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Ethnic Health Committee

Growing Public Health Emergency in Burma's Ethnic Areas

The Ethnic Health Committee (EHC)

May 6, 2021

The EHC issues the following statement on the current health situation in ethnic areas of Burma.

1. In the period before the coup d'état in Burma, the Ethnic Health Organizations, the main structures responsible for public health and health care in Burma's Ethnic administrative areas, responded quickly to the COVID 19 pandemic. EHOs implemented locally relevant interventions including setting up their own strategic COVID 19 screening points, quarantine centers, providing PPE and COVID 19 information in their own languages and cultures as well as treating suspected cases.
2. During this time, international aid attempted to be channeled through central Burma to EHOs was unable to reach its destination due to ongoing fighting with the Burma Army, the stalled peace process and restrictive government aid policies. This left EHOs with insufficient support to fight the pandemic at that time.
3. Immediately following the coup de'tat in February 2021, thousands of staff from the Ministry of Health and Sports (MOHS) went on strike to lead the Civil Disobedience Movement (CDM). The attacks by the Coup Council on these peaceful demonstrators, left hundreds dead and injured and has forced thousands into hiding, including MOHS staff.
4. Many of these health workers as well as others have fled to ethnic areas to seek shelter and assistance. Many of these MOHS staff are continuing to provide health care in non-coup council controlled venues.
5. The direct result has been a collapse in Burma's official public health system, including COVID-19 testing, treatment and control initiatives, and immunization, posing a risk of uncontained spread of the disease, rise of new viral variants, and threatening regional/global COVID-19 containment efforts. The coup, CDM and human rights crisis has also had multiple indirect impacts on healthcare access in Burma.

6. The coup and the subsequent uprising against ongoing centralized military rule has left Burma's health workers without adequate support and severely reduced Covid 19 surveillance and control activities in central Burma.
7. The coup has also increased tensions between ethnic armed organizations and the Burmese military, particularly the Karen National Union (KNU) and Kachin Independence Organization (KIO) including the use of airstrikes on villages which have killed and injured dozens and causing new displacement in ethnic areas.
8. The EHOs now face even greater shortages of material and financial support in order to assist these newly displaced peoples in ethnic areas. This has also increased the threat of the pandemic into these border areas.

Therefore, the EHC calls for:

1. Increased international support directly to EHOs who bear responsibility for the growing displaced populations in their areas, while combating the pandemic. This support should include PPE, COVID-19 testing machine and COVID-19 vaccines, upgrading health infrastructures which EHOs already have the capability to deliver.
2. Increased international support for CDM particularly health staffs to carry on their health services operating outside the coup council military health structures.
3. Request to India, Bangladesh, China and Thailand to allow much needed COVID-19 vaccines into EHO controlled areas as a humanitarian gesture as well as to protect their own populations from the pandemic.

The Ethnic Health Committee (EHC) is the main alliance of Ethnic Health Organizations which are directly delivering health care in Mon, Karen, Karenni, and Shan Ethnic Armed Organization administrative regions along Thai-Burma border, as well as in Kachin state and Chin state border areas.

Contact: Saw Nay Htoo + 66 81 190 2217
Nai Seik Rot + 95 995 117 3692