



'By God's grace and guidance I will be able to overcome the difficulties encountered.'

– Diocesan-trained health worker

A trained health worker from a mobile health clinic team, in a remote community in Myanmar

## Mobile health clinics in Myanmar (Burma)

**Malaria and cholera are two of the most serious health problems in Myanmar (Burma), especially in the isolated districts of Sittwe and Hpa-an. In these remote areas there are no doctors, so the Church of the Province of Myanmar has set up dispensaries, staffed by locally trained health workers.**

Myanmar spends only 0.3 per cent of GDP on public healthcare, which is less per person than almost any other country. These problems are made worse because 32.7 per cent of the population are living below the poverty line. Perhaps not surprisingly, since 1999, the number of reported cases of malaria has increased, and according to the township health reports, malaria and cholera are the cause of 70 per cent of the deaths in the Paletwa region.

Thanks to churches in Britain, USPG has been in partnership with the Anglican Church in Myanmar since 1853. Together we have supported much-needed healthcare and education initiatives for marginalised communities, and helped train leaders in rural development. The Anglican mission agency USPG is one of the few organisations that have been able to send significant aid into the Church of the Province of Myanmar.

The Anglican Church in Myanmar is providing practical help to all Myanmar's communities, Buddhist and Christian alike. Bishop John Wilme of Toungoo Diocese tells us: 'God's people here have longed for peace and prosperity for years and years and really need our health service for daily survival.'

Treatment alone is not enough; good hygiene practices must be followed to avoid the likelihood of contracting malaria. Both Sittwe and Hpa-an Dioceses are running health education programmes to teach preventative

measures, including hygiene and personal healthcare, to avoid catching the disease. Funding is also being provided for rapid-diagnosis kits for use at rural health centres, sanitary infrastructure and treated mosquito nets to prevent disease transmission.

A vital part of the churches' work is to train up village health workers who provide sustainable basic health education and treatment. This improvement in healthcare skills is having a dramatic effect, but funding is required to expand and continue this work. Since this programme was set up in 2003 many nursing assistants and health workers have completed training and are working with mobile clinics.

Because of conflict zones, visiting these isolated rural areas holds additional dangers. One of the diocesan-trained health workers explained: 'I have participated in the healthcare mobile medical team and also served as a trainer at the workshops for basic health workers... I am able to share health education on personal hygiene, environmental cleanliness, and sanitation. I have learned invaluable lessons about life. By God's grace and guidance I will be able to overcome the difficulties encountered.'



One of the mobile health clinic teams



Diocese of  
**Rochester**

