This is an introduction written in time of deep uncertainty, during lockdown in the UK and while the future course of COVID-19 in Myanmar is yet to be determined. I was in Nay Pyi Taw until a few weeks ago, when UK nationals were told to leave. No one knows when we will return, and what Myanmar will have suffered. But of this I am certain - I will not be returning to the same country that I left.

With its unique set of challenges, Myanmar is having to find its own ways to respond to the pandemic. Social care, medical support, quarantine and basic economic survival all need solutions that respond to the particular circumstances of a complicated nation, built as it is from so many parts. To take one example, the reach of the union level healthcare system does not extend to those areas where ethnic armed organisations are established. This presents the clear risk of a disordered response to a virus that knows nothing of the borders we choose to carve across our world. Getting this right offers the opportunity, formidably difficult if also tantalising, of coordination between old foes for the sake of a common response. This might, perhaps, present a chance for peace.

This is all the harder in Rakhine State. There have been many calls for a cessation of violence in northern Rakhine for the sake of all who live there. It has been said in recent days that the fury of the virus illustrates the folly of war. At time of writing, with a World Health Organisation staff member shot this morning while transporting test samples to Yangon, the hopes for peace in Rakhine State seem remote.

Prospect Burma’s mission is clear. The charity was born out of another time of crisis - today, our task of supporting the next generation of Myanmar’s leaders and thinkers is as vital as it was then. The future wellbeing of the country must be grounded in education. “I think that I need to transform myself before transforming the lives of others around me”, one of our scholarship applicants wrote in her personal statement. Why? Because “most of the people from the community I brought up lack the educated leaders.”

As you will see in this newsletter, our alumni are at the forefront of the public health response to the pandemic. They are responding to the new demands created by COVID-19, and they will bring these same skills to the recovery phase. Having won the war against this virus, they have the skills to win the peace. Your support of them is saving lives.

At this time of such deep and global doubt, I believe that our work is more important than ever. We continue to reach into all communities to help those with vision and ambition to become all that they dream of being. Myanmar, and our world, needs them.

Michael Marrett-Crosby
April in Yangon is normally a riotous and joyful time. Thingyan marks the coming of the New Year, celebrated by water throwing, dancing, music and performances. Full of colour, the festival is a time for family and friends to come together and enjoy the most significant public holiday in Myanmar’s calendar. This year, however, is different. The streets of Yangon are quiet and almost deserted, as Myanmar, like so many other nations worldwide, responds to a new public health threat: COVID-19.

Existing Public Health Infrastructure

Myanmar is no stranger to novel infectious diseases. Since 2006, multiple rounds of the H5N1 virus, otherwise known as ‘bird flu’ have been recorded. H1N1, commonly known as ‘swine flu’, has also broken out annually since 2009. Similar to seasonal flu, H1N1 was declared a pandemic by the World Health Organisation (WHO) due to its rapid spread worldwide, and continues to claim lives in Myanmar.

Myanmar’s Department of Public Health is administered under the Ministry of Health and Sports (MoHS). Its Central Epidemiology Unit is the national focal point for the surveillance of and response to communicable diseases. Its main function, according to government literature, is to become the “nucleus of the future Myanmar CDC”. As Elliot Brennan argues in a 2017 Tea Circle article, the response to H1N1 highlights how far Myanmar has come in health communication and cooperation.

Government Response to COVID-19

One day after the WHO declared the coronavirus outbreak to be a global health emergency, the President’s Office announced the formation of a special committee to tackle the crisis. By February, the government was conducting a screening process at international gateways and hospitals, and MoHS labelled COVID-19 an “epidemic or notifiable disease”. However, concerns were raised over reporting, as until as late as 16 March, while China was reporting some 80,000 infections, Myanmar had not recorded a single case of coronavirus, despite sharing a porous 1,400-mile border.

Since the government confirmed its first cases, it has increased measures to prevent the spread. Public gatherings and events have been cancelled, airports closed, and additional restrictions have been placed on internal travel. A variety of measures have been taken in townships across the country, but a lack of centralised policy has affected coordination.

Measures in Yangon have been stricter, with the Yangon Regional Government issuing orders for venues such as cinemas and clubs to close, and for Yangon’s normally bustling restaurants and teashops to offer takeaway-only service. While most have complied, some have flouted the rules, due to a combination of a lack of enforcement and concern over the financial
implications of an indefinite period of closure. Businesses have been encouraged to apply for loans from the government, which has set up a K100 billion fund to support businesses affected by COVID-19. In Yangon, a lockdown was ordered in mid-April, during which time the regional government advised people not to leave their homes except to buy food or receive medical care.

Information on COVID-19 has been disseminated in various languages by MRTV, Myanmar’s national television service. Government advice on social distancing is available on the MoHS website, and an online dashboard publicises the latest figures. However, testing rates remain extremely low, and at present only one laboratory in the country has the capabilities to test for the disease.

Will Myanmar face a public health emergency? The picture is a complicated one, even for seasoned epidemiologists, and depends upon several interlinked factors:

**Socio-Economic Challenges**

- Myanmar has a large informal workforce without access to state support. Workers are often paid cash-in-hand and have no employment contracts; in consequence, measures taken to curb the spread of the virus may leave many in a precarious situation.
- For formal workers, an undeveloped welfare state is only able to provide limited support.
- A relatively small service economy means that few can work from home, and instead face pressure to continue to commute to maintain their income.
- Many people live in multi-generational households, often with elderly relatives, and living and sleeping spaces are shared. Self-isolation is therefore only possible for the most affluent.
- Conflicts continue in several ethnic borderlands where there are up to two million internally displaced persons (IDPs) and refugees. In these territories, there are many concerns that the virus could spread unaddressed (see article: A Land in Health Crisis).
- The movement of migrant workers took the government by surprise. As cases rose in China, many workers chose to return home, and similarly as Thailand closed its borders in late March many thousands of Myanmar workers rushed to return to villages across the southeast. The impacts of closures, lockdowns and generalised uncertainty can also trigger mass movement, all of which have the potential to spread the virus further as quarantine measures were not in place for returning workers, and are furthermore difficult to enforce.
- Early studies have shown that smoking heightens risk for those who contract COVID-19; smoking and chewing betel are well-established practices in Myanmar and may exacerbate symptoms.

**Medical Infrastructure Challenges**

- With underdeveloped primary, secondary and tertiary care, disparity in access between urban and rural communities, and significant gaps in service delivery for many ethnic groups, it is possible that the virus will highlight existing inequalities in health provision.
- Myanmar has a total of 586 critical care beds, an average of 1.1 per 100,000 population, giving it the second lowest critical care capacity in the Asia region.
- It has been suggested that there are only 200 ventilators for a population of over 55 million.
- The country suffers a high burden of malaria, tuberculosis, HIV and other serious diseases, and a major spread of COVID-19 would have a severe impact on an already-stretched medical system.

**Mitigation**

At the time of going to print, the reported incidence of the virus in Myanmar has been low. The government is cooperating with the WHO and other international organisations and is accepting overseas assistance. The latest data has shown that the virus disproportionately affects the elderly. In Myanmar, only 5.5% of the population is over 65, compared to 18% in the UK.

There is also uncertainty over the spread of the virus in tropical countries. Writing in Frontier magazine, Dr Frank Smithius, former director of MSF...
Myanmar, noted that COVID-19 has a different, and crucially much slower, transmission dynamic across Southeast Asia compared to China, Europe and the United States. He argues that this ought to inform a tailored set of preventative measures, which focus on social distancing and hygiene rather than a full lockdown, which could have a huge impact on livelihoods. Jordan Tun further argues that a lockdown, implemented by the Tatmadaw (armed forces), could represent a step back for Myanmar’s relatively new civilian government.  

There remain many reasons for caution. COVID-19 has proven a difficult crisis in many countries around the world. In Myanmar, epidemiologists are watching for the ‘flu season’ (June-September) when virus challenges usually spread within the country. In the meantime, civil society organisations are urging that health outreach is made available to the most vulnerable and at risk. To celebrate Thingyan, the government released 25,000 prisoners, which reduced health pressures on the country’s crowded jails. But vigilance will remain essential in the coming months if the country is to avoid the WHO’s worst predictions of a global pandemic.

Outlook

Given the particular risk factors in Myanmar and the need to protect both welfare and livelihoods, the COVID-19 response comes down to a question of responsive management. Mitigation methods must be flexible and open to review, evidence-based in relation to techniques employed elsewhere in Southeast Asia and in the wider Asia region, and supported by the international community.

Measures must be accompanied by effective information campaigns targeted to specific groups in a variety of languages, to counter misinformation. As Sithu Aung Myint comments, a bond of trust between the government and its people is vital in ensuring that people understand and comply with public health requirements.

For Prospect Burma, it reminds us that our work is as important now as it ever has been – continuing to work to support young people in their education pathways, so that they may return and help develop Myanmar and encourage the kind of resilience and resourcefulness that is needed to address these challenges that we all face in this complex 21st century world.

References

1 http://doph.gov.mm/Main/content/post/central-epidemiology-unit
8 Available at: https://doph.maps.arcgis.com/apps/opsdashboard/index.html#/f8fb4ccc3d2d42c7ab0590dbb3fc26b8
10 The Department of Labour estimated in its last Labour Force Survey (2017), that 83% of Myanmar’s workers, about 18 million people, are in the informal sector.
13 https://www.researchgate.net/publication/338520008_Critical_Care_Bed_Capacity_in_Asian_Countries_and_Regions
14 https://frontierymyanmar.net/en/a-tatmadaw-enforced-lockdown-is-no-answer-to-covid-19
16 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/july2017
18 https://frontierymyanmar.net/en/a-tatmadaw-enforced-lockdown-is-no-answer-to-covid-19
After independence, Myanmar was considered to have one of the best health systems in post-colonial Asia. This changed rapidly following the 1962 military coup. Under the “Burmese Way to Socialism”, Myanmar declined to Least Developed Country status as one of the world’s ten poorest nations. Subsequently, the country became an “aid orphan” as international funding was cut off in protest at continuing military rule. In 2005, even the Global Fund left from the country. The peoples of Myanmar have paid a heavy price for these decades of impasse and stagnation. The number of refugees and internally-displaced persons is among the highest in Asia; the country is the second largest producer of illicit opium (after Afghanistan) in the world; and access to adequate health care remains very limited. Still today, Myanmar has the highest rates of malaria, tuberculosis and HIV in the sub-Asian region, while other life-threatening illnesses are locally commonplace, including dengue fever, hepatitis and such water-borne diseases as typhoid and cholera.

During the past decade, approaches to health have begun to change. Two events marked this shift in perceptions. First, in 2008 over 140,000 people died in Cyclone Nargis that swept the Ayeyarwady Delta. In the cyclone aftermath, parties on all sides recognised that the country could no longer continue in its isolationist ways. And in 2011, the change to a quasi-civilian government was generally considered as the opportunity to achieve national reconciliation and introduce long-needed reforms. These hopes accelerated with the advent to government of the National League for Democracy in 2016.

In 2020, the stage is delicately set. The increase in international aid, a new ceasefire process and expansion in modern health treatments have seen progress against some of the country’s most serious ills. But there is still a long way to go. The health system remains highly-centralised, per capita health spending is precariously low, and there are many areas of poverty and deprivation.

Compounding the health crisis, new humanitarian challenges are continuing to emerge. The number of refugees and IDPs has increased as ethnic conflict has continued in the Bangladesh, China and Thailand borderlands; land-grabbing and natural resource exploitation have deepened the vulnerability of poor communities; a new trade in illicit methamphetamine production has become the world’s largest; and women and children are often worst affected by hardship and conflict in an economy that is 70 per cent agricultural.

With the threat of COVID-19 looming, the country faces many struggles ahead. Myanmar currently stands at 145th of 189 countries in the UN Human Development Index, below neighbouring Bangladesh, India and Laos. There can be no doubt about the determination of young people to address the country’s needs, and energy has been boosted by the opening of doors and return of educated specialists from abroad. But health reform remains the challenge of a generation. Myanmar today is a country where access to health is weak, and people unnecessarily suffer from illnesses that are both treatable and preventable. This is a health crisis that has long needed to end.
Myanmar Watch - New troubles as the threat of COVID-19 emerges

As in many countries around the world, the emergence of the COVID-19 virus has brought to the surface many long-standing challenges in politics and society. Although reported cases of infection have been internationally low, the impact on poor and vulnerable communities has been immediate. International borders have closed, factories shut down, tens of thousands of migrant workers struggled to return home from neighbouring countries, and subsidence work dried up in a country where many people are day labourers. Every walk of life has been affected.

Against this backdrop, the prospects for peace and reform have clouded over. The 2015 Nationwide Ceasefire Agreement has come under strain; the 21st Century Panglong Conference has been postponed several times; and the Tatmadaw (national armed forces) has blocked constitutional amendments by the National League for Democracy. In the meantime, Tatmadaw commanders have stepped up military operations, including aerial attacks, in Rakhine State and adjoining Chin State where a bitter war has developed with the Arakan Army. Hundreds of fatalities have been reported, and an estimated 150,000 Rakhine and Chin civilians displaced from their homes.

Inevitably, the conflicts in the country’s ethnic borderlands are having impact on international perceptions. Conflict regression also continues in the Kachin and northern Shan States, and recent clashes have occurred in northern Karen State. In the case of Rakhine State, over 900,000 Rohingya Muslim refugees remain in Bangladesh after fleeing military operations during 2016-17. Both the International Criminal Court and the International Court of Justice are continuing investigations into these events. But, to date, progress has been slow, and the plight of the refugees remains unaddressed.

In March, UN Secretary-General António Guterres called for a “global ceasefire” to deal with the COVID-19 threat. Civil society groups and ethnic parties supported the UN call, and hopes continue that the NLD government will respond. Refugees and internally-displaced persons are among the most at-risk populations to COVID-19. But cross-country initiatives have so far been limited, and aid agencies are struggling to cope with the growing numbers of migrants and displaced people.

Looking ahead, most national focus is on the upcoming general election, scheduled for November. An NLD victory is still expected, as long as the election goes ahead. Ethnic parties are predicted to campaign more effectively than in 2015. But the performance of the economy, which is now under severe strain, may well be the most important factor in voting decisions.

It is notable then that it has been China, where COVID-19 first began, which has become the most active international actor during the past four months. The political landscape remains uncertain. But, with President Xi Jinping’s Belt and Road Initiative ready to launch on the runway, 2020 looks likely to be a year when Chinese diplomatic and economic influence gathered a new momentum. A critical few months are now approaching.
Since the early 1990s, Prospect Burma has supported over 1,400 people from Myanmar through higher education. Over this time they have graduated and moved on to build careers for themselves, spanning a huge plethora of industries and answering developmental needs throughout the country.

For the past couple of years, we have been working behind the scenes on a new programme to support them at the next stage of their journey, by helping to unify groups of alumni in locations around the country. These new Alumni Regional Cluster Hubs - or ARCHs - will be rolled out across Myanmar, starting with the first group in Yangon. They will offer a space for our change makers to network, skill share, and answer the needs of their local communities.

The first ARCH was launched at the beginning of this year in Yangon. Over initial meetings ARCH members discussed what they would like to do as a group, working with the PB team to plan activities. Over the following weeks these plans had to be radically changed, as the outbreak of COVID-19 spread around the world, causing untold devastation to the global community. Early this April the brand new Yangon ARCH mobilised to pre-empt the impact of COVID-19 in Yangon.

Shwepyithar township is in the northern part of Yangon, and is one of the poorest parts of the city. The majority of the people living in this region are casual, or day workers, relying on a daily wage to support themselves and their families. Approximately 300,000 people live in Shwepyithar, many of whom have migrated to the area from across the country to seek work. For people who rely on a daily wage, and who work in an industrial region in positions in factories and at the port, social distancing and working from home are impossibilities.

We spoke with members of the ARCH Executive Committee, to find out about their work reacting to COVID-19 in this region.

Nowaii Linn is the Communications Officer for the Yangon ARCH Executive Committee, and undertook a master’s degree in Communications Arts at Bangkok University, Thailand, with the support of Prospect Burma. She is of Ta’ang (Palaung) ethnicity, a group that has experienced ongoing human rights violations including widespread land confiscation. She told us:

“Being a minority Ta’aang, surrounded by drug users and growing up in a civil war zone - where groups of people are struggling for national identity - pushed me to take part in building a nation of democracy in homogeneity and diversity. My ultimate goal is for a civilised society where everyone’s voice matters, yet express a collective national identity.”

Today, Nowaii Linn has returned to Myanmar and now works for the United Nations Population Fund (UNFPA).

Hlaing Wai Wai Phyo is the ARCH Chair. With Prospect Burma support, she undertook a Master’s in Public Health at BRAC University in Bangladesh. Today she is a qualified medical doctor, working to improve public health services in Myanmar. With the challenges the country is currently facing, she is eminently qualified to lead activities to help
support local communities at risk of high impact from COVID-19.

Yangon ARCH chose to partner with Thazin Oo Clinic, which has been run by Dr. Yee Zin Oo and his wife U Thet in Shwepyithar for over 20 years, offering a range of primary care services as well as additional treatments including tuberculosis, HIV, Malaria, and sexual and reproductive health treatments. The ARCH team members worked with Dr Yee Zin Oo and U Thet to identify 57 households which they considered to be particularly at risk of impact from COVID-19, which they categorised as households which had elderly or infant family members, chronic illness, day workers or a family member with a disability.

“Many of them have limited healthcare knowledge. It is very important to ensure they have access to COVID-19 health awareness and accurate information from reliable sources to be able to protect themselves — as well as where to go if they have fever,” Dr. Yee Zin Oo told us.

The ARCH delivered supplies of rice and chickpeas (staples of the Myanmar diet), and soap to families in the township, in advance of the anticipated lockdown, to help support families through the impending crisis. They also conducted hand-washing demonstrations, to share governmental advice on preventing the spread of bacteria. Nowai Linn explained how the ARCH managed the activities to be safe for everyone involved:

“During this sensitive situation, the most important thing is to perform the activity less crowded in order to imply social distancing policy in place... This clinic has already equipped with handwashing facility with soap and water. [We conducted a] demonstration of proper hand washing and everyone needed to wash their hands properly at the facility and soap in-front of the donation room before entering.”

As well as distributing vital food they also shared information on COVID-19, including the incubation period, signs to look out for and information on how to keep households safe and how to seek treatment if necessary.

Residents of Shwepyithar township collect supplies from ARCH members - photography by Nowai Linn

The team spoke with residents to understand more about how COVID-19 would impact on their lives. U Sein Than lives in Shwepyithar, and sells pillows for a living in downtown Yangon. He told ARCH members:

“I am in my 60s. I and my wife afford three meals a day only when I go out and get to sell some pillows. If we must stay at home, we both probably will die of hunger.”

Another resident, Daw Aye Myint said, “I have to rely on my youngest son for foods and medical expenses. I cannot imagine my life if he loses his job because of the COVID-19.”

The distribution of food and hygiene materials will help support people for some time during the lockdown period.

Following the success of this activity, the ARCH members also decided they wanted to support health care systems within the city, which would be severely tested by the pandemic. The group decided to donate protective equipment, which is in high demand, to two of the city’s quarantine centres, Hlaing and Mingalardon. They told us:

“Hlaing center is primarily targeted for people who came from abroad whereas Mingalardon center is the largest center running 2 hotel quarantines, 4 facility quarantines and 4 community quarantines sub-centers accommodating nearly 1000 population in total...they were much appreciated because those items were listed items for urgent needs.”

Since these activities took place, stricter restrictions have been put in place and residents in Yangon have had their movements limited, so there is now a pause on ARCH activities. ARCH member Eugene, who undertook a bachelor’s degree in Liberal Arts Studies with Prospect Burma’s support, lives in the Insein region of Yangon, an area of the city which he tells us is in strict lock down at the moment. He is currently unable to go out at all. Their momentum however is not affected by this, and while they are prevented from going out the ARCH members are holding online meetings to plan their next steps.
Dr. Win Han Oo has worked for several years in public health, and from 2016 was working at the Burnet Institute Myanmar (BIMM) in Melbourne, on a team specialising in public health in Myanmar. As Programme Manager, he was in charge of developing ways to combat deadly diseases including malaria and tuberculosis. At this time an opportunity came up for him to undertake a PhD in Public Health, at Deakin University in Australia. In his application for his scholarship, he told us:

"Myanmar is a country in South East Asia Region where malaria burden is highest among the region. Although the malaria disease burden has declined dramatically within the past few decades, the country is threatened by artemisinin resistance malaria. Although Myanmar declared the goal to achieve free of Malaria by 2030, the country is still in the control phase."

He dedicated his thesis to methods of malaria elimination in the context of primary health care in Myanmar. Today, Dr Win Han Oo continues his work at BIMM, and he is having a huge impact on the prevention and treatment of Malaria in the country.

Today, Myanmar has around 20,000 integrated community volunteers in around 16,000 villages around the country. Dr Win Han Oo estimates that this represents around 1/4 of Myanmar’s villages. The programme started in Myanmar in around 2004. Before that, the prevalence of malaria in the country was very high. But with these volunteers in place, they can offer treatment on the front line, so the patients don’t need to travel to be treated, and there is less of a delay. Over the last decades, incidences of deadly cases of malaria has decreased a lot - in 2017, 218 people died of Malaria in Myanmar compared to an estimated 9,100 in 2006. The team are now focussing their efforts on eliminating the disease altogether.

Dr Win Han Oo explained that there are some difficulties in the way of totally efficient treatment. With the diminishing of malaria, the work the malaria volunteers can also do has diminished too. His team are now working on the idea of training volunteers to be able to treat other diseases too - an idea which he originally posed in his PhD.

Another priority is to strengthen the malaria reporting and surveillance system. He told us:

“When there was an incidence of malaria, the volunteers would have to fill out paper forms, hand these to their supervisor, who would visit the village once a month typically to collect the forms. They would then return to their office where they would type the data into excel spreadsheets. Then, someone from the national office would combine this data and then enter it into a national database. All in all, this is a very lengthy process.”

In order to work towards the total elimination of the disease, Dr Win Han Oo and his team need to know when a positive case appears within 24 hours. To achieve this, an application based mobile reporting system for malaria cases has been developed, to be installed on the volunteers’ phones. The application will allow them to input data which could be submitted instantly, creating an alert in the head office and allowing intervention to happen much sooner. Ideally, this application will replace the traditional paper-based reporting method. Dr Win Han Oo’s team are currently evaluating this method, to be rolled out nationwide.

References
1 https://www.who.int/malaria
2https://www.eliminatemalaria.net/myanmar/

In countries around the world, including Myanmar, malaria is still a very real and deadly threat. The WHO estimates that in 2018 approximately 405,000 people died from this disease and according to Eliminate Malaria, Myanmar accounts for more than half of malaria cases and about three-quarters of malaria deaths in the region. Prospect Burma alumni are amongst those at the forefront of malaria treatment and prevention in Myanmar, and over time have made incredible strides in helping to wipe out this deadly disease.
Nan Aye Aye Aung Thant (or Aye Aye, pictured below right) was born in a very small village, in rural Karen State. Until the age of five she lived there with her mother and siblings, but the ongoing civil war forced the family to leave the region. When she was five, the family moved further into the Hpa-An region, and from there they continued their journey until ending up in a refugee camp on the Thailand border.

Originally, Aye Aye had wanted to study to become a medical doctor, but could not find any opportunities for support for the full seven years of medical school. She told us: “While I lived in the refugee camp, I also used to work in a temporary shelter. I was there for nearly 3 years as a nurse. I found out there that my passion is really to take care of other people. I found true happiness if I saw someone get better because of my care.” With the support of Prospect Burma, Aye Aye studied Nursing Science at Chiang Mai university in Thailand.

Today, Aye Aye works for Partner Relief and Development, an INGO which works in Myanmar and Thailand. She works on a variety of projects, all of which are cross-border projects focussing particularly on areas and with ethnic groups which are neglected by the government. The majority of the areas in which she works in are “control zones”, meaning that foreign nationals are not able to travel there unless they have specific access. Most of the areas which Aye Aye works in are incredibly remote. She told us: “Due to the conflicts, there are many villages and population at remotes areas where there are very limited resources of education, health cares and services. It will take at least 6-8 hrs [travel to reach them] with various transportation, including motorbike, boat, hiking, to reach some of the communities during dry seasons. It was extremely difficult and life threatening to travel during monsoon rainy season. Besides that, there is no phone line services and connection in those areas which make the traveler try to get the assistance when needed.”

With the outbreak of COVID-19 in the country, these remote areas are perhaps at a lower risk of contraction due to the limited contact with outsiders. However, the limitations of healthcare access are very real. Aye Aye told us: “While people are panicking about toilet paper in urban areas because of Covid-19, we healthcare providers are most worried in providing health education regarding the pandemic and transmission rate. Due to the limited education and knowledge, asking the villagers for social distancing is a very strange thing for them. To test out or know [whether there are incidences of] the pandemic, there are technical person, equipment needed, but it is impossible for those areas population to get the services.”

Due to living in a conflict zone, they have also found that most villagers will refuse a referral to further treatment in a Government hospital, even in an emergency situation, which puts even more strain on the limited resources available in the local health providers.

Aye Aye and her team are working as hard as they can to serve the changing needs of the rural communities in Myanmar, but it is a difficult and unknown future which they face.
In Memoriam: Martin Morland CMG (1933-2020)

It is with deep regret that Prospect Burma reports the sad passing of our former chairman Martin Morland. A man of energy, compassion and wit, Martin's life was one of great achievement in which his concerns for the peoples of Myanmar spanned over six decades. After studying Burmese, Martin's first appointment was in 1957 as third secretary in the British Embassy in Yangon. It was a turbulent time during which parliamentary government was interrupted by the “Military Caretaker” government of Gen. Ne Win. There then followed a successful career in the Foreign and Commonwealth Office, which saw Martin posted to positions in London, Brussels, Geneva, Rome and Washington before returning to Yangon as ambassador in 1986.

Once again, Martin's skills came to the fore during an era of unpredictable change. His diplomacy was a beacon of calm during the 1988 crisis, ushering in an informed sea-change of international perceptions about the political and humanitarian challenges of the country. Subsequently, Martin returned to Geneva as Ambassador and UK Permanent Representative to the UN and other international organisations, becoming chairman of Prospect Burma upon his FCO retirement.

For the next two decades, Martin was at the heart of Prospect Burma activity. His networking, knowledge of the country and commitment to providing opportunity for young people was integral to Prospect Burma's vision of “keeping the flame of education alive”. Education, he believed, was the key to a peaceful and democratic future. In recent years, Martin and his late wife Jenny suffered poor health. But Martin continued to follow developments with close interest, and he was always ready with wise words of advice. He will be greatly missed by Prospect Burma and his many friends around the world.

Building a brighter future for Myanmar, through it all

Like many charities, Prospect Burma is facing an unprecedented time of uncertainty. Our work continues as our teams in the UK and Myanmar work remotely from home, dedicated to our mission of building a better future for Myanmar. Your support is needed more than ever. If you are able to donate, you can do so by visiting our website at www.prospectburma.org/donate, or alternatively you can donate via cheque, to our address below.

“The transition from office to home working has been an interesting one for me. We have tested systems and ways of working, such as video conferencing and screen shares, that we had not previously needed to use and I’m delighted that these have worked well for us. The view of my garden is far superior to the carpark view that I had in our Victoria Office, albeit set against the soundtrack to my 6-year-old twins causing a certain amount of chaos downstairs!”

Hannah Marcazzo, Prospect Burma Executive Director

“I am coping working at home even though I have some distractions from the surroundings. But I have extra times to spend with my family and I believe staying at home is safe. We are doing what we can do to reduce worry, walking a few yards, just standing out at the balcony, taking a deep breath at the window to get fresh air, chatting with friends online, playing with kids at home and talking with family members.”

Aung Nyein Chan, Prospect Burma Country Manager