



Royal College
of Nursing



**INTERNATIONAL
NURSING
ACADEMY**

The Phoenix Nursing Programme

Rising from the fire

INTERNATIONAL NURSING ACADEMY



Acknowledgements

We extend our heartfelt thanks to the many nurses, health workers and all those who have contributed to this programme along the way.

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

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To be a student is an act of bravery and hope.

*Luna
A Phoenix nursing graduate*



1. Summary

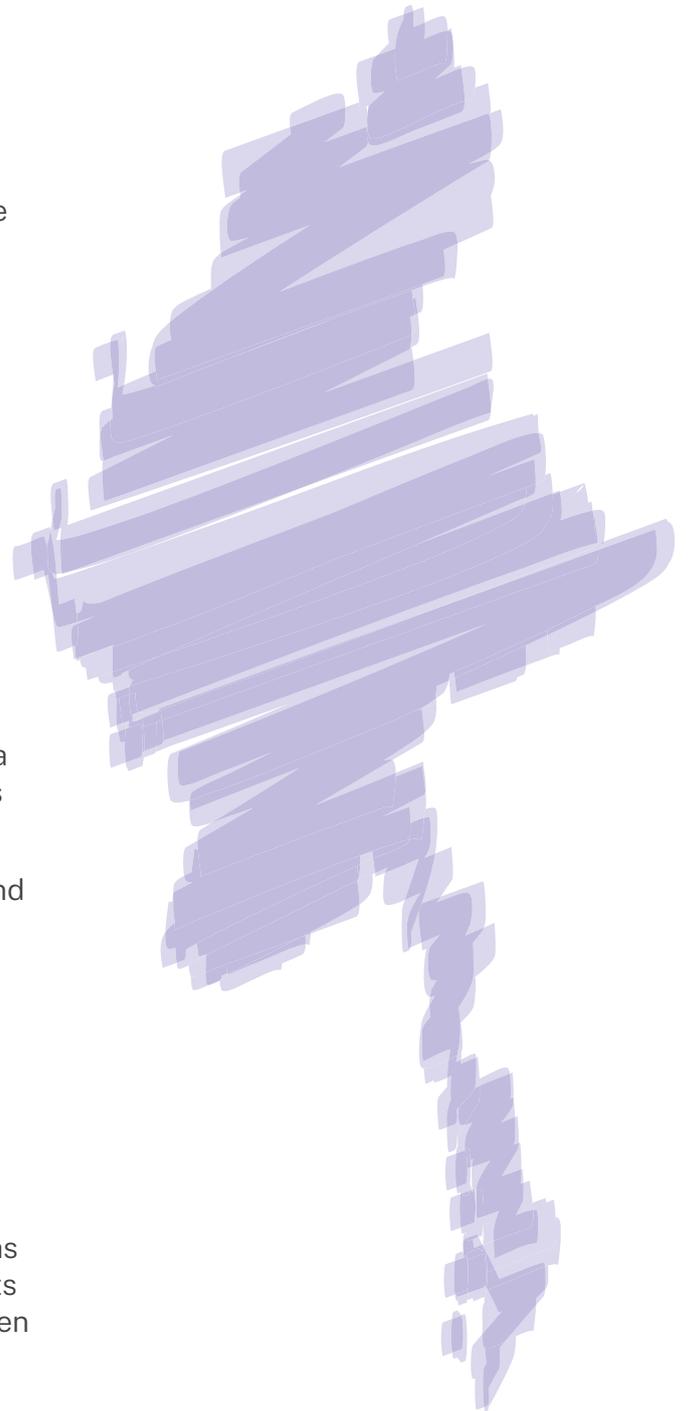
Myanmar (formerly Burma) has a proud nursing tradition, holding a longstanding, respected role within Myanmar's society. The profession was regulated early, with a national nursing body established in the 1920s and undergraduate degree nursing education introduced in the early 1990s.

Following the election of a civilian government in 2015, Myanmar witnessed significant development, with health education capacity expanding, professional standards and regulations strengthened, and links with international partners beginning to grow. This progress was not uniform and sat alongside persistent conflict and major human rights abuses, but the direction of travel was towards a more professionalised nursing workforce across the country.

In 2021, a military coup triggered civil conflict and the collapse of the health care system. Health professionals faced repercussions for declining work in junta-run (a system of government led by a committee of military leaders) hospitals, and nursing degree programs mostly stopped. Myanmar nurses in hiding reached out to UK colleagues, and an international team was assembled to support them.

Over the past five years, a strong partnership has developed. For the safety of faculty and students working on the ground, little of this work has been shared publicly until now.

The Phoenix Bachelor of Nursing Science (BNS) programme emerged from this collaboration. It employs a hybrid approach that combines recorded resources with supervised practice. Designed around a Myanmar-owned curriculum, its learning outcomes align with International Council of Nurses (ICN) standards. Its aim is simple: to provide high-quality nursing education in conflict-affected Myanmar.



The Phoenix BNS is available as a result of partnerships between universities in Myanmar and the Royal College of Nursing in the UK. Every theory module is jointly taught by Myanmar faculty and UK or other international nursing academics, with a subject specialist included among the teaching team. It is a high-quality approach to educating nurses in conflict. Local senior nurse facilitators guide theory instruction, with additional support from online materials and remote academic expertise. Over time, this faculty has strengthened teaching and assessment capability and now provides sustained leadership for nursing education in Myanmar.

Student nurses learn in practice through placements in pop-up and jungle hospitals, clinics, and internally displaced people's camp settings, with senior nurses supporting students in completing a competency-based portfolio of learning. Since 2022, the programme has grown to five cohorts, with the first undergraduate cohort completing in early 2026 alongside a group of graduates undertaking a one-year bridging qualification, enabling progression from diploma to degree.

Theory results are strong, and retention is high. Students remain motivated by a commitment to serve the people of Myanmar. Feedback from clinical colleagues and patients is consistently positive, with many reporting that the programme is producing capable, practice-ready nurses. Students also implement structured peer support to manage disruption – sharing learning materials, co-ordinating study during service pressures, and keeping one another on track as conditions change. In practice, this stabilises delivery when systems are unreliable, and it reinforces the professional behaviours that make education sustainable in prolonged crises.

Phoenix nursing programmes now operate in three states, with potential to expand further.



2. Nursing in Myanmar

Myanmar's nursing profession

Myanmar's nursing profession developed early and formally, with the creation of a nursing council in 1922. Undergraduate nursing education was introduced in 1991, while diploma level education have continued in parallel to the present day.

The profession's social standing across Myanmar has long been recognised, including through prominent public figures such as Aung San Suu Kyi, whose mother was a nurse.

Following independence in 1948, nursing remained embedded within the public health system, supporting hospital care, midwifery services, and rural health programmes. Decades of military rule constrained investment, postgraduate development, and international exchange, but core educational institutions and professional norms endured.

This continuity enabled cautious expansion during the political opening of the 2010s. Nursing education capacity increased, professional standards strengthened, and regulatory frameworks were consolidated, supported by renewed engagement with international partners.

These collaborations drew on longstanding institutional links between the United Kingdom and Burmese medical professions dating back to 1927. However, they remained largely inaccessible to conflict-affected areas such as Rakhine State, where the army perpetrated mass killings and other grave crimes against the majority Rohingya population.

From 2011 onward, increased government investment in health, rising five-fold in real terms between 2011 and 2015¹, albeit from a very low base, was accompanied by measurable improvements in population health.

¹ Teo HS, Salcedo Cain J. Myanmar Health Financing System Assessment. Washington (DC): World Bank; 2018 (HNP Discussion Paper).





Vaccination coverage rose substantially: third-dose diphtheria-tetanus-pertussis coverage increased from 75% in 2013 to 90% in 2019, and first-dose measles coverage rose similarly².

Nutritional outcomes also improved, with significant reductions in stunting, malnutrition, and wasting among children under five, alongside a 34% reduction in under-five mortality³. These gains were underpinned by growth in the nursing and midwifery workforce, from approximately 9.2 per 10,000 population in 2010 to 11.1 per 10,000 by 2019, a rise of more than 20%⁴.

In the period just before the coup, Myanmar saw expanded nursing capabilities across both community services and acute hospital care.

Many initiatives focused on improving clinical quality, but they also framed workforce development as a long-term effort to strengthen the health system. During a period of relative stability in central Myanmar, these partnerships supported sustained professional relationships between Myanmar and UK clinicians. These networks formed the foundation of the response to the coup that followed.

34% ↓
reduction in
under-five
mortality

² World Health Organization; United Nations Children's Fund (UNICEF). WHO and UNICEF estimates of national immunization coverage (WUENIC): Myanmar – DTP3. Data received as of 26 Jun 2023; publication date shown 1 Jul 2023.

³ Department of Planning, Ministry of National Planning and Economic Development; Department of Health, Ministry of Health; UNICEF. Myanmar Multiple Indicator Cluster Survey 2009–2010: Final Report. Nay Pyi Taw (MM): Ministry of National Planning and Economic Development and Ministry of Health; UNICEF; 2011. Available from:

⁴ World Health Organization. Density of nursing and midwifery personnel (per 10,000 population) [Indicator]. WHO Data (data.who.int); updated 30 Apr 2025 [cited 2026 Feb 5]

The coup

At 3.46am on 1 February 2021, the military seized power in a coup d'état, deposing Myanmar's elected government. In the days that followed, health care workers joined teachers, civil servants, and students in a nationwide civil disobedience movement (CDM), refusing to work under the authority of the military-controlled junta. For nurses, participation carried severe personal risk: refusal to work in militarised hospitals was associated with arrest, enforced disappearance, and lethal violence.

The junta responded with a violent crackdown in which thousands of civilians were killed. By the end of 2022, more than 3,000 civilian deaths were documented, with health workers disproportionately targeted. Security forces occupied hospitals, professional councils were dismantled, and nursing education was largely suspended.

Hundreds of health workers were killed or imprisoned in the first two years after the coup, reflecting a deliberate strategy to weaken professions central to civilian governance and social infrastructure.

Nursing care did not stop; it moved underground. As junta-controlled hospitals became increasingly unsafe, nurses and doctors participating in the CDM established parallel health care provision in non-clinical settings, including private homes, shops, religious buildings, and mobile clinics. These improvised services lacked equipment, medicines, specialist support, and formal referral pathways.

Nurses who previously worked within hierarchical, medically led systems often became sole providers of care, managing a wide range of conditions – including acutely unwell children and pregnant women, trauma victims, and older people – under extreme resource constraints. These pressures were compounded by a second wave of COVID-19, which further strained an already fragmented health system.

By 2023, more than half of Myanmar's population required humanitarian health assistance, with parallel and community-based services providing essential care in areas beyond the junta's effective control.

From the days following the coup onward, health care was delivered by nurses working in hiding. As Myanmar erupted into conflict, nurses not only cared for the wounded through informal or mobile clinics; alongside these clinical systems, a parallel health education system emerged under persistent threat from the junta, sustained through improvised infrastructure, constrained resources, and significant personal risk. It is this health education system that formed the basis of the Phoenix degree.

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The UK's response to the coup

As Myanmar's health system collapsed and nurses began working in hiding, external support coalesced rapidly. Within two weeks of the coup, UK-based clinicians, alongside members of the Myanmar health diaspora, co-ordinated an informal response to provide practical support without increasing the risk to those on the ground.

Convened through existing health partnership networks, this effort expanded to include dozens of organisations spanning nursing, medicine, midwifery, and public health. What began as information sharing evolved into a sustained, interdisciplinary collaboration focused on delivering usable clinical guidance under conditions of extreme insecurity.

The approach was deliberately simple. Rather than complex platforms or interactive systems, the response centred on a small set of low-bandwidth digital tools designed to be accessed discreetly and shared informally. These included: a clinical guidance website hosting single-page protocols and nursing modules; short clinical skills videos filmed using equipment familiar to Myanmar clinicians; and a structured online nursing education programme.

Resources were designed to work on basic smartphones, require minimal data, and be saved or shared offline. Logins were avoided, geolocation was turned off, and branding was minimised to reduce the risk of association if phones were searched.

Despite internet shutdowns, surveillance, and widespread displacement, uptake was substantial. Resources were consistently accessed over the two years following the coup, particularly for practical child health materials. In total, 136 short clinical skills videos were produced. In the two years following the coup, the low-bandwidth website had 23,233 unique users, and the clinical skills videos were viewed 44,074 times.

Nursing education content, including a 38-week online nursing foundation course and a series of advanced seminars and case discussions, attracted around 30,000 views in the first two years. The scale and persistence of engagement reflected continued need for guidance, learning, and professional connection among nurses – and possibly other health care professionals who had free access to the videos – delivering care in informal clinics, conflict-affected regions, and underground services.

These resources did not replace hospitals or universities, but they helped sustain clinical practice, skills, and professional connections where alternatives were largely absent. The deeper problem remained: Myanmar faced a looming crisis because the ability to educate nurses to the standard of a high-quality undergraduate degree largely collapsed.

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3. The Phoenix rises

Following discussions between Myanmar and UK nursing academics, a more ambitious approach emerged: the Phoenix BNS. Designed explicitly for delivery in areas of active conflict, it is built through partnership between Myanmar nurse educators and an international group of nursing academics, with technical and library support from the Royal College of Nursing. This approach continues to underpin the Phoenix degree today.

The Phoenix degree aims to preserve nursing education amid university closures, dismantled professional regulation, and deliberately disrupted training pathways.

The lesson, drawn in part from COVID, is straightforward: an expert does not need to be physically present to teach. But nursing is inherently practical, so distance learning alone is insufficient. The Phoenix degree therefore combines recorded lectures, in-person facilitation by Burmese nursing faculty, and supervised clinical learning in non-traditional, high-risk settings, including jungle hospitals, pop-up clinics, villages, schools, rehabilitation centres, and camps for internally displaced people. When needed, up to 20% of practice hours can be completed using simulation methods, but most learning takes place in supervised real-world clinical settings.

The degree spans three years of full-time study, totalling 360 academic credits, equivalent to 3,600 hours of education. Of these, 2,100 hours are dedicated to theoretical learning and 1,500 to supervised practical experience, resulting in a 60:40 ratio between theory and practice. It aligns with International Council of Nurses standards and Myanmar's pre-coup nursing curriculum, ensuring that graduates meet internationally recognised requirements for safe and effective practice.

Central to the programme are the Burmese nurse lecturers and faculty. They hold it together by guiding learning and supporting students through the degree, from day one to graduation. They are supported by a wider Myanmar and international faculty and are supported to develop as educators and subject experts.

Curriculum content covers general education, health sciences, behavioural sciences, and nursing sciences, with progressive development across adult health, child and neonatal care, mental health, community nursing, obstetrics, geriatrics, leadership, disaster nursing, and research. Students complete written assignments, examinations, reflective work, and a comprehensive practice portfolio.

Final assessment includes written examinations and Objective Structured Clinical Examinations conducted across multiple stations. Academic standards are maintained through defined marking criteria, external moderation by module leads, and formal examination boards.

Delivery is decentralised but tightly governed. Each module is led by a subject expert responsible for learning outcomes, recorded content, assessment design, and academic oversight. Local nursing faculty facilitate instruction,

supervise practice, and assess competence on site. Faculty-to-student ratios are capped at 1:10, and participating institutions are audited against a standards framework covering governance, learning culture, assessment, safety, and student support. Entry routes are designed to be inclusive, recognising that conflict disrupts formal educational records, with selection based on demonstrated capability rather than certificates alone.

Alongside the undergraduate degree, the Phoenix programme includes a one-year full-time bridging degree for diploma trained nurses, enabling progression to degree level through supervised clinical practice, academic assessment, and virtual support. Across both routes, student data collection and visibility are deliberately minimised to reduce security risk.

Taken together, the Phoenix BNS functions as a complete nursing degree, aligned with international standards and delivered where conventional higher education is no longer possible. It does not attempt to replicate a peacetime university. It preserves the essentials of nursing education – rigour, supervision, competence, and professional formation – under sustained insecurity.

There is a chronic global shortage of nurses, particularly in low-resource settings, driven in no small part by conflict. Violence against health care workers is rising, and nurses make up much of the frontline workforce exposed to that risk.

International law is intended to protect health care and hold perpetrators to account, but accountability remains limited in many conflicts. In that context, rebuilding the nursing workforce is not optional: it is a prerequisite for recovery, continuity of care, and future system capacity.

Myanmar’s nurses, working under prolonged insecurity, demonstrate what sustained professional education looks like when conventional institutions fail. The point is not that courage substitutes for systems; it is that, with the right design and safeguards, education can be kept going long enough to protect the pipeline. The Phoenix BNS shows a practical route to do that – and, in doing so, offers a basis for cautious optimism that nursing education can be preserved and rebuilt even under pressure.

The programme’s impact can best be summarised by the text below, written by one of the first graduates:

The name “Phoenix” itself is powerful for us. It symbolises rising from the ashes of the destruction the coup has caused. Our cohort represents the reconstruction of Myanmar’s ethical health care system, built by students committed to compassion, democracy, and professionalism. We are the living proof that education and hope cannot be extinguished by violence.



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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN
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012 442 | March 2026



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