ReBUILD FOR RESILIENCE

SCAN ME

Differential role of non-state actors in health service delivery and health system resilience in a double crisis country in Southeast Asia

Non-state health education

Background

- Myanmar has suffered multiple shocks since independence, including a military dictatorship, civil war and natural disasters, but also periods of democratic transition and reform, especially between 2010 and 2020.
- Through these crises and despite reforms during the democratic phase, the public health system has remained rather weak, with low reach, especially in border areas.
- Consequently, provision of health services by non-state actors (NSAs) has historically played an important role in Myanmar. NSAs include local and international NGOs and civil society organisations (CSOs), but also Ethnic Health Organisations (EHOs) in border areas, as well as the private for-profit sector.
- This study aims to understand the changing role of NSAs in the shifting political environment of Myanmar between 2010 and 2022, and to explore their contribution to health system resilience.

What did we do?

- This study has three main components: a documentary review (n=22), key informant interviews with donors, international and local NGOs, civil society organizations and EHOs (n=14), and two embedded township-level case studies (13 key informant interviews, 4 focus group discussions).
- Mostly qualitative data were collected in 2022 and synthesized, using ReBUILD for Resilience's **health system resilience framework** to structure the analysis.

What did we find?

- During the transition period (2010-14) and the new political era (2015-20), the country gradually transitioned to a democratic system and the government increasingly recognized NSAs.
- Engagement with NSAs initially focused on disease-specific activities and government oversight was limited. Later, it expanded to health system strengthening, including the start of a convergence process with ethnic health systems. Progress was slow, but defined by a clear vision and plans.
- The military coup of February 2021 halted progress. Collaboration between government and NSAs was interrupted, and NSAs restored previous practices and parallel systems.
- Initially, most health service provision stopped, but coping strategies emerged, showing the capacity of NSAs to **absorb shocks** (focusing on basic services; using informal communication channels; maintaining buffer stocks of supplies) and **adapt** (changing modes of delivery and supply chains, and adjusting HRH training).
- Adaptation strategies depended on the area's history in terms of insecurity and NSA engagement which had shaped the local resilience capacities of the health system. Parallel systems built during previous conflicts (eg Karen and Kachin) were more resilient than newly affected conflict areas (eg Chin, Magway and Saggaing regions).
- While strategies of absorption and adaptation were noted, the study did not identify any **transformation** strategies over this period. These might emerge in the longer term, but their absence might indicate the difficulty for NSAs to introduce radical changes when subjected to multiple shocks and a hostile political environment.

Table: Overview of resilience capacities and strategies

Resilience capacities	Absorption	Adaptation	Transformation
Social networks and collaboration	Initial interruption of collaboration to preserve staff and organisational safety	Informal coordination mechanisms established, building on pre-existing practices and existing trust and established personal relations (including with public providers).	
Availability, capacity and motivation of human resources	Re-strengthened role of community-based mobile volunteers (for security reasons)	To address staff shortages, task shifting and involvement of family carers. NGO staff assisted in delivery of national programs. CDM workers providing emergency health care and training in hard-to-reach areas	
Availability of physical (medicines, technologies) and financial resources	NSA providers had retained and could use buffer stocks – a practice from previous crises.	NSAs reverted to local purchasing of essential commodities. Informal and private supply channels built in previous phases also used (also with donor support). Donors' flexibility in funding approaches. Diaspora support. Alternative banking arrangements (third parties or outside country to avoid government scrutiny).	
Dedicated leadership and distributed control			Top-down, tight control actively prevented transformative strategies being implemented (or led to a halt in NSA service provision) by controlling funding and activities, and intimidating staff.
Strategic and flexible use of multiple or novel pathways and resources	NSAs continued service delivery with a reduced focus on TB, HIV and MCH services (historically core of their engagement). Private GPs became the first line of contact.	Adapted to new context by reverting to previous practices and modes of delivery (see detailed description in findings).	

Conclusion

- **NSAs' role in Myanmar has evolved over time, reflecting the growing engagement of the public sector with NSAs during the democratic transition period, and the changed approach since the 2021 coup. Through these phases, NSAs have built their own resilience capacities to support service delivery, grounded in learnings from previous crisis periods.**
- **In Myanmar, as elsewhere, health service provision increasingly relies on NSAs during crisis, when the state is weaker and less trusted.**
- **Findings contribute to global health governance debates, highlighting the need for international health policies and frameworks to recognize and integrate the contributions of NSAs and leverage the strengths of diverse actors before, during and after shocks and crises.**

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Further information on this study and its outputs can be found at rebuildconsortium.com

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