

Meeting Summary: Exploratory Consultation and Strategic Discussions on Expanding Vaccination Coverage in Myanmar



10 April 2025



A half-day exploratory meeting on vaccination of Myanmar children was conducted on 10th April 2025 from 9:00 AM – 12:30 PM at the National Health Foundation's Main Meeting Room (In-person) and via Zoom (Online), hosted by the CMB Foundation, the National Health Foundation, the Resilience Health, the Community Partners International, and the Suwannimit Foundation.

In the upcoming sections, discussion points and presentations were categorized and recorded according to four relevant topics: I. Introduction and Meeting Objectives, II. Current vaccination coverage and efforts by partners acting on the issue, III. Overall Challenges in providing vaccination to Myanmar children, and IV. Recommendations.

I. Introduction and Meeting Objectives

Brief welcome address and the meeting objectives were initially discussed by Roger Glass (CMB), highlighting the high number of zero-dose children and the impact of recent crises on immunization rates. He emphasizes the need for collaborative action to support child health through vaccination programs as “Vaccines don't save children. Vaccination does.”, despite funding cuts and the recent earthquake. The National Health Foundation's president, Somsak Chunharas, welcomed everyone, shared the objectives (details below) and expressed hope for achieving the meeting's objectives.

Meeting Objectives:

- To quickly assess the urgent vaccination needs of Myanmar migrant populations along the Thai-Myanmar border in the context of the recent earthquake, USAID funding withdrawal, and ongoing conflicts.
- To collaboratively identify the most critical challenges and barriers to immediate and near-term vaccination efforts.
- To initiate the development of coordinated strategies and approaches for addressing these urgent challenges in the short and medium term.
- To define clear, actionable next steps and responsibilities for immediate follow-up.

Four different areas should be considered separately for having different health service delivery and operation arrangements in Myanmar:

1. State Administrative Council regime control areas – Health services by the Ministry of Health-SAC
2. Ethnic Resistance control areas – Health services by Ethnic Health Organizations and Community-Based Organizations
3. Mixed control areas – Dynamic control by SAC and Ethnic Resistance
4. Myanmar Nationals within Thailand





II. Current vaccination coverage and efforts by partners acting on the issue

- Number of zero-dose children in Myanmar – 1.2 million (WHO Figures)
- Unequal spread of those unvaccinated children, with the vast majority, 800,000 of them out of the 1.2 million, living in conflict, affected, and ethnic administered areas.
- Coverage data on the ground (including conflict-affected and border areas) is not available. A decline in coverage was observed—from around 84%–90% for some vaccines—dropping to approximately 37% in 2021, with a recovery to around 70% in 2022 and 2023. However, there are some questions regarding the accuracy of this data. Nevertheless, the data still model into additional child deaths over the past four years. In central Myanmar (Sagaing and Magway areas), CPI is planning to expand the vaccination program, with support from UNOPS as well. The ongoing plan is to start with approximately 2,000 children in these areas, focusing on non-regime-controlled zones as part of a pilot vaccination effort.
- In Mandalay and Sagaing region, in 17 out of total 37 townships, the vaccine coverage was already below 50% even before the earthquake in these areas. Now, the facility damage and cold chain disruption, there would be about 75% of disruption – towards about 9 million people.
- Ethnic and international organizations are providing vaccination in Thai Myanmar boarder areas with Gavi funding through UNOPS and UNICEF. In 2024, the program vaccinated over 22,000 children under 5 in Karen and Karenni states, the State along the time Myanmar



border area. In 2025, the program is targeting around 20,000 children, almost more or less the same in 2025.

- In border areas, currently accessed vaccines by UNOPS for children at the border area are between 4 and 13 times more expensive per vaccine, which means 4 to 13 times less children that get vaccinated. The operation cost to vaccine cost is 50:50 at the moment.
- Over the past couple of years, the funding support from UNOPS, and the work of the partners on the ground, more than 60,000 children have received a dose of some vaccine. 16,000 children are fully vaccinated. This can be scaled up.
- Western side of Myanmar also has very low vaccine coverage with difficulties in procurement and importing supply through the western border.

Funding impacts resulting from USAID withdrawal and strategies for programmatic adaptation

- The Myanmar health sector has lost about 115 million dollars per year as a result of the US Funding cuts.
- UNHCR, IOM and UNICEF did survey on Impact of Funding Cut on 7 sectors and 27 service types in different areas and population groups (migrant communities, temporary shelters, migrant learning centers, temporary designated areas, new arrivals outside temporary designated areas, sensitive urban cases and IDP sites at the Thai Myanmar border). 7 out of the 7 sectors and services identified as lifesaving represented 60% of the services affected. Priorities in terms of community response – 1st is safe water and drinking water, 2nd is health services (specifically maternal health and birth delivery services), 3rd is food and nutrition support. This survey may not be up to date now as the Royal Thai Government has stepped in in many areas to support.
- Funding cuts not only come from USAID and US funding withdrawal but also from other donor countries.

Overview of earthquake effects on healthcare infrastructure, cold chain maintenance, and vaccination service continuity

- After the earthquake in Myanmar, high risk of cholera, waterborne disease and vector-borne diseases, including malaria and dengue would rise.
- Health services were impacted because some of the facilities are collapsing or unable to function. People are also in need of water, toilets and shelter and tents, etc.
- The amount of impact on health facilities and services are still being assessed but approximately Sagaing, Mandalay, Bago, and Southern Shan are experiencing about 83% of the infrastructure are severely damaged and most of them are hospitals - a proxy indicator with regards to the vaccination program.



Initial Steps for Cross-Border Health Aid – Policy Process Ongoing

- The Thai National Security Council has approved the set of policies that the Thai Ministry of Foreign Affairs proposed with regard to the provision of humanitarian assistance along the Thai border, allowing some cross-border humanitarian assistance, especially in the area of public health. Three actions under consideration include capacity building for ethnic health professionals for the ethnic control areas, transportation of medicine and medical equipment to flow more freely at the border and allowing Myanmar health professionals in Thailand to deliver health services to Myanmar migrants in Thailand.



III. Overall Challenges in providing vaccination to Myanmar children

- Gavi Vaccines are not being shared to the population in the active conflict areas by Myanmar SAC (weaponization of healthcare).
- Financial and legal, political, and geopolitical reasons to secure good quality, low-cost vaccines, leading to difficulties in scaling up the existing efforts of international organizations and local partners. One issue is that the importation of 'non-Thai FDA-approved' vaccines is subject to Thai legislation.
- Limited surveillance systems in some of the areas -> Outbreaks can result in potential many more deaths and illnesses with high cost. E.g., there was a major measles outbreak in Yangon.
- Potential cholera outbreaks – considerations on providing cholera vaccine at the moment.
- Vaccine drops out in the migrant children, even for children delivered in the ethnic health centers.
- Humanitarian workers/health professionals working in conflict areas face security concerns, overwhelming workload and health priorities while also having to work on obtaining medicine and medical supplies.
- Estimation of population is difficult to estimate the vaccination need, and also for the system to monitor and evaluate along the borders.
- Thai Public Health Centers at the border – human resources are not enough to cover the migrant children.
- Cold-chain setup throughout the transportation is an issue, especially to bring them to the conflict-affected areas.
- Strict border checkpoints make it challenging to bring both the vaccine and health workers into Myanmar from Thailand.
- No professional mediator between the conflicting partners in Myanmar as in other situations, and external countries' involvement exist in Myanmar conflict (e.g., China).



IV. Recommendations



Action Planning and Immediate Next Steps

	Identify Key Priorities for Immediate Action.		Propose concrete actions that could be initiated in the very short term.
	Identify where interested organizations might take the lead in these roles.		Suggest an effective communication channel for ongoing coordination and follow-up plan.

Recommendation for strategies

- Support from the neighboring countries to help us bring those in for ethnic administered areas
- Working with the local authorities might be easier to negotiate and advocate for cross-border public health actions.
- Employing private sector to deliver vaccination to children by providing/securing vaccine access in this sector.
- Potential pause of conflict for vaccination or humanitarian reasons under discussion, particularly in light of urgent needs following the recent earthquake. However, there have been repeated violations of ceasefire agreements by the military in previous situations.
- Separate track of planning for four different areas of Myanmar.
- Identifying and engaging with like-minded person who has knowledge and interest in this cause.
- Assigning intermediary role for some organizations with interest and good connections to different stakeholders.
- Engaging at different levels of authorities for efficient and effective communication and collaboration.



Recommendations for Potential Action Points

- Establishing a Small Working Group: Create a dedicated unit to coordinate vaccine initiatives, share information, conduct technical analysis of regulations/policies, research on existing infrastructure and gaps, and maintain regular partner dialogue
- Scaling up the existing vaccination mechanisms – currently through Gavi funding of 28 million for vaccination for 2 years, but strategies are needed to be able to stretch the funding to reach as many children as possible.
- Improving human resource training for health professionals.
- Initiating Political Advocacy with ASEAN and other stakeholders.
- Coordinating policy makers to meet and speak with the local stakeholders from Thai public health centers and facilities for potential strategies in providing further humanitarian assistance to Myanmar.
- Engaging with many potential individuals and organizations with the same interest, and mobilizing the support to local stakeholders on ground.
- Encouraging local/ethnic health organizations to form a good working relationship with the Thai health facilities and organizations.
- Expand the existing vaccination information management system in the Karen and Karenni areas to other underserved regions, and strengthen coordination with Tak and Mae Hong Son provinces on the Thai side for an improved disease surveillance system





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