


COVID-19 SITUATION IN MYANMAR

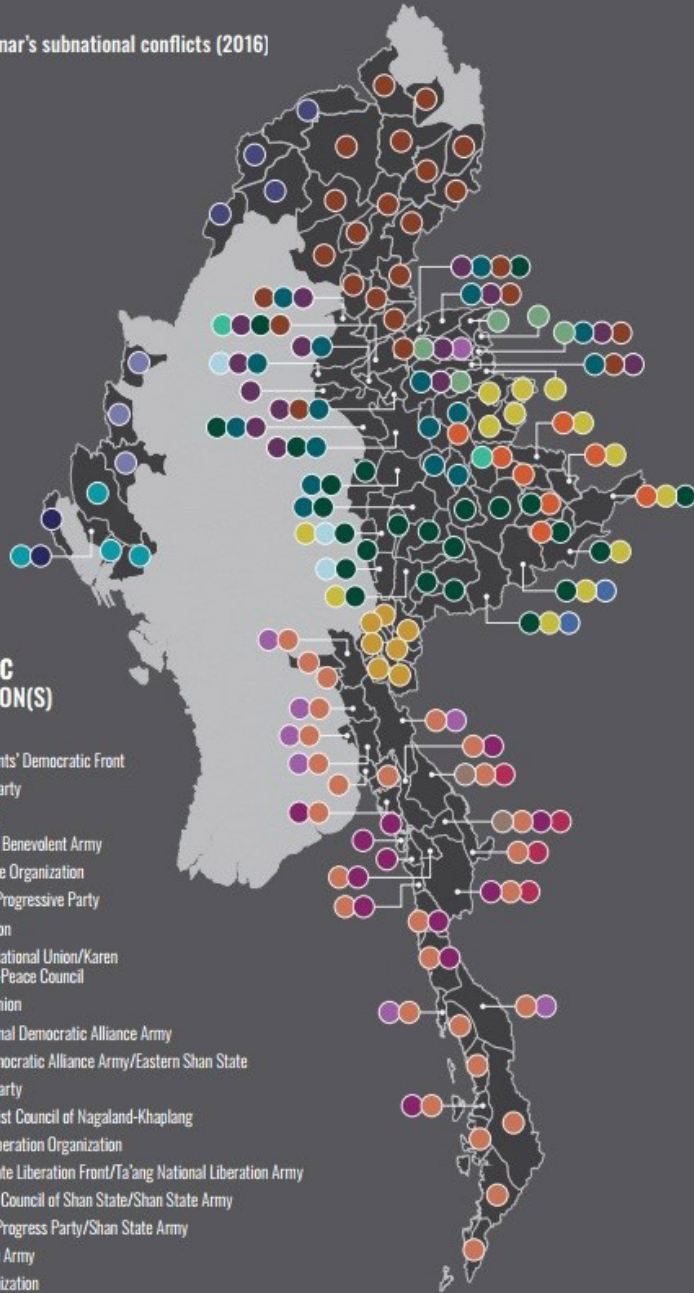


DISCLAIMER: The information in these slides are mainly based on the secondary data from news and articles. Just a few voices are taken from local CBOs. Data mentioned in these slides reflects the situation before 16th July 2021. For more and additional information, we suggest to go and learn the links mentioned under each slide. Presentation intends for learning purpose only.

Armed groups in Myanmar's subnational conflicts (2016)

PRESENCE OF ETHNIC ARMED ORGANIZATION(S)

- AA: Arakan Army
- ABSDF: All Burma Students' Democratic Front
- ALP: Arakan Liberation Party
- CNF: Chin National Front
- DKBA: Democratic Karen Benevolent Army
- KIO: Kachin Independence Organization
- KNPP: Karenni National Progressive Party
- KNU: Karen National Union
- KNU/KNLA-PC: Karen National Union/Karen National Liberation Army-Peace Council
- LDU: Lahu Democratic Union
- MNDAA: Myanmar National Democratic Alliance Army
- NDAa ESS: National Democratic Alliance Army/Eastern Shan State
- NMSP: New Mon State Party
- NSCN-IC: National Socialist Council of Nagaland-Khaplang
- PNLO: Pa-O National Liberation Organization
- PSLF/TNLA: Palaung State Liberation Front/Ta'ang National Liberation Army
- RCSS/SSA: Restoration Council of Shan State/Shan State Army
- SSPP/SSA: Shan State Progress Party/Shan State Army
- UWSA: Uniterd Wa State Army
- WNO: Wa National Organization



MYANMAR CONTEXT

Total Population – 54 Million

One of lowest health status

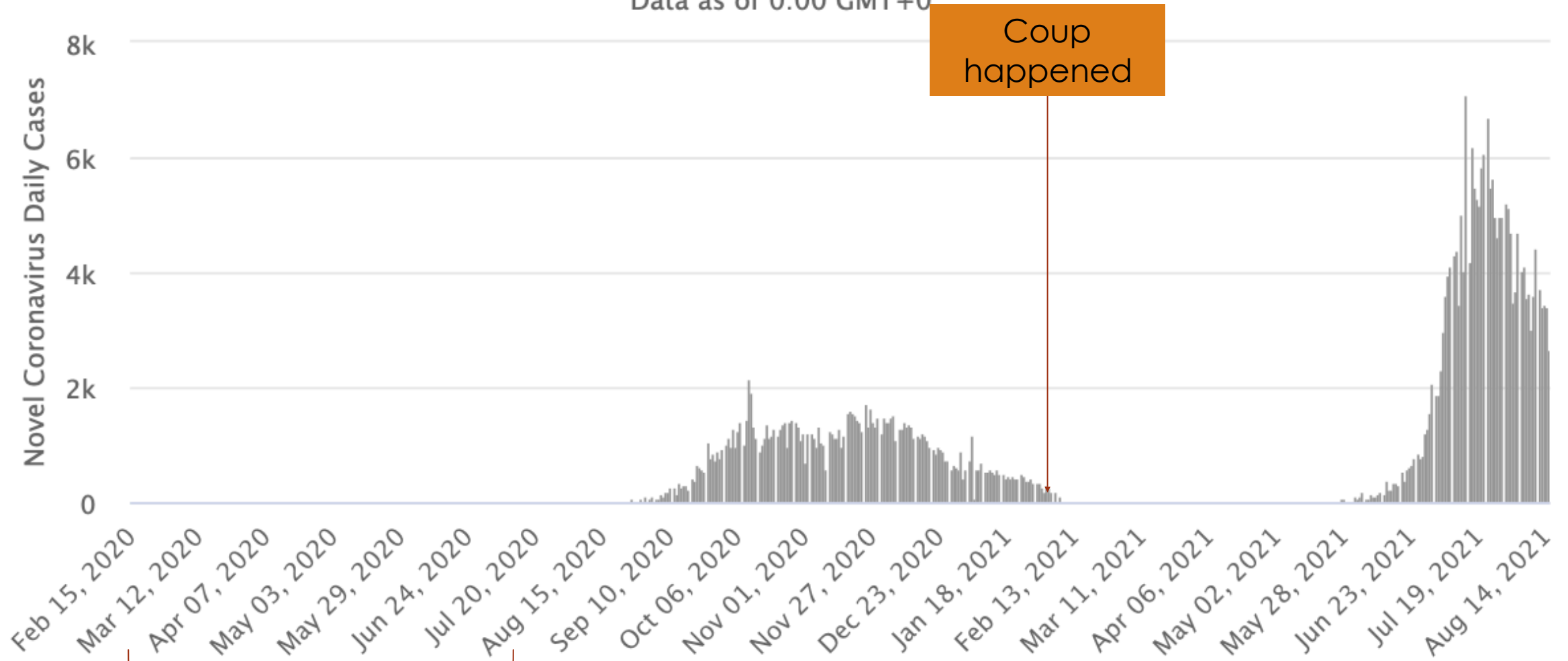
Health Personnel Ratio is below WHO recommended, lower than ASEAN countries

National Health System doesn't cover all areas due to armed conflicts since before coup

During 1st & 2nd wave, include EHOs to response and succeeded

Daily New Cases

Cases per Day
Data as of 0:00 GMT+0

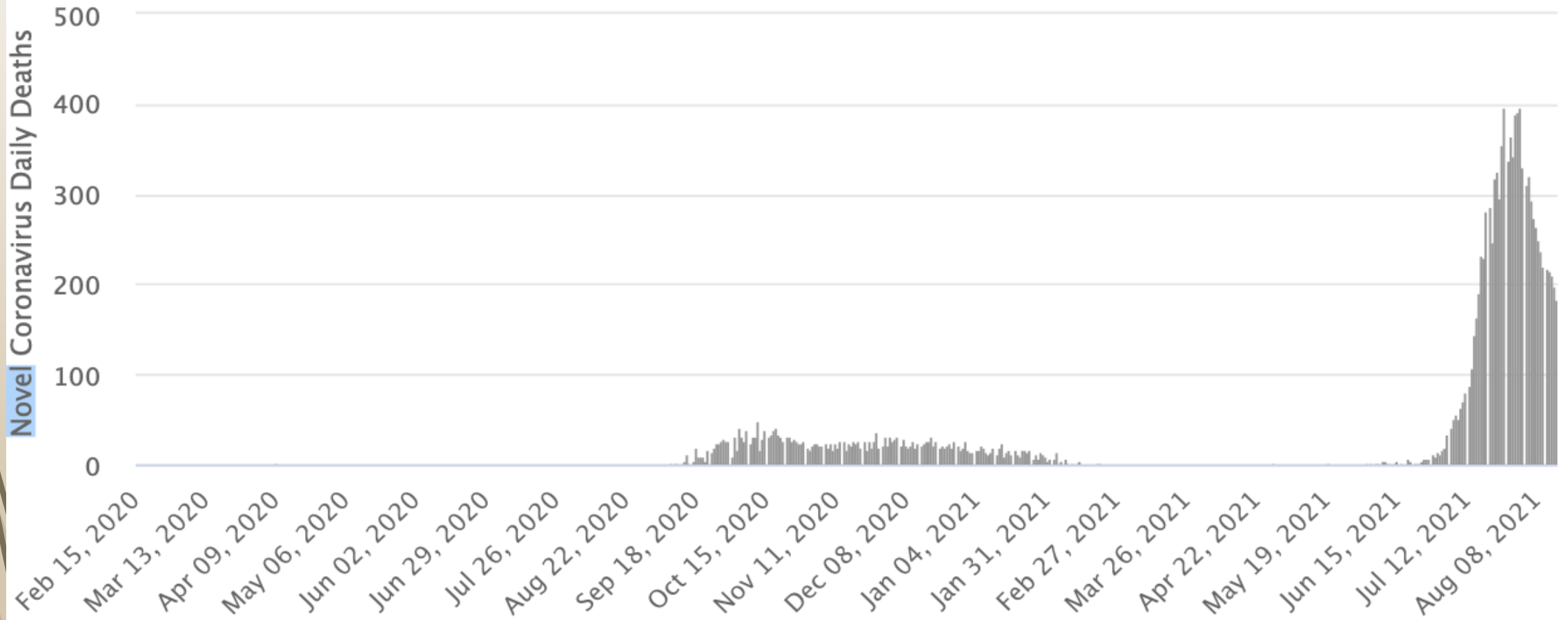


First Wave

Ref: Worldometers

Daily Deaths

Deaths per Day
Data as of 0:00 GMT+8



Ref: Worldometers

Could be more than that. Experts say the results are under-reporting.

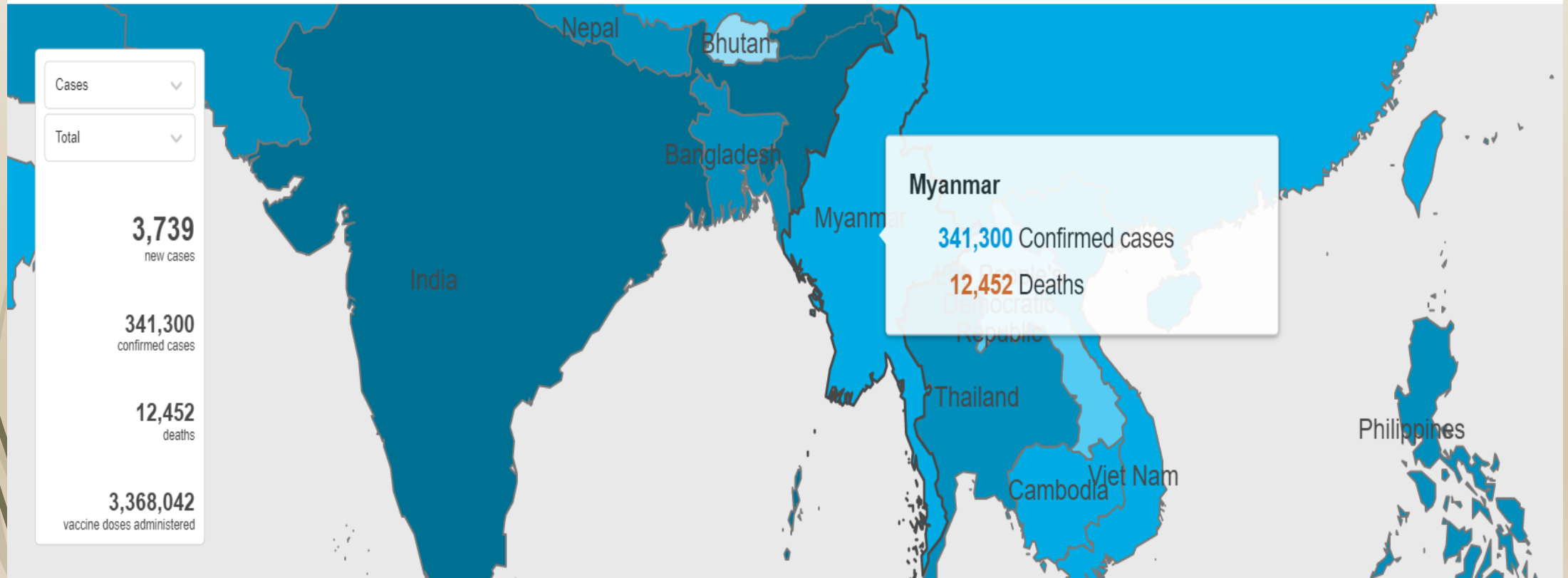


Search by Country, Territory, or Area

Global >  Myanmar

Overview

Data Table




HIV and Covid-19

- ▶ Not known COVID-19 testing data among PLHIV
- ▶ Not known data about PLHIV with Covid-19 cases – (their morbidity and mortality with COVID-19)

3 Key Impacts of COVID-19 on PLHIV and Key Populations

- ▶ Follow up visits and consultations.
- ▶ Hospitalization for emergency: due to shortage of health personnel, limited information and complex system
- ▶ Economic burden (e.g. loss of income and high inflation)



Comparison before and after coup doesn't mean to measure the performance or result. It just highlights that the same government is not handling the same issue and the approach has been changed between.

Vaccine Availability

Before Coup (Before Feb 1)

- 1.5 million doses (Covishield)
- 40 percent of its 54.4 million people will be vaccinated against COVID-19 by the end of 2021.

NUG requested GAVI (COVAX program) to provide vaccine to 20% of population through UNICEF, in accordance with COVAX guides

After Coup (After Feb 1)

- Myanmar bought 4M does and 2 M donation (Sinopharm, Sinovac)
- Sinopharm – 1st time (736,000 does)
- Sinopharm -2nd time (over 368,000 does)
- 3 M vaccine (2 M Sinopharm, 1 M Sinovac) arrived in late July



Vaccine Prices to Government

Before Coup (Before Feb 1)

- Approximately 2-5 USD per dose shot (75 USD Million for 15 Million doses) – for AstraZeneca and CoviShield
- Negotiated for lower prices

After Coup (After Feb 1)

- Not known



Vaccine Prices (by public)

- Free of charge
- Not known for future

Vaccine Prices (by private)

Before Coup (Before Feb 1)

- Planning phase

After Coup (After Feb 1)

- Approved the Indian-made Covaxin vaccine and the Sinovac and Sinopharm vaccines, not to CoviShield
- Some private clinic announce Covaxin vaccine single dose for 120 USD approximately



% of population vaccinated (first dose)

Before Coup (Before Feb 1)

- 0.7% of the Myanmar population – about 380,000 people – had got their first vaccine shot

After Coup (After Feb 1)

- more than 1 million people had received their first dose

% of population fully vaccinated (2 doses)

Before Coup (Before Feb 1)

-

After Coup (After Feb 1)

- minimum of 40000 (in March)
- 1.75 million of people (3.2%) are so far vaccinated (up to July 18)

the SAC does not mention figures on the demographic breakdown of recipients, nor on the military-civilian split.



Who is eligible for vaccination?

Before Coup (Before Feb 1)

- Medical Personnel
- Elderly 65+ are prioritized
- Government staffs
- People from stay at home areas

After Coup (After Feb 1)

- Prioritized 13 groups
- Elderly 65+
- Health staffs both government and private
- Religious staffs, Volunteers
- Government staffs who have not vaccinated
- Private bankers, industrial workers, workers from markets.. Etc..
- Prisoners

Who is being left behind?

- CDM staffs, political activists, and displaced people and their families
- Prisoners
- High risk groups (over 65 yrs old were prioritized before coup, but only 20% of them received second dose) are still left behind due to inconsistent practise against to the criteria.
- UN staffs are covered by organizational plan. Other INGO staffs are also planned to be vaccinated
- Rich people obtained the vaccine from the private hospital.
- NAP doesn't have plan for PLHIV and key populations but MPG and Alliance Myanmar plan to vaccinate their partners (only staffs and EC members) under guideline of UN plan

Voices from Community

- *We have many PLHIV members under our network but they haven't chance to get vaccine. I am lucky to get vaccine because of Alliance Myanmar provide only staffs of their project partners. (Myanmar Positive Women network)*
- *We only hope to get vaccine support from organizations rather than SAC (military). At the moment, we have limited numbers to vaccinate from the help of UNFPA (LGBT network, Mandalay)*

What are the barriers? [Related with Vaccines]

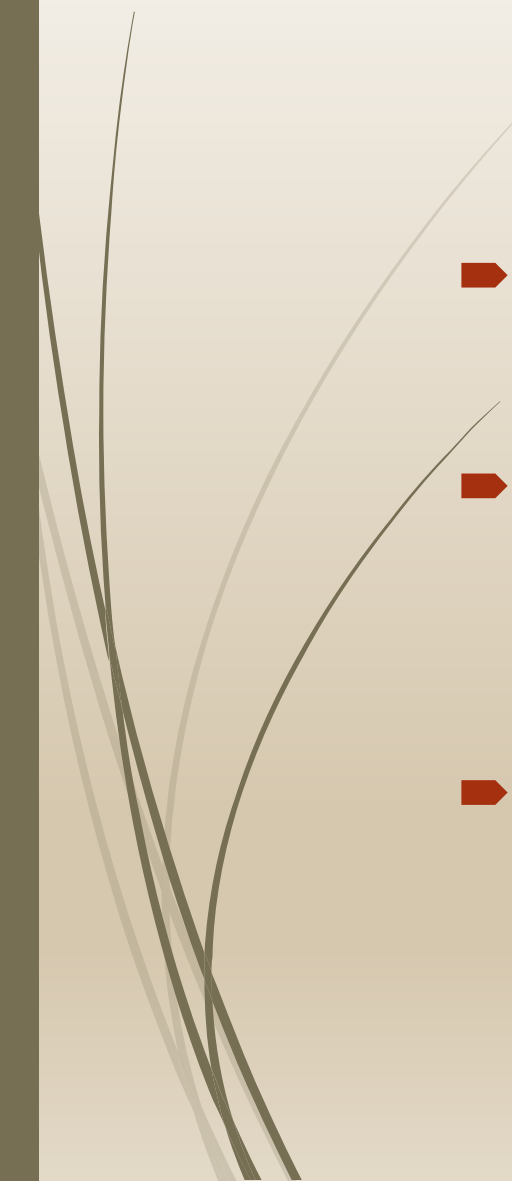
- **Clinical treatment is urgent need**
 - Should be parallel with vaccine program, people are dying on daily basis. Safe and quality treatment is urgently required for the people.
- **Safety of medical personnel and Social workers**
 - Without them, vaccination program won't be succeeded like the way other ASEAN countries achieve.
- **Lack of trust on the SAC Controlled systems**
 - Trust is broken.

What are the barriers? [Related with Vaccines] – Cont:

- No Third party for vaccination (Other than private hospital)
 - E.g. INGOs or UN organizations should take the role for the people
 - High cost by private hospital
- Limited Cross-Border Support of Vaccinations to Ethnic Health Organizations
 - KIO controlled area is covered/ but Karen & Karen Ni state
 - Migrants/ displaced are high



What is being done to remove barriers?

- ▶ SAC is ordering more vaccines, but fail actions to build trust with its people.
 - ▶ NUG is calling WHO & UNICEF to provide vaccine. NUG coordinated and formed COVID-19 Task Force in collaboration with EHOs
 - ▶ UN issued press release says “step up in COVID response”
- 



THANK YOU SO MUCH