

Policy brief

April 2020

To: The Government of Myanmar, civil society organisations, and religious leaders.

RE: Coronavirus response policy needs and opportunities



Coronavirus response policy needs and opportunities



This policy brief¹ discusses essential medical, implementation, economic and social, and political considerations for the Government of Myanmar (GoM), civil society organisations (CSOs), and religious leaders in collaboratively responding to the challenges posed by coronavirus to Myanmar. The issues explored here are explained in more detail in an accompanying full-length report.

The health threats of Coronavirus to Myanmar

As of March 28th, 2020, the Ministry of Health and Sport (MoHS) had confirmed eight cases of coronavirus. So far, national attention has been focused on imported cases from international travellers that arrived by plane (both foreigners and Myanmar nationals). Yet, the disease is likely to already be much more widespread. A very low level of testing, an initially slow response, porous borders, and the high transmissibility of the disease mean that the official figures are likely to be under-estimated. In the coming weeks, coronavirus is likely to spread further throughout the Myanmar population and start resulting in significant numbers of deaths.

Several factors may possibly reduce the spread of coronavirus in Myanmar, e.g. the hot climate; low level of urbanisation; and fewer international flights than many countries. Myanmar's demography is also favourable in some respects, e.g. only a small share of the population are elderly; and certain health conditions that increase the risk from coronavirus are less prevalent in Myanmar than in developed countries (such as organ transplants and obesity).

1. This document is the result of a collaborative voluntary effort by researchers, health and public affairs professionals working on Myanmar - IGC did not provide funding for or organise this work, but several of the researchers work for IGC in other roles. Please contact sfi@theigc.org for information on the authors.

However, Myanmar also has several factors that may increase the spread of coronavirus, e.g. a high prevalence of malnutrition and people that are underweight; elderly people typically living in households with younger family members and so having a high risk of exposure; overcrowding in urban slums and IDP camps; and the high prevalence of certain health conditions that increase the risk from coronavirus (such as hypertension, diabetes, AIDS, tuberculosis).

Social, economic, and political considerations

In responding to coronavirus, the nation's health care system, the standard of governance, and social bonds are all relevant. There are significant trade-offs among medical, social, economic, and political requirements. There are certain measures that, if fully implemented, may have a big impact on reducing the health impact of coronavirus, but also impose a very heavy burden on society and households' ability to meet their basic economic needs. Further, such measures might be extremely difficult, or even impossible, to fully implement.

Despite recent improvements, the decades of disinvestment have left Myanmar's health care system severely under-resourced and constrained, including for surveillance, testing, contact tracing, and case management (treatment). In addition, existing resources – including Intensive Care Unit facilities – are concentrated in just three cities, e.g. Yangon, Mandalay, and Nay Pyi Taw.

Coronavirus is already having a negative impact on the economy, including on employment and incomes. At present, the economic impact is concentrated on manufacturing (especially garment) and tourism sectors. However, it is likely to spread to the rest of the economy. The economic burden will disproportionately fall on the poor, including various day-rate workers in urban and rural areas, and the landless in rural areas. If Myanmar were to implement strict suppression measures (e.g. a 'lockdown' on citizens' movement for weeks or months), the economic burden on many households in Myanmar would be impossible to bear – many households cannot afford to have no income for weeks or months. The GoM also does not have the capacity to implement the kind of highly sophisticated economic interventions currently being used in many developed countries to limit the impact that a 'lockdown' has on citizens' incomes.

A lack of resources and a historical lack of cooperation between different government ministries challenge the implementation capacity of the GoM at all levels. These challenges are particularly severe at local-level government, which is critical for an effective response. Further the GoM is not the only important provider of healthcare and other important related services, with CSOs, CBOs, UN/INGOs, the private sector, and Ethnic Armed Organisations (EAOs) all having significant roles. Coordinating the response of all the relevant GoM and non-GoM actors is a major

challenge. And, CSO response needs greater coordination than is typically the case for a natural disaster, due to the risks of well-intentioned CSO relief efforts spreading the disease if appropriate safeguards are not followed. Additionally, the reach of GoM institutions in certain areas of the country is limited by ongoing conflict (especially in Rakhine State, Paletwa Township, and northern Shan State).

Compared to most countries, people in Myanmar have a low level of trust in most government institutions, and also in most of their fellow citizens. This is a considerable challenge for responding effectively to the threat of coronavirus. However, some channels are highly trusted and have a key role to play in the coronavirus response, e.g. the State Counsellor (Daw Aung San Suu Kyi), the President, local communities (such as wards/villages), and religious leaders.

Recommendations for the GoM, civil society organisations, and religious leaders

Focus on mitigation measures: It would be extremely difficult for Myanmar to fully implement aggressive suppression measures for coronavirus (such as an extended period of nationwide lockdown). And, if it were able to do this, the economic and social damage would be extremely high. Therefore, stakeholders should focus on mitigation measures. These may include working with trusted community healthcare volunteers for preventive measures; working with possible super-spreaders (such as water delivery companies and monks) to limit risks; installing handwashing stations at wet-markets, bus stations, frontline service stations; and so on. (N.B. A more comprehensive list is included in the full-length report, along with considerations of potential health impact; social and economic costs; and ease of implementation). As the situation develops, more stringent but costly measures may become necessary.

Strengthen institutional capacity through collaboration and resource-pooling: There is an urgent need for the GoM to create a multi-departmental, multi-stakeholder implementation structure (such as an ‘Incident Management System’). Specific attention to implementation at the local level is required. GoM needs to coordinate with and facilitate the response of other stakeholders, e.g. CSOs, CBOs, UN/INGOs, the private sector and Ethnic Armed Organisations (EAOs). CSOs should also collaborate among themselves to ensure adequate geographic and demographic coverage. The implementation structure can be supported by a major policy-making body, such as the Central Committee to Prevent, Control, and Treat the 2019 Novel Coronavirus.

Make use of existing governance structures: MoHS (health services) and GAD (coordinating local government) obviously have key roles to play for coronavirus response. However, there are many other entities that should also be harnessed, one such example is Department of Rural Development

– their special projects (such as NCDDP, Mya Sein Yaung etc) have created village level committees in many locations, that can be utilised to share information and mobilise communities.

Leverage on social capital of the State Counsellor, civil society organisations, and religious leaders: At the national level, the State Counsellor should continue communicating major policy decisions and provide very regular updates to the public. At the township, wards/village tracts, and village levels, CSOs and religious leaders should leverage on their social capital for effective communication and implementation.

Increase health care infrastructure and equipment: The GoM should continue to work with the military, private hospitals, international agencies, and private-sector philanthropy to increase the provision of health care infrastructure and equipment, especially in increasing the supply of personal protective equipment (e.g. masks, gowns, goggles, aprons) to healthcare workers.

Put in place social and economic cushions: The GoM should continue exploring feasible options for providing social and economic cushions to businesses, farms, and households. One example is that the Myanmar Agricultural Development Bank (MADB) may consider postponing loan repayment, increasing loan types and sizes, and rolling out temporary cash transfers to the farming households in rural areas. Implementing these measures will critically depend upon the collaboration of CSOs and religious leaders.

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