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Introduction

Myanmar has been affected by armed conflict and the worsening impact of natural hazards. Most pressing humanitarian health needs are driven by the lack of access to basic health care as a result of damage and destruction of health facilities; direct attacks on health centres, health workers, patients and ambulances; logistical challenges in securing life-saving medical supplies; and the lack of trained health workers. Women, children, the elderly, persons with disabilities, and those with mental health needs are disproportionately affected, facing heightened risks and barriers to accessing care. Additionally, large-scale displacement, unsafe drinking water, inadequate sanitation, and the interruption of routine health programmes, including vaccination and vector control interventions, are significantly increasing the risk of disease outbreaks.

An outbreak of Acute Watery Diarrhoea (AWD) / cholera that started in July 2024 has been lingering in the country's largest city, Yangon, expanding to Mandalay, Mon, and Rakhine. Due to the ongoing shortage of malaria supplies, malaria cases are resurging in several regions and states of Myanmar. Dengue remains a major public health concern, affecting an increasing number of people, mostly children under 15 years of age. The risk of measles outbreaks is high, especially in IDP camps. Vaccination coverage for childhood illnesses is persistently low. An estimated 1.5 million children under-five have missed basic vaccinations since 2018, posing a serious threat to the risk of measles and diphtheria outbreaks and possible re-emergence of polio. Widespread displacement caused by armed conflict, climatic disasters, and ethnic tensions has put IDPs and migrant populations at increased risk of public health threats due to overcrowding, poor overall living standards, and limited health care infrastructure.

Lack of access to reliable data is impeding a rapid and effective response to disease outbreaks.

The Health Cluster is prioritizing the preparedness for, prevention of, and response to public health emergencies by mobilizing resources to enable health partners to provide life-saving health services to vulnerable populations.

Crucial in the ability for partners to respond, is the availability of reliable and timely data on disease patterns through the Early Warning, Alert and Response System (EWARS), to which currently a limited number of partners are reporting, in Rakhine and Kachin states. The Health Cluster aims to expand the number of reporting units and timeliness of reporting of EWARS, to enable more effective response to alerts of potential disease outbreaks.

In an environment with ever-increasing needs and decreased funding, the below priorities for the 2025 and 2026 have been identified:

- 1 Advocate for increased access to quality health services, through mobile clinics, static health facilities and teleconsultation with a strong focus on:
 - sexual and reproductive health services (including for survivors of sexual and gender-based violence)
 - inclusion of people with disabilities and older people
- 2 Strengthen quality of, and access to data for needs analysis and informed decision-making
- 3 Provide relevant training and technical guidance to health partners on specific topics
- 4 Strengthen coordination with development actors to address root causes of recurrent disease outbreaks
- 5 Strengthen subnational coordination, including through the establishment of health cluster co-coordinators from NGO partners
- 6 Strengthen the role of local NGOs through the development of a Myanmar health cluster localization strategy

Background

As a result of conflict and flooding, almost 3.6M people are internally displaced in Myanmar¹, leading to increased humanitarian health needs. Damage to health facilities and water supply systems is furthermore limiting access to health care, and increasing the risk of spread of disease. In view of the deteriorating food security, malnutrition is getting worse, leaving people more vulnerable to infectious diseases and negatively impacting their health outcomes.

Between 1 January and 3 September 2024, a total of 240 attacks on Myanmar's health care system were recorded².

Conflict and natural disasters have directly resulted in a surge in malaria and dengue cases, interrupting effective vector control interventions to minimise the mosquito population, distribution of supplies including bed nets, testing kits, and medicines, as well as adequate surveillance and training of health workers in diagnosis and treatment.

Lack of availability of safe drinking water and open defecation are root causes of the currently ongoing AWD outbreak. Many people are forced to use untreated water, while ongoing fighting is impeding access for transport of samples for laboratory confirmation, distribution of supplies like diagnostics tests, drugs, vaccines, and training of health workers.

Low childhood vaccination coverage is furthermore increasing the risk of diseases like measles, with population displacement enabling the easy spread, particularly in densely populated settings like IDP camps.

If root causes like lack of access to safe water, open defecation, and low immunization are not addressed, AWD and measles cases will continue to appear. Similarly, if vector control strategies are interrupted due to inaccessibility, diseases like malaria and dengue will remain a major public health threat in the country.

Health cluster

The Health Cluster in Myanmar has been active since 2012. Under the auspices of the World Health Organization as the health Cluster Lead Agency, the Myanmar Health Cluster currently has 66 operational partners including national and international NGOs, the Red Cross Movement, and UN agencies.

As of 11 November 2024, the Myanmar Health Cluster team consists of 10 individuals, out of which 3 are full-time at national level and 7 are double-hatting at sub-national level. The Health Cluster team consists of 6 Health Cluster coordinators, 1 public health officers, and 3 information management officers.

The Health Cluster is represented in Rakhine State (Sittwe), Northeast (Myitkyina), Northwest (Mandalay), and Southeast (Hpa-An and Taunggyi).

The Myanmar Health Cluster counts with a Strategic Advisory Group (SAG), consisting of UN, international and national NGOs. A new election for 2025-2026 SAG members is planned to be conducted in December 2024, where also donors and observers (e.g., ICRC and MSF) will be included. SAG members are actively involved in any strategic decision that the Health Cluster needs to make.

The Health Cluster is planning to develop a system of co-coordinators at zonal level through its partners, to ensure a better overview of health needs and gaps at sub-national level. This will be done in close collaboration with the sub-national health cluster coordinators in the respective field offices.

The Myanmar Health Cluster aims to strengthen and/or establish the below Technical Working Groups:

- 1) **Strengthen:** Priority Health Services, chaired by ADRA and UNFPA
- 2) **Strengthen:** Sexual and Reproductive Health, chaired by UNFPA and PATH
- 3) **Strengthen:** AWD, chaired by the WASH and Health Clusters
- 4) **Establish:** Information Management, to be chaired by the Health Cluster IMO
- 5) **Establish:** Epidemiology, to be chaired by the Health Cluster



¹ 2024 Multi-Sectoral Needs Assessment (MSNA)

² <https://insecurityinsight.org/wp-content/uploads/2024/10/50-18-September-01-October-2024-Attacks-on-Health-Care-in-Myanmar-.pdf>

Strategic objectives and priorities

The Myanmar Health Cluster works in line with the six core functions of the cluster system:

1. Support service delivery
2. Inform strategic decision making through the Humanitarian Coordinator/Humanitarian Country Team
3. Develop sectoral strategies
4. Monitor and evaluate performance
5. Build national capacity in preparedness/contingency planning
6. Support advocacy

In addition, the Health Cluster adheres to the key principles of Accountability to Affected Populations, Do No Harm, Prevention of Sexual Abuse and Exploitation, as well as supporting the Cluster Lead Agency as the Provider of Last Resort.

The Health Cluster aims to collectively prepare for and respond to humanitarian and public health emergencies to improve health outcomes of crisis affected populations through timely, predictable, appropriate, and effective coordinated health action.

Strategic objectives

1 *Improve access to life-saving health services, ensuring quality and inclusive healthcare, among displaced, returned, stateless and other crisis-affected people*

A total of 66 health partners are playing a crucial role in health service delivery at health facility level and through mobile health team, the latter mostly for displaced populations. Partners have also been supporting with training of health workers, immunization, health promotion activities, surveillance, and cash support for patient transport for referrals for specialised medical care, as well as for rehabilitation services.

The health cluster only engages in cash assistance to support patient transport for referrals for specialised life-saving medical treatment, as well as the physical rehabilitation and provision of assistive devices for persons with injuries and different forms of impairments. To safeguard the Do No Harm Principle, other forms of cash for health are not recommended as people may procure unsafe medicines or inappropriate medicines, posing a threat to themselves and the environment through antimicrobial resistance.

As many partners rely on local procurement of pharmaceuticals, often through non-pre-qualified suppliers, the health cluster aims to mitigate any potential harm from poor quality drugs through the development of a tool that partners can apply for quality checks of locally procured pharmaceuticals.

The Health Cluster will:

- continue to map partners' operational presence and operational capacity to prioritise gaps in coverage and quality on a quarterly basis
- conduct an inventory of training needs gaps, and in-house capacity of facilitators to conduct relevant trainings in Q1 2025
- conduct an inventory of technical guidance gaps in Q1 2025, and adapt existing international guidance to the local context
- train health partners in a simple tool to conduct quality checks on locally procured pharmaceuticals
- step up advocacy for gap-filling interventions, in close collaboration with WHO as the Provider of Last Resort

Mental Health and Psychosocial Support (MHPSS)

Partners are supporting with provision of specialised psychiatric care, including psychotropic drugs, diagnosis, and referral of severe cases. MHPSS has an important non-medical component, aimed at preventing mild cases from becoming severe through psychological first aid and other activities that do not require a medical specialisation. These activities are supported by the Protection Cluster.

The Health Cluster will:

- work closely together with the Protection Cluster to ensure smooth coordination between non-health partners working in MHPSS under the Protection Cluster and the medical side of MHPSS in relation to referrals to specialised psychiatric care.

2 *Reduce excess morbidity and mortality; prepare, prevent, detect and timely respond to epidemic-prone and endemic diseases, driven by climatic shocks and conflict among crisis affected populations.*

Health partners have been actively engaged in response to the various disease outbreaks in the country. Partners are supporting with case management, training of health workers, risk communication and community engagement, outbreak investigation, sample collection, delivery of supplies, and surveillance.

However, the absence of reliable and timely disease data is hampering the rapid response to disease outbreaks. WHO's EWARS heavily relies on health partners to function as reporting units, with Myanmar currently having only a limited number of reporting units, in Rakhine and Kachin States. The Health Cluster plans to strengthen the surveillance system for outbreak-prone diseases through expansion of the reporting units, which will allow for improved data sharing on disease outbreak alerts and effective response interventions.

Jointly with the WASH Cluster, the Health Cluster will also strengthen orientation and training sessions for partners on prevention of, preparedness for, and response to AWD/cholera.

The Health Cluster will:

- establish an Epidemiology Technical Working Group (Epi TWG) aimed at strengthening the surveillance system in Q1 2025
- conduct training on early warning and surveillance for at least 25 partners
- support partners with technical expertise through training, guidelines, and epidemiological updates.
- map partners' interventions in disease outbreak response to identify gaps and avoid duplication
- strengthen preparedness and response to outbreaks, in close collaboration with other clusters, like with WASH for AWD.

Strategic priorities

1 *Advocate for increased access to quality health services*

Health partners deliver life-saving health interventions through mobile clinics, static health facilities and teleconsultations. Health services include consultations, vaccination, referrals for specialized care, and mental health and psychosocial support.

The Health Cluster aims to support partners with the provision of essential medical supplies, training of health workers, and technical guidance on specific health programmes, aimed at enhanced quality of care.

1.1 *SRH services (including for survivors of gender-based violence)*

In close collaboration with the SRH Coordination Group, the Health Cluster will continue to:

- collect, analyse, and disseminate data on health partners' SRH interventions.
- advocate for increased access to, and resources for, SRH services, including family planning, emergency obstetric care, and treatment of GBV cases.

1.2 *People with disabilities and older people*

In situations of sudden displacement, people with disabilities and older people are often left behind. Associations of people with disabilities and older people can facilitate with the identification of these vulnerable groups in times of need.

Similarly, for enhanced inclusion of people with disabilities and older people in health programs, the Health Cluster will partner with relevant stakeholders to increase awareness for health partners to recognize the special needs of people with disabilities and the elderly, as well as innovative ways to improve their access to health care, including through the provision of assistive devices.

The Health Cluster will:

- organise awareness sessions/trainings for health partners to better understand how to include people with disabilities and older people in overall health programming, including data collection in Q1 and 2 of 2025.
- advocate for better access to health care for people with disability and the elderly in humanitarian settings through meaningful participation (*Nothing about them, without them*)

2 Strengthen quality of, and access to data for needs analysis and informed decision-making

The Health Cluster has been struggling with partners' reporting timeliness on humanitarian interventions. This has resulted in a severe underreporting of people reached in the 2 first quarters of 2024. After discussions with OCHA, it was agreed to change the methodology of calculating the number of beneficiaries, in line with other clusters, to enable the sharing of a more realistic figure. Health partners also submit financial information on resources allocated and utilized for emergency response through OCHA's Financial Tracking System.

In addition, the Health Cluster will continue to report both developmental as well as humanitarian interventions to the Myanmar Information Management Unit (MIMU), which has been providing exceptional support in the elaboration of maps, amongst other.

Through the establishment of the Information Management Technical Working Group (IM TWG), the Health Cluster aims to engage with partners to build consensus on safe information-sharing practices.

The Health Cluster will:

- collect disaggregate data based on sex, age, and disability for both OCHA and MIMU on a quarterly basis
- regularly update and share relevant information, maps, graphs, and other useful information products in line with agreed upon data sharing protocols.
- train partners in 5W reporting to the Health Cluster at national and sub-national level in Q1 and Q2 of 2025.

3 Provide relevant training and technical guidance to health partners on specific topics

Aimed at ensuring quality service delivery for affected populations, the Health Cluster will conduct an inventory of training needs among health partners, as well as their capacity in terms of available master trainers. Similarly, to support partners with relevant technical guidance, the Health Cluster will look into the needs to adapt relevant international guidance to the local context.

The Health Cluster will:

- conduct an inventory of training needs and gaps, and availability of master trainers among partners in Q1 of 2025
- conduct an inventory of technical guidance gaps in Q1 of 2025, and adapt existing international guidance to the local context
- organize national-level as well as sub-national level training workshop for health partners

4 Strengthen coordination with development actors to address root causes of recurrent disease outbreaks

Prevention of recurrent disease outbreaks include immunization, provision of safe drinking water, handwashing, and sanitation facilities, as well as vector-control interventions including the distribution of bed nets. All these activities are considered developmental interventions, and traditionally not supported with emergency funding. They are however crucial in minimizing morbidity and mortality of recurrent disease outbreaks. 75% of Health Cluster partners implement both development and emergency programs, which will allow a cost-effective way to synergize disease outbreak prevention and preparedness interventions.

In addition, as a result of the deteriorating humanitarian situation in Myanmar, many development interventions are in conflict-affected areas, targeting populations in need identified as part of the 2025 Humanitarian Needs and Response Plan (HNRP). Routine health programs funded by development donors like the Global Fund, Asian Development Bank, World Bank, and GAVI have become life-saving interventions, facing similar logistics challenges with last-mile delivery of supplies.

The Health Cluster will continue to:

- collaborate with MIMU in the mapping of both developmental and emergency interventions from partners on a quarterly basis
- work with development donors like the Global Fund, World Bank, and GAVI on the synergizing developmental and humanitarian health interventions
- strengthen advocacy for longer-term, development funding to address root causes of disease outbreaks.

5 *Strengthen sub-national coordination*

The Myanmar Health Cluster plans to establish a system of Health Cluster co-coordination through NGO partners. Taking advantage of partners' presence and their good knowledge of the situation on the ground as well as their ability to engage local partners in health interventions, the Health Cluster is hoping to apply the system of co-coordinators in various States, in close collaboration with the existing, yet double-hatting sub-national health cluster coordinators.

The Health Cluster will:

- advocate for dedicated funding for partners to host Health Cluster co-coordinators in Q1 of 2025
- facilitate zonal Health Cluster co-coordination through health partners

6 *Strengthen the role of local NGOs through the development of a Myanmar Health Cluster Localization Strategy*

Local health partners have a unique role to play in health service provision, last-mile delivery of supplies, and disease outbreak response in areas with difficult access to government, international NGOs, and UN agencies. They are often part of the community they serve and have better understanding of the local context and better connections with local authorities.

The Health Cluster will:

- establish a Health Cluster Localization Strategy in close collaboration with local NGOs in Q1 of 2025
- promote local health partners for potential funding opportunities to implement health programs
- support capacity building of local health partners with relevant training activities