

# **Building Trust and Peace by Working through Ethnic Health Networks towards a Federal Union**

## **Statement by the Health Convergence Core Group**

March 11<sup>th</sup>, 2013

We, the members of the Health Convergence Core Group (HCCG), welcome the prospect of future political dialogue between the government of the Republic of the Union of Myanmar and the United Nationalities Federal Council (UNFC) to establish a genuine federal union.

During this time of prospective dialogue, it is vitally important that humanitarian health assistance be provided in a way that will build peace at both the community and state levels. During the decades of conflict, ethnic communities and organizations have built up their own health provision structures which continue to be the main provider of health care in the conflict-affected and remote areas. It is vital that these networks continue to function until such time as the convergence of state and national health systems can be achieved through political dialogue.

Formed in May 2012, the HCCG is composed of four ethnic health organizations (EHOs) and four health community-based organizations (CBOs). The HCCG aims to prepare existing community based health networks inside Burma/Myanmar for future possibilities to work together with State and National government health agencies, ethnic authorities, international donors, International Non-Governmental Organizations (INGOs), local NGOs and CBOs/CSOs.

Therefore, the HCCG has developed the following principles related to health provision in order to support a peaceful transition towards a federal system of government:

1. Current health services, which are based on the Primary Health Care approach, must be maintained and expanded.
2. The role and structure of the EHOs must be maintained.
3. Communities and community-based health organizations must be involved in the decision-making process and the implementation of health care services in the Ethnic States.
4. INGOs must cooperate with local CBOs and EHOs by promoting their roles and capacity.
5. Health care programming should not create conflict among the community and between the health care providers.

6. Development of a national health policy and system should be according to the framework of a Federal Union.
7. Health programming and policy should complement and support the federal aspirations of the ethnic peoples throughout the peace process.
8. Any acceptance of health-related humanitarian and development aid must be in line with the existing health infrastructure that has been established by EHOs and CBOs.
9. The implementation of any health activities in ethnic areas should have approval from the local ethnic health organizations.

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