WHO supports the Ministry of Health in responding to widespread floods across Myanmar

In July and August 2015 heavy monsoonal rainfall and heavy rains brought by Cyclone Komen caused widespread flooding across 12 of the 14 states and regions of Myanmar. More than 1.6 million people have been affected to date by the disaster. On 31st July, four states and regions of the country – Chin and Rakhine states, Magway and Sagaing regions – were declared disaster zones.

WHO’s response to the crisis has been immediate: within 48 hours from the onset of the disaster the first emergency response funds, amounting to US$ 26,000, were disbursed through WHO’s South East Asia Regional Health Emergency Fund (SEARHEF) to meet immediate health needs in the affected areas. On August 4th, the Ministry of Health (MoH) submitted a request for assistance covering emergency response and early recovery activities up to December 2015. Thanks to funding from SEARHEF, CERF (UN Central Emergency Response Fund) and reprogrammed country funds, WHO will be able to cover 100% of the MoH requests.

WHO is supporting both public health and medical care interventions by the MoH in affected areas. Improved surveillance and prevention activities, in close collaboration with other partners such as WASH organizations, have made it possible to avoid major disease outbreaks, particularly of water-borne and vector-borne diseases, which could be exacerbated by the presence of stagnant waters.

WHO’s support for human resources meant that health facilities in affected areas could be properly staffed to ensure essential primary and reproductive care for the population. In terms of operational and logistical support, part of the WHO funds has already been used by the MoH to procure medical and non-medical items locally within Myanmar. These items include medicines as well as insecticidal treated nets, water purification tablets, larvicides, fogging machines etc. WHO is in the process of procuring additional quantities of these items internationally, which will then be distributed to the Township Medical Officers in the affected areas following thorough needs assessments by health authorities.

WHO continues to cooperate closely with the MoH and other health sector partners to ensure that resources can be mobilized as soon as possible to meet increased health needs during the emergency response and early recovery phases.
WHO and International Rescue Committee sign agreement for the provision of essential health care in IDP camps

On September 8th 2015 WHO Myanmar and the International Rescue Committee (IRC) signed an agreement to provide essential medical care interventions for the almost 9,000 people living in IDP camps in southern Kachin and northern Shan states.

Thanks to funding by WHO, IRC will have two Mobile Health Teams delivering essential primary and reproductive health services to the underserved population living in 19 different IDP camps in the townships of Muse, Namkhan, Kutkai (Shan state) and Mansi (Kachin state).

Each mobile team will be formed by a senior medical doctor and by two nurses, or one nurse and one midwife. The presence of female health staff in the teams is particularly important to cater for the needs of women and girls in the field of reproductive health care, as they are often more vulnerable and exposed when living in difficult conditions.

The agreement, fully endorsed by Myanmar health authorities, represents further proof of the close collaboration between WHO, the Ministry of Health and local and international NGOs working in Myanmar. IRC and their local partner, Karuna Myanmar Social Services (KMSS), have been operating in the northern Shan State area since October 2014 and have formed strong ties with the local communities and other organisations present on the ground. As such, they were recognised as best positioned to provide essential health services in those remote and hard-to-reach areas.

The mobile teams will initially be operating in the camps until the end of 2015, and are hoping to continue their life-saving activities in the coming year.

2 MOBILE TEAMS operating in 4 Townships
9,000 IDPS living in 19 camps
ESSENTIAL SERVICES in hard-to-reach areas

Dr Novelo Sierra, WHO Health Cluster Coordinator (left), Mr Ralf Thill, IRC Country Director (center) and Dr Luna, WHO Representative (right) sign the agreement on Sept. 8th. Photo: WHO.
First Myanmar Health Forum calls for key investments in health for development and Universal Health Coverage in Myanmar

“Invest in Health: the Key to a People-Centered Development” was the theme of the first Myanmar Health Forum, organized by the Ministry of Health on 28th and 29th July 2015 in Nay Pyi Taw. The Forum put health at the heart of the development efforts in Myanmar, advocating for more and better investments in health systems and programmes. The achievement of Universal Health Coverage (UHC) by 2030 was identified as the appropriate way forward to attain Myanmar’s health and development vision.

The Forum, inaugurated by H.E. the Vice-President of the Republic of the Union of Myanmar, Dr Sai Mauk Kham, brought together more than 500 participants, experts and senior policy makers from national, regional, and international health and development organizations, committed to making universal health coverage in Myanmar a reality in the coming years. Keynote speakers and panelists included H.E. Dr Than Aung, Myanmar Minister of Health, the former Ministers of Health of Turkey and Indonesia and other experts from international institutions such as the World Bank and the Asia Pacific Observatory on Health Systems and Policies.

Amongst the topics discussed during the Forum, particular relevance was given to the theme of investments and reforms in the health sector and to the significance of health for economic growth and social development, with the aim of ensuring that quality health services can reach those who need them most. Lessons learnt and experiences from other countries informed discussions on the development of all aspects of the health system in Myanmar, with a specific focus on planning and financing for UHC as well as on improving human resources for health and access to medicines. Much has been achieved in the health sector in Myanmar; to successfully continue on the path towards the objectives of the Myanmar Health Vision 2030 and of the Sustainable Development Goals, continued leadership from the Ministry of Health and concerted support from all health partners will be required.

A joint Communiqué was adopted at the end of the event, highlighting that “as Myanmar aims to provide universal health coverage (UHC) by 2030, it needs a multi-sectoral approach through inclusive, effective collaboration and coordination, as well as the involvement from all branches and levels of the Government to attain the goals of improving the health of the population” and ensuring long-term sustainability.

WHO Myanmar supported the organization of some of the technical sessions during the Forum and also set up a booth in the exhibition hall, featuring highlights on a range of WHO activities along with information and education materials. A popular attraction was the provision of free medical check-up services to the visitors, who could check their blood pressure, blood sugar, body weight, body mass index, etc. assisted by a team of medical and nursing staff. Nearly 300 participants used these services, making WHO’s one of the most visited displays at the event.
On 27th-28th July 2015 representatives from the Ministry of Health, Medical Universities as well as international organizations and UN agencies gathered in Nay Pyi Taw to attend a national consultation workshop for the formulation of an Action Plan on Eye Health in Myanmar for 2016-2020.

The meeting was a platform for participants to review and discuss the action points on eye health care outlined in the Universal Eye Health Global Action Plan for 2014-2019 developed by WHO, and tailor those recommendations to the specific context of Myanmar.

An Ocular Morbidity survey conducted in Myanmar in 1997-98 indicated a blindness rate of 0.58% across all sectors of the population. Since the establishment of the Trachoma Control and Prevention of Blindness Program in 1984, prevalence rates of ocular diseases like trachoma and bilateral cataract have decreased consistently: for instance, the prevalence rate of trachoma went down from 4.82% in 1985 to 0.04% in 2014. Similarly, bilateral cataract surgical rates have been increasing steadily since 2001. However, challenges for Universal Eye Care in Myanmar still remain, particularly related to low numbers of secondary eye centers and insufficient human resources.

At the meeting, officials from the MoH and Prevention of Blindness Program discussed these and other issues related to the achievement of Universal Eye Care in Myanmar together with academics from the Department of Ophthalmology, University of Medicines, ophthalmologists from States/Regions and representatives from WHO, UNICEF and local and international NGOs. At the end of the workshop the participants agreed on a set of recommendations (below) ranging from the establishment of a technical Task Force on Eye Health to the need of increasing the number of eye health professionals and their standards of training.

1. Formulate a National Eye Health Policy & Plan of Action that can be incorporated in the National Health Plan;
2. Form a National Task Force on Eye Health led by the Ministry of Public Health and a Technical Advisory Group providing technical support;
3. Strengthen Primary and Secondary Eye Care services along with the placement of adequate human resources across the country;
4. Continue to train more eye health professionals as per WHO standards, and include a training program on eye health in the curriculum of Primary Health Care workers;
5. Conduct an Ocular Morbidity Survey of all ages at national level;
6. Integrate with other relevant programs under the Dept. of Public Health, such as school health, Reproductive, Maternal and Child Health, Non Communicable Diseases and other programs.