Myanmar public health situation analysis, executive *precis*, 29 May 2021

Myanmar had made significant progress towards achieving health-related sustainable development goals over the last decade. However, this progress is at risk of being lost, in addition to new health risks, resulting from the current country situation following the military takeover on 1st Feb 2021. A majority of public sector health workers observe civil disobedience. Others may report to work but go slow or down tools. Health officials have reportedly been arrested and intimidated. Surveillance for attacks on health care has been activated, 179 attacks have been reported within four months* **, a majority of attacks reported globally to date.

Health service availability and accessibility in the public sector are severely disrupted. Covid19-related activities decreased drastically. The number of Covid19 tests processed daily decreased from almost 20,000 reported as at 26th January 2021 to 1,230 samples on 28th May 2021. Only 133 out of 330 townships have confirmed that routine immunization services were offered primarily in urban areas, during the period February-April 2021. Remaining townships either have no information or have not offered EPI services at all. Availability and affordability of nutritious food is becoming limited. Communicable disease control interventions are impacted adversely, where HIV prevention, TB and malaria case finding, treatment, including vector control and reporting, and viral hepatitis C treatment enrolment activities are disrupted. Diagnosis and treatment services of non-communicable diseases at public sector health facilities are very limited, especially for medical emergencies including emergency obstetric care. The population at large is at risk of mental health issues due to intense day-to-day crisis.

Logistically, processing of imports of health commodities, including issuance of tax exemption certificates and customs clearance, is disrupted, too, posing risks of shortages of essential medicines supply in the country, potentially affecting all health programmes. The electronic-based routine reporting system is not functioning, causing the national health information system to collapse. The national laboratory-based surveillance system is working at significantly reduced levels, posing risks of emerging and re-emerging infectious disease outbreaks not detected in time.

Furthermore, domestics banks experience continuous strain as a result of a crisis in *economic* confidence. This in turn is leading to serious shortages in availability of cash for operations, including for health. Development partners are exploring ways to stay afloat through alternative facilities where feasible.

Considering the deteriorating situation overall, WHO corporately graded the current humanitarian crisis in Myanmar as a grade 2 emergency, in addition to on-going protracted crises and the global Covid19 pandemic emergency. Taken together, highlighting the risks across different public health programmes nationwide, as well as beyond Myanmar's borders.

* *WHO Myanmar short article link, published 1st May 2021* *https://www.who.int/myanmar/news/detail/01-05-2021-who-s-attack-on-healthcare-initiative-advocates-for-safeguarding-healthcare-does-not-aim-at-reporting-incidents*

** *UN Myanmar statement published 5th May 2021:* **reference link to UN statement:** https://myanmar.un.org/en/126289-un-reiterates-call-health-workers-and-facilities-be-protected