreach activities of BHS. Therefore, BHS can reach the village frequently more than the previous years and get more familiar with community. In addition, RI staff joined in EPI activity and facilitated in health education sessions to raise health awareness of community.

Relief International also supported volunteer health workers training in coordination with respective health departments. As a result, almost every hard to reach villages now have volunteers to provide Primary Health Care (PHC) services in community level and to assist BHS in outreach sessions. Village Health Workers are conducting Health Education sessions, communicable diseases prevention, environmental sanitation, PHC and MCH services provision, family planning activity and data collection and EPI activity of BHS.

For more information, please contact: Nyein Nyein Htet, Relief International, nyein.htet@ri.org

Closing the gap of HIV services in Rakhine State

Due to the political situation, conflict and displacement of populations, Rakhine State has had limited access to the continuum of HIV-related services in recent years, other than those available at government facilities. This has led to a substantial gap in service-provision, particularly in the form of HIV prevention outreach for at-risk populations and subsequent linkages to HIV testing and counseling, antiretroviral therapy, general healthcare, and prevention of mother-to-child transmission.

Specific key populations – including those involved in sex work, people who inject drugs and men who have sex with men – as well their partners and out-of-school youths remain among the most vulnerable to HIV in many countries, including in Myanmar.

Through USAID support, UNAIDS is providing a grant to the Myanmar Positive Group (MPG) to embark on the elaboration of HIV prevention outreach with the aim of building capacities of community networks working on HIV to deliver prevention and ensure links to health services for the above-mentioned populations in seven townships of Rakhine State, starting from October 2018.

During five months of project implementation, a series of trainings for local community networks and project staff was successfully conducted to empower participants with the required knowledge and skills. In conjunction with this capacity-building, HIV prevention activities such as awareness sessions, distribution of condoms, health promotion, referral to voluntary HIV testing and treatment, care and support, including peer volunteer counseling, are now being carried out.

For more information, please contact: Myo Kyaw Lwin, UNAIDS, LwinM@unaids.org
Health Cluster Organizations, participation by location

**PEOPLE IN NEED**

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**PEOPLE TARGETED**

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**Health Objective 1:**

1. Improve equitable access to inclusive health care services for those newly affected by disasters and other emergencies