Negotiating Myanmar's Law and (Dis)Order amidst Antimicrobial Resistance Policy Implementation – an ethnographic study in Yangon, Myanmar

FIEBRE
Febrile Illness Evaluation in a Broad Range of Endemicities

Yuzana Khine Zaw, Ja Seng Bawk, Justin Dixon, Clare IR Chandler, Coll de Lima Hutchison

London School of Hygiene and Tropical Medicine

Background

Date	Event
2015	World Health Organization Global Action Plan on AMR (WHO GAP) published
2017	National Action Plan on Antimicrobial Resistance Myanmar (NAP AMR) drafted
2018	First National Multisectoral Steering Committee Meeting on Combating Antimicrobial Resistance Myanmar
2020	Antimicrobial Resistance as a panel discussion at the Myanmar Health Congress

Table 1. Timeline of Global and Myanmar-focused Antibiotic Regulation

- The WHO's model for governance operates through state surveillance, regulation, and stewardship programmes.
- The WHO GAP expects nation-states to have the capacity and authority for implementation.
- The presumed 'irrational' use of antibiotics is argued by social scientists to be better understood by attending to context.

Research Aim

What is the context of antibiotic use in Myanmar? A preliminary explorative ethnographic study

Figure 1. Wholesaler/ drug shop at a market

Research Objectives

1. To explore the implications of antibiotic policy in practice in Yangon, Myanmar
2. To trace and understand the trajectory of medicines within the pharmaceutical industry in Yangon, Myanmar
3. To understand the social role of medicines in the context of labour

References

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Disconnect between global AMR discourse and antibiotic regulation practice in Yangon (Objective 1)

Global Discourses on AMR	Regulation in Practice in Yangon, Myanmar
'Rational' drug use defined as a biomedically inappropriate use of medicines	'Rational' drug use in practice is shaped by pragmatic social and economic concerns (e.g. taking a cheaper course of medicines regardless of their quality or a biomedical correctness).
Nation-states implied as the most appropriate bodies to promote antibiotic policy	Fragmented sovereignty and on-going civil wars between the state and the citizens mean that the state may not be the most appropriate body for regulation
The assumption that the state will promote health and well-being of its citizens through values of equity and justice	The state is in conflict with it's citizen and has deliberately underfunded healthcare in some regions as a militarisation tactic (Oehlers 2005).
Lack of knowledge of formal guidelines on antibiotic use is a key contributor to antibiotic 'misuse'.	Structural determinants (e.g. pharmaceutical industry, poverty, state regulation) determine which antibiotics are available and where and why people use them more so than knowledge.
Awareness raising as a solution to change 'misuse' behaviours	When factors beyond awareness are determining antibiotic use patterns, targeting awareness raising may be a misdirected effort.

Table 2. The Disconnect between global discourses on AMR and Regulation in Practice in Myanmar

- AMR can be understood as a reaction to a 'presumed problem' (Bacchi 2016); the disconnect reflects a Global North / South epistemology

Myanmar's Pharmaceutical industry (Objective 2)

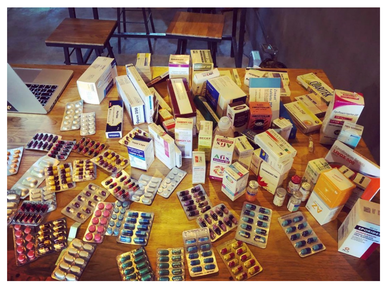

Figure 2. Antibiotics collected to saturation in Yangon

- Networks of 'legal' (registered with the state) and 'illegal' medicines (black market) circulating in Myanmar
- Public (state) discourses on AMR accentuates 'illegal' medicines as the cause of drug resistance.
- 'Illegal' medicines are cheaper and are used in lower-income settings.
- Although public discourses condemn and penalise the 'illegal', in practice the 'illegal' supports the 'legal' where agents of the state themselves are part of the 'illegal' (Chang 2013).
- Corruption and negotiations with the state determine which medicines are available and where as opposed to individual awareness or knowledge.

A pharmaceutical model of care (Objective 3)

Medicines as Coping Mechanisms for State dysfunction

"But you know [pharmaceutical taxation rates] … cannot fix it forever because government, our Myanmar's policies, they are changing every time. They are fixing every time. So, sometimes… I said 5%. Sometime 10%. (laughs)" - Manager at a pharmaceutical company

- 'A pharmaceutical centred model of care' (Biehl 2007) as a coping mechanism
- Taking drug cocktails and intravenous/ intramuscular injections of vitamin cocktails because they are cheaper and/or faster then having to access formal healthcare.

Figure 3. Sample of a cocktail of injections or a kyaw se (translation: intravenous)

Medicines as 'quick fixes'

- Deliberate underfunding and militarisation of healthcare -- 'Public health in Burma: Anatomy of a crisis' (Oehlers 2005).
- Patients are rendered responsible for their own health.
- Medicines as a 'quick fix for care, productivity and inequality' to substitute for lacking social and healthcare infrastructures (Denyer Willis & Chandler 2019).

Conclusion

- Although there have been economic and health improvements during the quasi-democratic period (2011–2021), these developments were not always distributed equitably and were insufficient to reverse decades of neglect. The 2021 military coup, which has created even more dysfunction and decline in the context of the healthcare sector, makes addressing health through other means even more pressing.
- The consequences are that individuals resort to coping mechanisms; one being a pharmaceutical model of care with medicines as 'quick fixes'.
- A lack of attention to these coping mechanisms and a blanketed, disconnected approach to addressing AMR may risk intensifying pressures on Myanmar people (particularly the informal sector but also extends to the entire economy as the formal relies on the informal).

Contact details
yuzana.khine-zaw@lshtm.ac.uk
https://www.lshtm.ac.uk/aboutus/people/khine-zaw.yuzana
www.lshtm.ac.uk/fiebre
@FeverStudies

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