

Working towards health convergence

Case study | October 2014

'Convergence' is a crucial issue in Myanmar's health sector. Since a civilian government took power in 2011, opportunities for a more comprehensive and unified health system have increased.



Traditional birth attendants receive training organised by Christian Aid partner Karen Baptist Convention. Working in rural and remote areas, far from the nearest clinic or hospital, TBAs are trained in the stages of pregnancy, safe delivery, nutrition, counselling, identifying complications and, where necessary, referring people to hospital. Credit: Christian Aid/Kaung Htet

Multiple health systems operate across Myanmar. The largest, run by the Ministry of Health (MoH), is now being strengthened after years of neglect. With more funding available and improvements in access due to ceasefires in contested areas, government services are reaching new areas. But the system remains weak, plagued by a lack of financial and human resources, and is highly centralised in its key decisions.

Ethnic health organisations (EHOs) and community-based organisations (CBOs) operate a range of health services in conflict-affected areas. In many parts of eastern Myanmar, these systems have been in place for over 50 years, and responded to health needs during civil war. Services are delivered by mobile health workers and community-based volunteers; selected by fellow villagers, the majority live and work in their own areas. There are also increasing numbers of health facilities since the temporary ceasefire was signed in 2012. An estimated 4,000 people work for EHOs and CBOs, delivering services to 500,000 people, mainly in areas with few or no government services.

What is convergence?

Convergence is the idea that the main elements of these different systems – service delivery, governance and leadership, workforce and information systems – can be aligned and unified. In the national dialogue, it generally refers to the integration of government and EHO services, with EHOs emphasising the need for a decentralised

health system incorporating their existing services. Convergence has also been used more broadly to refer to collaboration and alignment of a wider range of actors and service providers, including INGOs, NGOs and CBOs, with existing health systems.

The Health Convergence Core Group (HCCG), made up of EHOs and CBOs, was formed in 2012 to prepare community-based health networks in Myanmar to work with government health agencies, ethnic authorities, donors, NGOs and other CBOs. It also promotes support for their longstanding ethnic structures, and has taken part in high-level political discussions on health convergence in 2014.

The delivery of social services, such as health services, can play an important role in peace building, bringing together different actors around important common issues, increasing dialogue, consensus building, confidence and trust between different organisations, community members and service providers. However, there are concerns in ethnic areas that moving too quickly on health convergence without progress in political dialogue around the peace negotiations may be detrimental to long-term ethnic reconciliation.

Emergency Health Care Project

The **Emergency Health Care Project (EHCP) for Eastern Myanmar**, funded by the **UK Government's Department for International Development (DFID)** and implemented by a consortium led by **Christian Aid**, was one of the first projects to actively encourage convergence by working with partners managed both within Myanmar and those in border areas. With a budget of £1.16m, EHCP set out to reach 200,000 people in South Shan, Kayah, Kayin and Mon states, and East Bago and Tanintharyi divisions between 2011 and 2014.

Based in Mae Sot, **Back Pack Health Worker Team (BPHWT)** provides services mainly in remote, conflict-affected ethnic areas of eastern Myanmar on the Thai border, supported by project partners **Burma Relief Centre (BRC)** and **CPI-GHAP**. The **Karen Baptist Convention (KBC)**, **Knowledge and Dedication for Nation-Building (KDN)**, and supporting partners, Christian Aid and **CPI-FFH**, are based in Yangon and deliver services in rural areas of eastern Myanmar, both in government-controlled and contested areas. Before the project, there had been little contact between Myanmar-based and border-based groups, and a lack of trust, mutual understanding and willingness to cooperate.

Early on, the project adopted a novel approach to bring the two sides together, providing a platform and a safe space for dialogue, information sharing and relationship building. This included biannual meetings between partners to share experiences and inviting each other's staff to trainings and meetings. This fostered trust and respect, and showed that organisations working in different ethnic areas share the common goal of better community health.

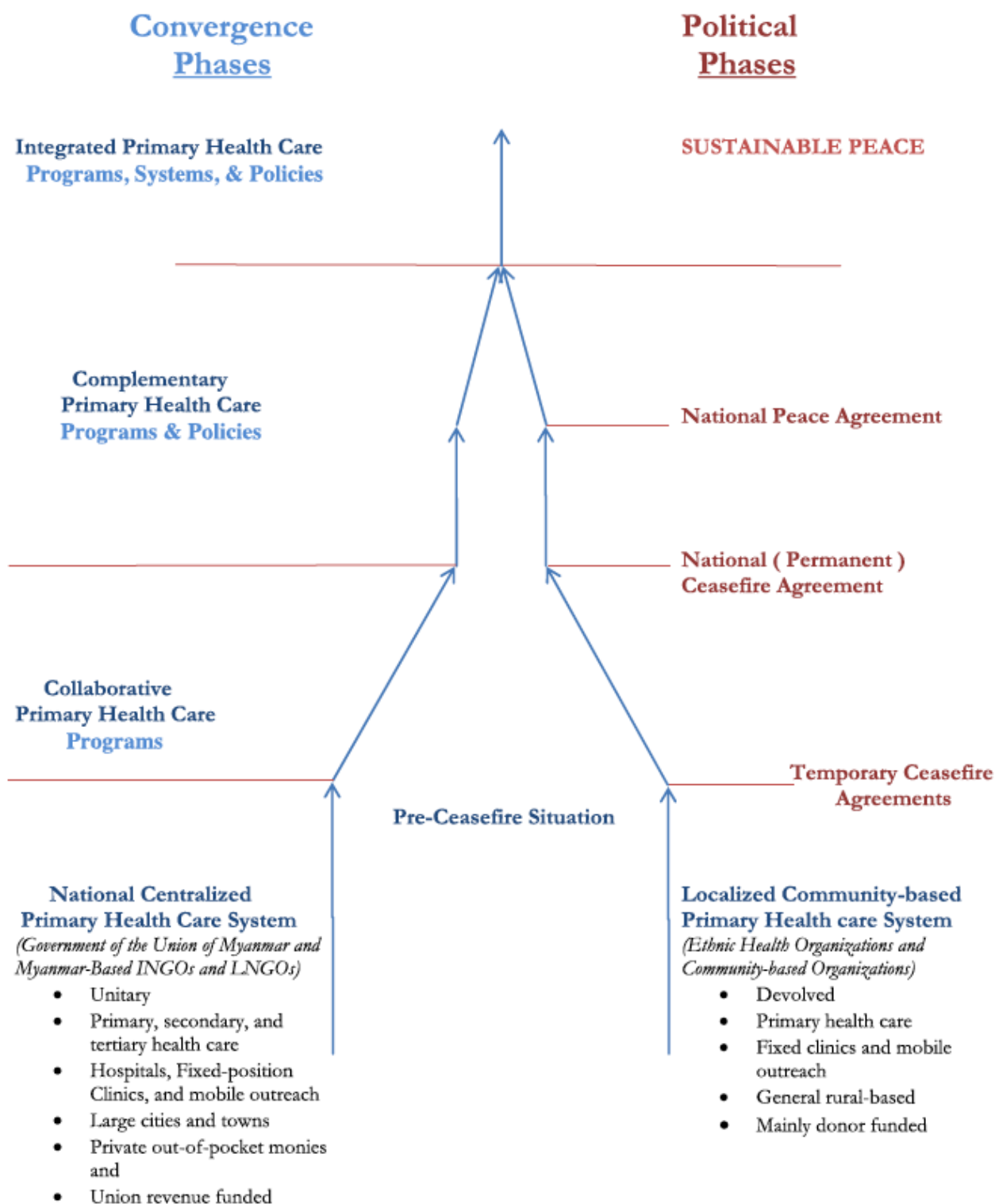
Convergence beyond EHCP

Greater convergence within the EHCP project has led to greater collaboration and new partnerships in other areas. CPI (Community Partners International) and KBC have partnered on a malaria project funded by the 3 MDG Fund, while BPHWT and KBC are working together on a health project in the Delta region.

The increase in trust and collaboration has contributed to increased communication and collaboration between KBC and EHOs on the one hand, and BPHWT and government authorities on the other. The establishment of the HCCG in 2012 – with BPHWT as a core partner and BRC providing strategic support – has advanced the ethnic perspective on convergence, encouraged more strategic level discussions among partners in preparation for future convergence, and allowed for the sharing of lessons learnt.

Primary healthcare programmes can be a useful area to initiate collaboration in contested areas. They are the first step in the HCCG's¹, 'rocket ship' convergence model (see below), with each stage linked closely to progress in the peace process.

¹ Joliffe, K. (2014) Ethnic Conflict and Social Services in Myanmar's Contested Regions, The Asia Foundation, June.



There are several important examples of collaborative primary healthcare programmes which involve EHCP partners. They have occurred on the periphery of EHCP, but the project has contributed to an enabling environment:

- Training of auxiliary midwives in Kayin State has been organised jointly by BPHWT, local development organisation PEDU and Kayin State Township Health Authorities since 2013.
- The MoH and a consortium of six EHOs, Civil Health and Development Network, including BPHWT, have implemented a joint programme for immunisation and primary healthcare in Kayah State since November 2013. Discussions for similar immunisation campaigns in Kayin State are underway.
- BPHWT and government officials delivered emergency healthcare services to 50 villages in both Myanmar government administered and ethnic areas of Kayin State affected by flooding in July and August 2013.

Lessons learned and recommendations

- Building trust is crucial at all levels when working in contested areas, from communities up to the authorities.
- Building trust, and encouraging communication and collaboration, takes time, and expectations need to be realistic. Progress can be difficult to measure.
- Partner-focused primary healthcare projects such as EHCP can provide a platform for new collaboration and a safe space for communication and information exchange.
- It is important that efforts to build trust and understanding continue to expand to promote health convergence and peace building. In eastern Myanmar, collaboration needs to be encouraged between EHOs and government, and with INGOs, NGOs and CBOs.
- Donors and INGOs supporting healthcare in contested areas need to be aware of the convergence agenda, and understand the different health structures in place. While some pressure can be applied to encourage a harmonised health system, care should be taken to maintain a conflict sensitive approach, and avoid supporting activities which aggravate or ignore EHOs and jeopardise trust.
- Programmes should be aligned with existing systems (whether government or EHOs) wherever possible to avoid further fragmentation. Given the ongoing significant health needs in ethnic and conflict-affected areas, services must continue to be delivered while the convergence process evolves and discussions go on.
- NGOs and CBOs working in eastern Myanmar have important roles to play in the convergence agenda. Registration of civil society organisations in Myanmar is a particularly difficult topic – without it, organisations are very limited in their ability to engage with government departments and link up with existing systems, but with it, their ability to work with EHOs and other non-state actors is legally restricted. There is increasing pressure from donors for recipient organisations to be registered.
- Organisations with experience working with groups from both sides of the border can play an important convening role for convergence discussions. International Rescue Committee (IRC) has provided financial and technical support for meetings on convergence in Mae Sot, Thailand, and Hpa An, the capital of Kayin State. Christian Aid, with its experience of working in this area, could also contribute to such efforts in future.
- Organisations running comprehensive community health programmes, such as BPHWT, and organisations providing them with technical support, such as CPI and IRC, play an important role. Their advanced model, training facilities at the Mae Sot Clinic, ties with EHOs and partnerships with international agencies like Harvard University puts them in a position to contribute to the debate on convergence of community-based healthcare in Myanmar.

Convergence will be a long process, evolving alongside broader political discussions and the peace process. Local level collaboration will positively impact on peace and confidence building and ensure services reach those in need.

The EHCP project demonstrates the need for and benefits of convergence. Organisations working in eastern Myanmar should be aware of the convergence process, and the work of others, in order to promote harmonisation and a stronger, unified health system.

