

## PEOPLE TARGETED

2.7 M



## PEOPLE REACHED

484 K \*(16%)



## USD REQUIRED

129.6 M



## USD RECEIVED

31.2 M \*\*(24%)



## TOTAL HEALTH CLUSTER PARTNERS

66



## REPORTING HEALTH CLUSTER PARTNERS

33



## Highlights

- Expansion of **Acute Watery Diarrhoea (AWD)** cases including to Mon, Mandalay and Ayeyarwady, in spite of limited data availability; event-based surveillance of media sources shows worrying signs of AWD spreading, including to flood-affected areas.
- Fears for increase in **malaria** cases in flood-affected areas in view of absence of vector control and lack of bednet distribution, as well as limited availability of life-saving malaria supplies in health facilities.
- OCHA supporting **flood response** with 6.5M USD through complementary CERF and MHF funding, including for health interventions.
- **Access restrictions** impeding access to health, including last-mile delivery of supplies and referrals of life-saving treatment such as emergency obstetrics.
- Suspension of routine immunization programs increasing the risk of **measles** outbreaks, worsening an already chronically low immunization coverage.
- **2025 Humanitarian Needs and Response Plan (HNRP)** expected to be launched on 13 December 2024.

## Health cluster action

### Acute Watery Diarrhoea (AWD)

- Joint Health and WASH Cluster efforts to step up prevention and response to AWD in flood-affected and flood-prone areas through orientation and training events, with a strong focus on Oral Rehydration Points (ORP) led by community health workers and volunteers.
- Lack of access to real-time data is significantly impeding effective preparedness and response interventions to AWD and other water-borne diseases, particularly in high-risk areas.
- Reactive Oral Cholera Vaccination (OCV) campaigns were conducted in Yangon, Mon, and Mandalay.

For more information, please see:

### 7th edition (2024), Myanmar Acute Watery Diarrhea Outbreak External Situation Report

For previous situation reports, please see:

<https://www.who.int/southeastasia/outbreaks-and-emergencies/health-emergency-information-risk-assessment/mmr-phhealth/>

### Flood Response

- Widespread flooding as a result of Cyclone Yagi in September 2024 affected 1.1M people across 70 townships in 11 states and regions, with an estimated 387,000 people requiring health assistance. Partners are supporting with health service delivery through mobile and fixed clinics, referrals, disease prevention and control, health and hygiene promotion, and the rehabilitation of damaged health facilities.

### Myanmar AWD Situation Report 20 November 2024



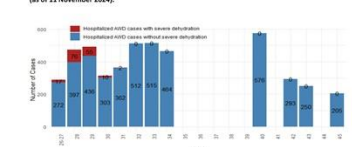
This report is based on the information available as of 18 November 2024.

#### Situation Overview

The ministerial authorities for health publicly shared the following data on acute watery diarrhoea (AWD) cases on 11 November 2024.<sup>1</sup>

- In **Yangon Region**, a total of 205 hospitalized cases of AWD were reported from 3 to 10 November 2024. No severe cases have been reported.
  - The weekly numbers of hospitalized AWD cases in the last few weeks are lower compared to the level observed in August (fewer than 300 cases in recent weeks, while over 400 cases in the weeks in August). However, the data indicates that pathogens causing AWD continue to circulate in Yangon.

Figure 1. Weekly Trend of AWD cases in Yangon Region, Myanmar from week 26 to week 45 of 2024 (as of 11 November 2024).



<sup>1</sup> Weeks 26-27 covers 09 to 13 July - includes two days from week 28

- In **Mon State**, a total of 26 hospitalized cases of AWD were reported from 3 to 10 November 2024. No severe cases have been reported.
- In **Mandalay Region**, a total of 344 hospitalized cases of AWD including 167 cases with severe dehydration were reported from 3 to 10 November 2024.
- In **Bhamo District**, no new cases were reported between 01 to 10 November 2024 (28 hospitalized AWD cases, including seven severe cases, were reported from 20 to 27 October<sup>2</sup>).

<sup>1</sup> Ministerial authorities for health, 11 November 2024

<sup>2</sup> Ministerial authorities for health, 29 October 2024

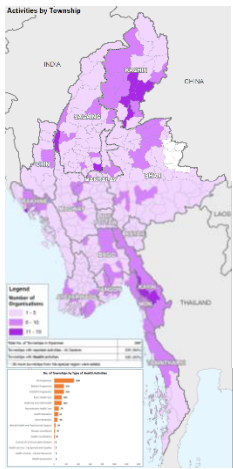
## Other



New health-related maps available on <https://themimu.info/new-uploads>

1. Health Sector Projects Under Implementation (as of 31 August 2024)
2. Detailed health interventions on TB, Malaria, Basic Health Care and Maternal and Child Health (as of 31 August 2024)
3. WASH Sector Projects Under Implementation, including Hygiene Promotion and Behaviour Change (as of 31 August 2024)
4. [Infographic Landmines Explosive Remnants of War \(ERW\) Incident Information 2024 \(Q3\)](#) (UNICEF)
5. Facilities Supporting Treatment of Civilian Mine Victims (2008-2024)

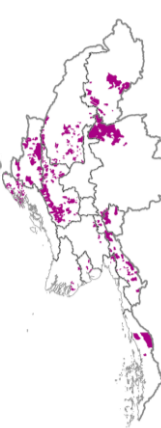
### Health Sector as of 31 August 2024



#### Malaria Programme



#### Basic Health Care



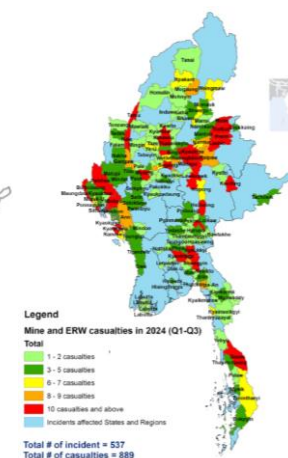
#### Maternal and Child Health



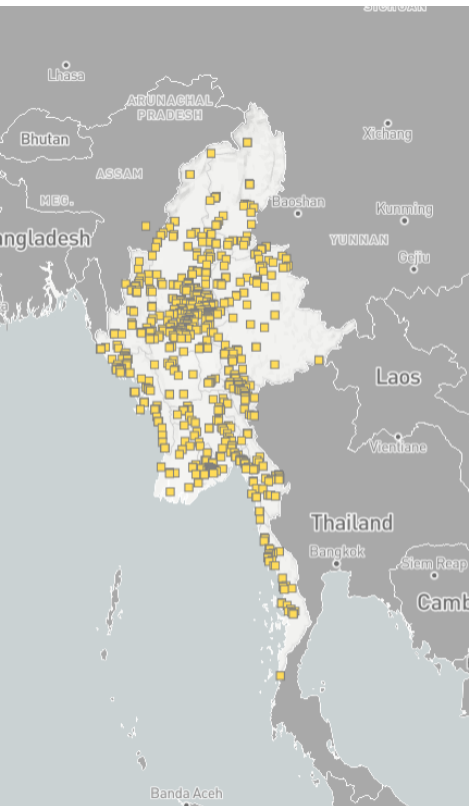
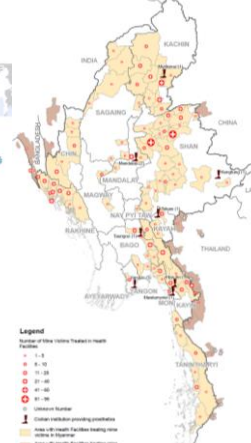
#### Hygiene Promotion & Behaviour Change



### Landmines/ERW Incidents Q3 2024



### Facilities Supporting Treatment of Civilian Mine Victims 2008-24



Myanmar

01/02/2021 - 29/10/2024

**1507** reported incidents of conflict violence that affected health care. These incidents had the following effects:



332

Health facilities damaged



130

Health workers killed



39

Health workers kidnapped



135

Health workers injured

#### Reported perpetrator

|                |   |     |
|----------------|---|-----|
| Criminal       |   | 3   |
| Police         | ■ | 97  |
| Multiple       | ■ | 152 |
| No information | ■ | 86  |
| NSA            | ■ | 181 |
| Other          | ■ | 20  |
| State military | ■ | 968 |

## Attacks on Health Care

30 October-12 November 2024

<https://reliefweb.int/report/myanmar/attacks-health-care-myanmar-30-october-12-november-2024>

Source: [Insecurity Insight](#)

Partners are encouraged to report any attack on health care to the health cluster for further verification, as part of WHO's **Surveillance system for attacks on health care (SSA)**

For more information, please see:

[https://www.who.int/publications/i/item/surveillance-system-for-attacks-on-health-care-\(-ssa\)](https://www.who.int/publications/i/item/surveillance-system-for-attacks-on-health-care-(-ssa))

and

<https://extranet.who.int/ssa/index.aspx>

## Challenges

- **Incorrect methodology** to calculate unique beneficiaries was found to be the main reason of the disproportionate low figure of people reached up to 30 June 2024, which was revised and adjusted jointly with OCHA and the Global Health Cluster, to ensure a more representative figure of people reached (expected to be 30% by end 2024).
- **Severe underreporting** by health partners is also contributing to a low figure of people reached. Cumulatively, 33 partners reported throughout 2024, with on average only 17 partners reporting every month.
- **Lack of data** to allow for effective outbreak prevention, preparedness and response, as well as estimation of overall health needs
- **Low routine immunization coverage** posing significant risk for measles outbreaks.
- **High risk of malaria outbreaks**, with suspension of vector control interventions, and lack of access to bednets and anti-malarials, including Rapid Diagnostic Tests for large parts of the population.

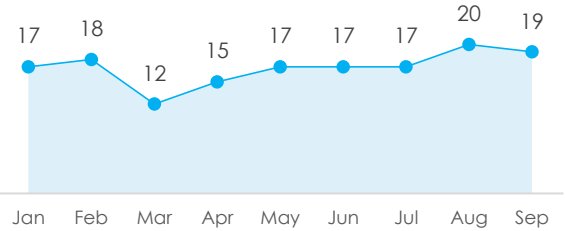
## Next steps

- **½ day in-person Health Cluster Strengthening of Data and Information Sharing workshop** planned on **4 December 2024** in Yangon jointly with OCHA to discuss challenges with reporting and ways to address this
- **2-day in-person Orientation Workshop on Gender Mainstreaming in Health, Health Sector Response to Violence Against Women and Preventing and Responding Sexual Misconduct** for partners on **5-6 December 2024** in Yangon.
- **Expression of Interest** open to all partners to become members of the **Health Cluster Strategic Advisory Group (SAG)**: candidates to send their nominations by **10 December 2024** to [mmr-healthcluster@who.int](mailto:mmr-healthcluster@who.int) or [bootsmas@who.int](mailto:bootsmas@who.int)
- **Ongoing review of terms of reference** for relevant technical working groups, to adjust the work of the working groups to the evolving situation in the country:
  - o **Acute Watery Diarrhoea Technical Working Group** (Joint health-WASH cluster)
  - o **Sexual and Reproductive Health Coordination Group** (Chaired by UNFPA and co-chaired by PATH)
  - o **Priority Health Services Technical Working Group** (Chaired by ADRA)

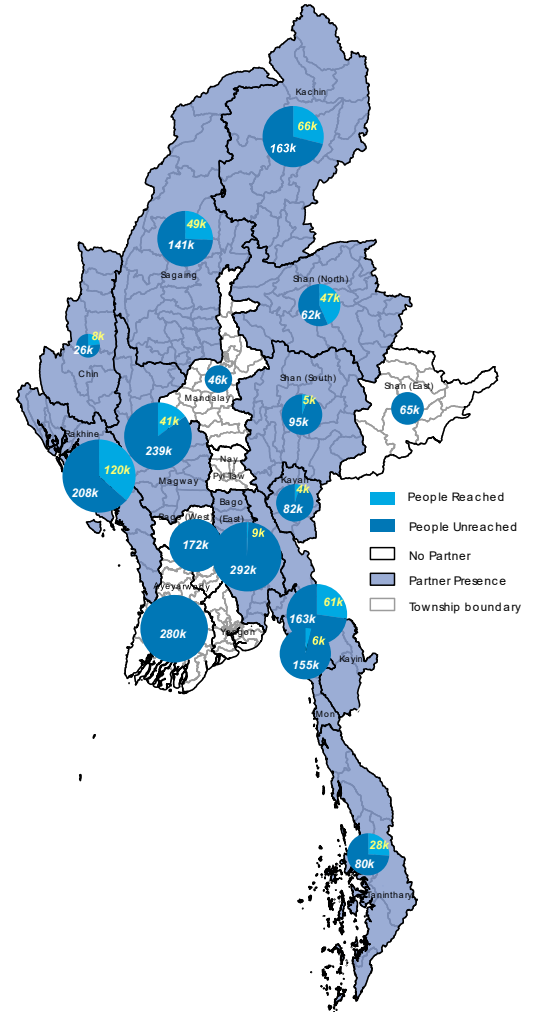
**Partners interested in joining the working groups, please reach out to [mmr-healthcluster@who.int](mailto:mmr-healthcluster@who.int)**

- Drafting **Myanmar Health Cluster Strategy 2025-26**

Monthly Reported Health Partners



People reached by State and Region



## Health Cluster Donors

Myanmar Humanitarian Fund (MHF), European Civil Protection and Humanitarian Aid Operations (ECHO), European Union (EU), Global Alliance for Vaccines and Immunisation (Gavi), Italian Government, Japan Government, Korea International Cooperation Agency (KOICA), the United Kingdom's Foreign, Commonwealth and Development Office (FCDO), the United States Centers for Disease Control and Prevention (CDC), and the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA).