

# The Long Road to Recovery

**Ethnic and Community-Based Health Organizations  
Leading the Way to Better Health in Eastern Burma**



A Report by the Health Information System Working Group  
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# FOREWORD BY DR. CYNTHIA MAUNG



As we begin a new year in 2015, we find ourselves reflecting on the changes that have taken place in Burma over the course of the last five years and on the challenges that still remain, particularly with regard to improving essential health care for the people of eastern Burma.

There is no doubt that there have been positive changes since the last population-based survey undertaken by the Health Information System Working Group in 2008. Ceasefire agreements with non-state ethnic actors have resulted in a reduction in human rights violations, a decrease in the number of displaced people, and increased freedom of movement for many people in eastern Burma. Further, these ceasefire agreements have meant that it is now possible to deliver health services to many areas that were previously inaccessible due to the ongoing conflict.

Over the last two years, ethnic and community-based organizations working in eastern Burma have begun to have preliminary discussions with Ministry of Health officials. While it is still early and these discussions have yet to bear real fruit, we view future opportunities for coordination and cooperation as critical to improving health for the people of eastern

Burma who have been disenfranchised as a result of decades of conflict and militarization.

While the temporary ceasefire agreements are reason to be hopeful, if you talk to people living in eastern Burma, you will find that many are cautious when it comes to expressing optimism about the future. Since 2011, there has been continual conflict and an escalation of serious human rights abuses in Kachin and Shan State, and as recently as October 2014 there was conflict in Karen State. The need to secure control over the abundant natural resources in the ethnic areas is the main source of the conflicts as well as the increase in incidents of land confiscation. Massive displacement continues as a result.

Burma's military continues to have significant powers under the constitution and has a mandatory 25 percent control of parliament. Earlier this year, President U Thein Sein said that the military should continue to play a key role in politics even as the country embraces reforms.

In the absence of constitutional reform, civil society and community-based organizations, including the ones represented in this report, are not in a position of equal partnership with the government. There is a lack of true representation at the local level and we do not yet have the powerful voice we need to effectively advocate for the rights of the people we serve. In order to build a solid foundation for a strong democracy, people must have the opportunity to be active participants in the political process at both national and local levels so that they are empowered to make a difference in their communities.

Further, the Burmese army has not withdrawn troops from ceasefire areas. In some contested ethnic territories, they have gone a step further, fortifying existing camps or even building new ones. This has led to continued clashes and fuelled insecurity among local populations. The construction and fortification of army bases has caused villagers to feel that their personal security is threatened, and to doubt that the

ceasefire is sustainable. Lack of protection and security continue to be key issues for people living in eastern Burma. Moreover, decades of conflict have diminished the rule of law; people have limited access to justice systems to address grievances and to defend their rights. These are significant issues that must be addressed in order for the reforms in Burma to be sustainable and to foster true reconciliation. Human rights groups and civil society organizations must play a key role in continuing to monitor human rights violations, put pressure on those responsible, and to advocate for strengthening the rule of law.

Over the last few years, Burma has seen a significant influx of humanitarian aid and international investment. There is no doubt that these investments can have a positive impact on the country, but there is also the very real risk that foreign aid and investment may result in further disenfranchising groups that are already marginalized. Many people have been forced to relocate or had their land confiscated to make way for development projects. Development projects run the risk of negatively impacting health and the environment. Similarly, while humanitarian aid can be an important tool to help populations in need, it can also have negative consequences if it is implemented in a way that is not sensitive to the needs of the people it is designed to help. All development must be held to high standards of accountability and transparency with close consultation with the communities affected by planned aid and investments.

And as you will see in this report, the people of eastern Burma continue to face critical health challenges. Preventable diseases such as malaria, acute respiratory infections, and diarrhea continue to be the top three causes of death among surveyed areas and mortality rates among infants and children under 5 remain high. However, there are some positive developments as well. Maternal malnutrition has decreased since 2008, a pattern of positive breastfeeding practices has emerged, and 63.6% of respondents reported using a bed net as a preventative measure against malaria.

We have a long way to go in creating a sustainable peace in Burma and we sincerely hope that some of the positive changes that have occurred can be built upon. We are dedicated to continuing to work to respond to the health challenges facing eastern Burma, but an increase in resources and support is desperately needed in order to scale-up health services to needed levels. We must capitalize on the existing infrastructure built by ethnic and community-based health organizations to continue to provide comprehensive primary health care to communities in need. So in addition to providing insight into the current health situation in eastern Burma, this report is also a call to action—to other community-based organizations, neighboring countries, INGOs, foreign governments, and the international community—to help us to address the chronic health crisis in eastern Burma and to prioritize support for populations that remain largely outside the scope of government health services.

The current situation is complex. It is a fragile time for Burma and it is imperative that we take the right steps in order to maintain the trust of the people and to give them reason to truly have hope for the future. The ethnic and community-based health organizations represented in this report are committed to facing all of the challenges that the future holds in order to create sustainable, quality health care systems that can help people to live long and healthy lives. We are dedicated to ensuring that the people of Burma are empowered to advocate for their own civil rights and to have equitable access to basic services such as health care and education.

In conclusion, I would like to take this opportunity to thank all of our supporters. Without you, our work would not be possible.



Dr. Cynthia Maung  
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# EXECUTIVE SUMMARY

This report summarizes the results of a large-scale, population-based health survey, which covered 64 townships, 6,620 households, and a target population of 456,786 people. The survey was jointly conducted by members of the Health Information System Working Group (HISWG).

The survey results demonstrate that remote and conflict-affected regions of eastern Burma continue to face critical health challenges. Some health outcomes in the region have improved, though it is clear that significant challenges remain. Mortality rates among infants and children under 5 in eastern Burma are far higher than Burma's official figures for the country as a whole and more closely resemble other areas where complex humanitarian disasters have unfolded, such as Somalia. The three main causes of death across all age groups are attributable to largely preventable diseases such as diarrhea, malaria, and acute respiratory infections. Ethnic and community-based health service providers are responding strategically to health needs at the community level, but increases in support are needed in order to expand their reach and to address the chronic health crisis in the region.

After holding elections in 2010, Burma transitioned to a nominally civilian parliamentary government in March 2011. Since then, Burma has seen a dramatic increase in business investment and humanitarian aid. Additionally, temporary ceasefire agreements with a number of ethnic armed organizations have led to a significant decrease in fighting and increased freedom of movement in many ethnic areas. Yet for most of Burma's rural communities, particularly ethnic communities living in eastern Burma, daily realities with regard to health remain unchanged. Although the Burmese military continues to be implicated in human rights violations such as forced labor and confiscation of food, the number of reported human rights abuses has decreased in the last five years, with 10.7% of households reporting any kind of human rights violation, compared to 30.6% in

2008. Although promising, optimism must be tempered with the reality that, with 3.5% of respondents experiencing forced labor in the twelve months prior to the survey, and nearly 8% experiencing destruction or seizure of food, livestock, or crops, impunity for human rights abuses by uniformed personnel remains unacceptably common. As has been found in previous studies in eastern Burma, household exposure to one or more human rights violations was associated with malnutrition in children, demonstrating the negative impact that human rights violations can have on health outcomes.

During the decades of active conflict in the ethnic states, many ethnic groups established their own community-based primary health care service provision structures. Their service delivery models include a comprehensive 'package' of medical services comprising treatment of common diseases, war casualty management, reproductive and child health services, community health education, and water and sanitation programs. Services are provided through a mix of mobile medical teams and stationary clinics. The health workers have been trained to implement programs in remote areas under difficult conditions. These ethnic and community based health organizations are also working to standardize health data through joint data collection methods and health information management systems.

Key among the primary health care programs offered by ethnic and community-based health organizations are reproductive, maternal, and child health services. Among women surveyed, 73% of women delivered their last child with the participation of a trained traditional birth attendant (TTBA). In recent years, ethnic health organizations have increased the training offered to the existing network of TBAs by developing a six-week training curriculum, teaching TBAs to recognize the five key obstetric danger signs and symptoms and to provide essential antenatal care during pregnancy.

Capitalizing on the existing network of TBAs has been important, and has led to an increase in coverage of basic maternal health interventions and access to more specialized obstetric care. About 60% of women surveyed reported attending at least one antenatal care visit, though only 16.4% of women reported attending four antenatal care visits throughout the course of their pregnancy as recommended by the World Health Organization. Further, a pattern of positive breastfeeding practices has emerged as 79% of women reported that they began breastfeeding their babies within one hour of giving birth and 92% of women reported that they breastfed their infants for at least six months. In total, 11.3% of women of reproductive age were determined to be moderately/severely malnourished. This is an improvement compared to 2008, when 16.7% of women of reproductive age were found to be moderately/severely malnourished. Despite these positive trends, rates of malnutrition in children remain high. In 2013, 16.8% of children under 5 were determined to be suffering from acute malnutrition which falls within the “critical” range of Global Acute Malnutrition as defined by the World Health Organization.

Malaria was the primary reported cause of death across all age groups (17.7%) and the second main cause of death among children under 5 (14.8%). In terms of malaria prevention, 63.6% of survey respondents reported using bed nets. However, more support for the strengthening of malaria control programs is required, particularly due to the emergence of Artemisinin-resistant malaria spreading within and beyond Burma.

For the vast majority of people in eastern Burma, official Burmese government health facilities remain unavailable or inaccessible and primary health care services provided by long-standing, community-based health organizations continue to be the main source of health care for many people in eastern Burma. These unique health organizations have made great advances in responding to local health needs in conflict-affected areas and are working together to improve the quality, scope, and accessibility of health services in their communities. Their combined programs cover a target population of almost 500,000

people. Existing systems include a health workforce of over 2,650 health assistants, medics, community health workers, maternal and child health workers, trained village health workers, and trained traditional birth attendants. Survey results demonstrate the relevance of these systems, with 70% of respondents reporting that they accessed ethnic-led health services while only 8% of respondents reporting that they accessed government health services within the last 12 months. Ethnic and community-based health facilities were perceived to be more accessible than government health facilities. Further, improvements in several key health indicators highlight the impact these health organizations have had on their communities.

It is crucial to formally recognize and increase international support, especially during this critical transition period, for the existing ethnic and community-based health organizations that have a unique ability to identify, understand, and fulfill the needs of vulnerable communities who have been marginalized for decades. Solely supporting government health services runs the risk that these communities may be neglected, limiting durable improvements in public health. It also risks heightening mistrust among ethnic communities and jeopardizing prospects for an enduring peace in Burma. Further, moving towards the decentralization of health systems in Burma is an important step for giving communities more control over local health priorities and interventions. The strengthening of local governance structures and the empowering of local communities are fundamental to the country’s successful political transition. Increased decision-making and power sharing at the local level are essential for successfully improving access to quality health services for the most vulnerable and neglected communities in Burma.

Recognizing and capitalizing on the strengths of ethnic and community-based health organizations can help ensure that populations facing poor health indicators such as high infant and child mortality rates can access needed health care in their communities and ultimately improve health for all people in eastern Burma.

# RECOMMENDATIONS

## **To Burma's Government:**

1. End attacks and human rights abuses in ethnic areas
2. Prioritize political dialogue in the peace process
3. Formally recognize ethnic-led health structures and systems
4. Enforce a temporary moratorium on large-scale development projects in ethnic areas until a full peace agreement can be reached, democratic rights guaranteed, and a decentralized federal union achieved

## **To Burma's Neighboring Countries:**

5. Call on the Burmese Government to formally recognize ethnic-led health structures and systems
6. Encourage regional and international support for ethnic and community-based health organizations in Burma
7. Continue to pursue increased cooperation between public health ministries and existing ethnic and community-based health organizations in order to coordinate primary health care provision to vulnerable populations

## **To the United Nations, Association of South East Asian Nations & the International Community including those providing Aid to Burma:**

8. Continue to pressure the Burmese Government to end attacks in ethnic areas
9. Pressure the Burmese Government to put an end to human rights abuses such as land confiscation, forced labor and forced displacement which have

a negative impact on health in eastern Burma. International aid programs should include transparent efforts to address these human rights issues with the Burmese government

10. Continue to pressure the Burmese Government to prioritize political dialogue in the peace process
11. Ensure sustainable peace and reconciliation, and address the health crisis in eastern Burma, by:
  - calling on the Burmese Government to formally recognize existing ethnic-led health structures and systems
  - providing support to ethnic and community-based health organizations to manage and implement their own primary health care programs
  - providing support to ethnic and community-based health organizations to collect, analyze, and report on vital health information concerning neglected populations in eastern Burma

## **To the International Community providing Direct Foreign Investment in Burma:**

12. Support a temporary moratorium on large scale development projects in ethnic areas until a full peace agreement can be reached, democratic rights guaranteed and a decentralized federal union achieved

# The Long Road to Inclusion for Every

