

WHO: STATUS of Myanmar OPERATIONS as of 20 May 2008

OPS components		MYANMAR
	Figures	No change in the official statistics as of 19 May: 78,000 deaths; 56,000 missing with 19,359 injured.
1	Security	<ul style="list-style-type: none"> Phase I.
2	Assessment and monitoring	<ul style="list-style-type: none"> The WHO Regional Office for South East Asia (SEARO), the WHO Representative (WR) in Myanmar (MMR), BKK and HQ strengthen disease surveillance and the Early Warning and Reporting System (EWARS), rumours verification, particularly for cholera, measles, dengue and malaria. An in-depth health assessment in the affected areas is carried out by WHO and health partners Health Cluster starts screening for malnutrition. WHO information and guidelines on Humanitarian Information Centre (HIC) in BKK
3	Support to coordination	<ol style="list-style-type: none"> Country: IASC meeting with the UN Emergency Relief Coordinator held on 19 May. <ul style="list-style-type: none"> Three operations centres in the townships of Patheingyi, Labutta and Bogale established by the Health Cluster. Measles vaccination campaign Participation in the Health Cluster meetings in MMR increased (> 60 representatives from 30 INGOs and UN Agencies). WHO field presence in all 6 most affected areas. 22 UN Agencies+ NGOs present in 58 townships in the affected area. UN Agencies invited by the Government for a tour to the affected areas on 23 May. Region: Regular Health Cluster meeting in BKK, and participation in the Log cluster meeting <ul style="list-style-type: none"> BKK acts as Operations and Logistics Hub. Global: Joint Action Plan (WHO+Health partners) drafted <ul style="list-style-type: none"> Daily Health Cluster Sitrep Regular Teleconferencing with Health partners WHO working with UNICEF for supplies Technical coordination within WHO. WHO 3 level videoconferencing takes place twice a week
4	Identifying and filling gaps	<ul style="list-style-type: none"> The Ministry of Health (MoH) requested antibiotics, bed nets, antimalarial drugs, ORS, iv fluids, bandages, plaster and syringes, different kits. Most common health conditions: injuries, ARIs, gastroenteritis, dysentery and malaria.
5	Strengthening and repairing systems and building capacities	<ul style="list-style-type: none"> Daily update of the list of emergency health supplies by MoH to MMR Need to plan for health services in emergency shelters/camps Add more assistance to hospital in Mau Bin which is serving as referral hospital for all 4 townships in the affected area More IEHK basic units requested. MOH requests WHO's assistance to distribute supplies in affected areas Log health platform in BKK needs strengthening
7	Personnel	<ul style="list-style-type: none"> Seven visas issued for WHO staff: Epidemiologist, Logistician, Emergency and Humanitarian Action (EHA) technical officers BKK team joined by Regional Adviser WHO Regional Office for the Western Pacific and Health Action in Crises/Emergency Response and Operations (HAC/ERO) Logistics Officer. Director .a.i. ERO in SEARO HQ/HAC/External Relations Officer left for BKK
8	Supplies	<ul style="list-style-type: none"> 7 IEHK w/malaria from Humanitarian Response Depot (HRD)/Dubai are in the pipeline Water-purification equipment, 20 IEHK and five Interagency Diarrhoeal Disease Kit (IDDK) donated by Norway are in the pipeline 2 Cholera diagnostic kits and 500 dengue test kits arriving to MMR 150 fogging machines delivered SEARO setting in place certification/decision-making system to deal with in-kind donations 11 IEHK and one IDDK available in Yangon. 2 IEHK deployed to Labutta and Bogale
9.	IASC Resource mobilization	<ul style="list-style-type: none"> Flash appeal will be revised and readjusted (so far from \$15,780 M - \$5 M for WHO). Positive feedback from key donors
10.	Contribution/pledges to WHO	Approx. \$ 6, 2 million so far: CERF, Denmark, Norway, Monaco, UK, Italy, Romania, Australia.