

CHALLENGES OF COVID-19 RESPONSE IN MYANMAR

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CONTEXT UPDATE

Situation of health system pre-Covid (National Health Plan towards Universal Health Coverage)

First covid cases in March 2020, preparation of national response plan, initial conatcst with COVAX facility

Military coup in February 2021

- Peaceful demonstrations, civil disobedience movement (CDM), violent crackdown
- Collapse of heath system
- Severe 3rd Covid wave in summer 2021, many casualties (due to failed health system and criminalisation against health workers)
- Deliberate and repeated military attacks on health care services (hospitals and clinics) and healthcare workers (= violations of IHL)
- Very restricted humanitarian access



IN FEB-MAR 2021, MASSIVE DEMONSTRATIONS AGAINST MILITARY COUP

IDPS IN KAREN STATE HIDING IN CAVE FROM MILITARY AIR STRIKE



COVAX NEGOCIATIONS IN MYANMAR (2020-2022)

- * Main challenges: **illegitimate Government** since the coup, lack of access... (who will sign the indemnity agreement now? GAVI confused...) Feb-May 2021
- * **Negociations** (technical) btw de facto MoH and WHO-UNICEF-GAVI (from May) > inclusion of UN RC as of Sept 2021 (for high-level political approach)
- Principles underlying the negociations: equitable access (incl. to conflict-affected areas), protection of data, diversification of service providers (incl. NGOs and EHOs), independent monitoring
- * Meanwhile millions of doses received by bilateral channels (China, India, etc.) and black market importations > weakening the UN position in the negociations...
- * COVAX test run (2 mio Sinovac doses) planned and "then we negociate"; joint email of 7 donors (incl. CH) to GAVI board to call for suspension mid-Jan 2022
- Tentative of including **ICRC** as "neutral" actor to pilot the delivery of 200'000 doses from gvt to non-gvt areas (hard to reach areas) March 2022
- Shipment of 2 mio Covax doses to MOH without any conditions and without donors' approval on the ground; no update or monitoring from GAVI end of March

COVID-19 RESPONSE SUPPORTED BY SWITZERLAND

- Integration of Covid-19 awareness and responses in several SDC programmes (adapatation) - 2020
- Partnership with ROCHE for Covid testing in ethnic areas Aug 2021
- * Following requests from ethnic groups, pilot purchase and distribution of **4000** vaccine doses cross-border (from Thailand) in Kayin State Jan 2022
- **Scaling-up** of this pilot through the multi-donor pool fund ACCESS to Health with 50'000 vaccine doses March 2022
- * Mission from Head of Swiss Humanitarian Aid, Manuel Bessler, to Thailand (Bangkok and border) to discuss with Thaï Government the potential expansion of cross-border assistance (incl. vaccines) May 2022
- Pilot of cross-border routine immunization through twin-village approach through our mandated programme Primary Health care (PHC) project with further expansion through ACCESS fund

ROUTINE IMMUNIZATION (RI)

"Gavi's new <u>five-year strategy (2021-25)</u> – focuses on 'leaving no one behind with immunisation' and pursuing an ambitious equity agenda, which prioritizes zero-dose (ZD) children and missed communities

- * WHO estimates **RI coverage of 30**% in the year after the coup, which translates to around 25'000 child deaths from vaccine preventable diseases
- * Myanmar is one of two countries worldwide with the **largest relative increase in zero-dose children**. More than half of the 950'000 children under the age of one year have not been fully vaccinated.
- Current recommendations by the Gavi Alliance partners will not address coverage gaps for two under-served groups of children
- Same **challenges** than for the Covax negociations: equitable access, protection of data, diversification of service providers, independent monitoring
- Way forward parallel approach:
- Standard: vaccines from GAVI-UNICEF to MoH for Gvt-areas
- Alternative: vaccines from ACCESS to NGOs/EHOs for ethnic areas (supply/funding: UN-to-UN transfers of vaccines and/or cash agreements to fund proposals?)