

**Joint external evaluation of  
IHR Core Capacities of  
The Republic of the Union of Myanmar  
Executive summary  
3-9 May, 2017**



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**The full report will be published on the WHO website**

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## Myanmar: High-level Summary and Recommendations

The Republic of the Union of Myanmar is divided into 15 administrative units which comprises of 7 states and 7 regions and Nay Pyi Taw Union Territory. It had an estimated total population of 51 million in the 2014 census. There are approximately 135 ethnic groups with the majority of the population being Buddhist with Christian, Hindu, and Muslim minorities.

It is the third country in the South-East Asia region to take part in the Joint External Evaluation (JEE) which took place in Nay Pyi Taw in May 2017. The Official request was made to The World Health Organization (WHO) in January 2017. The mission consisted of a multisectoral International team made up of individuals with recognized expertise in their field from different countries. Support was also given by technical advisors from The Food and Agriculture Organization of the United Nations (FAO), Public Health England (PHE), Public Health Agency of Sweden and Centre for Disease Control (US-CDC) and Ministry of Health Sri Lanka.

Technical presentations led by the Ministry of Health and Sports (MoHS) were given by the multi sectoral Myanmar team focusing on the self-assessment they had conducted followed by a joint multisectoral discussion. The joint recommendations stemmed from this process which was supported by various field visits. The team of experts visited The National Health Laboratory, Yangon seaport, the Livestock Breeding and Veterinary Department (LBVD) Laboratory and Yangon International Airport.

### Overarching issues and priority recommendations:

Several overarching themes emerged during the evaluation process which were discussed with, and agreed to by the host country and the team of experts as priority actions during the various discussions and presentations.

#### Legislation and Formalized Procedures:

Myanmar has several laws, guidelines, regulations, and standard operating procedures (SOP) and has recently drafted Its National Health Plan 2017-2021. This aims to update and amend the Prevention and Control of Communicable Diseases Law 1995 later amended in 2011 and the Public Health Law of 1972. Although referred to in various presentations, the team of experts noted that many documents like SOPs, and guidelines remain in draft stage and major pieces of legislation are either imminent or still pending. Their finalization and endorsement is essential in assisting Myanmar in fulfilling its IHR (2005) obligations.

In Food Safety, Myanmar follows the Codex Alimentarius Guidelines and operates its own Regional Response Teams (RRT) to manage incidents of suspected food outbreaks. However, one of the priority actions is for a legal document to ensure adequate food safety standards and management to effectively control and monitor all stakeholders involved in food. In the technical area of Risk Communication, although Myanmar has the National Disaster Coordination Committee, it was noted that there was no formalized all hazard risk communication law or plan that is coordinated and communicated to all stake holders including the private sector. Another example was in Chemical Events and Radiation Emergencies where experts recommended the finalization and approval of the Chemical, Biological, Radiological & Nuclear (CBRN) contingency plan to ensure clarification of authorized bodies, roles, and responsibilities for the surveillance of chemical events, alert, and response.

The experts commended the Myanmar's team presentations and the comprehensive supporting documentation provided for the evaluation. It was evident that a major piece of legislation was still pending. Once implemented and supported with the relevant SOPs and further guidelines, many of the points raised in the various priority

actions with regards to legalisation, regulations, plans and guidelines will be addressed. This will provide Myanmar a framework within which to work.

### **Linking Human and Animal Health:**

There were well established working procedures in some of the technical areas between human and animal health. However, there was a recurring theme in the recommendations for closer liaison, collaboration and sharing of information between the two to create a one health approach.

Myanmar, for example, has the National Health Laboratory (NHL) which can detect 10 core tests. The NHL and the Public Health Laboratory (PHL) are both reference laboratories for the human sector. However, there appeared to be no collaboration with the animal laboratories. As laboratories are the key to saving lives through early detection of infectious diseases, collaboration, and incorporation of a one health approach between the animal and human sector, is crucial. In this respect, the role of public health laboratories is crucial as they are the focal point for a national system through their functions for human, veterinary and food safety including disease prevention, control, and surveillance.

In the technical area of Food Safety one of the priority recommendations called for a formalized and regular linkage between the human and animal sector, especially in the investigation of contamination. The strengthening of the contribution of the veterinary sector in the implementation of the IHR (2005) is pivotal in the development of roadmaps at the human and animal interface. In Antimicrobial Resistance, experts highlighted the need for an increased AMR capacity for both human and animal sectors and improved surveillance within the animal sector. Inclusion and collaborative working with the animal sector was reflected in many other priority recommendations.

The availability of qualified and experienced workforce is crucial in supporting and equipping them to address some of the recommendations in the JEE. In this respect, there were priority recommendations for comprehensive training needs and assessment.

### **The Minister's Response: the way forward**

The JEE was undertaken by the MoHS that oversees Myanmar's health services through seven departments; the Departments of Public Health, Medical Services, Food & Drug Administration, Medical Research, Traditional Medicine, Health Professional Resource Development & Management, and Sports & Physical Education.

The Union Minister, as the lead of this initiative, welcomed the JEE team and was clear from the onset to hold an open, honest, and transparent evaluation. He was open to receiving and acting on the recommendations and was aware that there would be changes required. The JEE findings served as an important tool for Myanmar's own development and for the improvement of the IHR (2005). His Excellency talked of issues and challenges that would be uncovered during discussions but showed real commitment and determination in addressing these through a step by step approach. The process was seen as being important not only for Myanmar but for the neighbouring countries such as Bangladesh and India.

During his closing speech, the Union Minister acknowledged the importance of inter-ministerial cooperation in fulfilling the IHR requirements. Moreover, he added that the emphasis should not be on the score, but on the expert's recommendations and how to achieve progress.

Apart from analysing the recommendations the Minister reassured improved communication between all relevant ministries could be easily achieved; thereby addressing one of the key findings of the JEE and cited collaboration with the veterinary sector as an example.

In terms of looking forward, Myanmar can boast of a leadership with an in-depth understanding of the IHR requirements, the JEE process and a commitment and undertaking to address the recommendations with a clear vision of a plan that entails working with partners such as WHO, US-CDC, FAO and OIE.

Above all the Union Minister stressed the importance of working with and promoting young professionals in the country as the future generation responsible for running these programmes in the coming years.

## Myanmar Scores and Priority Actions

Technical areas	Indicators	Consensual Score	Priority Actions
<b>National legislation, policy and financing</b>	P.1.1	2	<ul style="list-style-type: none"> <li>Myanmar should ensure that the revised laws and regulations being presented to parliament, support strengthening the IHR capacities implementation in the country.</li> <li>Myanmar needs to continue the good practice of having cross border MoUs with its neighbours as it has done with Thailand.</li> </ul>
	P.1.2	2	
<b>IHR coordination, communication and advocacy</b>	P.2.1	2	<ul style="list-style-type: none"> <li>Establish an overarching cross government steering committee to oversee global health security activities through an all hazards approach.</li> <li>Develop a multi-sectoral, multidisciplinary coordination and communication mechanisms; and action plans through this overarching committee</li> </ul>
<b>Antimicrobial resistance</b>	P.3.1	3	<ul style="list-style-type: none"> <li>Raise awareness among the public on AMR and among health care workers in human and animal health sectors on surveillance, prudent use of antimicrobials and the importance of good practices</li> </ul>
	P.3.2	3	
	P.3.3	1	<ul style="list-style-type: none"> <li>Increase laboratory capacity on AMR, both in the human and animal health sector and share AMR data across the sectors</li> <li>Cooperate in a One Health approach between sectors at local, regional, and national levels on AMR</li> </ul>
	P.3.4	1	
<b>Zoonotic diseases</b>	P.4.1	3	<ul style="list-style-type: none"> <li>Endorse and implement the national One Health strategic framework and action plan of Myanmar (2016-2019)</li> <li>Establish information sharing systems, joint simulation exercises and formal coordination mechanisms between Livestock Breeding &amp; Veterinary Department and DoPH</li> <li>Expand the animal health workforce and organize continuous education for the existing workforce on local, regional, and national levels</li> </ul>
	P.4.2	3	
	P.4.3	2	
<b>Food safety</b>	P.5.1	2	<ul style="list-style-type: none"> <li>Establish a multi-sectoral strategy for a national food safety management and surveillance system from farm to fork</li> <li>Implement food safety control management systems based on multi-sectoral involvement in risk profiling of food safety incidents.</li> <li>Activate a transparent communication mechanism between all public and private food safety stakeholders</li> </ul>

<b>Biosafety and biosecurity</b>	P.6.1	2	<ul style="list-style-type: none"> <li>• Develop national biosecurity and biosafety legislation, regulations, or frameworks</li> <li>• Undertake a comprehensive training needs assessment across human, animal, and agricultural sectors</li> </ul>
	P.6.2	1	<ul style="list-style-type: none"> <li>• Establish funding and ensure sustainability for supporting comprehensive national biosafety and biosecurity system</li> </ul>
<b>Immunization</b>	P.7.1	3	<ul style="list-style-type: none"> <li>• Conduct an Expanded Programme on Immunization coverage survey</li> <li>• Develop strategy/plan to cover low coverage areas</li> </ul>
	P.7.2	4	<ul style="list-style-type: none"> <li>• Strengthen HR capacity for supply, operations, and mid-level management/supervision</li> <li>• Develop communication plan for demand generation</li> </ul>
<b>National laboratory system</b>	D.1.1	3	<ul style="list-style-type: none"> <li>• Establish and maintain systematic collaboration between human and animal health laboratories; the national laboratory system should be considered as one entity</li> </ul>
	D.1.2	3	<ul style="list-style-type: none"> <li>• Endorse and implement the National Strategic Plan for Health laboratories (currently drafted)</li> <li>• Develop national testing guidelines for clinicians and veterinarians based on financial and practical factual constraints to maximize the capacity for case diagnosis, indicative surveillance, and outbreak contexts</li> </ul>
	D.1.3	2	<ul style="list-style-type: none"> <li>• Improve simple testing capability in remote areas, including point of care diagnostics and harvesting the flora of new combined lateral flow tests on the market, but under tight quality control by the central laboratory.</li> </ul>
	D.1.4	3	
<b>Real-time surveillance</b>	D.2.1	4	<ul style="list-style-type: none"> <li>• Indicator based surveillance needs to include capacity building among primary responders and provide education and follow-up of adherence.</li> </ul>
	D.2.2	2	<ul style="list-style-type: none"> <li>• A one-health approach encompassing human, animal and wildlife surveillance should be considered.</li> </ul>
	D.2.3	3	<ul style="list-style-type: none"> <li>• Review Communicable Diseases laws for IHR, review surveillance systems (indicative and event triggered), including list of notifiable diseases and syndromes</li> </ul>
	D.2.4	3	<ul style="list-style-type: none"> <li>• Look for bias in systematic data collection caused by geographical factors, capacity limits and knowledge among stakeholders</li> </ul>

<b>Reporting</b>	D.3.1	3	<ul style="list-style-type: none"> <li>Establish written processes and protocols for identifying and reporting potential PHEIC up to central level MOHS / NFP.</li> <li>Improve workforce capability and awareness, including IHR responsibilities, risk assessment and reporting of a potential PHEIC, for human and animal health sectors (at national and subnational levels)</li> <li>Ensure regular, systematic information sharing between human and animal health sectors</li> <li>Improve Information Communications Technology (ICT) for reporting and information sharing</li> </ul>
	D.3.2	2	
<b>Workforce development</b>	D.4.1	3	<ul style="list-style-type: none"> <li>Develop a HR strategic plan for next 5 years after evaluating existing HR strategic plan. This includes development of HR data base with tracking facilities</li> <li>Increase health personnel stock level in line with Sustainable Development Goals targets</li> <li>Train more epidemiologists, biostatisticians, and social scientists abroad or set up in-country training for those specialities which facilitate further strengthening of IHR core capacities.</li> </ul>
	D.4.2	3	
	D.4.3	3	
<b>Preparedness</b>	R.1.1	1	<ul style="list-style-type: none"> <li>Develop a national multi-hazard public health emergency preparedness and response plan, which should include processes for funding, managing, and mobilizing emergency resources.</li> <li>Undertake a National Risk Assessment and Resource Mapping, and update as needed</li> </ul>
	R.1.2	1	
<b>Emergency response operations</b>	R.2.1	2	<ul style="list-style-type: none"> <li>Identify and assign permanent staff for the PHEOC within an IMS structure, along with job descriptions and appropriate training.</li> <li>Develop a PHEOC plan/handbook with associated SOPs.</li> <li>Initiate an exercise and continuous improvement programme for emergency preparedness and response by conducting at least one table top and one functional exercise per year to reinforce IMS personnel training, skills and EOC operations.</li> <li>Develop SOPs for response operations, daily functions, managing cases of infectious patients, including at the points of entry.</li> </ul>
	R.2.2	1	
	R.2.3	2	
	R.2.4	2	

<b>Linking public health and security authorities</b>	R.3.1	2	<ul style="list-style-type: none"> <li>• Develop a Memorandum of Understanding (MOU) or other agreement between public health and security organizations, which defines the criteria that trigger immediate sharing of information.</li> <li>• Develop SOPs for joint public health and security risk assessment of potential deliberate biological incidents that have both public health and security ramifications, as well as for implementing the information sharing MOU.</li> <li>• Develop a joint exercise programme between public health and security authorities that tests and improves plans and procedures.</li> </ul>
<b>Medical countermeasures and personnel deployment</b>	R.4.1	1	<ul style="list-style-type: none"> <li>• Develop procedures and decision-making criteria for requesting and sending medical countermeasures and health personnel during public health emergencies.</li> </ul>
	R.4.2	1	<ul style="list-style-type: none"> <li>• Improve access to in-place stockpiles of countermeasures matching the foreseen risks.</li> </ul>
<b>Risk communication</b>	R.5.1	1	<ul style="list-style-type: none"> <li>• Develop an all-hazards national risk communications plan.</li> </ul>
	R.5.2	3	<ul style="list-style-type: none"> <li>• Establish suitable funding to implement national risk communications plan and functions.</li> </ul>
	R.5.3	3	<ul style="list-style-type: none"> <li>• Conduct ongoing assessment of the effectiveness of public information messaging including formalizing system for feedback and adjusting messaging as appropriate.</li> </ul>
	R.5.4	2	<ul style="list-style-type: none"> <li>• Establish proactive and ongoing engagement with communities in areas where engagement is currently limited, to help inform messaging and risk assessment.</li> </ul>
	R.5.5	2	
<b>Points of entry</b>	PoE.1	2	<ul style="list-style-type: none"> <li>• Develop and implement an encompassing National Public Health Emergency Contingency Plan for the designated points of entry and link it with the national public health emergency plans.</li> <li>• Human resource capacity building and plan including for the animal health staff and staff at the ground crossings.</li> </ul>
	PoE.2	2	<ul style="list-style-type: none"> <li>• Conduct a formal evaluation for the PoEs core capacities and response to likely public health emergencies.</li> <li>• Establish/improve measures for vector control, safe environment, and animal quarantine at the designated PoEs</li> </ul>

<b>Chemical events</b>	CE.1	1	<ul style="list-style-type: none"> <li>Finalize and approve the national Chemical, Biological, Radiological, and Nuclear (CBRN) contingency plan, which defines authorities, roles, and responsibilities across the whole of government for chemical event surveillance, alert, and response.</li> </ul>
	CE.2	1	<ul style="list-style-type: none"> <li>Develop SOPs for chemical event detection, assessment, and response operations.</li> <li>Develop an integrated national chemical surveillance system, which incorporates laboratory analysis and centralized reporting of chemical events to the national PHEOC.</li> </ul>
<b>Radiation emergencies</b>	RE.1	1	<ul style="list-style-type: none"> <li>Finalize and approve the national CBRN contingency plan, which defines authorities, roles, and responsibilities across the whole of government for radiological event surveillance, alert, and response (to include designating a radiological/ nuclear focal point for coordination and communication with the IHR NFP)</li> </ul>
	RE.2	1	<ul style="list-style-type: none"> <li>Develop SOPs for radiation detection, assessment, and response operations.</li> <li>Develop an integrated national radiological surveillance system, which incorporates laboratory analysis and centralized reporting of radiological events to the national PHEOC.</li> </ul>

## List of indicators

Technical areas	Indicators
<b>National legislation, policy and financing</b>	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR (2005)
	P.1.2 The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with IHR (2005)
<b>IHR coordination, communication and advocacy</b>	P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR
<b>Antimicrobial resistance</b>	P.3.1 Antimicrobial resistance detection
	P.3.2 Surveillance of infections caused by antimicrobial-resistant pathogens
	P.3.3 Health care-associated infection (HCAI) prevention and control programmes
	P.3.4 Antimicrobial stewardship activities
<b>Zoonotic diseases</b>	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens
	P.4.2 Veterinary or animal health workforce
	P.4.3 Mechanisms for responding to infectious and potential zoonotic diseases are established and functional
<b>Food safety</b>	P.5.1 Mechanisms for multisectoral collaboration are established to ensure rapid response to food safety emergencies and outbreaks of foodborne diseases
<b>Biosafety and biosecurity</b>	P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities
	P.6.2 Biosafety and biosecurity training and practices
<b>Immunization</b>	P.7.1 Vaccine coverage (measles) as part of national programme
	P.7.2 National vaccine access and delivery
<b>National laboratory system</b>	D.1.1 Laboratory testing for detection of priority diseases
	D.1.2 Specimen referral and transport system
	D.1.3 Effective modern point-of-care and laboratory-based diagnostics
	D.1.4 Laboratory quality system
<b>Real-time surveillance</b>	D.2.1 Indicator- and event-based surveillance systems
	D.2.2 Interoperable, interconnected, electronic real-time reporting system
	D.2.3 Integration and analysis of surveillance data
	D.2.4 Syndromic surveillance systems
<b>Reporting</b>	D.3.1 System for efficient reporting to FAO, OIE and WHO
	D.3.2 Reporting network and protocols in country
<b>Workforce development</b>	D.4.1 Human resources available to implement IHR core capacity requirements
	D.4.2 FETP <sup>1</sup> or other applied epidemiology training programme in place
	D.4.3 Workforce strategy
<b>Preparedness</b>	R.1.1 National multi-hazard public health emergency preparedness and response plan is developed and implemented
	R.1.2 Priority public health risks and resources are mapped and utilized
<b>Emergency</b>	R.2.1 Capacity to activate emergency operations

<sup>1</sup> FETP: Field epidemiology training programme

<b>response operations</b>	R.2.2 EOC operating procedures and plans
	R.2.3 Emergency operations programme
	R.2.4 Case management procedures implemented for IHR relevant hazards.
<b>Linking public health and security authorities</b>	R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event
<b>Medical countermeasures and personnel deployment</b>	R.4.1 System in place for sending and receiving medical countermeasures during a public health emergency
	R.4.2 System in place for sending and receiving health personnel during a public health emergency
<b>Risk communication</b>	R.5.1 Risk communication systems (plans, mechanisms, etc.)
	R.5.2 Internal and partner communication and coordination
	R.5.3 Public communication
	R.5.4 Communication engagement with affected communities
	R.5.5 Dynamic listening and rumour management
<b>Points of entry</b>	PoE.1 Routine capacities established at points of entry
	PoE.2 Effective public health response at points of entry
<b>Chemical events</b>	CE.1 Mechanisms established and functioning for detecting and responding to chemical events or emergencies
	CE.2 Enabling environment in place for management of chemical events
<b>Radiation emergencies</b>	RE.1 Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies
	RE.2 Enabling environment in place for management of radiation emergencies