

Public Health Emergency Service in Rakhine State

(Draft – 26.9.2017)

I. Background

(From 2012 crisis to 2015)

- Ministry of Health was providing comprehensive health care to people in the Rakhine State based on Overall Health Development Plan in cooperation with Rakhine State government, parliament, local NGOs and INGOs by strengthening health care activities. Rakhine State has 17 townships with the total population of 3.3 million. In some townships, many of residing people are Bengali , as much as 95% and the rest 5% are Rakhine and other ethnic groups for example in Buthidaung and Maungtaw.
- Ministry of Health was taking care of both communities with great effort and strengthening health facilities, with focus to overall health development.
- There were many challenges for health care services of Rakhine State, not only geographical difficulties and different perception of two communities on inequity support and misconduct by INGOs that went more to Bengali people. Health care workers worked between two communities with balance approach in great difficult situation.

Series of Conflict in 2012

- In June 2012, Rakhine State faced with series of riots between two communities due to many reasons.
- In June 2012, mobs broke out in Sittwe, Butidaung and Maungtaw townships leading to deterioration of the basic health services and activities became functionless in some areas.
- Basic health staffs were in the sense of insecurity and the situation was unstable for carrying out for normal health care functions.

- Ministry of Health added emergency health care services for the people who were in emergency relief camps, organized by the guidance of Rakhine State Government.
- IDPs camps were opened in Sittwe, Maungtaw, Buthidaung, Rathedaung and Ponnagyun townships.
- In October 2012, the second wave of conflict occurred in Minbya, Mrauk Oo, Myebon, Pauktaw, Kyaukphyu, Rambye townships and IDPs camps were opened in October 2012.

II. Strategic Actions for Health Services in Rakhine State

1. Provision of emergency health care including referral system
2. Prevention and control of communicable diseases, strengthening of early warning alert and response system (EWARS), outbreak investigation and management
3. Revitalization of health services
4. Health system strengthening and overall health development and capacity building
5. Coordination with health partners

III. Health Activities by Ministry of Health and Sports

1. Regular Health Sector Coordination Meetings

- Quarterly Health Sector meetings were held in Nay Pyi Taw, Yangon and Sittwe to discuss improvement and challenges of health services and how to overcome difficulties by collaboration with World Health Organization and other UN agencies, INGOs and NGOs. World Health Organization supported health care activities with technical, logistics and financial supports including Central Emergency Relief Fund during crisis situation.

2. Mobile Medical Teams and Rapid Response Teams (RRTs)

- Series of mobile medical teams and RRTs from Ministry of Health which are the first responders in emergency phase have been deployed to Rakhine State for emergency medical care, referral, diseases control and public health activities since after riots till up to date. These RRT members composed of trained FETP staffs from various SR. They carried out health care activities in the area with a lot of challenges, such as loss of trust from both communities, instability of UN NGO teams and taking care of their area.
- MOH in cooperation with WHO and other local NGO/ INGO is providing primary health care services in 208 sites in 12 Townships through 40 mobile health teams.



3. Emergency Referral Services

- For referral of emergency patients from IDP camps and villages, responsible personnel for mobile teams and volunteers from villages and village administrators have been assigned to facilitate the communication with State Public Health Department.

- The State Public Health Department arranged in coordination with local NGOs, INGOs and administrators by arranging ambulance and speedboats for referral with emergency care to Sittwe General Hospital in 24/7.



4. Referral to Specialist OPD

- For those patients who need consultation with specialists were also referred to the respective specialties.

Mobile Medical Teams and Rapid Response Teams (RRTs)

	2012	2013	2014	2015	2016	2017 (August)
Total OPD patients	169475	227821	303891	343891	246434	133507
Total Referred patients	137	229	287	423	623	838

5. Prevention and Control of Communicable Diseases

- Ministry of Health regularly conducted Field Epidemiology Training Programme and Rapid Response Teams led by Epidemiologists and composed of health assistants and medical doctors were providing health care services to the population.

- Communicable diseases surveillance has been conducted in IDP Camps and remote villages. Any signal of disease outbreak has been rapidly investigated contained and control activities are accordingly delivered.



6. Maternal & Child Health Care and Nutrition

- Providing quality AN care for the pregnant women in IDP camps and the capacity building of MWs, training of AMWs and CHWs are the priority activity for MCH in IDP camps. Two ladies from Bengali Camps were now joining Nursing University, Yangon and Midwifery School, Yangon. Continuous recruitment of Nurse, Midwife, AMW and CHW by State Public Health Department under the guidance of Ministry of Health and Sports was carried out. AMWs and CHWs were also trained to provide health care activities in both communities and IDP camps.
- Annual nutrition assessment for under 5 year children was carried out in Rakhine State and IDP camps between 2013-2015 and nutritional support were provided

to malnourished children by strengthening nutrition surveillance and case management.

- It was found that PEM prevalence among under 5 year children is reduced in IDP camps and community.



7. Immunization Services

- Routine immunization services have been strengthened in IDP camps since 2012. All children and pregnant women in IDP camps are immunized.
- In response to the 2 cases of VDPV type 2 in April, 2015 and October, 2015, NID, Sub-NID and Mopping Up Immunization Campaign were done.
- Regarding Japanese Encephalitis (JE) outbreak during 2014 and 2015, a total of 43,869 doses of JE vaccinations was done as outbreak response immunization.

8. Established early warning surveillance system

- Emergency Operations Center (EOC) has been established at MOHS and Rakhine State Public Health Department which oversees the all health activities.
- Early Warning Alert and Response System (EWARS) training was done and the system is established and strengthens Communicable Disease Surveillance and Response for rapid containment of outbreaks.

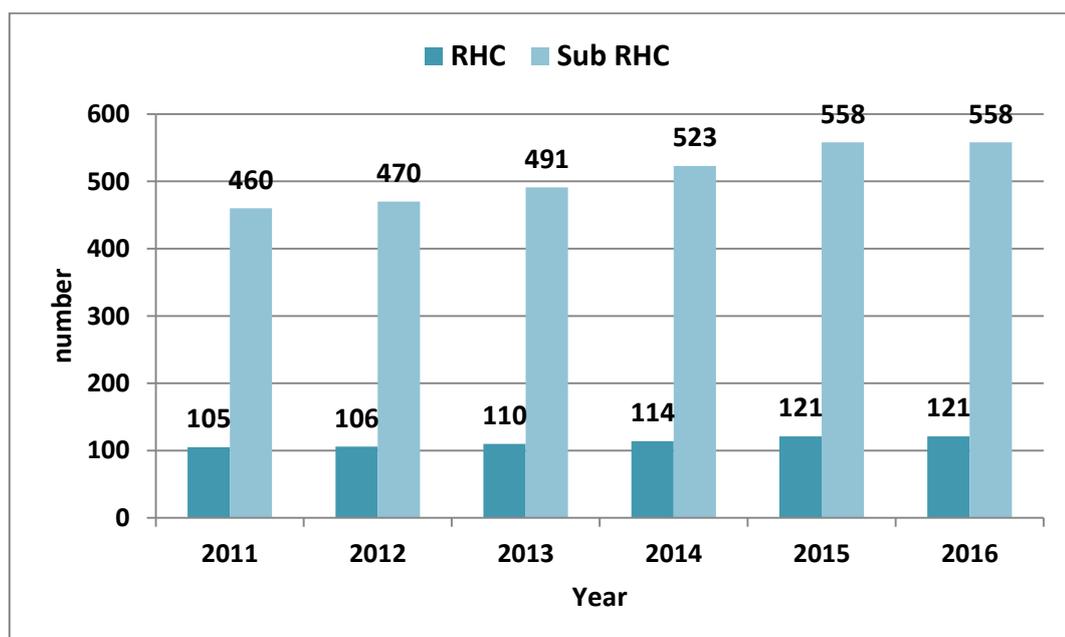
9. Revitalization of Health Services after 2012 crisis

- Ministry of Health mobilized health personnels to affected areas by organizing as specialist teams, mobile medical teams and public health teams to provide effective emergency health care services.
- Restoration and replacement of health staffs in all level of health care setting and replenishment of equipment, logistics, medicines and supplies to health facilities were immediately done to strengthen and intensify routine health services.
- Revitalization and restoration of EPI, TB, HIV/AIDS and Leprosy programmes, Malaria, Dengue prevention and control programmes, Nutrition programme, water, environmental sanitation and waste management, mental and psychological supports, reproductive health, maternal, neonate and child health programmes were done shortly in no time.

10. Construction and Upgrading of Health facilities

- MOHS has been increasing yearly health facilities for upgrading of health infrastructures in (17) Townships of Rakhine State to increase health service coverage and access.

Development of Rural Health Centers and Sub-Rural Health Centers

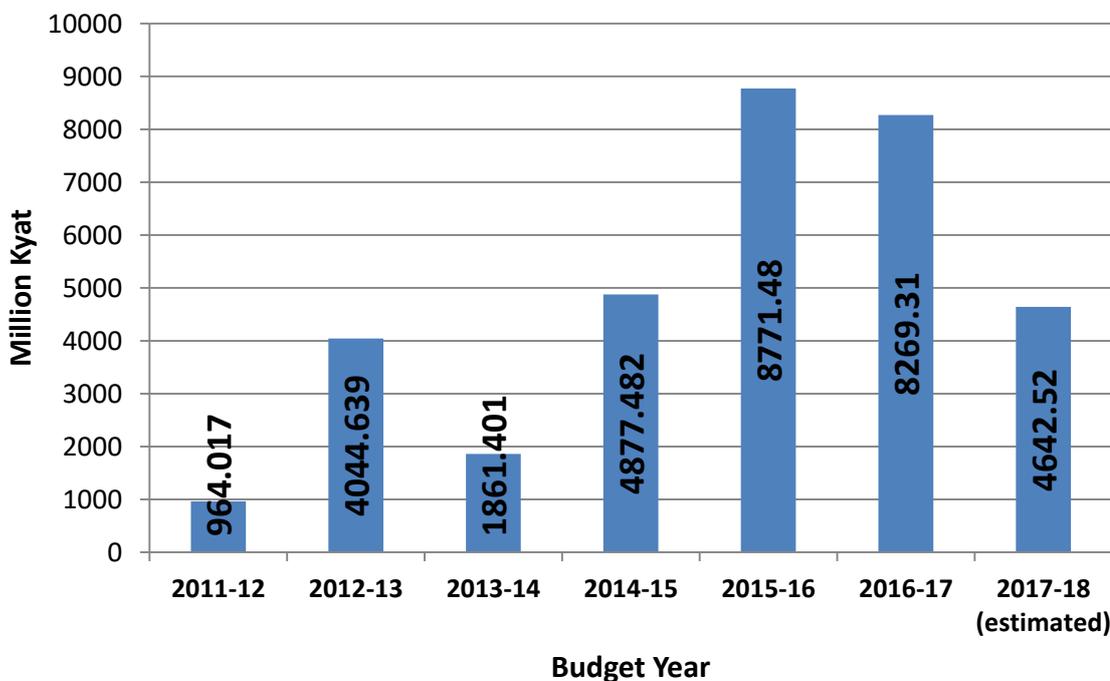


- For over (3.3) millions population of Rakhine State, MOHS is currently providing health care services by (1) 500-bedded hospital, (5) 100-bedded hospitals, (52) 50-bedded hospitals, (6) 25-bedded hospitals, (46) 16-bedded hospitals, (121) Rural Health Centers and (558) sub-centers.

Budget Allocation for construction of Health Facilities

- For (2016-2017) fiscal year, the Union Government has used capital budgets of (8269.31) million kyats for health infrastructure development in Rakhine State.

Annual Capital Budget Usage in Health Infrastructure development in Rakhine State



- Expansion of Sittwe General Hospital, Dapaing and ThetKaePyin Emergency Health Facilities were completed since 2012. ThetKaePyin Emergency Health Facility provided 24/7 health care services.

11. Human Resource Development

- MOH makes prioritized action on human resource development in rapid appointment on vacant posts throughout the country in accordance with ministerial human resource development plan.
- Rakhine State Public Health Department trained and appointed (724) public health supervisors, (799) Midwives, and they are assigned in health facilities throughout Rakhine State to improve access to health care workers in all communities in Rakhine State. It is plan to carry out Field Epidemiology Training Program and Rapid Response Teams Training to health staff in Rakhine State as capacity building to effectively carried out public health and diseases control activities.
- For the purpose of improved public health care activities, in 2015, (542) PHS (II) were appointed in country wide. In the Rakhine State, (37) mobile health care teams with total of (162) staffs including NGOs and INGOs staffs were carrying out health care provision activities in the State.

12. Drugs and Logistics Support

- MOHS immediately provided emergency medicines to the Rakhine State Public Health Department as soon as after the crisis
- WHO also supplied IEHA kits to the affected area
- These supplies were immediately deployed to the affected townships and were used by MOHS RRT teams and other mobile medical teams
- MOHS immediately transferred emergency funds to the State Public Health Department

13. Strong Integration with UN Agencies and INGOs

- Activities of the all health partners were integrated for mobile clinics, polio mopping up campaign, diseases surveillance and EWARS.



IV. Health Care Activities by Ministry of Health and Sports, after temporary withdrawal of MSF-H (AZG), UN agencies and INGOs in Rakhine State

- Ministry of Health was core government agency in response to public health issues throughout the country including Rakhine State.
- Due to loss of trust and confidence in some INGOs because of misconduct to good objectives and purposes of the aid organization by some staff of INGOs, it led to temporary withdrawal of MSF (Holland) in February 2014. Some staff of UN and INGOs also left Sittwe due to unfortunate mobs attack against their facilities on March 2014.
- Ministry of Health substituted functions which were previously carried out by MSF (Holland) and additional health care services had been provided in temporary absence of some staff of UN agencies and INGOs. MSF (Holland) had previously conducted the health care activities in Sittwe, Myebon, Mrauk U, Minbya, Pauktaw, Rathedaung, Maungtaw and Buthidaung townships.

- MOH took care of activities provided by MSF-H (AZG) such as especially on prevention and treatment of HIV, TB, Malaria with drugs and logistic support given by MSF-H (AZG).

V. Myanmar Embassy and MOH briefing on “Health Care Services in Rakhine State” in Geneva

Permanent Representative /Ambassador of Myanmar and Dr Soe Lwin Nyein, Deputy Director General from Ministry of Health conducted a meeting on provision of health care services in Rakhine State on 23rd May 2014, in Geneva. Ambassadors and representatives from respective countries and partners were attended and discussed on health issue of Rakhine State.

VI. Situation of Health Service Delivery in Northern Rakhine State after terrorist attacks (2016 – 2017)

Background

- On 9th October 2016, hundreds of terrorists attacked 3 Myanmar border posts along Myanmar–Bangladesh Border.
- A series of coordinated attacks against police outposts in northern Rakhine State on 25th August, 2017 by terrorist groups triggered crisis of population displacement including health staff which in turn generated the humanitarian health needs.
- Ministry of Health and Sports immediately take care of displaced persons, emergency medical care and camp management in IDP camps.
- Since then, Ministry of Health and Sports (MOHS) made efforts to deliver life-saving and essential health services despite the limited resources and security situation.
- The Union Minister of MOHS visited Sittwe, Buthidaung and Maungtaw townships from August 30 to September 1, to give the moral support to the affected population and to make necessary health planning in emergency situation.



- Permanent Secretary of MOHS, one of the members of Implementation Committee on recommendation of Advisory Commission on Rakhine State, visited to Sittwe, Buthidaung and Maungtaw townships from September 18 to September 20 to support emergency health services to affected population.



- MOHS deeply concerned about the present situation in Rakhine State. During the incident, Public Health Supervisor(2) from Buthidaung township experienced direct attack by armed terrorists and hospitalized for several cut wounds on the upper limb. Furthermore, a midwife from Maungtaw township suffered from abortion during the displacement. Three Sub-Rural Health Centers burnt down, one Rural Health Center destroyed and several health logistics lost due to terrorist attacks.
- After the armed attacks on August 25, 2017, health service delivery was limited in Buthidaung and Maungtaw townships except in township hospitals. Ongoing Polio Supplementary Immunization Activities in these townships were stopped to avoid further incidents of terrorism.

Current Health Care Activities in Maungtaw Township

- Maungtaw township hospital, staffed with specialist medical officers & nurses, are delivering health services in the urban area.
- Three mobile health teams, comprising 22 members, are giving primary health care services to the people from both communities through camp-based clinic teams and mobile clinic teams.



Current Health Care Activities in Buthidaung Township

- Buthidaung township hospital is staffed with medical doctors, surgeons and nurses, to deliver hospital and specialist health services in the area.
- Eighteen mobile health teams, comprising 36 members, are giving primary health care services to the people from both communities through camp-based clinic teams and mobile clinic teams.



Current Health Care Activities in other Townships

- Many new IDP camps were established across the state after August 25 incident. New health clinics were opened in (40) IDP camps in Sittwe, Rathedaung, Ponnagyun, Kyauktaw, MraukOo and Minbya townships. However, these townships retain the regular service delivery structure since the great majority of the population residing in these townships is not affected during the attacks hence there is minimal displacement to other townships.



- Ministry of Health and Sports made efforts on effective health service provision in the conflict-affected townships in order to adapt this complex situation.
- Prevention and control of communicable diseases in newly established IDP camps is among the top priorities.
- After identification of two laboratory confirmed measles cases in Sittwe IDP camps, mass measles immunization was given to (3624) children of 9 months to 15 year old in 8 townships since the incident to date.
- MOHS is performing well in the environmental sanitation activities and there is no major communicable disease outbreaks happened in IDP camps.
- Emergency supplies and logistics were sent to Buthidaung and Maungtaw townships immediately after the attack.
- MOHS sent more health teams to these townships to improve the health services.

- Regular service delivery structure is to be resumed and more mobile health teams are to be deployed as the security conditions improve.
- New recruitment of Community Health Works and Auxiliary Midwives will be conducted to expand the health services in rural and remote areas.
- For better nutrition promotion health services, Community Infant and Young Child Feeding (CIYCF) Trainings were held and (465) basic health staffs and (543) voluntary health workers in (5) Townships have been trained in 2016.
- From (2016) November to (2017) March, (7.5) million of Micronutrient Tablets have been distributed in (17) Townships.
- To increase immunization coverage and elimination of Polio in Rakhine State, supplementary immunization activity of Polio vaccine (Polio SIA) was simultaneously implemented in all Townships of Rakhine State (1st round in 21st - 25th July 2017, 2nd round in 21st – 25th August 2017).



- In addition, (10) MOHS mobile health teams have been deployed to improve access to primary health care services in Northern Rakhine State, MOHS by the support of WHO, is currently implementing Central Emergency Response Fund (CERF) activity which include providing primary health care services in Buthidaung and Maungtaw Townships for 4 months (16th July – 16th November, 2017)



VII. Conclusion

- The following important remarks by the Union Minister, Ministry of Health and Sports is the guidance to way forward of Ministry of Health & Sports.
 1. The key objective of the Ministry of Health and Sports is to effectively and efficiently serve the whole population residing in Rakhine State irrespective of creed, race, religion, socioeconomic status and location (residence) of the population. This is in line with the principles of medical ethics and our staff are trained with this perspective in mind. The services rendered are equal and non-directional and without bias.
 2. We noted the challenges we are facing in Rakhine State. However, we are serving the population to the best of our capability, capacity, ability and also within the available budget. The government is also providing sufficient budget to support our activities, especially for Rakhine State.
 3. In view of the current and evolving situation, we are rendering all- out support in terms of providing resources of all kinds, including supplies and equipment to hospitals and health centers, supplies and equipment related to performing public health activities, human resource for health and many others.
 4. We encountered many challenges and issues and some are beyond our purview or control. However, we all are determined to achieve our key

objective of serving the population residing in Rakhine State. For all those issues which are within our control or reach, we will leave no stone unturned to provide health care services to the population at large without reservation.

5. We will not reduce our momentum in providing health and health related services to the population residing in Rakhine State irrespective of the challenges and difficulties encountered. We have briefed, trained and informed our staff regarding the key objective and strategies to the staff through our State Health Director and Medical Superintendents of Sittway and other big hospitals. We are also sending several health teams from the central level and from other parts of the country to Rakhine State to reinforce our staff strength in Rakhine State.
6. We have also issued guidelines and standard operating procedures on health care management (clinical and public health) at temporary camps for internally displaced persons. These guidelines and standard operating procedures are very clear cut, systematic and not only technically strong but also administratively and logistically possible to do it. Our staff are seriously following these guidelines and standard operating procedures to the utmost extent possible. This will dramatically reduce the incidence of many commonly occurring diseases and will also prevent emergence of outbreaks and epidemics. Immunization activities, health talks, environmental sanitation, waste disposals, personal hygiene matters, etc. are being carried out in a systematic manner. Many of our activities are being carried out with unreserved and full collaboration from local communities and community based organizations. The Ministry of Health and Sports highly appreciate it.
7. The support from the State Government is phenomenal. We are confident that we can successfully manage the health problems of all those people located in IDP camps. Supplies and equipment to hospitals and health centers are being supplemented almost sufficiently. Many items are also in the pipeline so that there will be no disruption in the supply chain. Central Medical Store Depot is efficiently handling this under close direction and guidance from MoHS, Nay Pyi Taw.

8. We are also sending special health teams from central level to Rakhine State on a regularly basis to give a helping hand to local staff who are working tirelessly at this point in time of increasing demand for health services. 8. Patient referral activities are beefed up and the number of mobile clinics has increased to 50 at this point in time. Because we want to serve all those people living in every nook and corner of Rakhine State.
9. Taking advantage out of it, we have specifically intensified, to the greatest extent possible, public health activities with the long-term perspective of gaining health dividends in mind. Only through promotion of public health, we can improve the health status of the population in RS to greater heights and subsequently reducing the number of patients coming to our health institutions. Therefore, we can render quality health care services to less number of patients in hospitals and health centers.
10. We are also intensifying immunization activities (mopping up immunization activities, sub-national immunization activities), nutritional promotion activities, maternal and child health promotion activities, non-communicable and communicable prevention and control activities, mental health promotion activities, environmental sanitation activities, health literacy level promotion activities (health talks), etc.
11. We look forward to the whole population residing in Rakhine State to cooperate with us and to take the health care services of the Ministry of Health and Sports to the extent possible with full faith, understanding and confidence.
12. In fact, the above position of the Ministry of Health and Sports is equally applicable to the whole country.
13. As a matter of fact, senior management of the Ministry of Health and Sports highly appreciate and put on record the activities performed by our staff from the highest level to the lowest level. (Reference: Remarks by Union Minister, Ministry of Health and Sports)