

# Health cluster updates and WHO support

**Health Cluster Meeting, Naypyidaw, Myanmar  
Thursday, 09 November 2017**

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**World Health  
Organization**  
Myanmar



**HEALTH  
CLUSTER**  
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# Outline

- **Myanmar Humanitarian Fund allocation**
- **Humanitarian needs overview & Humanitarian response plan 2018**
- **Updates from Kachin ,Shan & Rakhine, States**

# Myanmar Humanitarian Fund Allocation for Health Cluster

	1 <sup>st</sup> standard allocation	2 <sup>nd</sup> standard allocation
<b>Number of recommended projects</b>	2 projects (KBC, UNFPA)	3 projects (IRC,RI,UNFPA)
<b>Locations</b>	Chipwi, Moegaung, Waingmaw ,Myitkyina (Kachin State)	Myebon, Mrauk U, Sittwe (Rakhine State)
<b>Activities</b>	Primary health care, Sexual and reproductive health care, Referral, Disease surveillance	Primary health care, Sexual and reproductive health care, Referral, Disease surveillance
<b>Duration</b>	1 October 2017-30 September 2018	1 November 2017-31 October 2018
<b>Beneficiaries</b>	93,995	116,330
<b>Funding</b>	550,000 USD	600,000 USD

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## Humanitarian needs overview (HNO) & Humanitarian response plan ( HRP ) for 2018

- **Humanitarian country team and the UN and its partners jointly develop HNO & HRP**
- HNO & HRP are released in December of each year
- Both HNO & HRP 2018 are in process by Humanitarian Country Team(HCT) through Inter-Cluster Coordination Group (ICCG).
- Target draft completion date on 21<sup>st</sup> November 2017.

# Humanitarian needs overview 2018

## The main humanitarian needs in health cluster

1. Ensuring access to essential health care services, including a functional referral system
2. Improving reproductive, maternal, adolescent and child health care (including family planning services and immunization)
3. Maintaining an early warning and response system for communicable diseases of public health concern

# Myanmar humanitarian response plan (HRP) 2018

- Myanmar humanitarian response plan provides sector-specific descriptions of the activities required to address the needs of the affected people, and the estimated funding requirements to address these needs.

# Health cluster operational response plan in humanitarian response plan 2018

- The development of health cluster operational response plan for HRP 2018 is ongoing.
- The draft health cluster operational response plan for HRP would be completed on 21<sup>st</sup> November 2017.

# **Priority health areas in humanitarian response plan 2018**

- 1. Ensuring a minimum package of primary and reproductive health care services including referrals**
- 2. Expanding immunization coverage**
- 3. Strengthening disease surveillance and response**
- 4. Improve preparedness capacity for natural disasters**



# **Priority health areas in humanitarian response plan 2018**

**5. Coordinated advocacy promoting access to healthcare**

**6. Ensure availability of contingency medical supplies and strengthening logistics and communication systems**

**7. Expansion of health service delivery through mobile clinics or further improvement to/construction of static health facilities**

# Updates from Kachin and Shan States

## KACHIN

- Health cluster meeting was organized in Myitkyina on 1<sup>st</sup> November 2017.
- State level on advocacy meeting on nation-wide Japanese Encephalitis catch up vaccination campaign was organized on 17<sup>th</sup> October 2017.

## SHAN

- 164 displaced people accommodated in Ei-Nai village of Lashio township since 30<sup>th</sup> October 2017 have returned to their places of origin (Mine Taung village) on 3<sup>rd</sup> November 2017. No disease outbreak was detected during this temporary displacement.

## **RAKHINE UPDATES-WHO emergency assistance in Rakhine State**

<b>WHO supported projects</b>	<b>Target group/ area</b>	<b>Implementation period</b>
<b>Improving access to primary health care services in northern Rakhine State (CERF funded )</b>	<b>Affected population/IDPs from October 9, 2016 attacks in Maungdaw and Buthidaung</b>	<b>July 2017 to November 2017</b>
<b>Emergency health care services for new onset of conflict affected population in Rakhine State</b>	<b>Affected population/IDPs from August 25, 2017 attacks in Sittwe</b>	<b>Oct 2017 to December 2017</b>
<b>Capacity building of rapid response teams for emergency mobile health care services provision in Rakhine State</b>	<b>BHS in mobile clinics for EWARS, emergency care provision in mobile clinic modality, public health measures in temporary sites, and security measures for mobile health teams during the provision of health service</b>	<b>Oct 2017 to December 2017</b>
<b>Improving access to health care services for people affected by conflict in northern Rakhine State</b>	<b>Affected population/IDPs from August 25, 2017 attacks in Maungdaw, Buthidaung, and Rathedaung townships</b>	<b>Oct 2017 to December 2017</b>

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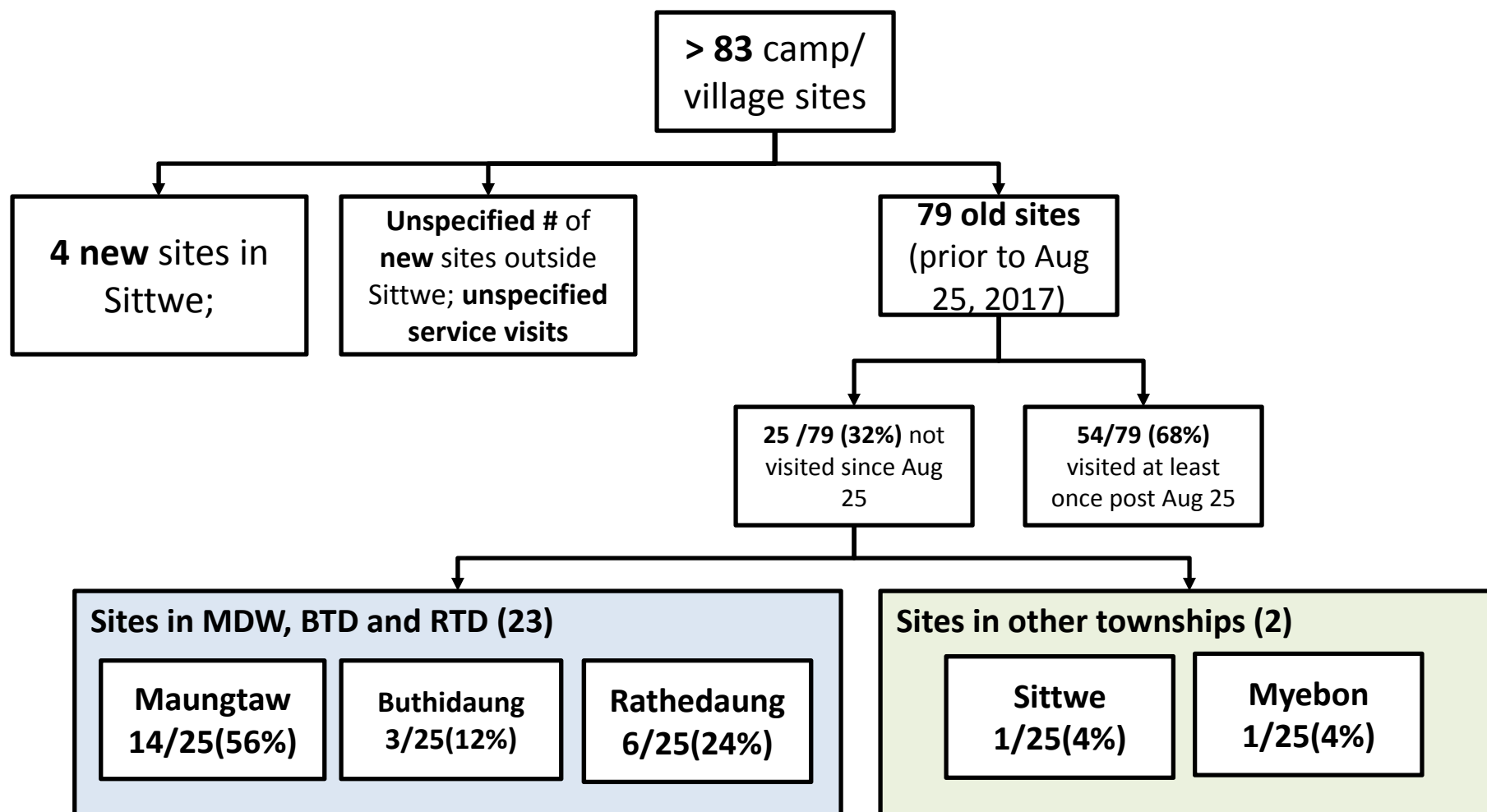
# Mobile clinic teams service resumption monitoring from health partners

Activity status	Sep 22	Sep 29	Oct 03	Oct 16	Oct 19 (n=84)*	Oct 25	Nov 7 (n=79)**
Number of old sites visited at least once post August 25	23/81 (28%)	25/81 (31%)	34/81 (42%)	39/81 (52%)	47/84 (56%)	52/84 (62%)	54/79
<p>* 3 added sites include 1 from MMA in Say Tha Mar Gyi camp, Sittwe and 2, both in Thet Kel Pyin (TKP night and TKP weekend service entries)</p> <p>**MRCS(5 areas removed :Yay Chan Pyin,Kyat Taw Pyin,Kyay Taw,Maw Thin Nyar ,Min Gan) revision of scoping areas, health service provision now c/o Sittwe Township Health Department</p> <p>Out of the 79, 27 (2 resumed) are from MDW, BTD, and RTD while 52 (50 resumed) are from central townships. The remaining 2 un resumed in central townships are the TKP night duties and Myebon Taung Paw camp</p>							

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# Mobile clinic teams service resumption monitoring from health partners

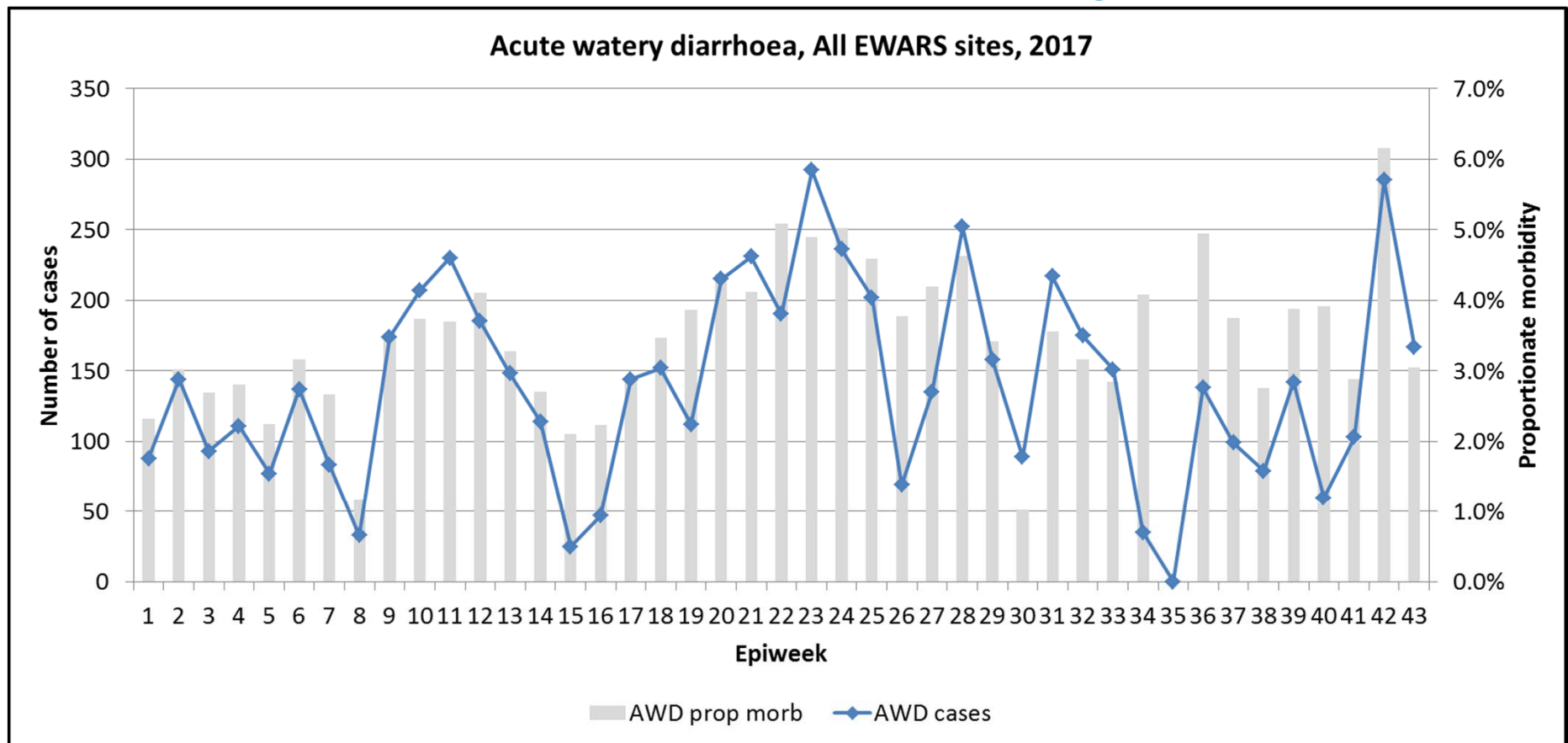


# Ongoing activities

- **Monthly Health Sector meeting** – last conducted October 10, 2017 to discuss overcoming barriers for health access
- **Essential medicines arrival** 1<sup>st</sup> batch Sep 29, 2<sup>nd</sup> batch Nov 2. (Good for 20,000 pop for 5 months)
- **EWARS** ongoing monitoring with mobile clinics.



# EWARS and collaboration with other clusters (AWD example)



- In active coordination with State Health Department, health partners, and WASH partners
- Dependent on reporting sites – hence importance of mobile clinic service resumption

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Week	Start	End	Week	Start	End
1	January 1, 2017	January 7, 2017	27	July 2, 2017	July 8, 2017
2	January 8, 2017	January 14, 2017	28	July 9, 2017	July 15, 2017
3	January 15, 2017	January 21, 2017	29	July 16, 2017	July 22, 2017
4	January 22, 2017	January 28, 2017	30	July 23, 2017	July 29, 2017
5	January 29, 2017	February 4, 2017	31	July 30, 2017	August 5, 2017
6	February 5, 2017	February 11, 2017	32	August 6, 2017	August 12, 2017
7	February 12, 2017	February 18, 2017	33	August 13, 2017	August 19, 2017
8	February 19, 2017	February 25, 2017	34	August 20, 2017	August 26, 2017
9	February 26, 2017	March 4, 2017	35	August 27, 2017	Sept 2, 2017
10	March 5, 2017	March 11, 2017	36	Sept 3, 2017	Sept 9, 2017
11	March 12, 2017	March 18, 2017	37	Sept 10, 2017	Sept 16, 2017
12	March 19, 2017	March 25, 2017	38	Sept 17, 2017	Sept 23, 2017
13	March 26, 2017	April 1, 2017	39	Sept 24, 2017	Sept 30, 2017
14	April 2, 2017	April 8, 2017	40	Oct 1	Oct 7
15	April 9, 2017	April 15, 2017	41	Oct 8	Oct 14
16	April 16, 2017	April 22, 2017	42	Oct 15	Oct 21
17	April 23, 2017	April 29, 2017	43	Oct 22	Oct 28
18	April 30, 2017	May 6, 2017	44	Oct 29	Nov 4
19	May 7, 2017	May 13, 2017	45	Nov 5	Nov 11
20	May 14, 2017	May 20, 2017	46	Nov 12	Nov 18
21	May 21, 2017	May 27, 2017	47	Nov 19	Nov 25
22	May 28, 2017	June 3, 2017	48	Nov 26	Dec 2
23	June 4, 2017	June 10, 2017	49	Dec 3	Dec 9
24	June 11, 2017	June 17, 2017	50	Dec 10	Dec 16
25	June 18, 2017	June 24, 2017	51	Dec 17	Dec 23
26	June 25, 2017	July 1, 2017	52	Dec 24	Dec 30

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## **For discussion on areas of engagement and next steps (Rakhine State)**

- **MoHS approved plan in response to the Final Report of the Advisory Commission on Rakhine State (includes SEDP as long term plan)**
- **MoHS plan of health care services for displaced people who will be coming back from Bangladesh**
- **Health engagement in the Union Enterprise for Humanitarian Assistance, Resettlement and Development in Rakhine (UEHRD)**