

Global Solidarity and Political Determinants of Health:

The Experience of Myanmar and Sudan

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Background

Conflict has historically been identified as a major social determinants of health (SDH), disrupting health systems and exacerbating existing health inequalities through the loss of human rights and blurred medical neutrality. While 'SDH' has long and widely been recognized in public health, the call to pay closer attention to the political determinants of health was relatively more recent.

Myanmar and Sudan have been suffering from multiple conflicts, civil wars, and military dictatorships for decades. The political turmoils have been intensified by the military coup in Myanmar (February 2021) and conflicts among military leaders in Sudan (April 2023).

Objective

To critically examine how political determinants of health are shaping the conflict-related health crisis as well as the global response (or lack thereof) to the crisis - reflecting on the experience of Myanmar and Sudan.

Methods

This commentary draws upon a literature review and analysis of recent political events in Myanmar and Sudan.

References

- 1.Assistance Association for Political Prisoners (Burma) [Internet]. What's happening in Myanmar. Data as of 30 Nov 2023. Available from: <https://coup.aappb.org>
- 2.Amnesty International [Internet]. Sudan: Civilians still being killed and displaced after six months of conflict. 2023. Available from: <https://www.amnesty.org/en/latest/news/2023/10/sudan-civilians-still-being-killed-and-displaced-after-six-months-of-conflict/>

Major Findings

Outcomes of the crisis: some examples of many

- ❖ Following the coup in Myanmar, 4,209 individual civilians have been killed, 19,709 detained, and 1,019,700 newly displaced¹.
- ❖ Following the start of the war in Sudan, at least 5,000 individual civilians have been killed, 12,000 injured, and 5.7 million forcibly displaced².

Violence against health services: an eerie parallel

- ❖ In 2022, there were 271 reported incidents of violence against or obstruction of healthcare in Myanmar and 53 incidents in Sudan. These events involved the killing or arrest of healthcare workers and the destruction or raiding of health facilities.
- ❖ Violence against healthcare workers had political motives, such as targeting those involved in the Civil Disobedience Movement (CDM) or arresting healthcare workers under allegations of aiding opposition members.

Global response

- ❖ The coup leaders view control over humanitarian resources as a strategic tool of war and propaganda. The global response to the humanitarian crises faces aid hindrance, limitation, or blockage.
- ❖ Today, Sudan and Myanmar are forgotten conflicts, overshadowed by other crises.
- ❖ The deprioritization of Sudan in terms of humanitarian support compared to the speed and amount of resources flown into Ukraine has been called out as having possible racial and Global North biases.
- ❖ Support (or lack thereof) from neighboring countries to the Myanmar crisis has faced criticism for being perceived as either half-hearted or driven by self-interest.

Conclusion and Recommendation

- ❖ Political dynamics significantly impact health, where power struggles deliberately create crises and vulnerabilities.
- ❖ To address these issues, global health communities must focus on the root cause—the political determinants of health—by fostering collective global solidarity against political power being wielded to harm.
- ❖ This solidarity should be inclusive and extend equitably to all individuals facing health threats due to political crises, irrespective of their country, region, or alliances.
- ❖ It is high time for the (global) health professionals to cease being apolitical. Political activism and critiques should be part of our advocacy for better health for all.