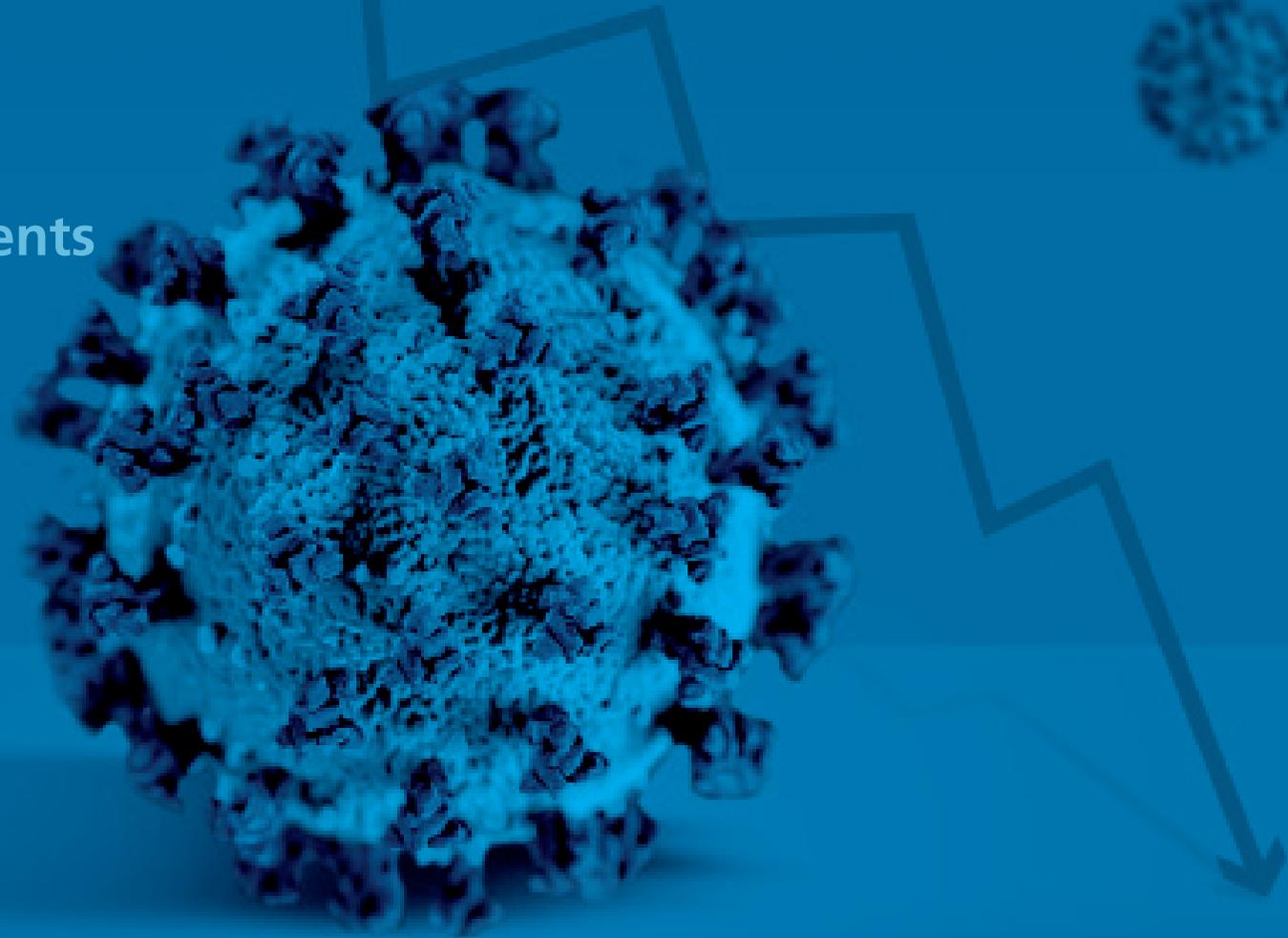


COVID-19:

Coordination, Collaboration & Interim Arrangements

Policy Brief
November, 2020





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HIGHLIGHTS

- › Engagement between government and EAOs is critically important because EAOs and their Ethnic Health Organisations (EHOs) often have trusted and effective programs, with access to communities in areas where government and international aid agencies do not.
- › An effective COVID-19 response in conflict-affected and ceasefire areas of Myanmar will depend on the implementation of Interim Arrangements, as outlined in the Nationwide Ceasefire Agreement Chapter 6 (Article 25). This could help to build trust and confidence in a struggling peace process. Despite some limited progress however, government and EAOs have yet to grasp this opportunity.
- › It is essential that an effective COVID-19 response plan – including key stakeholders' responsibilities and mandates - is de-centralised, to include meaningful participation by sub-national authorities. Government Township administrations need clear guidance and mandates on how to engage with EAOs in a coordinated and collaborative way, so that they can effectively respond to COVID-19.
- › As well as the public health and clinical aspects of coronavirus, it is necessary to focus on the middle-to-longer-term impacts on economies and livelihoods. This will be particularly important for remote, conflict-affected communities, many of which rely on extended and now deeply stressed value/market chains, and/or (significant reductions in the value of) remittances from migrant workers in Myanmar, and neighbouring countries.



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OVERVIEW

On March 11 2020, the World Health Organization (WHO) declared that COVID-19¹ was a pandemic.² At the time of writing, there are more than 46 million known cases of COVID-19 in 219 countries, resulting in over 1.2 million deaths. Myanmar confirmed its first case on March 23, and currently has over 53,000 cases, causing 1,237 deaths. As the pandemic continues to spread around the world, governments, CSOs and local authorities have been responding in different ways, according to their national circumstances and resources. Some countries including Myanmar are facing their second or even third 'surge' in case numbers – re-occurring 'spikes' in the number of new infections. During October 2020, Myanmar's COVID-19 testing returned a very high daily 'positive' rate³ between 8%-15%. A high positivity rate does not only indicate an increase in cases, but it also indicates that the testing capacity/ facilities are overwhelmed and overburdened.

While travel and other restrictions have been important to reduce the spread of the virus, these measures provoke severe economic challenges and social crises. As restrictions continue, longer-term impacts of the pandemic are becoming more apparent.

RESPONSES TO COVID-19

The evidence from around the world shows that the responses generally include **four types of overlapping actions** that can be summarised as **C3R: CONTROL, RELIEF, RECOVERY and RESILIENCE**.

› **CONTROL:** Disease Control and Mitigation - often involving 'lock-downs' that **restrict people's movements** and **prohibit activities**

¹ 'COVID-19' is the name given to the disease that is caused by the Novel Coronavirus (SARS-CoV2)

² <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>

³ The percentage of all coronavirus tests performed that are actually positive, or: (positive tests)/(total tests) x 100%

that help spread the disease. This is alongside medical and health interventions to help **monitor, prevent and treat** the disease quickly. There is currently no vaccination or 'cure' for COVID 19, so people need effective and timely access to medical care and hospitals. Especially if initial lockdowns are re-instigated during subsequent 'surges', there is a need to **maintain restrictions and social order** as well as make sure that people have **reliable information**. Effective and efficient 'Contact Tracing' (identifying people who have been in contact with infected persons) has been shown as critical in helping control the spread of infection. Control is also required to ensure that supply lines are kept open and people have **access to food, shelter and essential services**.

› **RELIEF:** As people's movement and activities are restricted, they **require assistance** to meet their daily needs. This may mean **financial payments** to some businesses or individuals. It may also mean providing **food and shelter** to poorer people or those displaced due to COVID-19 and/or ongoing conflict. **Clear and effective communications** are required inform communities regarding available assistance. Affected communities often need help dealing with **social costs** caused by disruptions and anxiety. In particular, there is a special need to **care for women and children** as they are more vulnerable to violence and harm in these situations, and women often endure additional domestic (including childcare) responsibilities.

› **RECOVERY:** COVID-19, and the disruptions it causes, inflicts **heavy costs** on national and local economies due to the need for massive government spending on control and support, as well as the financial damage to markets, businesses and livelihoods (both local and worldwide). Governments, CSOs and authorities at all levels need to develop **coordinated COVID-19 response plans** but also **strategic recovery plans** - for this disaster, and possible future pandemics. Once the incidence and effects of COVID-19 have 'peaked' and become manageable, steps should be taken to stimulate recovery on both **social and economic** fronts.

› **RESILIENCE** - the ability of individuals or groups to adapt positively to changing circumstances: Resilient people and communities can



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better withstand shocks, and return to or improve previous standards of living and human security. It is not known how long this pandemic will last. It is also not known if an effective 'cure' for COVID-19 will be found. Perhaps, like HIV-AIDS, impact of the coronavirus pandemic will continue in the future and we will learn how to 'manage' it. But **it is likely we will not return to the old 'normal' way of life.** Many cities and towns around the world are now using their experience of dealing with COVID-19 as an **opportunity** to start thinking about ways to make their community more **resilient to shocks** in the future – not only from diseases like COVID-19 but also from other events that might cause damage and disruption in the future.

COORDINATED NATIONAL FRAMEWORKS AND COLLABORATIVE LOCAL ACTION

The four interventions (above) are only effective if carried out in a **coordinated** way - through **collaboration** that includes national government; local authorities; health officials; emergency, police and military forces; CSOs and civil society, businesses and the private sector; and citizens themselves. Responses are most successful where **the national government implements a clear and decisive plan of action**, that enforces controls and restrictions but also provides resources for prevention, quarantine, treatment and contact tracing. However, it is essential that **the resources, responsibilities and mandates for certain critical actions and decisions are de-centralised** to sub-national authorities and stakeholders. All around the world, local authorities, communities and other stakeholders have been supported to work together on creat-

ing practical, achievable and effective responses to COVID-19 at a local level. In this way, countries have been able to harness all of their vital (and often scarce) resources, knowledge and support to respond to COVID-19.

In Myanmar, Ethnic Armed Organisations (EAOs) are part of any effective collaboration, and should be recognised as local governance authorities, with key roles in each of the four areas of action outlined above. Engagement with EAOs can most effectively be operationalised and supported through credible 'Interim Arrangements' as envisaged in the Nationwide Ceasefire Agreement (NCA) - facilitating coordination on local COVID-19 responses, between EAOs, government and other stakeholders.

EAOs, 'INTERIM ARRANGEMENTS' & COVID-19

Myanmar is a fragile, conflict-affected and developing country, with only limited public resources – especially health infrastructure and hospitals - and a fragile economy. Around 25% of the population live below the poverty line,⁴ and the country suffers from many years of armed conflict between the Government/Tatmadaw and EAOs (still ongoing in many areas). Despite the signing of the NCA in 2015, there has been little progress in formally recognising the role of EAOs, nor implementing 'Interim Arrangements' as described in Chapter 6 of the NCA.

Chapter 6 (Article 25) of the NCA recognises that “The Ethnic Armed Organizations that are signatories to this agreement have been responsible in their relevant capacities, for development and security in their respective areas” and that “During the period of signing ceasefire and political dialogue, we shall carry out ... programs and projects in coordination with each other in said areas” (NCA, 2015). The NCA recognises the roles of signatory EAOs in the fields of health, education, development, environmental conservation and natural resource management, preservation and promotion of ethnic cultures and languages, security and the rule of law, and illicit drug eradication. It also allows EAOs to receive international aid, in coordination with the government.

⁴ Myanmar Living Conditions Survey 2017: Poverty Report.



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However, 'Interim Arrangements' is a contested concept, meaning different things to different stakeholders. The Myanmar Interim Arrangements Research Project (MIARP 2018) defined Interim Arrangements as: "Service delivery and governance in conflict affected areas, including the relationship between EAOs and government systems, during the period between initial ceasefires and a comprehensive political settlement."⁵ Some stakeholders have regarded the issue of geographic coverage of Interim Arrangements as problematic. The Tatmadaw has acted to restrict EAOs' service delivery and governance functions to those areas under EAOs' exclusive control (which in most cases have not yet been demarcated), but many EAOs' influence and operations extend into areas where political and military authority is mixed, and contested with the government and Tatmadaw -areas of 'mixed administration'. Furthermore, many of the larger EAOs which have not signed the NCA, demonstrate effective (albeit often under-resourced) governance-administration and services delivery.

While some government officials may regard EAOs' and their 'line departments' (including EHOs) as simply service delivery providers, for many years Myanmar's larger EAOs have not only delivered a wide range of services in partnership with CSOs, but have also taken on politically significant leadership, governance and administration roles in their areas of control. Among NCA signatory EAOs, groups like the Karen National Union (KNU), New Mon State Party (NMSP) and Restoration Council of Shan State (RCSS) often operate as effective and legitimised 'local authorities' for the communities in their areas of influence.

Myanmar's more well-established EAOs are already present on the ground with experienced personnel - especially in their health and education departments. They are most capable of providing social infrastructures systems in many remote and conflict-affected areas, including responding to COVID-19. Relevant EAOs also offer vital communication links with diverse ethnic communities and have the benefit of long-standing and trusted relationships with highly vulnerable people, and hence

⁵ BETWEEN CEASEFIRES AND FEDERALISM: EXPLORING INTERIM ARRANGEMENTS IN THE MYANMAR PEACE PROCESS (MIARP, 2018).

are critical partners for contact tracing and providing essential information in and out. These EAO and their affiliated CSO partners often carry out local leadership roles, with high levels of political legitimacy among conflict-affected communities. The NCA-signatory EAOs in particular are generally keen to see improved collaboration between communities, GoM, Tatmadaw, CSOs, international agencies and local businesses. Whilst maintaining order and control, EAOs can pay particular attention to the situation of women, children and vulnerable groups. With the right support, EAOs can also implement and manage inclusive local projects in ways which impact positively on local economies, which they influence through their regulatory functions, as well as their direct participation in markets.

Recognizing the roles of EAOs via Interim Arrangements would improve local and regional responses to COVID-19, as well as increasing trust and confidence in the peace process. Particularly NCA-signatory (and 'NCA-track') EAOs should be supported and mandated to coordinate and collaborate with the GoM and the Tatmadaw. This would not only significantly add to the collective pool of scarce public resources and COVID-19 responders, but it would also greatly assist with the local implementation of national strategies and actions.





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NATIONAL COORDINATION

Despite its many negative impacts, the COVID-19 pandemic is an opportunity for enhanced coordination and partnership between GoM, Tatmadaw and the EAOs... and by extension with CSOs, communities and development partners (DPs). While there has been little progress thus far in the formal peace process on developing and implementing formal Interim Arrangements, there have been some tangible examples of productive GoM and EAO coordination and cooperation on more general national strategies, policies and programs (outlined below).

National Health Plan (NHP) - During the last few years, there have been good examples of coordination and cooperation efforts in the health sector between the Ministry of Health and Sports (MoHS) and Ethnic Health Organizations (EHOs). The MoHS and EHOs have coordinated and cooperated on various health interventions, including the delivery of primary health care services, immunization campaigns and malaria, TB and HIV/Aids treatment and advocacy. These initiatives and activities have been supported by international DPs, with both technical and financial resources. Joint efforts in policy, training and service delivery initiatives between MoHs and EHOs have also contributed to increased trust and confidence.

The National Health Plan (NHP) 2017-2021, which describes Myanmar's first phase move towards Universal Health Coverage, officially recognizes EHOs as strategic partners and health care providers in the context of Myanmar. The NHP designates inclusive township health plans, that are envisioned to be prepared by multi-stakeholder Township Health Working Groups (THWGs), including EHOs. However, the roll-out of the THWGs and the implementation of the basic essential package of health services (EPHS) at township level and below has not proceeded as planned. There is a need for clear guidance on how to craft Township Health Plans, and to ensure that THWGs are functioning as envisaged, in a fully inclusive, participatory and transparent way.⁶

Experience so far from initiatives to achieve greater coordination in the health sector highlights the importance of using inclusive (but often time-consuming) processes, in order to ensure ownership by key stakeholders. This has proved essential to successful implementation of innovative (and sometimes politically sensitive) partnership and policy frameworks. With political support and the right messaging from the Union Level, the THWGs could be effective partnership platforms for responding to COVID-19.

National Education Strategic Plan - Several of Myanmar's longer-established EAOs administer their own education systems, and play varying roles in a wide range of 'mixed schools' where authority (and sometimes curriculum) is shared with the government (Ministry of Education: MoE). Some of these Ethnic Basic Education Providers (EBEPs) like the Mon National Education Committee (MNEC, education wing of the NMSP) and Karen Education and Culture Department (KECD, KNU education) with) are open to engagement with the MoE, including the possibility of developing a framework for future education partnerships. Currently, a Global Partnership for Education fund through UNICEF supports the MoE and EBEPs to jointly mitigate the impacts that COVID-19 school closures have on the most vulnerable children in Myanmar.

⁶ https://www.cpintl.org/field-notes--updates/uhcday_2019



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Coordination on COVID-19 Responses - On April 28, 2020, the government formed a committee to coordinate and collaborate with EAOs to respond to COVID-19. Since, then the National Peace and Reconciliation Centre (NRPC)-led committee has held various meeting with EAOs to coordinate and cooperate on a COVID-19 response. However, these have mostly stopped since the end of May when attention was shifted for the preparation of the Union Peace Conference in August. In addition, the World Bank has allocated \$50 Million in Fast-Track Financing for National COVID-19 Emergency Response to the MoHS, which will also help to facilitate engagement with EAOs.⁷

There have already been some positive examples on joint local COVID-19 responses around the country. On April 19, 2020 the Kayin Chief Minister issued an appreciation letter to the KNU, DKBA and Karen Border Guard Force, for their coordination and cooperation efforts. In Kya-in Seik Gyi Township of Kayin State the GoM, KNU and NMSP have collaborated on COVID-19 response activities, including in areas where the two EAOs have previously clashed (with the Myanmar Army and Karen Border Guard Force, in late 2019). In late May at Palaung Japan, on the borders of Kayin and Mon State (where clashes previously occurred) the NMSP agreed to cooperate and relocated its COVID-19 checkpoint (targeting mostly returning migrant workers from Thailand) after the Myanmar Army protested that the original location was in an area of 'mixed administration' and outside the NMSP's demarcated ceasefire zones. Such positive interactions have helped to resolve many local conflicts around the COVID-19 response and have the potential for further joint actions. In addition, the Mon State health department agreed to accept referred Covid patients from the NMSP's Mon National Health Committee (MNHC) and local health committees. While these initiatives have been valuable, more coordination and cooperation efforts need to happen on both national and sub-national level.

⁷ <https://www.worldbank.org/en/news/press-release/2020/04/20/myanmar-50-million-in-fast-track-financing-for-national-covid-19-coronavirus-emergency-response>

⁸ [https://eurocham-myanmar.org/uploads/7a892-cerp---final-report-\(1\)5713756333092471786.pdf](https://eurocham-myanmar.org/uploads/7a892-cerp---final-report-(1)5713756333092471786.pdf)

WAYS FORWARD

An inclusive COVID-19 response could be a window of opportunity (or "critical juncture") for the implementation of Interim Arrangements, as outlined in the NCA Chapter 6 (Article 25). However, government and EAOs have yet to fully grasp this opportunity. If a government and EAOs' joint COVID-19 response focuses on effective coordination and collaboration around **C3R (CONTROL, RELIEF, RECOVERY and RESILIENCE)**, this could build trust and confidence and become a foundation for future developments in successfully implementing the NCA. EAOs have recognized that prevention and control of the COVID-19 pandemic is a national (and universal) emergency issue, and are willing to coordinate and collaborate with the government and other partners. As EHO clinics and hospitals have limited COVID-19 testing and treatment capacity, timely referral to government hospitals is of utmost importance, along with EAO control and quarantine measures - especially with the current surge of the pandemic, and the re-introduction of travel and other restrictions.

Dealing with the social and economic impacts of COVID-19 will also require ongoing cooperative efforts between the government, EAOs, civil society and the private sector. In the forward of the Government's ambitious COVID-19 Economic Response Plan (CERP) State Counsellor Daw Aung San Suu Kyi states that the plan 'seeks to mitigate the inevitable economic impact posed by COVID-19 while establishing foundations that will facilitate Myanmar's rapid economic recovery, using all available policy instruments to the fullest possible extent, and as part of a coordinated whole-of-nation response'.⁸ A whole-of-a-nation response and in order to leave no one behind, has to include EAOs and their service departments in order to reach many of the most vulnerable populations in Myanmar. To operationalize specific CERP action plans in ceasefire areas, coordination efforts with EAOs need to be led by the relevant line ministries and their departments and the support of the NRPC.

An opportunity for the implementation of NCA Interim Agreements. The GoM and the EAOs have already collaborated successfully on a number of COVID-19 response initiatives, and to a limited degree in the field of health before the pandemic. Developing a more formal framework for cooperative response in the health and economic sector



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(‘COVID-19 Partnership Arrangements’) would create an opportunity to **trial new ways of working together, recognise legitimate and productive roles for EAOs/EHOs**, and form the basis for further development of Interim Arrangements. This requires political willingness on all sides and early indications are positive. From the government side, it would require clear leadership and messaging from the Union level.

- *Formal partnerships could be piloted at the State level (following discussions between government, EAOs and other stakeholders), in one or more sub-national locations.*
- *CERP could be operationalized through joint implementation of Cash for Work programs and other relief programs*
- › **De-centralisation of decision-making authority.** For the national COVID-19 response and the implementation of the CERP to be truly effective, appropriate decision-making needs to be clearly delegated to township level. The Union-level GoM should de-centralize relevant decision-making authority and support local collaboration through a clear framework and proper guidance, including training and capacity-building measures. Local GAD Administrators should be explicitly mandated to work in partnership with relevant EAOs and EHOs. Regional/State governments, EAOs, CSOs/NGOs should also delegate relevant decision-making authority to local personnel.
- › **Develop Local COVID-19 Response Strategies** - that identify and utilise available local resources and stakeholders (GoM, Tatmadaw, EAOs/EHOs, CSOs, Community, Private Sector, DPs etc) and develop/support activities based on local context, culture and capacity.⁹
- › **Development partners should support this de-centralised and conflict-sensitive approach** - Several DPs are already providing critical funding to both the MoHS and EHOs in their respective COVID-19 responses. Using their existing relationships with both

⁹ See the four COVID-19 response (social and economic impacts) briefing papers prepared by Covenant Consult for specific EAOs.

parties, DPs should advocate for enhanced collaboration between MoHS and EHOs, thereby contributing to a more inclusive and effective COVID-19 response. DPs should also offer valuable support to all local-level actors and also de-centralise appropriate decisions to local level within their own programs (including technical training).

This policy brief has been developed with support from the Centre for Good Governance which is funded by UK aid and implemented by Cardno.

Contact Person

Tim Schroeder
email: info@covenant-institute.com

Imprint



No. 27, Shwe Pinlon Housing
Pinlon 1st Street, Ward 27
North Dagon Township, Yangon
Phone: +95 9970812838
Email: info@covenant-institute.com