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**“Two decades of a struggle to provide health care in the conflict-affected areas of Burma/Myanmar”**

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On 3 October 2019, the Back Pack Health Worker Team (BPHWT) will launch its anniversary report, *1998-2018: Twenty Years of Working Together to Build Sustainable Primary Health Care for Burma's Displaced and Vulnerable Ethnic Communities*. This Report captures the formation of the BPHWT during a time of intense conflict in the ethnic areas of Burma. Through two decades, the Report follows the expansion of its teams, programs, and served population. The Report also speaks to the brave people of the BPHWT who have endured tremendous physical hardships and dangerous conditions to heal wounds, save lives, deliver babies, and provide clean water and safe sanitation. Furthermore, the Report is dedicated to the ten members of the BPHWT who made the ultimate sacrifice of their lives while providing health care to vulnerable communities.

Initially, Mobile Medical Teams (MMTs) were established and traveled into southeastern Burma for six to eight weeks to deliver health care. The MMTs operated during 1991-1997 from the Mae Tao Clinic on the Thai-Burma border. However, there were many challenges to provide sustainable health care in these times of conflict and adverse weather conditions. In response, health workers from Karen, Karenni, and Mon areas came together in 1998 to form the BPHWT to meet these challenges. To deliver health care in these conflict areas, these health workers established 32 Back Pack teams with 120 health workers to cover a population of approximately 120,000 ethnic people in those areas.

Over the next two decades, the BPHWT expanded to 113 Back Pack teams comprised of 456 health workers along with 281 Village Health Volunteers/Workers and 799 Traditional Birth Attendants/Trained Traditional Birth Attendants who embedded in their villages. This BPHWT health system of over 1,500 field health workers now has a served population of about 300,000 ethnic people in the conflict and rural remote areas of Arakan, Chin, Kachin, Shan, Karenni, Karen, and Mon States as well as Bago, Sagaing, and Tenasserim Regions – ten of the fourteen administrative areas of Burma. This served population includes Karen, Mon, Kayan, Kayah, Pa Oh, Shan, Palaung, Kachin, Chin, Arakan and Naga ethnic people. Its field health programs have expanded from the initial Medical Care Program to now include the Maternal and Child Healthcare Program and Community Health Education and Prevention Program. These three programs provide preventative, curative and promoted primary health care. The BPHWT is proud of its achievements to reduce maternal and infant mortality as well as deaths and disabilities from key diseases and war trauma. It has also been successful in responding to natural and manmade disasters such as Cyclone Nargis (2008) and most recently, the polio outbreak in Northern Karen State. The BPHWT provides a global model for proving health care to those vulnerable people in conflict and rural remote areas.

The BPHWT is also about its people – those workers who must face the dangerous conditions of fighting, landmines, adverse weather, and difficult terrain to provide health care to vulnerable and internally displaced populations. Some have died or become injured from landmines, gunshots, shellings, river crossings, and diseases. Other have been arrested or detained for periods of time in violation of international norms concerning medical neutrality.

The challenges of conflict continue as they have since before the BPHWT's inception in 1998 with fighting raging in Kachin, Northern Shan, Southern Chin, and Arakan States. The Back Pack teams are there carrying out their responsibilities to the endangered ethnic people. More challenges have arisen from the shift of donor funding from the border-based health organizations to organizations inside Burma itself. These challenges now pose a serious threat to the BPHWT's ability to continue to meet the health needs of its served population and quickly respond to emergency situations. Its funding is also becoming more restricted to geographic areas and vertical health programs which reduce the BPHWT's flexibility to provide comprehensive primary health care. It is hope that the next decade will finally provide sustainable peace to the ethnic people of Burma and the BPHWT will still be there to provide primary health care to vulnerable and internally displaced people in the conflict and rural remote areas.

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