



# **ETHNIC HEALTH ORGANIZATIONS IN MYANMAR**

## **Readiness to provide Essential Health Services and Plans of Action**

### **Executive Summary**

**October 2019**

**Community Partners International**

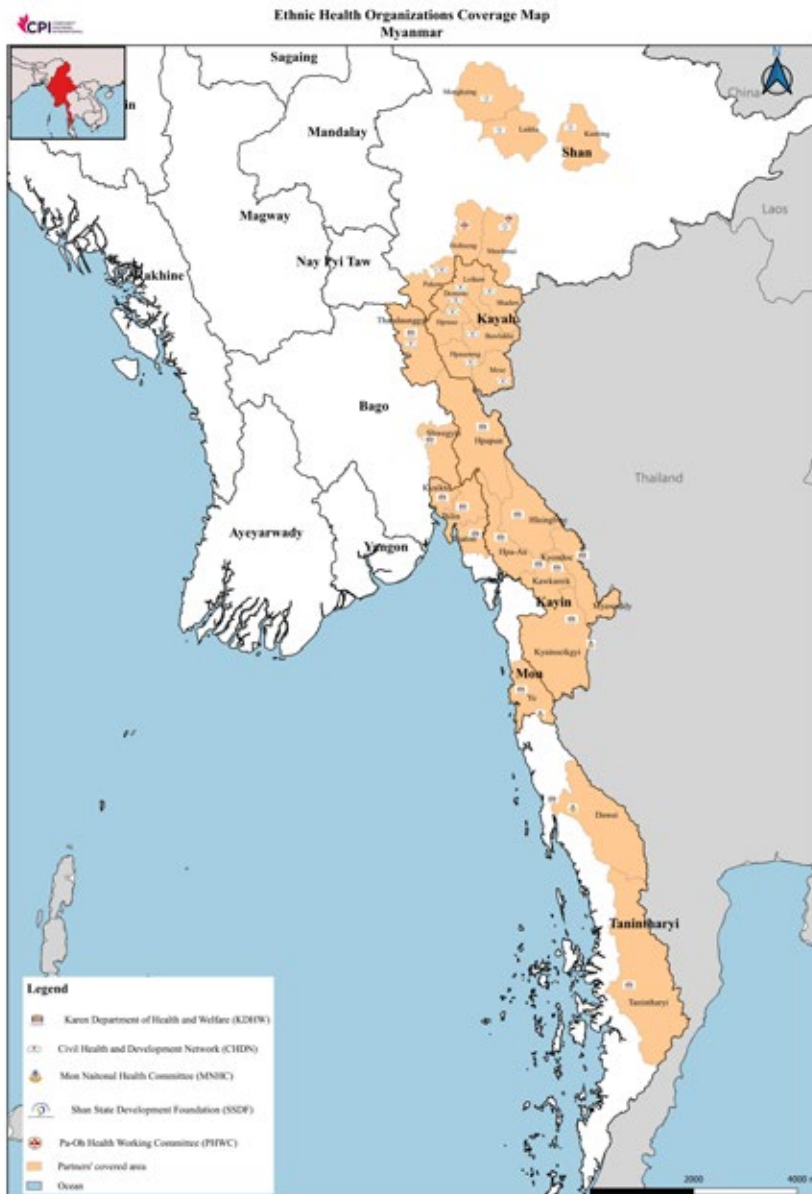
As a result of decades of armed conflicts and political turmoil, the Myanmar health system is fragmented with geographically differentiated service providers complementing the Government's providers to serve vulnerable and marginalized populations. Ethnic Health Organizations (EHOs) have been established by various Ethnic Armed Organizations (EAOs), which are governing bodies representing various ethnic groups and operate outside the auspices of the Myanmar government. EHOs serve the conflict affected populations in the border areas of Myanmar. In the National Health Plan 2017-2021 (NHP), the Government of Myanmar acknowledged the essential role of non-state health providers, including EHOs, for achieving Universal Health Coverage (UHC). The NHP's

vision is that everyone should have affordable access to a minimum package of quality health services, from either a public or a non-public provider (or both). It is therefore important to understand the contribution that EHOs are currently making, and what investments are needed for them to fulfill their role in delivering UHC.

Improved health services are crucial to improve the well-being, livelihoods and dignity of ethnic minorities in Myanmar, but peace is also vital for gains to be sustained. All of the EAOs affiliated with the EHOs in these assessments have signed either bilateral ceasefires or the Nationwide Ceasefire Agreement. These agreements created Interim Arrangements to cover the period until

peace is achieved, during which services will be provided by both the government and EAOs. While the exact structure for cooperation during the interim arrangements is not always clear, recognition and respect for the pre-existing

institutions on both sides is a central tenet. EHOs are therefore pivotal in the long push for peace; supporting them both strengthens the Interim Arrangements and may improve the possibility of their successful completion.



Although the political positions of the EHOs and their related EAOs vary, all five EHOs are committed to supplying health services to their communities. In this sense, all are fully aligned with the NHP, prioritizing primary health services that have maximum health impacts on those that need the services most. As they offer services in local languages and are operated by people in their own communities, they are trusted and utilized by the vulnerable constituents they serve.

The five EHOs evaluated in this report are some of the largest health service providers in the border areas. They are crucial to delivering UHC in the areas in which they serve, and supporting the approaches detailed in their Plans of Action is the best way to deliver what vulnerable communities really need. However, for national UHC there are other EHOs that need to be considered, assessed and supported.

## Report purpose

The aim of this report is to assess the ability of EHOs to deliver the Basic Essential Package of Health Services (BEPHS) which, according to the MoHS, should be provided to all citizens as the first step to UHC in Myanmar. At the same time it identifies the investments required to implement the system strengthening efforts.

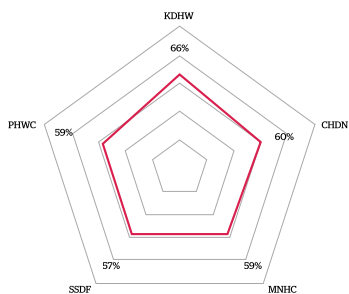
The findings of the assessments and Plans of Action are provided in detail in individual reports for each EHO. CPI hopes that this work will enable EHOs and other stakeholders to work together to ensure that ethnic minorities living in the conflict affected areas are guaranteed equitable access to health services.

## Assessment Findings

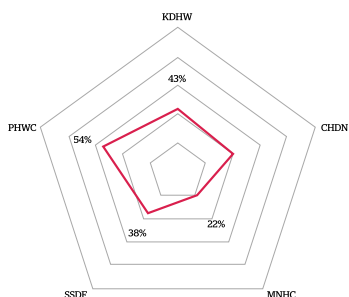
CPI has long-standing relationships with all five of the EHOs, and therefore was trusted to support each of them in conducting an in depth assessment of services. These assessments included leadership interviews, focus group discussions with community members and simplified SARA- style facility assessments. With the findings of each assessment, CPI technically supported the EHO to develop its Plan Of Action.

The five EHOs are currently serving over 500,000 individuals in Eastern and Southeastern Myanmar. These are served by more than 100 clinics that provide services in both conflict affected and remote parts of the country. In addition to this, mobile backpack workers for each EHO cover broader populations often delivering mobile health care services to minorities in need.

Basic Amenities Index - EHO Average



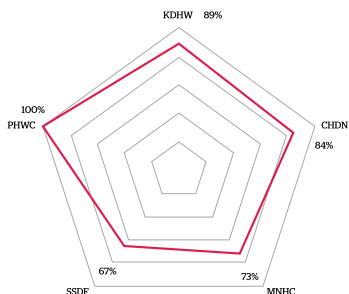
Diagnostic Capacity Index - EHO Average



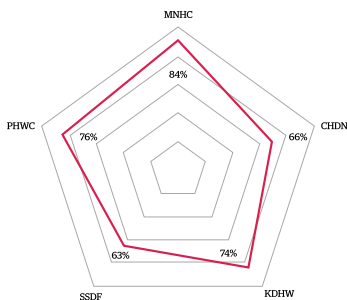
The EHOs in this study charge no fees to patients while improving health care in some of the hardest to reach areas in the country.

While there is significant heterogeneity among the EHOs in terms of medical supplies, all five were adequately equipped to deliver BEPHS. However, further need still exists for both basic amenities and diagnostic capacity. Further detail is contained in the report for each EHO, breaking these down to disease level, showing what the average clinic for each EHO looks like, and listing the common stock levels for clinics.

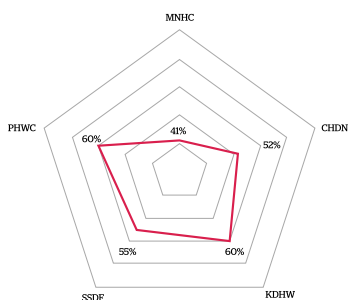
**Basic Equipment Index**



**Malaria**



**ANC**



EHO Name	Number of Health Facilities	Number of People served	% of Basic Amenities needed to provide BEPHS	% of Basic Equipment needed to provide BEPHS	% of Diagnostic Tools needed to provide BEPHS
KDHW	68	350,000	66%	89%	43%
CHDN	24	57,000	59%	84%	41%
SSDF	9	14,000	57%	67%	38%
PHWC	3	5,000	57%	100%	54%
MNHC	15	60,000	59%	73%	22%

EHO Name	Average Number of Beds per Clinic	Building Materials of the Clinic	Electricity Source of the Clinic	Water Source of the Clinic	Average Population Size in the Catchment Area
KDHW	7.7	Combination of Brick & Wood	Solar Panels	Piped into Facility	4,120
CHDN	4.5	Combination of Wood & Bamboo	Solar Panels	Spring Water	2,370
SSDF	3.6	Combination of Brick & Wood	Solar Panels	Spring Water & Piped into Facility	1,580
PHWC	1.7	Wood	Solar Panels	Spring Water	1,580
MNHC	3.5	Combination of Wood, Bamboo & Thatch	Solar Panels	Piped into Facility	920

## Plans of Action (2018-2021)

Following the assessments conducted in summer 2018, CPI teams discussed the findings with each EHOs, including service availability, service readiness and system issues. Discussion and reports were organized according to the WHO's six building blocks of a health system.

For every building block, based on the assessment findings, each EHO came up with the actions they

would like to take to improve upon that area. Following internal planning and budgeting, these actions were then ranked according to priority, creating a Plan of Action for each EHO for the next three years. Some EHOs were able to go beyond and identify the financial security and gaps for further support. Additionally, each EHO identified its own risk management and monitoring and evaluation plans.

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