

Research on health systems resilience in Myanmar



ReBUILD
FOR RESILIENCE

ReBUILD for Resilience is an international research consortium which is examining health system resilience in fragile settings experiencing violence, conflict, pandemics and other shocks. In Myanmar, our research is being led by Burnet Institute, with support from QMU, Edinburgh and LSTM, UK. This poster outlines the studies conducted by the Burnet team and our findings.

The gendered experience of close-to-community healthcare providers in Myanmar

Aim: To explore the roles of close-to-community health care providers and their gendered experiences during the COVID-19 pandemic and recommend future support for the cadre.

Key messages: Close-to-community health care providers are embedded within their communities, serving as the first point of contact and with a strong willingness to serve. This should be utilised and supported.

Their work is poorly remunerated and was seen as risky during the pandemic. Motivational incentives and recognition should be given for health workers' continued contribution, especially during crisis.

COVID-19-associated lockdowns brought additional stresses to close-to-community health workers, with a gendered division of labour acutely felt by women.

Frontline workers are essential in the prevention and control of disease outbreaks. Comprehensive training is required as is a formal mechanism for the provision of protective equipment



Healthy minds, healthy futures: mental health and psychosocial wellbeing of young people in Myanmar

Aim: To understand the mental health and psychosocial wellbeing needs, care-seeking behaviour, and service delivery preferences of young people (16-24 years) in two Myanmar townships.

Key messages: Involving young people in the co-design of research and its implementation increased impact.

Timely community-based interventions can promote understanding of and prevent mental health issues faced by young people. Innovative delivery models, such as mobile libraries, sports-related safe spaces and online peer counselling, were utilised by the young people.



Community health system readiness for disability inclusion in Myanmar

Aim: To assess the responsiveness and adaptability of health services in Dagon Myothit (South) township to the needs of persons with disabilities (PWDs) during crises, including COVID-19 and political instability, compared to stable periods. We also engaged PWDs and health stakeholders in co-designing an action plan to establish a disability-inclusive, gender-responsive health system.

Key messages: Disability inclusion is not a paper exercise but a route to mutual learning, respect and commitment. By addressing structural barriers, empowering PWDs and strengthening service delivery, stakeholders can ensure PWDs are not left behind in Myanmar's health and development agenda, especially in under-resourced, peri-urban areas.



2020
COVID-19

2021
Military coup

2022

2023

2024

2025

Community stressors and coping mechanisms in accessing health care during crisis

Aim: To explore community health seeking practices and coping mechanisms during the double-challenge of the COVID-19 pandemic and military coup, including views on health system stressors.

Key messages: Cohesive, organised family support structures and extended, deep social networks played important roles in accessing health care.

During emergencies, people relied on community-based social organisations for transport and accessing essential medicines.

The health system showed resilience, establishing new service provision and advice channels such as teleconsultations, mobile clinics, and social media.



Role of Myanmar's non-state actors in health service delivery and health system resilience

Aim: To explore the changing and emerging role of non-state actors in health service delivery in Myanmar's shifting political, security and socio-economic environment (2015-20 and 2021-22).

Key messages: Absorptive strategies included focusing on basic services, using informal communication channels, and maintaining buffer stocks of supplies.

Adaptations included changing modes of delivery and supply chains, and adjusting HRH training.

Health system resilience, and the capacity to absorb, adapt and transform in the face of shocks, is informed by past experience, local actors' relationships with the state, and previously developed resilience capacities.



Resilience strategies of healthcare providers and communities along the Thailand-Myanmar border

Aim: To document the web of health systems used by Myanmar's migrants and internally-displaced populations on both sides of the Thailand-Myanmar border in the Mae Sot/Myawaddy area.

Key messages: Amidst conflict and instability, a distinct liminal health system emerged along and across the border. It was characterised by fluid movements of patients, supplies, personnel and financing, and a variety of interconnected healthcare providers.

These liminal characteristics enabled adaptive strategies that bolstered health system resilience.

Rising health needs, financial constraints and legal uncertainty increasingly jeopardise the health system's sustainability and resilience.

