

Myanmar's Policy Response to COVID-19

Policy Report • October 2020

Key Messages

- **Number of cases.** Myanmar reported its first two cases of COVID-19 on March 23, 2020. By early August, it had recorded a total of only 360 confirmed cases and six deaths. However, the number of locally transmitted cases increased significantly from 5 per day in mid-August to 1,137 per day in mid-October. As of October 21, there were 39,696 confirmed cases and 972 deaths. By that date, Myanmar had tested 506,842 people (about 0.9% of its population) with a positive test rate of 15.1%, suggesting that confirmed cases represent only a small proportion of the true number of infected people.
- **Geographic variation.** All regions have reported confirmed cases. The Yangon region is the epicenter of the pandemic in Myanmar, reporting around four-fifths (31,137) of the total confirmed cases, followed by Rakhine (2,625), Bago (1,773), Mandalay (1,298), Ayeyarwaddy (753), and Mon (562). Other regions have reported fewer than 400 confirmed cases.
- **Health system response to COVID-19.** The country increased the number of COVID-19 testing laboratories from one in March to seven by August and more recently expanded its testing capacity to 27 district level hospitals nationwide. These laboratories can conduct over 8,000 tests per day. Myanmar has set up community quarantine sites, contact tracing procedures, COVID-19 screening and treatment guidelines for government hospitals, and fever clinics to check people for symptoms of COVID-19. In March, the country had only 0.71 intensive care unit beds and 0.46 ventilators per 100,000 people. Since then, Myanmar has taken efforts to increase surge capacity and hospital preparedness.
- **Measures to control transmission.** Since March, the country has closed all in-bound commercial flights, sealed all land borders, enforced strict quarantine regulations, implemented partial lockdowns, banned mass gatherings, closed schools, recreational areas, and tourist places, and mandated the use of face masks. Some of these public health measures were eased before the outbreak in mid-August; however, they were reinforced and are currently in place.
- **Socio-economic welfare policies.** Myanmar developed the *COVID-19 Economic Relief Plan* in April 2020 to mitigate the economic impact of COVID-19. Through the plan, the Myanmar government has established a COVID-19 fund to provide loans to small and medium enterprises, provided cash and one-time food assistance to certain vulnerable groups, and implemented a range of other measures for economic recovery.
- **Barriers to epidemic control.** Myanmar's inadequate health emergency preparedness, limited testing sites, and dependence on other countries for testing kits are some of the critical barriers to containing the pandemic. These barriers are compounded by congestion and poor living conditions in the country's many internally displaced persons (IDPs) camps (which are risk factors for transmission), and by the ongoing conflict with Ethnic Armed Organizations (which is disrupting transport routes and supply chains for key health care commodities).
- **Mitigating harms.** Myanmar needs to harness all the medical resources and public-private partnerships available to increase testing sites and manufacture testing kits domestically. The *COVID-19 Economic Relief Plan* needs to reach the most vulnerable populations, including migrant workers, people working in the informal sector, women, and IDPs. For conflict areas, the government must establish well-defined processes to coordinate with Ethnic Health Organizations on testing, contact tracing, and provision of other essential health services.

This is one in a series of reports focusing on the response of middle-income countries to the COVID-19 pandemic. The briefs are part of a broader study called *Driving health progress during disease, demographic, domestic finance, and donor transitions* led by the [Center for Policy Impact in Global Health](#).



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In this brief, we focus on Myanmar's response to the COVID-19 pandemic. We begin by examining the country's level of preparedness to deal with a pandemic prior to COVID-19. We then give a snapshot of the current COVID-19 situation, the policies that the federal government has enacted to curb the epidemic, and the policy gaps. Finally, we describe how the country is funding its COVID-19 response.

Background

On January 23, 2020 the World Health Organization's International Health Regulations (IHR) Emergency Committee advised all nations worldwide to be prepared to deal with transmission of the new coronavirus (then called 2019-nCoV, now called SARS-CoV-2) in their countries. The committee stated: "all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO."¹ On January 30, the WHO declared COVID-19 to be a public health emergency of international concern.² In Myanmar, the first two cases of COVID-19 were detected on March 23.

Pandemic preparedness prior to COVID-19

Myanmar has been significantly affected by both natural disasters and communicable diseases during the past two decades.³ Since 2017, Myanmar has reported cases of H1N1 influenza ("swine flu") and avian influenza ("bird flu").^{4,5} It reported outbreaks of vaccine-derived poliovirus type 1 as recently as August 2019.⁵ Additionally, Myanmar has one of the highest prevalence rates of malaria in Southeast Asia.⁶ Although government spending on health has increased from 1.8% of gross domestic product (GDP) in 2000 to 4.6% of GDP in 2018, Myanmar's health-care system still has major gaps.^{7,8}

There are two metrics widely used to assess a country's readiness to deal with a pandemic: (i) the WHO's Joint External Evaluation (JEE) of IHR Capacities,⁹ and (ii) the Global Health Security (GHS) Index.¹⁰

Joint External Evaluation of Myanmar's IHR core capacities

The JEE is a comprehensive, standardized, and transparent assessment developed by the WHO to evaluate a country's capacity to prevent, detect, and rapidly respond to public health emergencies and risks.⁹ The evaluation is based on a country's performance in 19 technical areas of epidemic preparedness and response. These technical areas are

Background	2
Pandemic preparedness prior to COVID-19	2
Country response to preparedness evaluation reports	4
Current COVID-19 situation and impact	4
Policy steps taken	6
Policy gaps	10
Funding the COVID-19 response	12
Conclusion	13
References	13
Funding, authorship, and methods	16

grouped into three categories—prevent, detect, and response—and measured by 48 indicators.⁹ These indicators are rated on a scale of 1-5, where one is 'no capacity,' and five is 'sustainable capacity.'⁹ Myanmar was one of the first countries to conduct a JEE, in 2017 (Figure 1 summarizes the results).

The country reported an average score of 3 out of 5 across 13 indicators in the detect category, implying the country has a developed capacity to detect public health risks; however, the 2017 evaluation found that there were insecure funding sources for the existing capacity.^{7,9,11} Under the detect category, Myanmar scored the best (4 out of 5) on indicator- and event-based surveillance systems. It received a lowest score of 2 (limited capacity) on electronic real-time reporting system, laboratory-based diagnostics, and reporting protocols.

The evaluation found that Myanmar had limited capacity in the prevent and respond categories, with average scores of 2.26 and 2, respectively.^{7,11} In the prevent category, Myanmar received the highest score (4) on national vaccine access and delivery. However, it received a score of 1 (no capacity) on health care associated infection prevention and control programs and a score of 2 (limited capacity) on the development of government instruments, including legislation, policies, and regulations, to ensure the implementation of IHR. Under the respond category, Myanmar received a score of 1 (no capacity) on the pre-



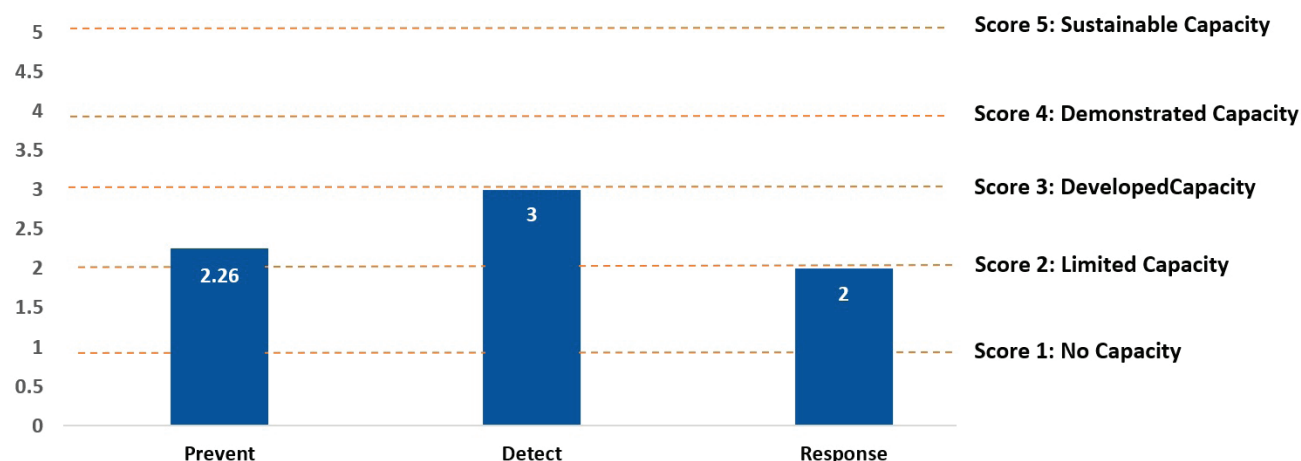


Figure 1. Myanmar's average score on preparedness to tackle public health risks

Source: JEE Report, Myanmar, 2017. Average estimates obtained from the World Bank project on Myanmar COVID-19 Emergency Response⁷

paredness indicators, including the existence of a national overarching health emergency preparedness and response plan that covers all IHR-related hazards and points of entry.

Global Health Security Index

The GHS Index is based on “a comprehensive framework of 140 questions, organized across six categories, 34 indicators, and 85 sub-indicators to assess a country's capability to prevent and mitigate epidemics and pandemics.”¹² The six categories are prevention (e.g., immunization and tackling antimicrobial resistance); detection and reporting (e.g., real-time surveillance); rapid response (e.g., emergency response operation); health system (e.g., capacity in clinics, hospitals, and community care centers); compliance with

international norms (e.g., compliance with IHR reporting); and risk environment (e.g., political and security risks). The index ranges from 0-100, where 100 means perfect health security conditions. A score below 33.3 is considered low, 33.4-66.6 is moderate, and 66.7-100 is high.¹²

The GHS Index released in October 2019 ranked Myanmar 72nd across 195 countries with a total index score of 43.4, indicating the country's moderate preparedness to respond to a public health emergency.¹⁰ Across the six categories, Myanmar performed below the global average on prevention, health systems preparedness, and risk environment and above the global average on detection, rapid response, and international norm compliance.

GHS Index Categories	Low score <33.3	Moderate score 33.4-66.6	High score 66.7-100
Prevention	Antimicrobial resistance (AMR)	Zoonotic disease	Immunization
Detection and reporting	Real-time surveillance and reporting	Epidemiology workforce	Data integration between human/animal/environmental health sectors
Rapid response	Exercising response plans, linking public health and security authorities	Access to communications infrastructure	Risk communication, trade and travel restrictions
Health systems	Health capacity in clinics, hospitals and community care centers, health-care access, Infection control practices	Communications with healthcare workers during a public health emergency	N/A
Compliance with international norms	N/A	Financing, IHR reporting compliance and disaster risk reduction	Cross-border agreements on public and animal health emergency response
Risk environment	Public health vulnerabilities, political and security risks	Environmental risks	Socio-economic resilience

Figure 2. Myanmar's GHS Index scores across selected indicators within six categories

Source: GHS Index Country Profile, Myanmar, 2019¹⁰



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Table 1. Status of COVID-19 in Myanmar (As of October 21, 2020)

Total cases	39,696
Active cases	19,859
Deaths	972
Discharged	18,865
Total cumulative tests conducted	506,842

Source: Ministry of Health and Sports, Myanmar²⁰

Country response to preparedness evaluation reports

Based on the JEE mission report, Myanmar developed a National Action Plan on Health Security, a multi-sectoral action plan under the leadership of the Ministry of Health and Sports (MoHS) in 2018. The plan will cost \$158 million over five years, the government has only partially financed it, and it is yet to be fully implemented.⁷ The partial implementation has included the launch of a field epidemiology training program and amendments to the Prevention and Control of Communicable Diseases law.⁷ The law governs and regulates public health measures, including interventions for managing public health emergencies and outbreaks of infectious diseases.⁷ Since 2006, Myanmar has also had a National Strategic Plan for pandemic preparedness and response to avian influenza and human influenza.¹³

Reflecting on the preparedness scores of both the JEE and the GHS Index, Myanmar had 6.7 physicians per 10,000 people in 2018, significantly lower than the global average of 15.6 physicians per 10,000 people in 2017.^{14,15} Moreover, Myanmar had 10.4 hospital beds per 10,000 population in 2017—much higher than India's ratio (5.3 beds per 100,000) but lower than China's ratio (43.1 beds per 100,000).¹⁶ In March 2020, Myanmar reported a total of 383 intensive care unit (ICU) beds (0.71 ICU beds per 100,000 population) and a total of 249 ventilators (0.46 ventilators per 100,000 population).⁷ The availability of ICU beds in Myanmar is substantially lower than its neighboring countries, including India (2.3 beds per 100,000), China (3.6 beds per 100,000), and South Korea (10.6 beds per 100,000).⁷ Additionally, Myanmar did not have an official definition for an ICU until September 2019.¹⁷

Current COVID-19 situation in Myanmar

Myanmar reported its first two cases of COVID-19 on March 23, 2020, in two citizens of Myanmar returning

from the United States and the United Kingdom. By early August, Myanmar had a total of only 360 confirmed cases and six deaths due to COVID-19.¹⁸ However, the number of new daily reported cases rose significantly from mid-August. This rise was due to an increase in locally transmitted cases from five per day in mid-August to 1,137 per day in mid-October.^{19,20} As of October 21, there were 39,696 confirmed cases and 972 deaths.²⁰ Almost all confirmed cases (99%) have been due to local transmission; 1% of cases were in returnees to Myanmar after travel abroad.²⁰

Confirmed cases have been reported in all regions.²⁰ As of October 21, 2020, around four-fifths of the total number of confirmed cases were in Yangon (31,137 cases), followed by Rakhine (2,625), Bago (1,773), Mandalay (1,298), Ayeyarwaddy (753), and Mon (562) regions. Other regions have reported less than 400 confirmed cases (Figure 3).²⁰

The age-sex distribution of Myanmar's confirmed cases indicates that a higher proportion of cases (53%) are in men, and most cases are in the 20-50 years age range (Figure 4).^{20,21}

To date, 506,842 tests have been conducted, about 0.9% of Myanmar's total population (54 million).^{20,22} The country has significantly increased its testing capacity from one laboratory in March to seven laboratories in August. Three of these testing laboratories are in Yangon and there is one each in Nay Pyi Taw, Mandalay, Mon, and Shan states.²³ The country is not manufacturing testing kits domestically, and it is mostly dependent on procurement and donations from the other countries.²⁴ After the outbreak in mid-August, the MoHS further expanded its testing capacity in 27 district level hospitals nationwide and distributed 400,000 rapid testing kits to all regions.^{25,26} In October, Myanmar could conduct over 8,000 tests per day, a substantial rise from 380 tests per day in March.^{23,27,28} However, the rate of positive tests (the average percentage of tests that were positive over the last seven days) was 15.1% on



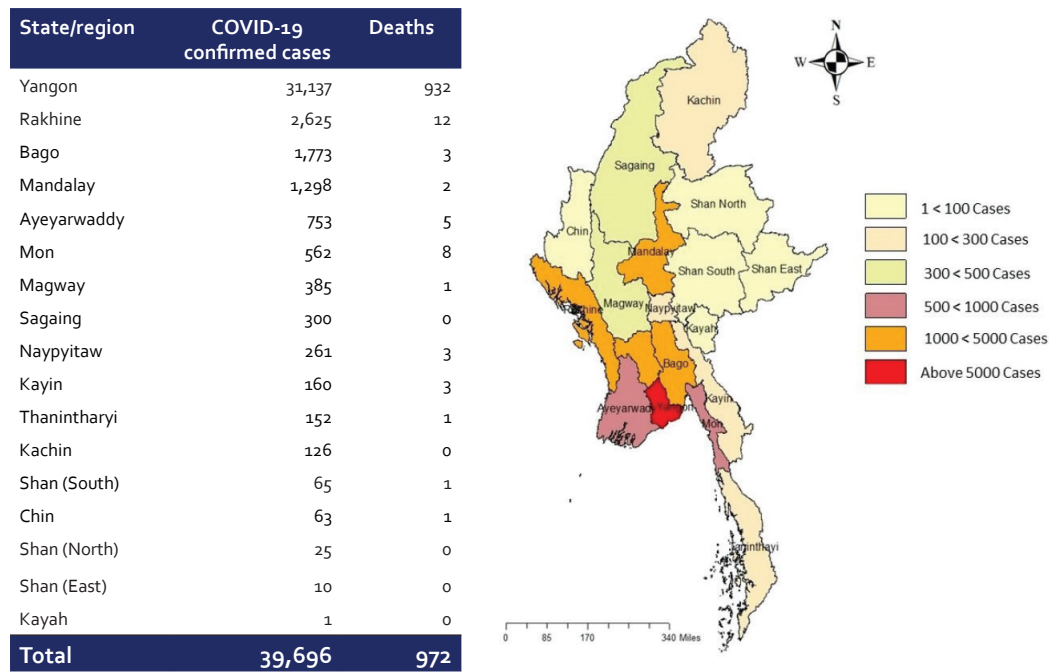


Figure 3. Number of cases in Myanmar by region, as of October 21, 2020

Source: Ministry of Health and Sports, Myanmar²⁰

October 7.²⁹ One of the WHO's criteria for indicating that the COVID-19 epidemic is under control is a test positivity rate of 5%. Myanmar's rate of 15.1% suggests that the country has an uncontrolled epidemic and that the confirmed cases represent only a small proportion of the true number of infected people.²⁹

The ongoing conflict between the government and the Ethnic Armed Organizations (EAOs) also poses significant challenges in coordinating a successful response to the

pandemic. Many EAOs responded positively to the UN's call for a global ceasefire.³⁰ However, the conflict between the Myanmar military and the Arakan army continues in Rakhine and Chin states.³¹ The conflict has contributed to the displacement of local people and the disruption of transport routes and supply chains for key health care commodities.³⁰ The campsites for internally displaced persons (IDPs) have reported only one COVID-19 confirmed case as of October 5.³²

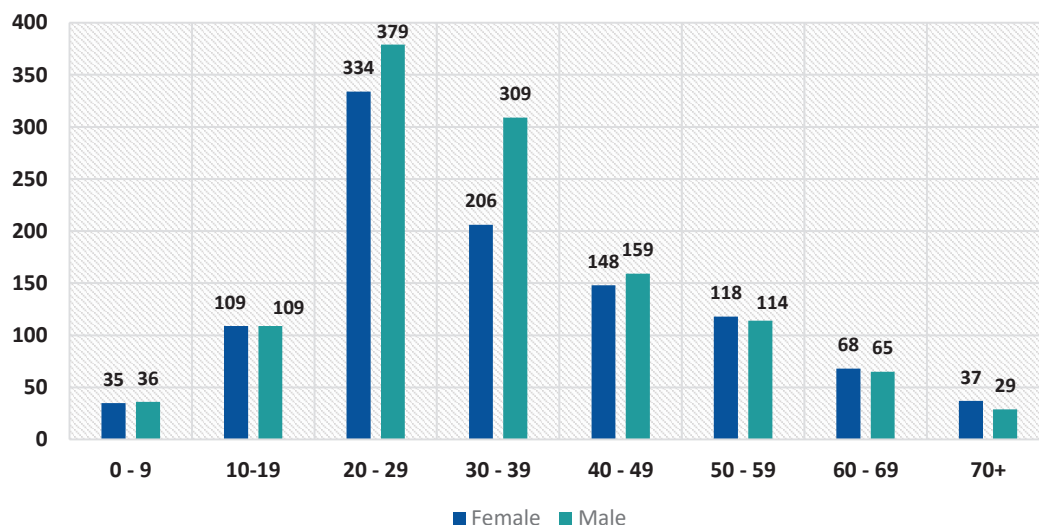


Figure 4. Confirmed COVID-19 cases in Myanmar disaggregated by gender and age, as of September 10, 2020

Source: COVID Myanmar Dashboard²¹

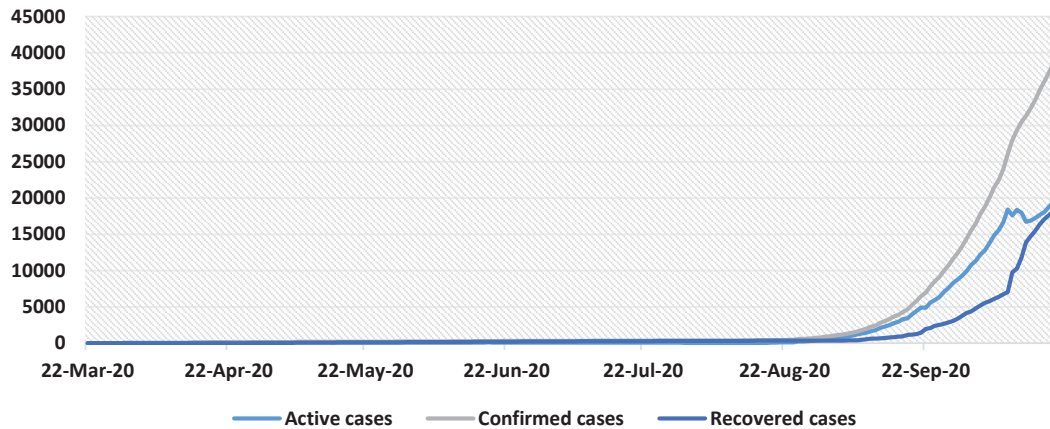


Figure 5. Cumulative confirmed, active, and recovered COVID-19 cases, as of October 21, 2020

Source: COVID Myanmar Dashboard²¹

In addition to the direct impact of COVID-19 on the population, the pandemic has disrupted the provision of other essential health services, including antiretroviral therapy for HIV, the expanded program on immunization, family planning, and maternal health services.^{33,34}

Myanmar is also facing economic challenges as the country's GDP forecast has been revised downwards from 6.4% to 0.5% for FY2019/20.³⁵ Around 80% of Myanmar's workers are employed in the informal sector and have limited access to social safety nets.³⁶ Women constitute 60% of workers in food and accommodation services, and a majority of garment workers, so they have been disproportionately affected by factory closures.³⁷ A survey by the International Organization for Migration found that 50% of men and 42% of women migrant returnees have lost their jobs due to the pandemic.³⁸

Policy steps taken

Policy engagement and multi-department collaborations

Myanmar formed a *national level central committee on prevention, control, and treatment of coronavirus disease 2019* on March 13, 2020, via a presidential order (45/2020).⁷ The committee is spearheading the overall national response to COVID-19 and coordination within the public sector, private sector, and civil society.⁷

The *working committee for remedial works on the economic impacts of the coronavirus* was also formed on the same day.³⁹ It focuses on providing short, medium, and long term goals to mitigate the negative economic impacts of COVID-19.⁴⁰ The committee was instrumental in setting

up a COVID-19 fund to provide low-interest loans to the business sector, including cut-make-pack (garment) companies, hotels, the tourist industry, and small and medium enterprises (SMEs).^{41,42}

In March, the *coronavirus disease 2019 containment and emergency response committee* was set up via a presidential order (53/2020). The committee is tasked with:

- Monitoring people returning from other countries and those who have been in close contact with infected people,
- Placing returnees and contacts of infected people in quarantine centers,
- Providing healthcare and moral support in the facility quarantine sites,
- Taking legal action against those spreading misinformation about COVID-19, and
- Disseminating crucial information and regulations at the ward and village levels.⁴³

On April 27, the government formed a *committee to coordinate and collaborate with ethnic EAOs to prevent, control, and treat COVID-19*.⁴⁴ The committee is tasked with sharing information with EAOs on the migrant workers entering the country through land borders, people under investigation for COVID-19, treatment procedures, and contact tracing.³¹ Following the UN request for a ceasefire due to COVID-19, the Myanmar government also released its ceasefire announcement with the EAOs except for the Arakan Army, which was declared a terrorist organization by the government on March 23, 2020.³¹

In April, the MoHS published the *Myanmar Health Sector Contingency Plan on COVID-19 and Other Respiratory Illnesses*, which outlines comprehensive national strategies in response to COVID-19 from April 2020 to December 2021.⁷ The Contingency plan lays down response strategies through all phases, including preparedness, containment, control and mitigation, and stand-down.⁷ The government received a loan from the World Bank to fund the required upgrades outlined in the contingency plan, including adding 338 ICU beds with ventilators and refurbishing the existing ICU beds at central and state level hospitals.⁷ Myanmar also received 30 ventilators from China in April.⁴⁵

Public health measures

Travel restriction and quarantine

The government of Myanmar set up surveillance, including infrared thermal screening systems, at international airports on January 5, 2020, one day after the WHO notified the country about unexplained pneumonia cases in Wuhan, China.^{20,46} Soon after the WHO declared COVID-19 to be a public health emergency of international concern on January 30, 2020, the Myanmar government suspended issuing visas-on-arrival to tourists from China and canceled all flight operations between Yangon and China.^{47,48} Since early March, the government has suspended the arrival of inbound commercial flights and the issuance of e-visas and visas-on-arrival for visitors from all countries, and it closed land borders to foreign tourists.^{49,50} These suspensions are in effect until October 31.⁵¹ As of October 20, the government was conducting travel history screening and temperature checks at all ports of entry.⁵¹ In April, the government extended the 14-day facility-based quarantine mandate imposed in early March to 21 days for all incoming Myanmar nationals.⁵¹ In September, the facility-based quarantine was reduced to 14 days.²⁰

Guidance on COVID-19-related precautions

In early February, the government issued guidance on personal hygiene and COVID-19 symptoms.⁵² The government also encouraged the public to report to health-care facilities if they had COVID-19 symptoms, promoted social distancing, and launched a National Call Center in early April to respond to inquiries about COVID-19.^{20,53,54} According to a household telephone survey conducted in Myanmar between May and June, 94% of surveyed households received information on COVID-19 and ways

to prevent its transmission from at least two sources, including local governments, radio, television, and community organizations.⁵⁵

Domestic restrictions

From February, the government banned gatherings of more than five people; closed schools, movie theaters, national parks, museums, recreational areas, and religious places until further notice; suspended some commercial domestic flights as well as bus services in Yangon and Mandalay region; and cut down railway routes.^{7,47,51,54,56} From April, the government started easing some restrictions such as mass gatherings and resuming certain services, including domestic travel, restaurants, and high schools.⁵⁷⁻⁶³ However, due to an outbreak in locally transmitted cases in mid-August, the government re-imposed a ban on mass gatherings, closed schools, canceled domestic flights, restricted travel into and outside of Yangon and Rakhine, and allowed only a limited number of train routes and intra-provincial bus services to operate.⁶⁴⁻⁶⁶

Lockdowns (stay at home orders)

The government issued a stay at home order in the Yangon region during the water festival from April 10 to April 19 for all its residents, except essential workers.⁵⁴ Soon after, it announced a partial lockdown in Yangon's ten townships, the region with the highest number of confirmed cases, and a countrywide night time curfew between 10pm and 4am.^{54,64,67,68} The partial lockdown required residents to stay at home except when going to work, buying food or essential supplies, or visiting a medical facility.⁶⁹ Between mid-May and mid-July, the government gradually lifted the partial lockdown imposed in Yangon townships.⁶⁹ However, the government re-issued a stricter partial lockdown in the Yangon region, Rakhine, and 11 townships from Mon, Mandalay, Bago, and Ayeyarwaddy regions in response to the rise in locally transmitted cases from mid-August.²⁰ Since May 15, there has been a nationwide shortened night time curfew, from 12pm to 4am.^{67,68}

The government has penalized at least 500 people by giving long jail sentences, ranging from a month to a year, for violations of the partial lockdown, stay-at-home, or curfew orders.⁷⁰ The government was criticized for its harsh enforcement measures—the critics argued that jailing hundreds of people for violating curfew or social distancing measures increases the risk of infection.⁷⁰

Surveillance

To track COVID-19 cases and their contacts, on March 23, the MoHS established a surveillance dashboard.⁴⁷ Since then, it has issued daily situation reports that give data on COVID-19 at both national and regional levels.²⁰ The World Bank and Myanmar's Central Statistical Organization have established the *Myanmar COVID-19 Monitoring Platform* to provide timely insights on the impact of COVID-19 on households, firms, and communities.⁷¹

Health system response to COVID-19

The government started setting up facility quarantine sites in early March, and by October 5, there were 5,690 facility quarantine sites operational across the country.^{20,32} Individuals returning from abroad or affected domestic areas and those in close contact with confirmed COVID-19 cases are required to quarantine at one of these facilities.⁷² The government bears accommodation and medical care costs at the quarantine sites for suspected cases. Individuals returning to the country can elect to stay in a hotel instead of a quarantine center at their own expense. The government is following the WHO guidelines on contact tracing.⁵²

Since April, 21 community fever clinics have been set up in Yangon to check people for COVID-19 symptoms and direct them to hospitals or testing laboratories as required.⁷³ After the sharp rise in cases in mid-August, some fever clinics started collecting swab samples, which are then sent to the National Health Laboratory in Yangon for testing.²³

Since March, the government has increased its testing capacity from one national laboratory to seven laboratories and deployed GenXpert machines at 27 district-level hospitals.²³ The MoHS is considering the following plans to bolster nationwide testing: opening a new laboratory in Lashio, Shan State; starting a 'mobile lab vans' program that can transport samples from the laboratories running over capacity to less strained laboratories in the country; and buying COVID-19 diagnostic machines.²³ The MoHS makes decisions on individual testing based on clinical criteria, travel history, and contact tracing. Only those with symptoms are tested free of cost. People with confirmed infection are currently treated in government general hospitals.³²

In May, government health care workers were given a one-time incentive of MMK50,000 (about US\$39) in addition to their current salary.⁷⁴ On October 5, the government disbursed two months' salary as interest free loans to all permanent public servants, including healthcare workers.⁴¹

As a part of the *COVID-19 Economic Recovery Plan* (CERP) released by the government on April 27, the government planned to: train and recruit medical staff and volunteers to serve in facility quarantine sites; import medical products required for COVID-19 prevention and treatment (e.g., masks, drugs, ventilators, and ICU equipment); establish hand washing stations at convenient and accessible locations; establish mobile teams for the distribution of masks; and set-up mobile testing teams to conduct mass testing before the end of this year.⁷⁵

Figure 6 summarizes the key public health measures, socio-economic policies, and health system responses implemented by Myanmar from early January until October 21.

Socio-economic measures

On April 27, the government introduced the CERP to address a range of fiscal and monetary measures under seven goals, 10 strategies, 36 action plans, and 76 actions.⁴¹ The broad goals of the CERP include improving the macro-economic environment; easing the impact on the private sector, laborers and workers, and households; promoting innovative products and platforms; strengthening health-care systems; and increasing access to COVID-19 response financing (including contingency funds).⁷⁶ Some of the key measures taken as part of the CERP are highlighted below.

Basic food, cash assistance, and free electricity to vulnerable populations

The government distributed free basic food during long holidays in April to households without regular income.⁷⁷ In May, the government announced a cash hand-out of MMK40,000 (about US\$31) to each household that did not have steady income and did not own land.⁷⁸ From June, the government announced the roll-out of an additional one-time cash transfer targeting pregnant women, mothers with children below two years of age, the elderly in Chin, Rakhine, Karen, Kayah, and the Naga Self-Administered Zone (SAZ) regions, disabled people throughout the country, and households in IDPs camps.^{32,79,80} The government also exempted electricity bills for all households consuming up to 150 units of electricity per month until December 2020.⁸¹

Social security benefits to COVID-19 affected workers

The government is providing unemployment compensation equal to 40% of the salaries of workers who have lost their jobs due to COVID-19 and who are registered with



Figure 6. Timeline of policy and coordination measures by Myanmar government

Key: **blue** indicates public health policies; **green** indicates social and economic restrictions; **orange** indicates health system response

the Social Security Board.³⁵ It has also extended healthcare benefits to these workers from six months to a year from the date of unemployment.

Soft loans, tax deferrals, and waivers, and other relief measures to aid businesses and priority sectors

The government established a COVID-19 fund of MMK400 billion (about US\$309 million) at the Myanmar Economic Bank to support the garment industry, tourism industry, and SMEs via soft loans at lower interest rates.⁴¹ The deadlines for quarterly corporate income tax and monthly commercial tax payments were extended for these industries.⁴¹ The fee for license renewal of hotels and tourism businesses was exempted for a year until March 2021.⁴¹ In addition, a total of MMK600 billion (about US\$464 million) was set aside to provide loans of MMK50,000 (about US\$39) per acre to farmers.⁸² A disbursement of MMK100 billion (about US\$77 million) each was made by the government to support the microfinance sector and road-side vendors.⁸³

Monetary measures

The Central Bank of Myanmar cut the policy interest rate by 0.5% on March 12, by 1% on March 24, and by a further 1.5% on May 1, to stimulate economic growth.⁴¹ It also reduced banks' reserve requirement ratio from 5% to 3.5% to boost private banks' liquidity.⁴¹

Measures to boost trade and investment

The government availed online processes for issuing import and export licenses for many tradable goods and waived import-license requirements for items essential to treat and control COVID-19.³⁵

In April 2020, the Ministry of Social Welfare and Resettlement (MoSWRR) initiated the *Action Plan for the Control of COVID-19 Outbreak at IDPs Camps*. The action plan includes measures to contain the outbreak in IDPs camps, such as increasing awareness of COVID-19 and measures to prevent its transmission, encouraging hygiene practices, guidelines on testing, contact tracing, and treatment of confirmed cases. In addition to providing cash assistance

under the CERP, the government is distributing hygiene items and PPE, as well as undertaking risk communication and community engagement activities at IDPs camps.³²

In May 2020, the Ministry of Education prepared the *COVID-19 response and recovery plan for education* a recovery framework for the education sector to ensure that students can continue to learn in a safe environment.⁸⁴ For the response phase, the framework underscores the need to develop and deploy distance learning methods with digital, low-tech, and no-tech options, which can be accessed by all students. The recovery phase highlights measures to safely restore educational institutions and to provide remedial education to allow students to 'catch-up' to their appropriate learning level.

Policy gaps

While Myanmar's government has implemented several measures to contain COVID-19, several critical gaps remain.

Testing and surveillance

Gaps: The key reason for Myanmar's low testing rate is inadequate laboratories. The MoHS exclusively carries out testing in public health laboratories and a military hospital. Although the number of testing centers increased from May to August, there were only seven laboratories and 27 district hospitals equipped to conduct tests as of October 1.²³ Out of these, only two were capable of mass testing. Moreover, the country is not manufacturing testing kits domestically and is dependent on international donations and procurement for their availability. In addition, there is a scarcity of trained laboratory technicians countrywide, and more specifically in conflict areas.⁸⁵

What needs to be done? The government needs to establish more testing laboratories, including those at private and military hospitals and not just those under the MoHS.⁸⁶ The country needs to build capacity and forge connections with local clinicians and businesses to manufacture affordable testing kits and other essential supplies domestically. The government should organize regular knowledge transfer sessions with the aim of training and updating the skills of health care workers, including those working at Ethnic Health Organizations (EHOs).

Quarantine sites

Gaps: In response to the outbreak, the government mandated a 'maximum containment' strategy, requiring 21 days of quarantine in government-managed quarantine sites for suspected COVID-19 patients. Patients with mild

to no symptoms are quarantined in these facilities. This approach was manageable before mid-August, when the number of confirmed cases was low. After the outbreak, this strategy has put tremendous pressure on quarantine sites, including healthcare workers and volunteers at these sites, and on government financial resources.⁸⁷ More than 10% of confirmed cases after the outbreak were in health-care workers.⁸⁸

What needs to be done? The government needs to ensure the safety of its personnel and efficient use of its resources at the quarantine centers. Myanmar can consider incorporating the *Fangcang* shelter model into the construction of new quarantine centers.⁸⁹ This model was first implemented in China, where public venues such as stadiums and exhibition centers were rapidly converted to public health facilities. The *Fangcang* model has been proven to provide critical functions of isolation, triage, basic medical care, frequent monitoring, rapid referral, and essential living and social engagement for effective management of COVID-19 patients.

Economic impacts on vulnerable populations

Gaps: A total of 141,710 migrant workers have returned to Myanmar since March from Thailand, China, and Laos through land borders.^{32,38} These migrant workers have traditionally remitted money to their families in Myanmar.³⁸ A high proportion of these returnees have lost their jobs due to the pandemic.³⁸ The CERP includes provisions to ensure the employment of returned migrant workers.⁹⁰ However, these relief measures are not extended to the families of migrant workers who are stranded abroad.⁹⁰ A second gap relates to food security. The government distributed a one-time food assistance to people without regular income for seven days during the water festival in April. However, in October, four out of five households reported skipping meals and others have taken additional debt to purchase food.⁹¹ A third gap relates to the impact of the pandemic on women. Around 90% of employed women work in the informal sector and have limited to no social protection.⁹² Women workers who constitute the majority of the workforce in the garment and hospitality sectors are affected due to factory closures and lockdowns.³⁷ Currently, there are no policies in effect that target women who have lost their livelihoods in the pandemic. The loans extended under the CERP target only a narrow segment of formal sector firms. The informal sector is less likely to receive any support from the government.³⁵



Box 1: What needs to be done**The government needs to:**

1. Establish more testing laboratories and build capacity to manufacture testing kits and other supplies domestically.
2. Ensure the safety of personnel and efficient use of resources at the quarantine centers.
3. Provide targeted cash assistance (including food allowance) to poor households who mostly depend on remittance, considering factors such as household size, cost of living, and existing vulnerabilities in determining the transfer amount and frequency.
4. Create appropriate, safe, and accessible opportunities for women, including adequate access to loans, grants, or credit.
5. Increase its reach in conflict regions by working with civil society organizations.
6. Provide greater autonomy to EHOs in conducting initial screening of people with suspected COVID-19 and establish well-defined processes for the transport of swab samples to government labs.
7. Seek investments for key health services from public-private partnerships and international development organizations and move appropriate health services to virtual platforms.
8. Ensure that all political parties and election frontline workers strictly adhere to safety restrictions and include medical observation team in election monitoring.

What needs to be done? There has been a sharp decline in remittance income due to the pandemic, which is likely to push many low income households below the poverty line.⁹³ The government should provide targeted cash assistance to these families who mostly depend on remittance. The first round of cash transfer consisted of MMK40,000 (about US\$31) payment per household in two installments. This amount, when translated into a daily income, falls below Myanmar's official poverty line (MMK1,590 per person per day).⁹⁴ The government needs to consider factors such as household size, cost of living, and existing vulnerabilities in determining the transfer amount and frequency. To alleviate food insecurity and circumvent problems related to in-kind distribution, the government could incorporate a food allowance in the direct cash transfers. For female workers, the government should consider creating appropriate, safe, and accessible opportunities under the CERP.⁸⁶ Additionally, the sectors where women comprise a large proportion of the workforce should have adequate access to loans, grants, or credit to retain the female workforce.⁹⁵

Conflict

Gap: The ongoing conflict remains a key hindrance in coordinating a nationwide response to the pandemic. Although the government declared a ceasefire with many of the EAOs, conflict continues in the Rakhine region, Kachin, and Shan states.³¹ Until August 2020, the government had imposed an internet ban in some townships in these states.⁹⁶ Lack of access to information can delay the emergency response in these areas. Moreover, "misinformation, mistrust of authorities, the absence of communication networks, and language barriers can all prevent accurate and far-reaching messaging."⁹⁷ More than 312,000 people are displaced in Rakhine, Kachin, northern Shan states, and the southeast region due to the on-going conflict.⁹⁸ According to a household telephone survey, all low-income households in rural areas of Rakhine state reported receiving food packages distributed by the government. However, only 10% of the respondents reported receiving PPE and other hygiene items.⁵⁵

What needs to be done? The government needs to increase its reach in conflict regions by working with civil society organizations to disseminate vital information on COVID-19.⁹⁷ This critical information needs to be delivered in all ethnic languages in a culturally appropriate and time sensitive manner. The government must provide greater autonomy to EHOs in conducting an initial screening of people with suspected COVID-19. It should also establish well-defined processes for the transport of swab samples from the conflict areas to government laboratories and regular exchange of information on testing, contact tracing, and delivery of other essential health services.

Other essential health services

Gaps: Myanmar has high rates of diabetes and hypertension, and large numbers of people with TB and HIV/AIDS, all of which are significant risk factors for COVID-19.⁸⁶ In response to the COVID-19 outbreak, Myanmar shifted its resources from other essential health services, disrupting the provision of maternal and newborn health and child immunization programs. In 2018, Myanmar spent 4.6% of its GDP on health, which is lower than the global average of 9.8%.⁹⁹ Health spending has not significantly increased since the COVID-19 outbreak.⁹¹

What needs to be done: The government needs to seek investments in key health services from public-private partnerships and international development organizations. To alleviate the burden on the existing health services and ensure safety, some health services such as newborn and maternal child health consultations can be moved to virtual platforms wherever feasible.

Upcoming elections in Myanmar

Gaps: Myanmar's State Counsellor announced that there would be elections on November 8, 2020. Despite the ban on mass gatherings, political parties have held campaign events with thousands in attendance.⁹¹ Other Southeast Asian countries such as Malaysia have partly attributed the spread of COVID-19 to elections held in their countries.⁹¹ Although the Myanmar government conducted a test run to check different ways to make voting safer, the election date is fast approaching, and potential transmission risks are high.

What needs to be done? All political parties should strictly adhere to safety restrictions in their political campaigns leading to the election. In preparation for election day, election frontline workers should be provided training on incorporating safety and sanitization measures. A component of election monitoring should also include a medical observation team to respond rapidly to on-the-ground scenarios.¹⁰⁰

Funding the COVID-19 response

How much funding is needed

Myanmar requires at least US\$2 billion to implement the CERP.¹⁰² Myanmar's health sector contingency plan on COVID-19 is estimated to cost US\$156 million, of which only US\$76 million has been mobilized.⁷ The COVID-19 response and recovery plan for education also requires funding to implement its response and recovery phase.⁸⁴ Myanmar plans to raise the required funds through a combination of public finances, Central Bank finances, and international aid.

Bridging the funding gap

As of October 18, 2020, a total of US\$8,287 million had been committed to the COVID-19 response in Myanmar.¹⁰¹ Of the total funding, 67.9% is targeted towards Myanmar-specific initiatives, and the remainder is geared towards regional responses.¹⁰¹ Most funding is directed towards strengthening the country's public health infrastructure

and supporting its economic response to COVID-19. Other priorities include ensuring food security, supporting vulnerable populations, strengthening health systems, building education infrastructure, and financing SMEs.¹⁰¹ Some of the COVID-19 funding sources are highlighted below.

In May 2020, around two dozen government ministries in Myanmar submitted 10% of their allocated 2019-20 budgets to fund the CERP.¹⁰² Under the CERP, the government established a COVID-19 fund of MMK100 billion (about US\$77 million), using MMK50 billion from the National Revolving Fund and MMK50 billion from the Social Security Fund, to provide soft loans to businesses.¹⁰³

Among multilateral donors, the World Bank provided a US\$50 million loan towards Myanmar's health sector contingency plan to increase its public health emergency preparedness.⁷ It also provided US\$200 million in credit towards the CERP to increase agricultural productivity and support farmers.¹⁰⁴ In June 2020, the IMF approved US\$356 million in assistance to support the CERP. In July, the Myanmar parliament approved a US\$250 million loan from the Asian Development Bank to support Myanmar's CERP budget.¹⁰⁵ Myanmar also received US\$43 million from the European Union in the same month to boost its education reforms amidst the pandemic.¹⁰⁶ Gavi, the Vaccine Alliance, Promotion et de Participation pour la Coopération Economique (Proparco), and the UN were among the other multilateral donors that provided financial assistance to Myanmar.¹⁰¹

Among the bilateral donors, JICA provided around US\$49 million low-cost financing to support Myanmar's small businesses.¹⁰⁷ USAID supported the country's health and humanitarian response by providing more than US\$18.5 million.¹⁰⁸ Myanmar received assistance from other bilateral donors, including Australia (DFAT), France (AFD), Ireland (IRISHAID), Netherlands (FMO), Norway (NORAD), Sweden (SIDA), Switzerland (SDC), and the United Kingdom (DFID).¹⁰¹ In addition, philanthropic donors, non-government organizations, and actors in the private sector have provided funding to Myanmar.¹⁰¹

What needs to be done

Myanmar needs to monitor COVID-19 related funding as well as its spending to ensure efficiency of expenditure, evaluate the impact, and meet the requirements of loans and debt service suspension.³⁵



Conclusion

Since the pandemic began in early March, the Myanmar government has implemented a range of public health and socioeconomic measures, such as partial lockdowns, travel bans, provision of one-time cash and food assistance to certain vulnerable groups, and soft loans to SMEs. Despite these efforts, the number of locally transmitted cases increased significantly since mid-August, raising the total number of confirmed cases from 360 in early August to 39,696 in late-October.

With the sudden rise in the number of COVID-19 cases, the government will need to significantly expand its testing

capacity, manufacture testing kits domestically, and set up new testing laboratories. As most of Myanmar's confirmed cases have been asymptomatic, the country will need to strengthen its contact tracing system to reach potentially infected people. Moreover, the government needs to identify and continue protecting the most vulnerable populations, including women, informal sector workers, migrants, and people affected by the conflict.

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Methods

Our research included a desk-based review of websites, strategy documents, grey literature reports, and academic literature. This project was screened for exemption by the Duke University Institutional Review Board as part of the study 'Driving health progress during disease, demographic, domestic finance and donor transitions (the "4Ds"): policy analysis and engagement with transitioning countries.'



This is one in a series of reports focusing on the response of middle-income countries to the COVID-19 pandemic. The briefs are part of a broader study called *Driving health progress during disease, demographic, domestic finance, and donor transitions* led by the [Center for Policy Impact in Global Health](#).