

HEALTH PARTNERSHIPS FOR MYANMAR

In the International Year of the Health and Care Worker 'Health Partnerships for Myanmar', is an outstanding demonstration of the solidarity, compassion and collegiality healthcare workers in the UK and Myanmar have between one another.

FROM COVID TO COUP

To date the number of people killed due to political violence in Myanmar following the military coup on 1st February 2021 has surpassed 1,000. Despite the proposed release of political prisoners this week following the decision to exclude the junta chief Min Aung Hlaing from The Association of Southeast Asians (ASEAN) summit, we must remember that more than 3,300 people have been detained, including healthcare workers¹. The violation of medical neutrality continues, and the junta are simply not trusted to renege on such a proposal. It is hard to understand the actions of a leadership that attacks doctors and nurses at the peak of a pandemic.

However, the response of the junta to the ASEAN decision demonstrates the impact international pressure can have and the Medical Royal Colleges here in the UK should seriously consider using their power and agency to promote the international assistance which is so needed to contain COVID in Myanmar.

MEDICS FEAR ARREST OR DETENTION AT A TIME WHEN MYANMAR NEEDS THEM MOST.

In the midst of the third wave of COVID in Myanmar, many health care providers including public health professionals, doctors, nurses, and basic health staff have been arrested by the military. Dr Htar Htar Lin, the Director of the Myanmar Immunisation Programme who led Myanmar's COVID Vaccination Campaign, was imprisoned, and subsequently contracted COVID. Other arrests include the Head of Emergency Medicine at Yangon General Hospital and the Medical Superintendent of Patheingyi General Hospital. In a breathtaking example of entrapment, three doctors were arrested in July after they arrived at an apartment in Yangon to attend a severely breathless man who proved to be a police officer feigning illness. Witnesses saw the doctors, handcuffed and bruised, being led away. Their covert clinic was raided, oxygen cylinders and PPE seized.

The Junta has centralised all resources for providing medical aid including vaccines, oxygen and medication. Testing for COVID has plummeted and the vaccination program has stalled, available data shows that only around 6% of the population of 54 million have been vaccinated². The severe shortage of oxygen, medical equipment and medication in cities across Myanmar has resulted in people hanging yellow and white flags outside their homes to signal that they need food or medicine. Social media has also been flooded with pleas for help.

FROM A HUDDLE TO A HEALTH PARTNERSHIP

Health Partnerships between the UK and Myanmar have been established since 2014. Since the coup the UK health community, including the Myanmar diaspora of health and social care workers here in the UK, have come together to support their colleagues in Myanmar. Convened by the Tropical Health and Education Trust (THET) representatives from over 30 institutions have met bi-monthly. As a specialist global health organisation that educates, trains and supports healthcare workers through partnerships, strengthening health systems and enabling people in low- and middle-income countries to access essential healthcare, THET has been the perfect umbrella under which this medley of concerned colleagues has gathered. The roll call of support convened by THET is truly interdisciplinary and includes; Primary Care, Emergency and Trauma Medicine, Obstetrics and Gynaecology, Paediatrics and Child Health, Oncology, Dermatology, Care of the Elderly, Anaesthesia, Nursing, Midwifery, and Public Health.

We began in a sort of huddle as the horrific details of what was happening emerged through the various contacts we had 'on the ground' in Myanmar and also through social media and the courageous 'citizen journalists'. The partnership has organically grown from the kinships and concern for colleagues formed through a variety of healthcare projects that pre-existed COVID and the coup. We meet as self-directing individuals and institutions that have come together to coordinate and support each other in ways which amplify our impact. We have been guided by the principles of medical neutrality, as outlined by UN Council Resolution 2286. Our fortnightly meetings attract approximately 40 attendees. In response to the tragic circumstances our Myanmar colleagues find themselves in, the UK health community has moved beyond recognition to material aid, and from silence to solidarity against the violation of medical neutrality. Within this, three key initiatives have emerged:

¹ [UN Statement](#)

² [OurWorld Data](#)

ADVOCACY AND COMMUNICATION

The need for advocacy surfaced through our conversations with Myanmar medics and three key statements have emerged that are effectively flags of empathy standing firm against the violence that is sweeping across Myanmar. They stand in recognition of what colleagues in Myanmar are experiencing and in response to the advocacy efforts of Health Partnerships for Myanmar.

“As doctors, and representatives of medical professional organisations, we are appalled by the treatment of peaceful protestors, especially our colleagues, and the resulting impact on healthcare. Members of our organisations are currently providing support to healthcare professionals in Myanmar and the reports we have received from them and others paint a damning picture of the actions of the Myanmar security forces”. **BMA Statement of Solidarity: Myanmar**³.

“All health professionals in Myanmar should be able to deliver medical care to anyone in need of their help, without fear, intimidation, attack or arrest.... We strongly condemn the brutal attacks by Myanmar military and police forces on healthcare workers and medical transport...All healthcare professionals must have access to use existing emergency healthcare facilities across the country”. **Tropical Health Education Trust (THET)**⁴ and endorsed by the **Academy of Medical Royal Colleges**.

“We are deeply troubled by the multiple reports of the targeting of health professionals including whilst they are attending to injured protestors. Many health workers have been forced into hiding and forced to treat civilians in temporary clinics..... We are concerned for the safety of all health workers – and the people they care for – and are calling on all instruments of the Myanmar government and the wider international community to ensure all nurses and health workers are able to perform their duties free from violence”. **Royal College of Nursing (RCN)**⁵.

Images and testimonies of the violation of medical neutrality and abuse of human rights have been shared with Amnesty International. Political lobbying at all levels continues including a ‘virtual meeting’ with members of the All-Party Parliamentary Group (APPG) on Global Health to provide parliamentarians with insight into how the coup is affecting health workers in Myanmar, and the UK health community response.

Health Partnerships for Myanmar has also advocated to secure jobs and/or clinical attachments for 143 Myanmar doctors within the NHS, averting their deportation. The AoMRC could play a significant role working across all colleges and specialties, including with the GMC, to facilitate mechanisms to protect doctors from Myanmar seeking professional registration and employment in the NHS, for example via the Medical Training Initiative MTI and any other means. This is at a time of significant staff shortages in the NHS and a time of major pressures on the asylum system, which some claim is failing

Our Myanmar colleagues have asked that we communicate all that is happening to the wider world through the print media, television, and social networking. [Several articles](#) written or facilitated by members of the UK healthcare community have appeared in the medical press and in the mainstream press. The [BBC](#) and [Channel 4](#) have also covered what is happening in Myanmar. It is through storytelling that we can raise awareness and enhance understanding of the experiences of others.

‘Healthcare at its most fragile: Myanmar amidst a military coup and COVID-19’. is an article that will be in the November issue of the RCP Commentary Magazine.

EDUCATION

In addition to coping with COVID, the healthcare system is struggling to provide general healthcare. For example, UNICEF has reported that around 600,000 newborns are not receiving essential care, a million children are missing out on routine immunisations, and more than 40,000 are no longer getting treated for malnutrition⁶. In addition to this, pregnant women and other vulnerable groups face new obstacles in reaching essential care and basic services. Necessary acute, chronic, and preventive care for their communities is an immense challenge for healthcare providers.

Many nurses and student nurses find themselves the only healthcare provider in their village, a role for which they were never trained. They face a lack of supplies and live under the constant fear of arrest, yet they continue, supporting their communities and

³ [BMA Statement](#)

⁴ [THET Statement](#)

⁵ [RCN Statement](#)

⁶ [APNews](#)

their patients. In all this, doctors and nurses need help and the UK health community response to the call for educational support from Myanmar colleagues has resulted in an impressive array of initiatives:

Established by the Royal College of Child and Paediatric Health (RCPCH), myanmarclinicalguidance.com does not collect any user identifiable data and is low bandwidth for easy access. The site contains clinical guidelines and medical resources selected by experts for use by doctors, nurses and others in Myanmar and includes *COVID -19 Primary Care Response in Low Resource Settings* with the following topics:

- COVID a guide to public health measures
- Triage and management in primary care
- Planning for healthcare delivery during the pandemic
- Prevent the spread of COVID
- NCDs and COVID
- Mental Health for the community during COVID

The site also links to an increasing number of social media friendly videos, with Burmese narration and subtitles which give Burmese clinicians guidance on medical procedures and the general public advice on first aid. The website has 6000 active users, the videos have been viewed more than 15,000 times.

Medics4Myanmar has delivered 21 webinars on emergency treatment that have attracted over 500 doctors and nurses in Myanmar. Regular webinars on COVID for GPs are now taking place with teaching topics including:

- Drug Therapies in the management of COVID
- Impact of COVID on Non-Communicable Diseases (NCDs)
- Palliative care - End of Life care, specific to COVID-19.

FUNDING

A fundraising group has been formed with representatives from the organisations convened by THET to explore individual philanthropy and government funding.

The 'Health Partnerships for Myanmar' has lobbied successfully for £100,000 from the Foreign, Commonwealth and Development Office (FCDO) Myanmar to support Health Partnerships responding to the coup.

Recent funding has been approved for "Strengthening the Myanmar GP service provision during the Covid-19 pandemic" by the FCDO. This will include small group education webinars, strategies to build personal resilience and practical support for PPE, oxygen and medication.

A bike ride covering a total of 21,600 miles raised £21,000 for the Brighter Future Foundation to support healthcare in Myanmar. Funding for urgent medical equipment and supplies has been sent to a hospital in Kachin State, an area with many thousands of refugees. In addition, money has been sent to fund an antenatal clinic for the poor in Mandalay. The bike ride is a symbol of concern for our colleagues and the people of Myanmar.

THE POWER AND AGENCY OF HEALTH PARTNERSHIPS SHOULD NOT BE UNDERESTIMATED.

The UK health community has achieved much since gathering together on the [first Friday](#). Colleagues in Myanmar have told us that the solidarity expressed has been significant in promoting their resilience, as have the stories shared by the media. The educational and financial initiatives are materially necessary and helpful. All of these initiatives will continue.

It is perhaps advocacy that is the priority at the moment, and if the coup itself did not prompt concerted international efforts to resolve the humanitarian crisis, the public health implications certainly should. Myanmar is at risk of becoming a COVID super-spreader and a 4th wave of COVID will not be a surprise.

The statements of solidarity from institutions including the BMA and the Medical Royal Colleges condemning the violation of medical neutrality are not enough. It is time for them to influence the delivery of the COVID Vaccination Programme in Myanmar and call for the UN Secretary General to seize the initiative and travel to Myanmar to negotiate a sustained halt to the conflict, enabling a third-party vaccination programme to be undertaken in which humanitarian workers will be neither obstructed or targeted.

It is time for the wider UK Health Community, including its institutions, to recognise the strength of their power and agency to promote the international assistance that is so desperately needed to contain the coronavirus in Myanmar and to strengthen a healthcare system in crisis.