



'The struggle isn't over': Shifting aid paradigms and redefining 'development' in eastern Myanmar

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ARTICLE INFO

Article history:

Accepted 15 November 2019

Available online 13 December 2019

Keywords:

Burma
Myanmar
Development
Humanitarianism
Aid
Conflict

ABSTRACT

In recent years, international optimism about Myanmar's fledgling democratization and peace process has contributed to a shift by many Western donors towards the 'normalization' of aid relations with the former pariah state, and from more 'humanitarian' to more 'development'-style approaches. Yet these shifts are not necessarily seen as progress by members of community-based health organizations, which operate under para-state governance systems in the borderlands. Instead, members of these organizations often describe the emerging 'development' paradigm in Myanmar as doing more harm than good. This article draws on long-term ethnographic research conducted over a decade-long period with ethnic minority health workers operating in Myanmar's eastern borderlands. It examines the meanings of 'humanitarianism' and 'development' – and of the 'humanitarian-development nexus' – from the perspective of local-level actors whose voices are still too often ignored in debates about international aid programs and their implementation. It finds that the reactions of the health workers to shifting aid paradigms and programs highlight what is at stake in an evolving politics of aid. These reactions are linked with a politics of suffering; with an ongoing struggle for recognition of non-state governance systems; and with impacts that international aid economies have in designating different socio-political actors as legitimate, and in territorializing border spaces in different ways, at different times. The health workers' attempts to advance an alternative model for 'development' in their communities in turn illustrate how different actors, who are brought together in an unequal 'aid encounter', are involved in an ongoing struggle over the legitimacy of competing systems of government and over the territorialization of border areas. Finally, the article contends that, without understanding local perspectives and engaging critically with the political implications of evolving aid interventions, international aid programs risk impacting negatively on conflict dynamics in contested and transitional states.

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1. Prologue

Tharamu Htoo Paw¹ is in her early fifties. She was born into an ethnic Karen (also known as Kayin)² family in a small village in

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² In this article, I use 'Karen' to refer to the ethnic group with which many of my research participants identify. The reason for this is that I wish to respect the terminology that is used by members of the CBHOs whose perspectives are portrayed in this article. This terminology is, of course, not politically neutral. While the Myanmar state officially uses the term 'Kayin' instead of 'Karen', many members of ethnic minority groups in the eastern borderlands continue to use 'Karen'. This choice reflects the colonial-era terminology as well as their rejection of the Myanmar state's authority. Similarly, many members of these groups continue to use the name 'Burma' instead of 'Myanmar', which is reflected within quotes in this article. The article also distinguishes between 'Kayin State', which is the territorial designation of the Myanmar state, and 'Karen State'. The latter refers to the territory identified by the Karen National Union and that includes areas within the government-defined boundaries of Kayin State and adjacent areas of Mon State and Bago Division.

southeastern Myanmar. During her childhood, Htoo Paw and her family had to flee many times, when fighting broke out between the *Tatmadaw* (Myanmar Armed Forces) and Karen National Liberation Army – the armed wing of the Karen National Union (KNU), which launched its struggle for self-determination in 1949.³ Htoo Paw's family was very poor, and they lived in fear of *Tatmadaw* soldiers. The soldiers often attacked their village, recruited villagers as forced labor, and destroyed or appropriated their meager possessions. For Htoo Paw, the state's soldiers – whom she referred to as *P'Yaw* ('the Bamar'⁴) – were the source of her community's suffering:

³ In this article, I use 'state' to refer to national government and 'State' to refer to sub-national geographic units (e.g. Kayin State, Rakhine State, etc) or sub-national authorities.

⁴ *P'Yaw* is a Sgaw Karen term that is generally translated as 'Bamar' in English. However, it was commonly used by Karen medics with whom I met during my research to refer to *Tatmadaw* soldiers, highlighting a conflation between the state's armed forces and the majority ethnic group in Myanmar.

P'yaw is our enemy ; . . . ; Because they come to our Karen area, they fighting, burn the villages, they kill the villagers. We have to flee often, that is why we don't like them . . . If they didn't come to our Karen State, we wouldn't need to hate them, we wouldn't need to fighting. We [would] stay freely with our Karen people and KNU.⁵

At the age of 15, Htoo Paw left school. Her uncle sent her to attend a basic medical training run by the KNU with support from an International Non-Government Organization (INGO). Over the years, Htoo Paw attended further trainings run by local and international agencies. She used her knowledge and skills to assist villagers in conflict-affected areas of Kayin State where there were no official health services and where the state restricted international humanitarian access. In the early 2000s, she joined the Back Pack Health Worker Team – or Back Pack, as it is commonly known – a local organization supporting health services in Myanmar's remote and contested borderlands. Since then, she has worked with other Back Pack medics to provide essential healthcare to villagers impacted by Myanmar's 'chronic emergency'. For Htoo Paw, this work is part of a wider 'struggle' for the rights and freedoms of Myanmar's ethnic minorities.

Over the years, medics like Htoo Paw have witnessed many changes. As members of ethnic minority communities in Myanmar's contested border areas, their lives were shaped by a history of conflict and injustices. When U Thein Sein's government came to power in 2011, a series of broad programs of political and economic reform signaled possibilities for change in the former pariah state. Then, in 2015, the National League for Democracy (NLD) won Myanmar's general elections. Peace discussions are now ongoing between the NLD-led government and Ethnic Armed Organizations (EAOs) like the KNU.⁶ International aid agencies and investors are pouring into previously inaccessible areas of the borderlands. A number of donors and INGOs that had previously supported groups like Back Pack as part of their humanitarian programs have turned towards working with and through Myanmar state systems. Donors and INGOs are also increasingly prioritizing 'development' for Myanmar's diverse peoples. But for Htoo Paw and her colleagues, 'development' does not necessarily mean progress. And when they reflect on changes they have observed in recent years, they describe their 'struggle' as far from over.

2. Introduction

Over the past three decades, a network of ethnic minority health workers has grown into a strong para-state system for health in Myanmar's contested eastern borderlands. Organizations constituting this system historically received funding as part of international donors' humanitarian aid programs to Myanmar. In the past, these international aid programs largely bypassed the Myanmar state. In recent years, however, there has been a great deal of optimism at the international level about Myanmar becoming Southeast Asia's newest hope for inclusive, democratic, and sustainable development – although this optimism has to some extent now waned, in the face of growing international concerns about the situation in Rakhine State, in the west of the country. Nevertheless, local actors in the eastern border areas have witnessed a shift by many international donors towards the 'normalization' of aid in Myanmar, and from more 'humanitarian' to more

'development'-style approaches to this aid. Yet the emerging 'development' paradigm is not necessarily seen as positive by members of local organizations, which for decades have struggled for the health and human rights of their communities. Instead, these ethnic minority health workers often describe 'development' as doing more harm than good.

This article draws on long-term ethnographic research with Community-Based Health Organizations working in eastern Myanmar. The article explores how ethnic minority health workers interpret and (re)negotiate shifting international aid paradigms and programs. In so doing, it explores the meanings of 'humanitarianism' and 'development' – and of the 'humanitarian-development nexus' – from the perspective of local-level actors. Drawing on critical anthropological studies of aid, the article finds that the reactions of health workers in eastern Myanmar, and their attempts to advance an alternative model for 'development' in their areas, highlight what is at stake in an evolving politics of aid. They show 'development' to be a key site for struggles over the terms of political recognition and inclusion within contested states. Additionally, they highlight complex inter-relationships between suffering, aid, and politics.

The article therefore sheds light on some of the political and ethical dilemmas of aid programs in contexts that are defined not only by widespread poverty, but also by contested political legitimacy and inter-locking ethnic and socio-economic tensions. It emphasizes the importance of considering how international aid programs are experienced and interpreted by those whose voices are still too often marginalized in unequal aid encounters. The health workers' reactions to shifting aid paradigms and programs are linked with a politics of suffering; with an ongoing quest for recognition of non-state governance systems; and with impacts that international aid economies have in designating different socio-political actors as legitimate, and in territorializing border spaces in different ways, at different times. Attempts by the health workers to advance an alternative model for 'development' in their communities in turn illustrate how different actors, who are brought together in an unequal 'aid encounter', are involved in an ongoing struggle over the legitimacy of competing systems of government and over the territorialization of Myanmar's border areas. Finally, the article contends that, without understanding local perspectives and without engaging critically with the political implications of evolving aid paradigms and interventions, international aid programs risk impacting negatively on conflict dynamics in contested and transitional states.

3. Concepts and methods

3.1. Humanitarianism, development, and the 'humanitarian-development nexus'

Debates about the differences and links between 'humanitarianism' and 'development' are far from new. Contemporary humanitarianism originated out of the provision of medical relief in conflict situations and the birth of the Red Cross at the end of the nineteenth century. Over the years, humanitarianism underwent significant transformations, its boundaries becoming increasingly blurred and contested (Barnett & Weiss, 2008). As described by Fassin, humanitarianism has become a notion with 'variable morphology, a sort of ethical object with high added value, to which many agents lay claim in order to define and justify their actions' (Fassin, 2012: 189). Its temporality is that of emergency; its purpose is to save lives and mitigate suffering. In contrast, 'development' is typically understood to be about improving the 'normal' state of affairs (Fearon, 2008). Two different meanings also tend to be conflated in 'development' discourses: first, development as any intervention that aims to alleviate poverty

⁵ Interview, CBHO medic, Mae Sot, July 5, 2011.

⁶ The term 'Ethnic Armed Organizations' is commonly used to refer to non-state actors in Myanmar and their governance systems. However, this often leads to an overly simplistic reduction of these systems to their armed forces. Members of CBHOs (as well as many members of local communities in areas where the CBHOs operate) in fact see the EAOs as legitimate governance systems, which include departments for health, education, and so on, and which cannot just be reduced to their armies.

and improve quality of life; and second, development as a process of transition 'toward a modern, capitalist, industrial economy' (Ferguson, 1994: 15).

Over the past decades, a divide between humanitarianism and development has persisted in the aid industry (De Vos, 2015; Fearon, 2008). These tend to be associated with separate institutional and funding mechanisms, as well as different operational approaches. For one, whereas humanitarian funding can be released relatively quickly and comes with comparatively low procedural thresholds, development funding is typically embedded in more long-term, rigid, and complex intergovernmental institutional arrangements (De Vos, 2015). In addition, humanitarianism continues to be associated with more 'rapid response'-type approaches, as well as a greater degree of operational independence and neutrality in relation to national and local authorities. In contrast, development interventions commonly entail close working relationships with national and local authorities (De Vos, 2015).

However, it should be noted that this general characterization of 'humanitarianism' as entailing greater operational neutrality does not always reflect realities on the ground. For one, many humanitarian agencies do not abide by the Red Cross definition of neutrality (Barnett & Weiss, 2008; Fassin, 2012). Secondly, in strong authoritarian states (like Myanmar in the past), humanitarian actors may face many restrictions and may have to work closely with state or non-state authorities (Décobert, 2016; Del Valle & Healey, 2013). However, in principle there does tend to be an assumption that humanitarian aid should not strengthen the position or capacities of political authorities, whereas building governance capacities is at the heart of the contemporary development enterprise. At the same time, donors' multilateral and bilateral development programs are typically more explicitly interlinked with their national geopolitical interests (Browne, 2006; Fowler, 2007; Hattori, 2001).

At the international level, analysts and practitioners have long criticized simplistic models based on a supposed 'humanitarian-development continuum'. Within the 'continuum' model, humanitarianism saves lives and mitigates suffering during times of crisis; it then gives way to development once the situation is back to 'normal' (Hintjens & Zarkov, 2014). In contrast, those within and beyond the aid industry have increasingly argued that there is often no clear-cut divide between humanitarianism and development; that it should be more of a 'contiguuum' than a continuum; and that there is a need for more integrated approaches to the provision of international aid, particularly in the current global situation of multiplying, complex, and protracted emergencies (Barnett & Weiss, 2008; De Vos, 2015; Slim, 2003, 2019). Proponents of the 'contiguuum' approach therefore argue for a shift towards 'simultaneity and complementarity of different aid instruments to increase their effectiveness' (Koddenbrock & Büttner, 2009: 117).

In recent years, there has been much focus within the aid industry on better integrating different aid interventions. In March 2017, the 'New Way of Working' was endorsed by over 100 delegates from United Nations (UN) agencies, INGOs, donor countries, and multilateral institutions. The 'New Way of Working' aims to foster closer collaboration between humanitarian and development sectors, actors, and approaches (UNOCHA, 2017). This framework is currently being rolled out in different parts of the world, including countries like Myanmar that have experienced protracted complex emergencies. Discussions are ongoing in the offices of donors and INGOs about how best to promote more integrated approaches to the provision of international aid (Redvers, 2017). However, what appears to be largely absent from these discussions are the perspectives of local actors in aid-recipient countries about 'humanitarianism', 'development', and what it means to them when international actors prioritize specific aid approaches.

The 'humanitarian-development continuum' was also historically linked with an influential school of thought, which posits conflict and violence as opposites of development (Hintjens & Zarkov, 2014; Luckham, 2017). This view of the 'conflict-development nexus' was interconnected with a liberal peace approach – the idea that, by eradicating poverty and ending the grievances that accompany gross forms of inequality, development promotes long-term peace and security (Hintjens & Zarkov, 2014). The liberal peace approach has also commonly been conflated with neoliberal ideas (Luckham, 2017). In contrast, more critical analyses have questioned the dominant framework of unilineal market-oriented development. Instead, they see conflict and violence both as integral to, and as outcomes of, development (e.g. Cramer, 2006; Duffield, 2001; Watts, 2003).⁷ Whilst much of this debate is ideological, anthropological approaches can provide a valuable contribution. In particular, an approach that draws on a critical anthropology of aid and an actor-centered analysis can reveal how 'development' is interpreted by actors on the ground and what links this might be seen as having with conflict and peace dynamics. Such an approach can also highlight contextual and political factors that need to be taken into account in ensuring that donors' aid programs do not have unintended negative impacts in contested and transitional states.

3.2. Anthropological approaches: Power and a politics of suffering in the 'aid encounter'

Debates about differences and links between 'humanitarianism' and 'development', and about the 'conflict-development nexus', raise a number of questions. These include questions about: the assumptions – and 'logics' (Olivier de Sardan, 2005) – underlying different aid paradigms and approaches; who decides which type of aid is appropriate in a specific time and place; and how aid paradigms and programs are interpreted, experienced, and (re)negotiated by different actors. These questions in turn draw attention to unequal interactions between actors who are differentially situated in a particular 'aid encounter'.

Anthropologists focusing on development systems and practices have in various ways drawn attention to questions of power and inequality. Escobar (1995) famously condemned development as a discursive regime, which creates and subjectifies the 'less developed'. Ferguson (1994) analyzed development as an 'anti-politics machine', which depoliticizes questions of poverty and inequality, whilst simultaneously enabling the expansion of state governmentality in frontier areas. Although these approaches remain influential, they have also been criticized for largely disregarding agency and reducing development to externally-generated change imposed 'from above' onto local populations (Long, 2001). In her critique of Foucauldian approaches to development, Rossi (2004) instead argues that the effects produced by discourses and practices of development cannot be seen as the outcomes of entirely unacknowledged and 'agentless' structures. In reality, actors at different 'levels' can and do take a 'discriminatory stance vis-à-vis institutional and figurational wholes in order to consciously generate transformational or conservational projects' (Mouzelis, 1995: 125).

Drawing on actor-oriented approaches to development and concepts from Bourdieu's theory of practice, Rossi conceptualizes the 'development encounter' as a field of power, which brings together diverse actors – donors, INGOs, community groups, etc. (Bourdieu, 1990; Rossi, 2006). Within this field, actors unfold

⁷ These critical approaches contest the argument that economic development and processes to address socio-economic grievances automatically or inevitably reduce conflict, with this argument often building on Collier and Hoeffler's much-debated work on greed or grievance as drivers of conflict (Collier & Hoeffler, 2002; Suhrke & Samset, 2007).

strategies that are commensurate with their status and positioning. They draw upon forms of capital made available to them by the international aid industry and they variously adopt, challenge, and/or redefine the paradigms and programs within which they operate.

Complementing Rossi's approach are other anthropological studies that examine development as a category of practice and that explore how different actors engage with aid programs in their attempts to advance specific political and other interests. In particular, Ghosh and Mosse have both explored the place of 'development' within indigenous activism and social movements (Ghosh, 2006; Mosse, 2010). These ethnographic studies reveal 'development' to be a key site for the struggles of indigenous groups and social movements over political recognition or the terms of citizenship.

Building on these approaches, I conceptualize the 'aid encounter' in Myanmar's eastern borderlands as an unequal field of power, which brings together different actors including donors, INGOs, and Community-Based Organizations that are linked with ethnonationalist movements. It is within this field of power, and as part of wider socio-political dynamics, that aid discourses and practices are interpreted, challenged, and potentially redefined. The article then focuses specifically on how local health workers interpret and (re)negotiate aid paradigms and practices, and on the connections of these dynamics with political aspirations and ethnonationalist struggles. In so doing, the article also contributes to analyses of the complex relationships between suffering, aid, and politics.

Human suffering is a powerful discursive register in the contemporary world (Fassin, 2012; Gabiam, 2012). Anthropologists such as Fassin, Rechtman, and others have drawn attention to the way in which suffering and the subjectivity of the victim can be instrumentalized, in turn enabling actors to mobilize support and make political claims (e.g. Fassin, 2008b; Fassin & Rechtman, 2007). However, to date, anthropological studies have largely focused on the politics of suffering within the context of 'humanitarian' crises and regimes. There has been comparatively little research into the relationship between a politics of suffering and the 'humanitarian-development nexus'.

In this respect, Gabiam's ethnographic study of the shift by the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) from 'humanitarianism' to 'development' in Syrian refugee camps is enlightening (Gabiam, 2012). For Palestinian refugees in the camps, UNRWA's humanitarian aid was proof of international responsibility for their plight and served as evidence at the international level that the political situation in Palestine had yet to be resolved. Additionally, the political claims of the refugees came to be embedded in their 'everyday suffering' (Gabiam, 2012: 101) – a suffering perceived by the refugees to be legitimized through UNRWA's humanitarian aid. The shift in aid paradigms within the camps disrupted this dynamic. The refugees perceived this shift as an indication that the international community was focusing on development *instead* of realizing their claims for the creation of a Palestinian state. Although Myanmar's eastern border areas are geographically far removed from the Palestinian refugee camps in Syria, comparable dynamics can be observed. Focusing on these dynamics – and on the interrelations between a politics of suffering, state-building projects and processes, and the 'humanitarian-development nexus' – is essential in order to better understand the dynamics at play in Myanmar's unequal 'aid encounter'.

3.3. Research methodology and methods

The ethnographic material included in this article is drawn from long-term research with members of Community-Based Health

Organizations (CBHOs), conducted over several periods between December 2009 and February 2019. From late 2009 to mid-2012, I undertook in-depth ethnographic research with Back Pack and partner organizations. During this time, I worked as a volunteer within the organization, whilst also trying to understand Back Pack and its functioning from my vantage point as what Mosse called a 'participant insider' (Mosse, 2006). During this initial fieldwork, I also undertook 120 semi-structured interviews with members of CBHOs as well as Ethnic Health Organizations (EHOs – see below), international aid agency and donor representatives, and other stakeholders. Between 2012 and 2017, I worked as a consultant on the Thailand-Myanmar border, which enabled me to follow the work of local organizations. Further discussions and targeted interviews with members of local and international agencies were then conducted in April 2017, in October-November 2018, and in January-February 2019.

The decade during which I conducted research with Back Pack and partner organizations was one of significant – albeit uneven and contested – change in Myanmar. During this time, the country began to embark on a transition to democracy, peace, and market-led economic development. This period also saw a redefinition by international actors of legitimate socio-political actors within Myanmar (Décobert, 2016: 179-211). These changes form the context within which local health workers in eastern Myanmar have interpreted, challenged, and attempted to redefine the meaning and practice of 'development' for their communities.

4. History and politics of aid in Myanmar

4.1. Conflict and 'humanitarian exceptionalism'

When I first started working with Back Pack in late 2009, conflict had been ongoing in parts of Myanmar's borderlands for over 60 years. A succession of military regimes had been in power for half a century, their repressive and inept rule driving a resource-rich country into impoverishment and isolation. For decades, these military regimes had attempted to extend control over ethnic minority groups in the borderlands. Indeed, Myanmar is home to over 100 different ethnic groups. The Bamar, the majority ethnic group, have historically made up most of the ruling élite. Since decolonization in 1948, ethnic minorities have been largely marginalized from national politics, their aspirations for self-determination denied (Smith, 2007). In 1949, the KNU launched its struggle for self-determination.⁸ In the early 1960s, following General Ne Win's coup and in response to the junta's denial of ethnic nationalist groups' hopes for federalism, conflict then spread between state forces and other EAOs in the border areas.

The junta's efforts to extend control over the borderlands were historically accompanied by widespread and systematic human rights abuses targeting ethnic minority communities (Hull, 2008). Conflict, displacement, and abuses had severe impacts on the health and welfare of these communities (Checchi et al., 2003). Yet communities in these areas generally had little to no access to official health services. Starved of funding, fragmented, and lacking human resources, government services were mostly confined to towns in more central areas (Duffield, 2008).

Despite the dire poverty and insecurity experienced by its population, Myanmar historically received relatively small amounts of international aid when compared with other countries at a similar level of development (Duffield, 2008; ICG, 2008). Official Development Assistance (ODA) from Organization for Economic Co-

⁸ The KNU initially aimed for secession and the creation of an independent Karen State. After 1976, the KNU changed policy and called for a federal system, with Karen State to become one of the States of a hoped-for Federal Union of Myanmar/Burma.

operation and Development countries to Myanmar only reached US \$100 million for the first time in 2005; meanwhile, ODA to Cambodia (which had less than one quarter of the population) was over US \$500 million in the same year (Carr, 2018).⁹ The country's 'aid orphan' status was linked with international policies aiming to isolate and weaken the regime. Indeed, after the junta's violent crackdown on the 1988 pro-democracy uprisings and refusal to acknowledge the NLD's 1990 electoral victory, Western countries cut direct financial aid and imposed sanctions on the regime. And although most neighboring countries maintained political and economic ties with Myanmar, the country effectively became an international 'pariah'.

From the early 1990s to late 2000s, a particular type of 'humanitarian' paradigm framed most Western aid to Myanmar. This aid was intended as relief for Myanmar's suffering populations and was channeled via 'humanitarian' agencies, which could prevent misappropriation by the regime (Duffield, 2008). Throughout the 1990s and 2000s, major donors like the European Union (EU) and United States (US) supported humanitarian programs in Myanmar, providing assistance through multilateral agencies and INGOs that were legally registered to work inside the country but that effectively operated in parallel to the state. Yet the 1990s and 2000s also saw significant restrictions by the state on aid agencies operating inside Myanmar, particularly in disputed border areas (Stover et al., 2007). As a result, international support also came to be channeled via ethnic and community-based organizations in the borderlands, in the form of what came to be known as 'cross-border aid'.¹⁰

'Cross-border aid' developed in the 1990s as a way to support services for communities in areas where the state restricted international humanitarian access. This system enabled funding, supplies, and technical support to be directed to local organizations already operating inside Myanmar's borderlands. This support was channeled via a management base outside the country, typically in a place like Mae Sot – a Thai border town, where many members of Myanmar opposition groups and EAOs had taken refuge in the 1980s–1990s, and where leaders of the organizations could tap into international aid and advocacy networks. Cross-border aid was historically implemented without approval from the Myanmar state and in partnership with the EAOs.

4.2. The Ethnic Health Organizations and Community-Based Health Organizations

The Ethnic Health Organizations (EHOs) were initially established under the authority and governance structures of the EAOs. Up until the mid-1990s, larger ethnic nationalist groups like the KNU were able to maintain para-state governance systems in relatively autonomous areas under their control, and to support health and education services through these systems (Smith, 2007). But by the late 1990s, the EAOs had lost much of their territorial and financial autonomy. Much of the existing local infrastructure for health was destroyed or depleted, and local health workers began to seek international support for their work (Décobert, 2016: 64–5).

⁹ <https://data.worldbank.org/indicator/dt.oda.alld.cd?end=2005&start=2004> – last accessed November 6, 2019.

¹⁰ The term 'cross-border aid' can be misleading, as it suggests that those providing services are based in places like Mae Sot for most of the time, and only 'pop into' Myanmar on short relief missions. Yet in reality the women and men who deliver services as part of 'cross-border aid' systems are recruited from ethnic minority communities inside Myanmar. They live and work within these communities throughout the year. They are also part of community-level service delivery systems that had existed for decades inside Myanmar's ethnic minority areas, prior to these systems becoming part of mechanisms to channel international humanitarian aid to local communities.

With international donor funding, EHOs – including the Karen Department of Health and Welfare, Shan Health Committee, Mon National Health Committee, and Karenni Health Department/Karenni Mobile Health Committee – have continued over the past decades to recruit and train local medics, and to support health services in their respective areas. Over the years, the EHOs also developed strong working relationships with a network of community organizations, including Back Pack, Burma Medical Association, and Mae Tao Clinic. These CBHOs have management bases on the Thai side of the border. They collaborate with the EHOs in training local health workers, delivering health services, and developing sustainable healthcare systems inside Myanmar.¹¹

Over the past decades, the CBHOs and EHOs have developed a strong network that supports health services for almost three quarters of a million people in Myanmar's borderlands. They now comprise a workforce of almost 4,400 skilled health workers. The health workers are trained by the EHOs or CBHOs, with technical support from international experts, to provide services adapted to local community needs. As they are known by their communities and have strong relationships with local political and armed actors, they can easily operate in areas that are difficult or impossible for state actors to access. Additionally, unlike government health staff – who generally come from urban areas and are often unfamiliar with ethnic minority languages and customs – the local health workers speak the languages and understand the cultures of the communities in which they operate.

Leaders of the CBHOs and EHOs therefore argue that their health system ensures effective, culturally appropriate, and sustainable services in ethnic minority areas. They often contrast the commitment of local health workers to the high turnover of government health staff, when the latter are sent to remote border areas where they struggle with difficult living conditions, as well as language and cultural differences:

*The people who came from outside – outsider means not local people – they are also not living in that area, not comfortable, so not willing to work for long-term commitment. The local health workers recognize the real situation, they are long-term commitment to their community. And what [the community members] really need, they understand.*¹²

Health workers from CBHOs and EHOs are trained to provide medical care, maternal and child healthcare, and health education. Their close working relationships with local communities enable them to equip community members with the knowledge and skills 'to take a leadership role' in improving their own health.¹³ Over the years, partnerships with international medical and public health experts also enabled the CBHOs and EHOs to establish increasingly rigorous, evidence-based, and systematic health programs (Décobert, 2016: 179–84). The leaders therefore maintain that their organizations were not only able to deliver relief during decades of conflict, but that they also provide effective and sustainable building blocks for health systems in a future, peaceful Myanmar.

However, the EHOs and CBHOs are not officially recognized in Myanmar. Like its government systems, official health systems in Myanmar are highly centralized, with decision-making power concentrated at the Union level (Davis & Jolliffe, 2016). The EHOs and CBHOs therefore constitute parallel, para-state systems for health. These systems challenge the centralized model of the Myanmar state. They historically operated under the governance structures of and in partnership with EAOs in the borderlands. As a result, health workers who are part of these para-state systems were

¹¹ For a detailed ethnography of the Back Pack Health Worker Team and partner organizations, see *The Politics of Aid to Burma* (Décobert, 2016).

¹² Interview, CBHO leader, Mae Sot, April 2, 2017.

¹³ Interview, CBHO medic, Mae Sot, April 2, 2017.

historically categorized as 'illegal' by the Myanmar state. To this day, the health workers have no official recognition and they are not legally allowed to provide services in their communities. Nevertheless, the EHOs and CBHOs historically received significant amounts of international donor funding and political support.

4.3. An evolving politics of international aid

International donors were historically divided over whether or not to support cross-border aid to Myanmar (Duffield, 2008). Yet donor countries including Norway, Denmark, and Canada funded cross-border aid from the 1990s onwards; the US and United Kingdom (UK) then started funding cross-border aid in 2006 and 2007, respectively. Donors justified this support as necessary due to the Myanmar state's restrictions on international humanitarian access (Décobert, 2016: 187-9). The junta's human rights abuses against ethnic minorities were also seen to legitimize support for a humanitarian approach that could otherwise be deemed an 'illegal' violation of state sovereignty. Furthermore, a number of powerful Western donors explained funding for cross-border aid as a way to support democratic and ethnic opposition groups, who were at the time seen as legitimate 'agents of change' (Décobert, 2016: 189).

As in other contexts, decisions by international donors and aid agencies about which systems or programs to fund in Myanmar were therefore influenced by political factors. In Myanmar, international donors and aid agencies did not mobilize mechanisms like the Responsibility to Protect, which would have provided legal backing to a humanitarian intervention overriding state sovereignty in the name of providing aid to civilians in need (Chandler, 2007). Yet the particular type of humanitarian approach adopted by many international donors and aid agencies meant circumventing a state that was widely seen as illegitimate. In the eastern border areas, funding was then provided by major Western donors to the CBHOs and EHOs on a case-by-case basis. This funding was channeled from international donor agencies, via a series of international and local partner agencies based in countries like Thailand, and down to the CBHOs and EHOs.

However, in the lead up to and aftermath of Myanmar's 2010 elections – and even more so after the 2015 elections – political changes in Myanmar and the evolving priorities of international donors significantly impacted on the politics of aid. Even before the 2010 elections, calls to 'normalize' aid in Myanmar had gained traction.¹⁴ After the failure of sanctions and isolationism (Pedersen, 2007), donors began to see engagement with the state as necessary to promote change in Myanmar, counterbalance China's growing influence, and improve relationships with other countries in the region.¹⁵ Then, in November 2010, multi-party elections were held in Myanmar for the first time in over 20 years. The military-backed Union Solidarity and Development Party won the elections, which many observers denounced as a sham. Nevertheless, when U Thein Sein came to power in 2011, he initiated a number of political reforms and spearheaded ceasefire discussions with EAOs. In 2012, a preliminary ceasefire agreement was signed between the state and the KNU; and in 2015, a Nationwide Ceasefire Agreement was signed with eight of the EAOs. Later in 2015, Daw Aung San Suu Kyi's party, the NLD, was elected to power.

¹⁴ In particular, Cyclone Nargis in 2008 led to calls to 'normalize' international aid in Myanmar, with the cyclone response seen as proof that engagement with the Myanmar state was possible and that aid could be delivered effectively without bolstering the regime (ICG, 2008).

¹⁵ Phone interview, former donor representative, October 10, 2018. It is also worth noting that Pedersen's (2007) critique of sanctions regimes was very influential in the shift towards engagement.

These changes inspired a great deal of hope at the international level that Myanmar was at last embarking upon a 'triple transition' – from an authoritarian military system to democratic governance, from a centrally directed economy to a market-oriented economy, and from 60 years of conflict to peace in its border areas' (World Bank, 2012). But in reality, Myanmar's hoped-for transition has been profoundly uneven and contested. Many positive changes did occur, particularly under Thein Sein's reformist government. However, the military élite still retains a great deal of control over the state and the new NLD government remains seriously limited in what it can achieve. Meanwhile, the period following the NLD's ascension to power has seen ongoing conflict and displacement in Kachin State and Northern Shan State, as well as what many observers have condemned as state-directed genocide in Rakhine State. The peace process has made achingly slow progress and suffered a major setback in early 2019 when the KNU withdrew from negotiations. Meanwhile, Myanmar's ethnic nationalist movements continue to demand greater autonomy through a federal system of government – a demand that has not yet been met.

Nevertheless, after 2011, powerful Western donor countries shifted into full swing in their political engagement and 'normalization' of aid relations with the Myanmar state. As well as strengthening diplomatic ties with the state, the emphasis has been on promoting trade and investment in the geopolitically strategic and allegedly transitioning country. In addition, powerful Western donors have shifted towards more focus on 'development' aid, with ODA to Myanmar peaking at almost US \$6 billion in 2013 – almost a sixty-fold increase compared to 2005 (Carr, 2018).

At this point, it is also worth noting that the donor landscape has become increasingly complex over the past two decades, with 'non-traditional' donors like China and India becoming ever more influential (Carr, 2018; Reilly, 2013; Steinberg & Fan, 2012). Past Western isolationist policies towards Myanmar had left the door open for China in particular to establish its influence in the region. As Myanmar's largest trading partner and source of Foreign Direct Investment, China is now a major player in Myanmar's economic development (Carr, 2018; Shepard, 2018). Chinese aid and investment does not come with the same conditionalities as Western aid, which is commonly linked with 'good governance' requirements and aims such as the promotion of democracy and human rights. And although Myanmar's leaders have historically been ambivalent towards China (Thant Myint-U, 2012), Chinese aid and investment is criticized by members of groups like Back Pack for benefiting the Bamar political and military élite rather than local populations on the ground. Growing Chinese influence is also an important part of the context within which Western donors have shifted towards increased engagement with and a focus on development programs in Myanmar.

5. Analysis: Interpreting and redefining aid paradigms within an unequal aid encounter

5.1. Donor funding as recognition of suffering and legitimacy for para-state systems

From the 1990s onwards, the CBHOs and EHOs provided mechanisms for channeling international humanitarian aid into contested areas of eastern Myanmar. This system enabled the provision of essential, life-saving services to ethnic minority communities. At the same time, the humanitarian paradigm that historically framed international aid to Myanmar provided significant opportunities for the political struggle of leaders of Back Pack and partner organizations.

The work of Back Pack and local partner organizations is inextricably linked with a political vision, which is shaped by the 'embod-

ied histories' of violence of the organizations' members (Fassin, 2008a: 316).¹⁶ The lives of ethnic minority health workers in Myanmar's contested border areas have been framed by a shared history of violence, injustice, and fear of the state and its army. The health workers' individual and collective histories of state-driven violence and suffering in turn form the lens through which they view past and current events. For them – and as illustrated in Htoo Paw's story in the Prologue above – the state has historically been an illegitimate and abusive force. In contrast, groups like the KNU are seen as legitimate systems of government, which cannot just be reduced to their armed wings. One of Back Pack's leaders explained this clearly when he said:

*In Burma there are two [types of] government: the [central] government and the ethnic governments. . . . So in ethnic area, [central] government also cannot make a decision to do something. Ethnic should make the decisions by themselves! For example, KNU make decisions for their areas. They are like a government – there are fourteen departments: Agriculture Department, Defense Department, and also Interior Department, Health Department, Education. . . . just like a government!*¹⁷

The work of the CBHOs is then framed by a shared political vision: the suffering of Myanmar's ethnic minorities was historically driven by the Bamar-dominated military state; and the establishment of a democratic and federal political system is necessary to ensure the rights and freedoms of ethnic minority communities. As another leader stated: 'There needs to be genuine federal government system to prevent the abuses from happening and to improve the situation.'¹⁸ Leaders of Back Pack and local partner organizations therefore describe their health work as inextricably linked with their 'struggle' for the rights of ethnic minorities and for the recognition of the EAOs as legitimate systems of government within a democratic and federal Myanmar.

There are of course variations in how CBHO members perceive and explain their work. More junior health workers in organizations like Back Pack commonly shy away from discussions of politics. They typically explain their work in very pragmatic terms: it is about helping out fellow villagers and preventing unnecessary death and disease. It is also part of a communalist 'duty to serve the community' (Décobert, 2016: 118–125). Nevertheless, more junior medics within groups like Back Pack share their leaders' general vision of the world. For them, the Bamar-dominated state was the source of generations' worth of suffering; and the EAOs are legitimate systems of government. Junior health workers then tend to defer to their leaders in discussions about the political future of their communities. As one junior medic tellingly put it: 'We don't know about this [i.e. the political changes]. . . . We think the leaders have to arrange it.'¹⁹

For CBHO leaders, the meaning of different aid paradigms and programs is interlinked with a quest for international recognition of their suffering and of their political claims. As described above, in the past, CBHOs received funding as part of some powerful international donors' humanitarian programs in Myanmar. For leaders of these organizations, donor funding signified recognition of the suffering of their communities; of the legitimacy of their health systems; and of their vision for Myanmar's future. This is why one of Back Pack's leaders once told me:

*So the main purpose [of donor funding], we would like to be recognized by international government agencies. . . . Also we need to show credibility for the international governments, to see the real situation in Burma, why we should change Burma's health system. . . . Without any political changes, we still have suffering, more and more suffering for the health situation. So not only the money, but also we need the international community to recognize the Burmese situation and to change the Burmese situation.*²⁰

Whilst international donor funding never conferred *legality* to cross-border aid, it did signify *legitimacy* for the CBHOs. By implication, this also meant international recognition of and legitimacy for the para-state systems through which these groups function. International support then effectively amounted to 'judgments by outsiders about what is right and just, about whose capacities are built, about which groups are favored' (Weiss, 1999: 18).

In addition, and in a similar way as that described by Gabiam of Palestinian refugees in Syria, the leaders' political claims came to be embedded in their 'everyday suffering' (Gabiam, 2012: 101). Leaders of groups like Back Pack historically drew upon the very real suffering experienced by ethnic minorities in the borderlands – and upon their own positions as victims of the military regime – in order to denounce state-driven oppression and to call for political change (Décobert, 2016: 109–42). For CBHO leaders, the humanitarian paradigm that historically framed international approaches to aid in Myanmar therefore provided a platform for their political struggle. At the same time, this paradigm signified recognition by the international community that a political solution was needed to end the suffering of Myanmar's ethnic minorities. The past international aid economy in Myanmar then also helped in both ideological and more practical ways to maintain the relative autonomy of border areas from central state control. However, recent shifts in international approaches to aid in Myanmar have fundamentally disrupted the former symbiotic relationship between the political struggle of the CBHO leaders and the aid programs of international donors.

5.2. Diverging perspectives on shifting aid paradigms in Myanmar

In the Myanmar context, the divide between 'humanitarianism' and 'development' is in many ways quite contrived and not reflective of realities on the ground. The work of the CBHOs themselves illustrates the artificiality of 'humanitarianism' and 'development' as categories. Indeed, for decades, the 'humanitarian' actions of local health workers were simultaneously part of a long-term effort to develop sustainable community-level health systems. More generally, 'development' is far from something entirely new to the aid programs of international donors and INGOs in Myanmar. There has long been a focus on 'development'-type approaches, like building local capacities and sustainable systems for community health and education. This illustrates the blurring of the lines that analysts note in 'humanitarian' and 'development' approaches within the context of protracted and complex emergencies (Barnett & Weiss, 2008; De Vos, 2015; Slim, 2003).

Additionally, even at the time of writing in mid-2019, development aid in Myanmar has not supplanted humanitarian aid. International donors and aid agencies are still providing significant amounts of funding to humanitarian programs, particularly in areas like Rakhine State or Kachin State, where ongoing violence and abuses continue to drive large-scale population displacement. However, what has changed in recent years is the massive influx of international development aid into Myanmar. This is illustrated notably by the almost sixty-fold increase in ODA between 2005 and 2013, with Myanmar becoming the seventh-largest recipient

¹⁶ Fassin defined the embodiment of history as 'the way through which social structures and norms inscribed in the long term of historical changes impose themselves on men and women, both in their everyday existence and in the meaning they give to their life and actions' (Fassin, 2008a: 316).

¹⁷ Interview, CBHO leader, Mae Sot, April 8, 2017.

¹⁸ Interview, CBHO leader, Mae Sot, July 20, 2011.

¹⁹ Interview, CBHO medic, Kayin State, January 20, 2019.

²⁰ Interview, CBHO leader, Mae Sot, July 12, 2011.

of international aid in 2015 and the third-largest recipient per capita in Asia in 2018 (Carr, 2018). Increased international engagement has been accompanied by debt forgiveness and new development programs, in turn leading to a multiplication and diversification of aid agencies. The mode of aid delivery has also evolved, with most new funding from Western donors channeled through the state or state-sanctioned systems.

Another significant change is the expanded discursive embrace of 'development' as a paradigm, as well as Western donors' and aid agencies' attempts to frame their work and their relationships with different actors in Myanmar within this paradigm. In 2013, during the First Myanmar Development Cooperation Forum, the Government of Myanmar, donors, aid agencies, and international development banks endorsed the *Nay Pyi Taw Accord for Effective Development*. The Accord sets out guidelines on donor-government cooperation and aims to ensure that international actors are in line with the state's development priorities. The signing of this Accord represented a key milestone in the 'normalization' of aid relations between the Myanmar state and international actors, and in the transition towards more 'development'-type approaches. Significantly, the Accord does not mention the role of EAOs nor how the state or international stakeholders might work with non-state actors as part of development programs. In the Accord, international actors are essentially committing to work with the state towards the country's development. In the eyes of CBHO leaders, the Accord then crystallizes international attributions of legitimacy to the state, and a shift away from international endorsement of non-state governance systems – a shift, which was often experienced as a form of betrayal or abandonment by actors on the ground.

Shifts in aid programs by Western donors are influenced by a number of factors, including international actors' perceptions of the political transition in Myanmar, the geostrategic interests of donors who are 'competing for political stakes in this new market'²¹, and the increasing linking of Western donor programs with peacebuilding objectives. The emerging 'development' paradigm in Myanmar also entails more emphasis on: sustainability and building national capacities; economic development, trade, and infrastructure; and working with and strengthening the state apparatus. So in the past, when a 'humanitarian' paradigm framed international aid to Myanmar, Western donors and aid agencies had largely circumvented the state; whereas the emerging 'development' paradigm in Myanmar entails increasingly working with and bolstering the capacity of the state.

It is important to note that, despite the shift towards 'normalization' of aid relations with the Myanmar state, in reality many Western donors are still attempting to work with para-state systems. In the 2015 Nationwide Ceasefire Agreement, the section on interim arrangements recognizes the administrative role of the EAOs (UN Peacemaker, 2015). This has been used by some donors and aid agencies to justify continued support to para-state systems. Influential studies by agencies like The Asia Foundation and Covenant Consult have recently called for international actors to recognize the legitimacy of, and work with, the EAOs (Davis & Jolliffe, 2016; South et al., 2018). Additionally, observers describe major Western donors like the EU and UK as increasingly 'savvy' in their attempts to work with non-state as well as state actors. As one long-term international aid worker put it, many donors and INGOs recognize that 'they shouldn't put all their eggs in one basket.'²² Moreover, in Myanmar's situation of hybrid governance, there is increasing recognition by Western donors that supporting para-state as well as state systems is important in order to

shift effectively from humanitarianism to development. As the same INGO worker explained:

I think the level of maturity around concepts like conflict sensitivity, and the concepts like the humanitarian-development nexus, has grown over time. Particularly the donors that I've had direct contact with, [they are] recognizing there's a much greater need for a nuanced approach to Burma.²³

Moreover, whilst evolving donor programs and priorities are inevitably influenced by political and geopolitical factors, shifts in the post-2011 period were also motivated by the attempts of Western donor countries to support the nascent peace process. The shift 'inside' by a number of donors that had previously supported 'cross-border' systems was therefore – from a donor perspective – often seen as a way to assist non-state actors in engaging with state actors and in negotiating long-term peace and development outcomes. Additionally, this shift was also widely seen as enabling donors to expand their reach inside Myanmar. Indeed, during past decades, Western humanitarian aid had focused heavily on specialized programs inside the country and on Thailand-Myanmar border areas. This led some observers to describe aid programs at the time as 'strangely distorted'.²⁴ Cross-border aid undoubtedly responded to extreme needs in the country's contested border areas; but humanitarian needs were also widespread elsewhere inside Myanmar, and yet many tens of millions of people in more central areas received almost no aid due to concerns that this would be misappropriated by the regime (Duffield, 2008). The perceived beginnings of Myanmar's political transition were then also seen as providing donors with a chance to greatly enlarge the number of potential aid beneficiaries inside Myanmar.

However, leaders of CBHOs in the eastern borderlands have a different perception of the increasing 'normalization' of international aid relations, of the shift towards more 'development'-style approaches in Myanmar, and of the links between international aid programs and conflict or peace dynamics. For them, these shifts have significant negative implications. As one leader put it, 'Now most of the international donors follow the Nay Pyi Taw Accord, and that is difficult for us.'²⁵ The difficulties, for the leaders, are both practical and political.

For one, a number of influential donors have withdrawn funding from 'cross-border' organizations like Back Pack. Reduced funding for CBHOs should be read in light of the various motivating factors described above, yet the leaders describe the loss of funding as having significant practical consequences for local organizations. For example, in late 2018, loss of funding from a major donor meant that Back Pack was not able to provide all the essential medicines that it normally sends to its health workers at the end of each year.²⁶

Additionally, as mentioned above, international donors have increasingly prioritized channeling aid through centralized systems in Myanmar – whether government agencies, multilateral agencies, or INGOs. This has meant that, to obtain funding, CBHOs have to tap into a new funding stream, instead of relying on funding via agencies located in places like Thailand, as they did in the past. Yet the CBHOs are still not legally registered or recognized in Myanmar; to tap into funding going into Myanmar, they generally need to register. Registration in turn comes with the associated obligation to report programs, budgets, and activities to the state. In a context of ongoing instability and lack of trust in the peace

²³ Interview, consultant and former INGO worker, October 7, 2018.

²⁴ Interview, former UN representative, December 12, 2018.

²⁵ Phone interview, CBHO leader, November 27, 2018.

²⁶ Phone interview, CBHO leader, November 27, 2018.

²¹ Phone interview, INGO representative, October 10, 2018.

²² Interview, consultant and former INGO worker, October 7, 2018.

process, CBHO leaders maintain that it is not yet time for them to register and move their head offices into Myanmar:

The Nationwide Ceasefire Agreement is by name only – just only eight groups signed! There is still fighting in the country. So that's why we think this is not the right time yet to go back and set up our own office in Burma. . . . In this situation, most of the donors, even if they say it's no pressure, but it's really a pressure for us. Pressure means our people are being forced to go back and receive the funding from inside Burma.²⁷

So while there are multiple motivating factors for donor shifts, and a number of noteworthy attempts have been made in recent years to strengthen para-state health systems and the capacity of CBHO and EHO leaders to engage on a level playing field with state actors, CBHO leaders remain concerned that they will lose further funding and that their health workers and systems will be sidelined. These concerns are interlinked with their perceptions of Myanmar's alleged transition, of the nature of 'development', and of who is benefiting from the shifting politics of aid.

5.3. Why 'development' might be seen as doing more harm than good

For leaders of Back Pack and local partner organizations, recent political changes in Myanmar have not put an end to the suffering of their communities. The leaders describe uncertainties in terms of how to interpret the role and actions of the new quasi-democratic government, as the military retains a great deal of control. They cite ongoing conflict in Kachin State, Northern Shan State, and parts of Kayin State. As one leader put it, "We cannot say transitional period – we are still fighting in the country!"²⁸ The medics and their leaders also describe abuses and attacks still happening in ethnic minority areas, and a lack of trust in the peace process: "For the peace process, we could not say if genuine or not."²⁹ For them, neither the new NLD-led government nor the ongoing peace discussions have yet ensured the rights and freedoms of their communities. Ultimately, the 2008 Constitution³⁰ means that Myanmar's government systems remain highly centralized, in turn denying the hopes of the health workers for a federal system:

According to the 2008 Constitution, there is no power sharing between the Union level, State level, and Township level. . . . Now because our people vote to get the democratic government, the international people thought, "Oh, Burma already got democracy!" – something like that. Not like that! We are facing a lot of difficulties to get democracy and Federal Union.³¹

In addition, CBHO members commonly perceive the type of 'development' that has been taking place in Myanmar's borderlands in recent years as doing harm. As the border areas have opened up, 'mega-development' projects, like the building of roads and dams, have multiplied. These projects have led to land confiscation and environmental destruction, in turn generating further displacement and dispossession of ethnic minorities (KHRG, 2015). Such 'mega-development' projects are also criticized for benefitting the military, its cronies, and foreign investors, not local communities. Consequently, 'development is not seen as a mechanism by which [local communities'] rights are going to be fulfilled, but it's more a process by which their rights are going to be undermined

or marginalized further.³² Local health workers therefore commonly associate 'development' with harm to their communities. One senior Back Pack medic explained:

At that time, the development aid they [i.e. international donors] think the impact is a lot of development for the community. However, the development aid is harming the community! Because due to the development process, there is a land confiscation issue and other confiscation issues in the community. Because they would like to construct the industry, construct the petroleum shop, construct the roads, construct everything! So that's why some community belongings are confiscated – confiscated by the government sector for development.³³

Many CBHO members also describe the Bamar-dominated central government as using 'development' as a cover for attempts to extend control over ethnic minority communities and resource-rich areas in the borderlands. Since the 2012 preliminary ceasefire agreement with the KNU, the government has built large numbers of clinics and schools in areas of Kayin State that were previously at the margins of state control. Following the 2015 Nationwide Ceasefire Agreement, this trend has been replicated in other areas formerly controlled by EAOs. Analysts working in these areas have voiced concern that international aid is fueling the expansion of state administrative structures into ethnic minority areas, without taking into account existing systems on the ground or the detrimental impacts on conflict dynamics (Lenkova, 2015; World Education, 2015). Ethnic minority service providers commonly perceive the increase in government schools and clinics in their areas as an attempt to undermine their local health and education systems and to increase control over their communities, land, and resources.

When I met with him in April 2017, one Back Pack medic showed me photos of new Rural Health Centers (RHCs) that had been built by the government in Kayin State. The medic explained that, after their construction, many of these health centers remained empty – there were not enough government health staff or medical supplies for them to operate. For him, the new health centers were in reality a way for the state to increase control over ethnic minority areas:

Even right now, the ceasefire agreement period, within just two years, there are more Rural Health Centers set up. They set up their RHC and they put some medics or [Health Assistants] – people who have never been here [i.e. to the ethnic minority areas], and then [the government health workers] just go back [to the towns], and there is no supplies and medicine. They just got funding from the international NGOs, just set up, want to control the area.³⁴

International aid programs in Myanmar now place a great deal of emphasis on conflict-sensitive approaches and on linking aid with peacebuilding objectives. As one long-term consultant and INGO worker in Myanmar put it, the focus is on 'making sure that development is contributing to peace.'³⁵ More generally, the underlying assumptions of the emerging development paradigm in Myanmar are interlinked with a liberal peace approach and the 'idea that poverty alleviation will address a lot of the ethnic grievances.'³⁶ As mentioned above, there are a number of noteworthy programs currently being rolled out with international donor funding in Myanmar. And again, many observers describe donors and INGOs as increasingly 'savvy' in terms of working with non-state as well as state actors as part of their development programs.³⁷ However, shifts

²⁷ Interview, CBHO leader, Mae Sot, April 4, 2017.

²⁸ Interview, CBHO leader, Mae Sot, April 4, 2017.

²⁹ Phone interview, CBHO leader, November 27, 2018.

³⁰ In May 2008, the military junta held a controversial referendum to approve a new constitution. Many EAOs rejected the 2008 Constitution on the basis that it does not allow for federalism.

³¹ Interview, CBHO leader, Mae Sot, April 2, 2017.

³² Phone interview, INGO representative, October 12, 2018.

³³ Interview, CBHO medic, Mae Sot, April 4, 2017.

³⁴ Interview, CBHO medic, Mae Sot, April 4, 2017.

³⁵ Phone interview, consultant and former INGO worker, October 5, 2018.

³⁶ Phone interview, INGO representative, October 12, 2018.

³⁷ Interviews with donor and INGO representatives, October–November 2018.

in donor aid programs in Myanmar also signify increased international recognition of and support for the Myanmar state. The reconfigured aid economy in Myanmar is perceived by members of groups like Back Pack as bolstering a state-building project that goes against their political aspirations. Local health workers therefore fear that the emerging development paradigm will further exacerbate historical patterns of conflict and structural violence.

5.4. Attempts to redefine 'development' in ethnic minority communities

In the evolving political context described above, CBHO leaders are advancing an alternative vision for 'development' in Myanmar's ethnic minority areas. This vision hinges on recognition for para-state health systems, as well as a devolution of powers. As mentioned above, EHOs, CBHOs, and their staff are still not officially recognized in Myanmar. Although conditions have improved with the ceasefires, the health workers still face harassment, intimidation, demands for bribes, and other threats due to their lack of official documentation and recognition. At the same time, Myanmar is facing a drastic shortage of officially qualified health personnel, particularly in remote ethnic minority areas (Low et al., 2014).

Since 2012, CBHO and EHO leaders have endeavored to increase communication and coordination with state actors, and to obtain recognition for their health workers and systems. CBHO leaders explain that this is part of a necessary process of 'convergence' between state and para-state health systems. They define convergence as 'the systematic, long-term alignment of government, ethnic, and community-based health services' (Maung, 2015). They explain that increased cooperation with state systems is essential in order to ensure sustainable health systems strengthening and to improve the lives of local communities. Convergence, however, does not mean integration into the centralized systems of the Myanmar state. Instead, CBHO leaders maintain that convergence should 'support a peaceful transition towards a federal system of government' (Maung, 2015).

Leaders of the CBHOs are advocating for a devolution of powers and for their health workers and systems to be officially recognized as part of what they hope will become a federal model of health-care provision. For them, the EHOs should be legally recognized as State-level authorities for health. As one leader projected:

*I think they will be the Health Ministry of their own States – this is a very clear vision for me. We have to give a role for the ethnic health departments as the government health department. They will be [part of] Karen government, Shan government, Mon government, within the federal state.*³⁸

This vision in turn clarifies the reactions of CBHO members to the government's 2016 National Health Plan. This Plan pledges to achieve Universal Health Coverage by 2030 and has been enthusiastically welcomed by international donors and NGOs (MoHS, 2016). It acknowledges EHOs as service providers in Myanmar's ethnic minority areas. The fact that these actors are mentioned at all indicates the government's recognition that, without the involvement of the EHOs, they will never be able to achieve their goal of Universal Health Coverage by 2030. However, the plan includes these actors as service providers, with decision-making power remaining in the hands of the central government. In contrast, for Back Pack leaders and their local partners, the EHOs should be legally recognized as State-level authorities for health in their respective areas; and the CBHOs should continue to work under the authority of these State-level health governance systems. When I asked him what he thought of the National Health

Plan, one senior Back Pack medic therefore stated: 'We don't accept EHO is just service provider. Because EHO needs decision-making role!'³⁹

For CBHO leaders, the devolution of powers is essential from a practical perspective: the health systems developed by the CBHOs and EHOs will ensure effective, appropriate, and sustainable health services in ethnic minority areas. At the same time, the vision of these health workers for the future of health systems in their areas is linked with an ongoing struggle for recognition of the EAOs as legitimate governance systems, within a hoped-for Federal Union of Myanmar. So it was that one of the health workers told me: 'Our ultimate goal is to have a federal health system, within a federal state.' And another said: 'Federal Union and federal health system is the same.'⁴⁰

In the vision of the health workers, aid cannot and should not be separated from politics. Additionally, for them, international aid can only really enhance peace if it builds local capacities whilst also supporting the recognition of decentralized health and governance systems:

*The local people are the best to manage how to deal with the border issues, how to deal with this geographic area, and they have their own local knowledge. So we need to use their knowledge and wisdom to manage, and the donors need to think of how to help them, how to empower them, and how to support the federal system. Then we can move forward for peace and reconciliation.*⁴¹

The vision of CBHO leaders for 'development' in ethnic minority areas is therefore inextricably tied to their ongoing quest for political recognition. Recognition in turn amounts to the rights, equity, and equality that ethnic minority communities have historically been denied by the Bamar-dominated state. As one leader stated: 'So recognition means respect each other. We recognize government staff. Government should also recognize us one day.'⁴² And as another leader put it: 'When we say convergence, we mean working as equal partners.'⁴³ For the health workers, real 'development' should be about empowering members of ethnic minority communities to take a leadership role in shaping their own future.

Leaders of CBHOs in Myanmar's historically contested borderlands are therefore far from the type of 'docile bodies' that Foucauldian critiques of the 'development discourse' might lead us to imagine. These actors have adopted a critical distance in relation to the discourses and practices of the international aid industry. They interpret these discourses and practices through the lens of their personal and communal histories of state-driven suffering. Within the field of power that is formed by the 'aid encounter' in their areas, they continue to struggle for the recognition of para-state governance systems. In so doing, they highlight not only the agency of local actors, but also the extent to which 'development' can become a site for struggles over the terms of inclusion in the national polity, over the legitimacy of competing systems of government, and over the ways in which border areas are territorialized through shifting aid economies.

6. Conclusions: What's in a name?

Evolutions in international aid paradigms and programs can have significant political implications. Ethnic minority health workers in eastern Myanmar are far from being opposed to 'development' per se – at least in the sense of reducing poverty and improving the lives of their communities. However, the

³⁹ Interview, CBHO medic, Mae Sot, April 6, 2017.

⁴⁰ Interviews, CBHO leaders, Mae Sot, April 4–8, 2017.

⁴¹ Interview, CBHO leader, Mae Sot, April 6, 2017.

⁴² Interview, CBHO leader, Mae Sot, April 8, 2017.

⁴³ Interview, CBHO leader, Mae Sot, April 2, 2017.

³⁸ Interview, CBHO leader, Mae Sot, April 4, 2017.

'humanitarian' paradigm that historically framed international aid to Myanmar had provided a platform for CBHO leaders to develop sustainable healthcare systems in their communities, whilst also advancing their political vision for a democratic and federal Myanmar. The political claims of these actors came to be embedded in their everyday suffering. This suffering was in turn legitimized through the humanitarian programs of international donors. At the same time, the past aid economy in Myanmar conferred legitimacy to the political claims of CBHO members and supported the relative autonomy of border areas from central state control. In contrast, the emerging 'development' paradigm in Myanmar is perceived by local-level actors as clashing in many ways with their political vision and ongoing struggle for recognition of para-state governance systems. So while local actors have continued to struggle for the realization of the rights and freedoms of ethnic minority communities through the establishment of a federal model of government in Myanmar, the terrain within which this struggle plays out has shifted significantly in recent years.

In the eyes of CBHO leaders, the aid programs of powerful Western donors and aid agencies have increasingly crystallized international attributions of legitimacy to the quasi-democratic, Bamar-dominated central government. In addition, the emerging development paradigm in Myanmar is framed within a liberal peace approach, which posits economic (and, in particular, neoliberal) development as a long-term solution to conflict, since it is assumed that this will eliminate the grievances that are believed to fuel violence. But ethnic minority health workers fear that, in a situation where structural inequalities have not yet been resolved, internationally-funded development programs will instead exacerbate historical patterns of conflict and structural violence. At the same time, the new aid economy in Myanmar is perceived by ethnic minority health workers as bolstering a state-building project that clashes with their political aspirations. Much like Ferguson's anti-politics machine, international aid programs are seen as enabling the 'entrenchment and expansion of institutional state power ... under cover of a neutral, technical mission to which no one can object' (Ferguson, 1994: 256). The reactions of local health workers in the borderlands to the emerging 'development' paradigm – and their rejection of development's 'anti-politics machine' – in turn highlight how, much like Palestinian refugees in Syria, local actors are demonstrating their 'continued insistence on inserting their political claims within the dehistoricizing and depoliticizing discourse of international aid' (Gabiam, 2012: 104).

It will be important to examine how international aid programs evolve in the future, as Western donors and aid agencies become increasing aware that Myanmar's alleged political progress and development is profoundly uneven and exclusionary. Over the past two years, international focus has turned to the crisis in Myanmar's Rakhine State, where Muslim Rohingya communities have been subjected to widespread and systematic human rights abuses as part of what has been internationally condemned as ethnic cleansing. Human rights abuses against communities in Rakhine State, large numbers of internally displaced, and state restrictions on international humanitarian access to affected areas have already impacted on how donors and aid agencies engage with state and non-state actors in Myanmar (UNICEF, 2019). There is now more wariness towards 'putting all eggs in the government basket.' More generally, donors and INGOs are continuing to grapple with how to engage state and non-state actors, and how to contribute positively to social reconstruction and peace.

The development challenge for Myanmar today does not simply require a technical response to generalized conditions of poverty. Instead, it requires a politically sensitive approach to dealing with contested governance systems and inter-locking political, economic, ethnic, and social tensions. Ultimately, if aid systems and

practices are truly going to live up to promises of improving lives and empowering local communities, it is essential to take into account the understandings, experiences, and agendas of those impacted by such systems and practices – those whose voices are still too often marginalized when it comes to making decisions about international aid and its implementation. It is undoubtedly positive that international donors and aid agencies are attempting to bridge the many gaps and incongruities between 'humanitarianism' and 'development'. However, what also needs to be taken into account are local actors' perceptions and interpretations of these paradigms and what they mean for their communities. Additionally, there is a need for more recognition of impacts that international aid economies may have in designating different socio-political actors as legitimate, and in territorializing border spaces in different ways, at different times. It is only by understanding these dynamics, and by acknowledging the plurality of agendas that can be brought together in a particular 'aid encounter', that we can begin to comprehend the politics of aid in all their complexity.

Credit authorship contribution statement

Anne Décobert: Conceptualization, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration.

Declaration of Competing Interest

During 2009–2012, the author worked as a volunteer for the Back Pack Health Worker Team, whilst also conducting research into the organization's system of 'cross-border aid'. In 2013, the author then worked as a consultant for the Mae Tao Clinic.

Acknowledgements

The author would like to thank the leaders and members of Community-Based Health Organizations and Ethnic Health Organizations who have generously given their time and shared their stories and perspectives over the past ten years. Additionally, the author would like to thank the many representatives of donor agencies, INGOs, and other organizations, who took part in interviews as part of this and related research projects. Special thanks are also due to the anonymous reviewers, for their extremely helpful feedback on this article; to Dr Tamas Wells for his comments on previous drafts; and to Bethia Burgess for her invaluable assistance with various research tasks. Research conducted in Thailand and Myanmar in January–February 2019 was supported through a University of Melbourne Early Career Researcher grant.

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