Health Emergency Operations Centre (HEOC) is a physical location for coordination of information and resources to support incident management activities. HEOC integrates traditional health services into an emergency management model. HEOC is an essential platform for Incident Management System in emergency preparedness and response regarding health.

Ministry of Health and Sports (MoHS) has developed the National Health Emergency Operations Centre Plan with technical support from WHO during 2019. National HEOC Plan is a critical component of the National All-hazards Emergency Preparedness and Response Plan.

From 5 to 8 August 2019, a series of capacity building activities on HEOC were conducted in Naypyidaw with the support from Public Health England and WHO:

- **5-6 August 2019**: Training on Incident Management System
- **7 August 2019**: Training on Health Emergency Operations Centre
- **8 August 2019**: Functional Command Post Exercise on HEOC using the scenario of a pandemic influenza.

Public Health England, and Central Epidemiology Unit and Disaster & Public Health Emergency Response Division (DPHERD) of MoHS, Myanmar facilitated the whole event successfully in collaboration with WHO Health Emergency Programme team. Focal persons from central, state and region levels of MoHS, and WHO actively participated. The participants used and followed National HEOC Plan as well as National Pandemic Influenza Preparedness & Response Plan to carry out the respective roles and responsibilities during the simulation exercise.

The Functional Exercise was the first exercise conducted utilizing and testing the existing HEOC Plan. The exercise was conducted from three different locations in Naypyidaw: one acting as National HEOC, another as State/Regional HEOC, and the last as Exercise Controller. The event was followed by a debriefing session with senior officials from MoHS on 9 August 2019. The recommendations from the event will be implemented by MoHS in due course in order to further strengthen health emergency preparedness and response capacities.

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

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Safeguarding health care from attacks

In 2012, World Health Assembly Resolution 65.20 was adopted, which requested WHO to provide leadership at the global level in collecting and reporting information on attacks on health care. WHO subsequently created the Attacks on Health Care initiative to systematically collect to advocate for the end of, and to promote best practices for safeguarding health care from attacks.

The vision of the initiative is that essential life-saving health services must be provided to emergency-affected populations unhindered by any form of violence or obstruction. Ultimately, WHO seeks to ensure that:

- health workers everywhere can provide health care in a safe and protected environment;
- health workers are protected, resilient and equipped with knowledge and resources;
- parties to conflict understand and uphold their responsibilities under International Humanitarian Law;
- health care delivery is not disrupted by attacks; and
- all forms of violence against health care stop.

For more information: [http://bit.ly/2k90h7S](http://bit.ly/2k90h7S)
WHO humanitarian assistance in Myanmar

WHO continues to strengthen public health emergency risk management in Myanmar in collaboration with Ministry of Health and Sports (MoHS). An international expert provided technical assistance to develop the MoHS Health Emergency Operation Centre (HEOC) concept of operations in May 2019. This was a follow-up visit from July 2018 to build the capacity of HEOC. Furthermore, HEOC plan validation exercise & orientation sessions on Incident Management System and HEOC to MoHS focal persons were conducted resulting to concrete recommendations for the all-hazards plan improvement.

CERF funded mobile clinics in armed-conflict affected townships of Rakhine State

An upsurge of fighting between the Myanmar Military and the Arakan Army in early 2019 resulted to new displacements, and compounded the humanitarian situation, in Rakhine State. To address these new needs, the United Nations in Myanmar mobilized the Central Emergency Response Fund (CERF).

The CERF funded WHO project titled “Provision of life-saving health care services to the new displaced people and host communities arising from the armed conflict in Rakhine State” facilitated delivery of life-saving primary health care services to the affected populations in Mrauk U, Kyauktaw, Ponnagyun, Rathedaung and Buthidaung townships through MoHS mobile clinics starting 2 May 2019 up to six months. Total amount of CERF fund is US$135,997.

SEARHEF funded flood response activities

In the midst of the Monsoon season, WHO supported the flood response by providing essential medicines and medical supplies to all affected areas. This is in addition to operational support for MoHS mobile clinics to provide essential health services to the flood-affected population.

Upon request from MoHS, flood response is further complemented through mobilizing US$ 160,000 from WHO South East Asia Regional Health Emergency Fund. The fund enabled the expansion of mobile clinic emergency health care provision to the widened flood affected areas, procurement of anti-snake venom and items needed for provision of safe drinking water.

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

For the latest updates from WHO Myanmar,


Strengthening collaboration with WASH cluster in Kachin State

Acute Watery Diarrhea (AWD) could endanger thousands of lives especially within overcrowded population areas like the internally displaced population (IDP) camps in Kachin State. State Health Department (SHD) is strengthening collaboration with WASH Cluster in the management of AWD with the support from WHO. The joint AWD preparedness and response plan of Kachin Health and WASH Cluster is developed to strengthen the coordination and collaboration between the two clusters using existing technical documents.

On 25th April 2019, WASH Cluster partner provided information of diarrhea cases at Pa La Na IDP camps 1 and 2 in Myitkyina. Kachin SHD, Special Disease Control Unit, WHO Myanmar and Myitkyina Township Health Department conducted investigation and responses on 25-26 April 2019, followed by continuous health service provision as routine activity. With about 2,259 population in the two camps, 14 patients received timely AWD treatment while health education was provided to nearby communities.

WASH Cluster contributed with water quality testing, chlorination and safe water supply. The presence of E. coli, water insufficiency and poor personnel hygiene practices were major concerns. Two new cases were reported on 26th April 2019 followed by no new cases in the following weeks. This was an example of effective and timely collaboration between the two clusters.

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

Capacity building and implementation of health care services in Rakhine State

The following are key accomplishments by the Rakhine State Health Department:

- Conducting mobile health care activity in Myo Thu Gyi rural health Centre in Maungdaw township on 4 May 2019 using a mobile car donated by Union Enterprise for Humanitarian assistance, Resettlement and Development.

- Active participation of the Rakhine State Health Department in the review meeting of implementation of health-related recommendations of Rakhine Advisory Commission on 6-7 May 2019 organized by the Ministry of Social Welfare, Relief and Resettlement together with Rakhine State Chief Minister and Security Minister.

- Participation of 23 assistant surgeons and nurses to the post-abortion care training in Yangon Central Women Hospital on 6-10 May 2019.

- Conducting state level advocacy workshop on sanitation campaign and hygiene practice in Rakhine state was done on 22 May 2019. This was followed by activities of community based environmental health and sanitation activities in Sittwe, Pauktaw and Minbya townships.

- Conducting Training of Trainers for Psychological First Aid in Sittwe for all 17 townships on 26-27 May 2019.

- Conducting opening ceremony of Toungup township hospital on 10 June 2019.

- Conducting district level training for prevention of mother to child transmission of HIV for basic health staff on 18 June 2019.


- Conducting community-based Infant and Young Child Feeding training in Pauktaw and Ramree townships on 1-10 July and 18-27 July 2019, respectively.

- Handover of four new subcenters by German Society for International Cooperation to the State Health Department, one in Pauktaw township and three in Kyauktaw township on 09 July 2019.

- Implementation of school feeding programme in nine townships with the support of World Food Programme, with plan to extend in Sittwe, Thantwe, and Gwa townships. School meal programme is conducted in two townships.

- Revitalization of the routine Health Management Information System, which is currently impacted by internet access issues in some townships of Rakhine State starting 22 June 2019, to be conducted as soon as possible.

For more information, please contact: Dr. Sai WIn Zaw Hlaing, Rakhine State Health Department, saiwinzawhlaing@mohs.gov.mm
Pilot direct acting antiviral for hepatitis C virus treatment & care model among people who inject drugs in hard-to-reach areas in Myanmar

Myanmar is confronted with a HIV/AIDS, hepatitis and drug use syndemic. There is an estimated 93,000 people who inject drugs (PWID), and among them, HIV prevalence is up to 61.4%, Hepatitis C or HCV positivity rate of 87.9%, and HCV/HIV co-infection of 25%.

With USAID HIV/AIDS Flagship (UHF) - U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) funding, Asian Harm Reduction Network (AHRN) assessed the effect of HCV treatment among PWID in remote areas in Myanmar. Participants were screened with SD Bioline HCV Antibody and confirmation by GeneXpert. All HCV Ribonucleic acid (RNA) positive patients were enrolled in a comprehensive HCV treatment model of care: addressing psycho-social, clinical and drug dependency needs. All eligible patients, of which 110 were on methadone maintenance therapy (MMT), were initiated on 12 weeks Sofosbuvir and Velpatasvir treatment. Of a total of 412 screened for HCV and HIV, 358 (86.8%) were HCV RNA positive. Of all completed treatment, 81.4% achieved sustained virologic response. HCV treatment was perceived as an important incentive to seek other treatment and self-reported health seeking behavior increased significantly.

In conclusion, the treatment of and adherence to oral DAA regimes is effective. In the absence of blanket HCV treatment, appropriate reach and harm reduction coverage is needed, notably needle syringe programme and MMT to mitigate transmission and reinfection of HCV.

For more information, please contact: Murdo Bijl, AHRN (Asian Harm Reduction Network), murdo@ahrnmyanmar.org

Safe hospitals save lives in disaster

Health services should be reliable and continue running when a disaster strikes. Safe hospital initiative was initiated by WHO to implement measures to improve safety in health facilities and to strengthen their capacity to respond to disaster. In Myanmar, Safe Hospital Project is one of the efforts carried out by Humanity & Inclusion (HI), funded by ECHO and Luxembourg’s Ministry of Foreign Affairs, in the frame of the Myanmar Consortium for Community Resilience.

Since early 2018, HI has been supporting Yangon General Hospital and Mandalay General Hospital update the hospital’s Mass Casualty Management Plan and Incident Command and Control system in collaboration with UK Government’s Emergency Medical Team (UK-EMT) to increase effective internal circulation and interoperability in the aftermath of Mass Casualty Incidents (MCI).

Such activities are vital for healthcare facilities to be more prepared and safe during disaster. The project is also promoting participation of charity ambulance providers both in Yangon and Mandalay to support the two hospitals in MCI. For the last trimester of 2019, the project will focus on improving personnel’s awareness of the Medical Countermeasures plan and to test it through a hospital wide drill.

For more information, please contact: Dr. Pyae Phyo Aung, HI (Humanity & Inclusion), pp.aung@hi.org

Supporting essential health and nutrition services for Kachin IDPs

With support from the Myanmar Humanitarian Fund, Community Partners International (CPI) is implementing the Essential Health and Nutrition Service Provision of Internally Displaced Persons (ESPI) Project in seven townships in Kachin State, in partnership with the Kachin Development Group (KDG) and Kachin Back Pack Health Worker Team (KaBPHWT).

The ESPI project aims to
1) to increase access to integrated health services in emergency settings through locally accessible service providers, and
2) to strengthen the availability and quality of health services by building the capacity of community-based providers.

In April, CPI met with Kachin Independence Organisation Health Department representatives in Laiza to conduct project advocacy and coordination. Shortly after, CPI held a 10-day training in Myitkyina to build the capacity of 20 KaBPHWT staff to implement an Integrated Package of Health Services (IPHS).

In mid-May, CPI conducted a second 10-day IPHS training for 35 basic health staff providing services in IDP camps in non-government controlled areas. In June, CPI began to distribute essential medicines to IDPs through KDG and KaBPHWT.

For more information, please contact: Chit Su Wai Aung, CPI (Community Partners International), chitsuwai@aung@cpintl.org
In communities torn apart by armed conflict, youth centres nurture health, values and well-being

Millions of young people in Myanmar are profoundly affected by armed conflict in different areas of the country.

To reach young people in non-government controlled areas, where international organizations have limited access, UNFPA partners with local organizations. UNFPA’s youth friendly spaces in Je Yang, Mai Ja Yang and Woi Chyai are managed by Health Poverty Action and Kachin Women Association. The Centres are dedicated to providing young people with knowledge about their bodies, relationships and health. Through awareness sessions about adolescent sexual and reproductive health and rights, youth learn how to protect their bodies and minds from harmful practices.

In Kachin, 37 out of 1,000 teenage girls are already mothers. This is higher than the national adolescent fertility rate of 33 (2014 Myanmar Population and Housing Census). Accurate and reliable information allows them to make informed decision and gives them the confidence to make choices that they will not regret. For those young people, the Centres are not only a place for fun in the midst of protracted conflict, but also a place to learn about their bodies and rights.

For more information, please contact: Mollie Fair, UNFPA (United Nations Population Fund), fair@unfpa.org

Filling the gap of primary health care services in vulnerable areas, Kachin State

Basic training for Community Health Worker is part of Reaching Equitable Access to health through Local empowerment Project of Myanmar Health Assistant Association which was planned to organize in first semester of 2019.

General Objectives of this training are increasing coverage area in provision of health services for communicable disease control activities, improving health knowledge on Malaria, Tuberculosis through health education session in communities and awareness raising as well. In order to avoid overlapping volunteers, District Health Department discussed with Basic Health Staff, local authorities and implementing partners. Community Health Workers must submit the monthly report to the Public Health Supervisor II who will then supervise the Community Health Workers with checklists quarterly.

Myanmar Health Assistant Association supported the cost of nineteen Community Health Workers including six persons from camps for 28 days training that held in meeting hall of District Health Department of Bhamo. Finally, DHD held the closing ceremony of CHW Basic Training on 23rd June 2019 and awarded the outstanding CHW on the basis of pre-post mark, and gave certificates to each CHWs.

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

HIV prevention by Premiere Urgence International

Première Urgence International (PUI) started working in Myanmar in 1984 as Aide Medical International training health workers, doctors & nurses. Dala WASH & Health programmes started in 2001 & expanded to South Yangon townships Dala, Thanlyin, Twantay, Seikgyyi, Kawhmu & Kuchangone.

Between 2001 & 2018 we had offices in Yangon, Kayin, Rakhine, Kachin, Sagaing, Wa & Lashio implementing primary emergency (Nargis, floods, etc); Maternal, Newborn and Child Health; HIV prevention & treatment; water, sanitation and health (WASH); livelihoods. Since 2003 in South Yangon we provided specialized health care for patients with sexually transmitted infections. In 2005 we added HIV prevention: behavior change communication, condom distribution, testing & opportunistic infections. In 2007 we developed a prevention, care & treatment programme for HIV starting with 900 antiretroviral therapy with support from Global Fund. Until 2018 the programme covered 6,359 people. In 2011, Reproductive Health & WASH programmes were implemented in Dala & Seikgyi plus mobile services in 2016.

Our current programme provides HIV prevention in fixed & mobile education, counseling, defaulter tracing, nutrition & psychosocial support and often case management. We are starting a WASH in clinics and schools programme in government and non-government controlled areas in Southeast Myanmar.

For more information, please contact: Josh, PUI (Premiere Urgence Internationale), mmr.hom@premiere-urgence.org
### EWARS summary

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<tr>
<td>verified cases</td>
<td>344</td>
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### EWARS reporting organizations

- **11 organizations** in July 2019
- **9 organizations** in 2018
- **13 organizations** in 2017

### EWARS weekly reports received

- **3,058 reports** in July 2019
- **4,307 reports** in 2018
- **1,259 reports** in 2017

### EWARS reporting sites

- **357 sites** in July 2019
- **263 sites** in 2018
- **167 sites** in 2017

### EWARS total consultations

- **219,742 consultations** in July 2019
- **299,132 consultations** in 2018
- **91,037 consultations** in 2017

### EWARS verified cases

- **344 cases** in July 2019
- **172 cases** in 2018
- **27 cases** in 2017

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### Health Cluster Work Plan 2019

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### Humanitarian Response Plan 2019, Health funding status

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Coverage (%): 10.0%


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### Myanmar Health Cluster Participated Organizations, by type, by location

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**(60) Myanmar Health Cluster Participated Organizations, by type, by location**

- **(1) National authorities**
- **(13) National NGOs**
- **(24) International NGOs**

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