

Policy Brief

Survival governance: Applying evidence from the “Yellow Flag” community-based response to the COVID emergency in Myanmar’s urban areas for future policy building

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Photo Credit: Myanmar Now

(Mandalay volunteers wait in line for bodies of deceased Covid-19 patients to be cremated in mid-July 2021)

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Executive Summary

The coronavirus epidemic has tested public health governance of countries around the world. Developing nations characterised by weak public health and related institutions of governance have experienced particularly acute challenges of surveilling and responding to the pandemic. Among developing nations, the experience of Myanmar can be assessed as an extreme example of such struggles. Central to Myanmar's COVID-related problems is the breakdown of institutions associated with the 1 February 2021 military *coup d'état*. Prior to the *coup* Myanmar's public health infrastructure was inadequate to meet the nation's pre-pandemic public health needs. The confluence of impacts of the *coup*'s institutional disruption and the pre-existing institutional weaknesses has left the people of Myanmar in a desperate state in dealing with the devastating effects of the pandemic.

In response to this situation, evidence has emerged of community-based forms of self-help to surveil and respond to the public health emergency. The "Yellow Flag" movement that has emerged in Myanmar's urban areas is an example of this grass-roots response. The Yellow Flag approach, a product of pre-existing social media-supported community networks, involves an informal set of procedures wherein households identify cases of COVID and communicate their resultant needs to the community. In response, the community seeks professional medical assistance, medical supplies such as oxygen, nutritional resources, care for children, the elderly, other members of the household and household pets, and financial assistance. This policy brief argues that, because even in a post-military regime future Myanmar will continue to experience weak public health infrastructure, the Yellow Flag model as an emergent form of "survival governance" can inform future policies that emphasize co-production of public services such as public health.



Introduction

The emergence of the coronavirus epidemic further tested public health quality and governance of countries around the world, including Myanmar. Prior to the pandemic Myanmar's public health infrastructure was described as inadequate to meet the nation's needs.¹ The 1 February 2021 military *coup d'état* has resulted in a deterioration of governmental institutions, including public health. In response to the COVID emergency and considering Myanmar's weak public health service capacity, urban neighbourhoods have formed "Yellow Flag" social media-supported self-help networks to aid households that have experienced the effects of the pandemic. This policy brief considers the potential policy implications of this community-based response to the COVID emergency.

Overview of the problem

As described by Singapore's Foreign Minister in a TV interview, the COVID public health emergency is, "...an acid test of every single country's quality of healthcare, standard of governance and social capital. And if any one of these tripod [sic] is weak it will be exposed quite unmercifully."² Myanmar's weakness on all three dimensions of this institutional tripod has resulted in one of the weakest public health systems in the world,³ reflects the nation's history of governance weakness, and has produced low levels of public trust.⁴ This baseline of institutional weakness has further deteriorated since the 1 February 2021 military *coup*, including a total collapse of Myanmar's healthcare system.⁵



¹ Coderey, C. (2017). "Health". Simpson, A., Farrelly, N., & Holliday, I. (Eds.). (2017). Routledge Handbook of Contemporary Myanmar (1st ed.). Routledge. <https://doi.org/10.4324/9781315743677>

² [Minister for... - Government Medical Officers' Association \(facebook.com\)](#) (Accessed 29th August 2021)

³ Minoletti, P. & Hein, A. (2020). Coronavirus policy response needs and options for Myanmar. International Growth Center. Yangon: Myanmar. Accessed 29th August 2021 at <https://www.theigc.org/wp-content/uploads/2020/04/Hein-2020-coronavirus-report.pdf>

⁴ Minoletti, P. & Hein, A. (2020). Coronavirus policy response needs and options for Myanmar. International Growth Center. Yangon: Myanmar. Accessed 29th August 2021 at <https://www.theigc.org/wp-content/uploads/2020/04/Hein-2020-coronavirus-report.pdf>

⁵ <https://www.thenewhumanitarian.org/news/2021/3/25/myanmars-post-coup-healthcare-breakdown> (Accessed 29th August 2021)



During the summer of 2021 the country faced a third wave of the epidemic with its highest confirmed rate of cases and deaths.⁴ Growing public mistrust of the ruling military junta⁵ and continuing violence, including attacks against healthcare professionals, has resulted in an oxygen supply shortage,⁶ overwhelmed funeral services,⁷ left victims to die alone in their homes,⁸ and produced piles of dead bodies at cemeteries.^{9 10} The confluence of impacts of the *coup*'s institutional disruption and the pre-existing institutional weaknesses has left the people of Myanmar desperate as they deal with the pandemic's devastating effects.

Methodology

The evidence to support this policy brief was gathered through documentary research, social media content analysis, and semi-structured interviews. As an initial data-gathering strategy, documentary research assisted in identifying the phenomenon of interest and its general characteristics. The sources considered included existing literature, government documents, government websites, and articles from a variety of media outlets. The items considered were filtered based on whether they considered the pre-*coup* condition of Myanmar's public health system, the impact of the *coup* on the system, and community responses to the *coup* and COVID crises.

⁴ <https://www.irrawaddy.com/news/burma/official-myanmar-covid-19-death-updates-exceed-10000.html>

⁵ <https://www.reuters.com/world/asia-pacific/myanmars-covid-crisis-worsens-mistrust-junta-infects-health-system-2021-07-13/> (Accessed 29th August 2021)



⁶ <https://www.myanmar-now.org/en/news/it-was-like-hell-multiple-covid-19-patients-reported-dead-at-yangon-hospital-after-oxygen> (Accessed 29th August 2021)

⁷ <https://www.reuters.com/world/asia-pacific/myanmar-funeral-services-overwhelmed-covid-toll-mounts-2021-07-15/> (Accessed 29th August 2021)

⁸ <https://www.myanmar-now.org/en/news/with-myanmars-healthcare-system-decimated-covid-19-patients-die-alone-in-their-homes> (Accessed 29th August 2021)

⁹ <https://www.myanmar-now.org/en/news/no-time-to-mourn-bodies-pile-up-in-yangon-as-some-lose-multiple-relatives-to-covid-19-surge> (Accessed 29th August 2021)

¹⁰ <https://news.un.org/en/story/2021/05/1091312> (Accessed 29th August 2021)



The social media content analysis focused on emergency need responses by community-based groups such as township level community activists, religious associations, and other informal networks such as the Yellow Flag campaign group. Facebook was the main platform that was monitored and analysed.



Based on the research aims, literature review, and social media scan, questions were prepared for semi-structured interviews. Interviewees were selected through a combination of purposive, convenience, and snowballing sampling. The resultant sample of interviewees included participants involved in the Yellow Flag campaign as well as other community-based response activities, especially in Yangon. As face-to-face interviews were not feasible due to the COVID situation, interviews were conducted through online platforms.

Examination of the findings

Organization of the Yellow flag campaign

Inspired by an approach developed in Malaysia where low-income residents waved white flags outside of their homes as a plea for help, the “People to People Yellow Flag Campaign” approach in Myanmar is a product of pre-existing social media-supported community networks. In the context of the COVID emergency it involves informal procedures wherein households identify cases of COVID and communicate their resultant needs to the community. In response, the community seeks professional medical assistance, oxygen and other medical supplies, nutritional resources, financial assistance, care for children, the elderly, and other members of the household, including household pets, and provides other forms of counselling/advice.

In Yangon the Yellow Flag campaign has involved young people informally collaborating ward by ward and township by township to deliver assistance. The campaign can be seen as a leaderless movement involving individuals and self-help groups, including religious-based organizations and social groups, acting as an informal network. The helping groups



identify and connect with donors, receive donations of money, food and medicine, and deliver the assistance to homes in need. ¹¹

Yellow Flag operation

Once a yellow flag is displayed by households and observed by their neighbours, the neighbours notify ward volunteer groups or post on social media such as township Facebook groups. Before providing assistance, the Yellow Flag helping groups identify the households most in need and assess security issues that might challenge provision of assistance to them. Some neighbours who observe yellow flags also provide food and medicine on their own to households in need.



Assessing the impact and challenges faced by the Yellow Flag campaign

By addressing the immediate health and other needs of households resulting from the COVID crisis, the Yellow Flag campaign has responded to deficiencies in the weak public health infrastructure that was exacerbated by the public health service gap created by the political crisis associated with the *coup d'état*. The campaign has provided some relief to the financial hardships of COVID-affected families. For example, one of the Yellow Flag volunteer groups reported that it was able to provide support equal to 30,000 Kyats per family per week to over 800 households in the area that it serves.

However, the informal nature of the Yellow Flag campaign challenges its effectiveness. For instance, communication within the network of independently acting neighbourhood groups is inconsistent and lacks coordination. This has resulted in some households in need not receiving assistance, while in other situations there is duplication of assistance provision to some households.

The campaign's effectiveness has also been threatened by the volunteer groups being targeted by the military and police. Since volunteers must take care to not reveal their identities or roles in the campaign, their ability to respond in a timely fashion can be limited. The mental hardship that they face also challenges Yellow Flag volunteers.

¹¹<https://www.myanmar-now.org/en/news/yangon-residents-fly-yellow-flags-in-a-call-for-help-as-covid-19-infections-surge> (Accessed 23th September 2021).



Beyond the insecurity that they feel related to their fear of capture by the military or police, volunteers also endure mental suffering due to witnessing deaths of some that they seek to assist. Volunteers' fear of exposure to capture by the military or police is further intensified by the fact that they must show a certificate from ward administrators to obtain oxygen needed by COVID patients. That households displaying yellow flags fear targeting by the military and police further affects the campaign's effectiveness.



The Yellow Flag campaign also faces financial challenges. Since the COVID emergency and the military *coup* have disrupted commercial activity, the capacity of the business sector to make financial contributions to the campaign has been limited. Lack of work that has stressed their financial resources and their fear of reprisal by the military and police has limited the ability of individuals to make financial contributions to the campaign.

Recommendations

Since even in a post-military regime the future Myanmar will continue to experience weak public health infrastructure, the Yellow Flag model as a form of “survival governance” can be used to inform future policies that emphasize co-production of public services such as public health and encourage the formation of community networks of self-help. Such community resources could not only assist as immediate responses to community problems, they also could serve as sources of data to inform national policy on public health and other social problems. They offer the potential for expanding the capacity of government agencies without expanding their organizational footprint. They might also support the development of informal governance competency that ultimately could be integrated into formal governance forms.

To assure that further development and promulgation of this model of community engagement and co-production of public health and other basic community services is encouraged, the following public policy-building steps should be taken:

- These community-based responses and the roles that they can play in addressing recurring and emergency public problems should be recognised and encouraged



in future national and subnational policy-making and public service delivery in public health services and other public service areas.

- To promote the expansion and maintenance of these community self-help networks, Myanmar's national and subnational governments should offer opportunities for administrative engagement with them. This administrative engagement could take the form of identifying and officially recognizing through administrative rules and regulations points at which community networks can/should link with governmental agency structures and processes to respond to specific sets of public problems.
- Promotion of further development of these community self-help networks also should take the form of the national and subnational governments providing financial assistance to them. This assistance could be used for operational elements that contribute to their effectiveness in responding to community needs. It could also offset the cost of services or products that are provided by the self-help networks.