

## HIGHLIGHTS

- Various reports indicate that people are moving out of temporary shelters to go back to their villages or to monasteries.
- WHO is providing technical support through the development of a training curriculum, training of trainers, and provision of educational materials to various NGOs in the disaster affected areas. Training focuses on prevention of common diseases such as malaria, dengue, diarrhea, and ARI; water and sanitation; personal hygiene; and surveillance and reporting of key events at village levels.
- The Government of Myanmar, ASEAN and the UN will undertake a multi-sectoral Post Nargis Joint Assessment (PoNJA). The Village Tract Assessment (VTA) will identify immediate needs and include community level input and focus. The Damage and Loss assessment (DALA) takes a macro economic approach and will focus on the costs of rebuilding the damaged infrastructure.

## HEALTH ASSESSMENT AND SITUATION UPDATE

- The Government of Myanmar, ASEAN and the UN will undertake a multi-sectoral Post Nargis Joint Assessment (PoNJA). The **Village Tract Assessment (VTA)** will identify immediate needs and include community level input and focus. The **Damage and Loss assessment (DALA)** takes a macro economic approach and will focus on the costs of rebuilding the damaged infrastructure. It will look at the national scope of the disaster including the impact on GDP and the National Budget. A preliminary report of the assessment is expected by 24 June, 2008.
- A UNICEF assessment conducted 35km outside Bogale in hard-to-reach areas reported:
  - There were no post-cyclone deaths in any of the villages assessed.
  - There were no signs of acute malnutrition although the villages were not food secure.
  - Various water sources were tested (both ponds and river). All were found to be suitable, using some form of water treatment.
  - Some displaced people were returning to their villages.
- A meeting of WHO's Regional Surveillance Officers (RSOs) on 29 May revealed that:

- The number of people in temporary shelters is decreasing as many have started moving back to their places or to monasteries.
- There are adequate stocks of medicines but access to clean water is a major issue.
- People are in need of water purification tablets and soap for hand washing.
- The Myanmar Medical Association provided medical treatment in eight villages and wards in Yangon and Ayeyarwady Divisions as well as in temporary shelters in Labutta Township. They also donated medicines, food and drinking water.
- Eight planes carrying almost 100 tonnes of relief material arrived in Yangon in the past 24 hours.
- Various medical teams from many Asian countries are providing services in the affected areas. The team from Laos provided 4000 consultations in Yangon and left on Myanmar on 31 May 2008. A 30-strong medical team has arrived from Indonesia.
- WHO Myanmar has briefed a 30 –member team of doctors from Indonesia who will give feedback on consultations they have conducted.

## **HEALTH CLUSTER RESPONSE**

### **1. Disease Surveillance**

- The WHO epidemiologist is in the delta region to help ensure that the disease surveillance system is working effectively.

### **2. Health Action**

- WHO SEARO expert on psychosocial health is working with IOM to develop plans for psychosocial response to support those affected.
- A WHO international team led by the WHO Representative to Myanmar and accompanied by a Ministry of Health official are visiting remote, affected areas in the delta. Based on their visit, the team will then design an appropriate strategy to restore health systems and prevent outbreaks of diseases.
- WHO Malaria and Vector control team and the Ministry of Health are working on a Dengue prevention plan involving community participation.
- WHO is providing technical support through the development of a training curriculum, training of trainers, and provision of educational materials to various NGOs in the disaster affected areas. Training focuses on prevention of common diseases such as malaria, dengue, diarrhea, and ARI; water and sanitation; personal hygiene; and surveillance and reporting of key events at village levels.
- WHO briefed a 30-member Indonesian medical team in Yangon on the health system in Myanmar, the impact of the cyclone, the health response to date, diseases surveillance and the early warning and response mechanism.

- WHO briefed medical volunteers mobilized by Myanmar Medical Association (MMA), a WHO partner in the CERF, on health services in cyclone affected areas.

### 3. Supplies

- WHO and the health cluster have sent more than 650 metric tonnes of supplies and equipment since the beginning of the emergency.
- WHO has shipped more than 20 000 bednets and 140 000 are in the pipeline.
- Mentor has supplied rapid diagnostic kits for malaria along with 100 000 treatments. The spraying material is meant for 100 000 shelters covering 500 000 beneficiaries.

## HEALTH COORDINATION

- Seventy five participants from 30 organizations participated in the Health Cluster meeting of 3 June 2008.
- The technical working groups provided the following reports:
  - Early recovery/health systems (focal point CESVI): the group discussed principles of the early recovery approach, including collaboration with MOH, focus on the township level, focus on primary health care, human resource capacity, partnerships with the community, with an emphasis on ensuring a functioning health system. The group also reviewed a GAVI HSS proposal as a potential model for the early recovery approach for health.
  - Psychosocial support (IOM): The first meeting of this sub-cluster on 2 June was attended by 25 people from 19 different organizations already implementing psychosocial support activities. The meeting was co-chaired by the WHO SEARO Regional Adviser for Mental Health and Substance Abuse. IOM had also met with the focal person in MOH for mental health.
  - Tuberculosis (WHO): A DOTS Nargis joint assessment will be conducted this week. Three teams comprising NTP, WHO, international partners and health care workers will visit Myaungmya, Labutta, Maubin and Bogale in the Ayerawaddy Delta and Kunyangone, Twante, Kawhmu, Dalah, Thanlyin and Kyautan in Yangon.
  - Joint Plan of Action (WHO): Output indicators for the log frame were agreed.
  - In-depth assessment (Merlin): Planning for this activity was on hold whilst the Government/ASEAN/IASC multi-cluster assessment was underway. Merlin stressed that planning for this assessment needs to be coordinated with MOH.

## NEXT STEPS

- The Health Cluster Joint Action plan and the Early Recovery plan should be developed in line with the Government's Health sector Plan, based on the following broad principles:
  - Assessment and identification of the health needs of the affected population.
  - Strengthen early warning and disease surveillance systems to jointly respond to outbreaks and address other health needs by filling critical gaps to the health care delivery system.
  - Initiate follow-up action to support the revised UN Flash Appeal which is likely to be launched on 23 June.