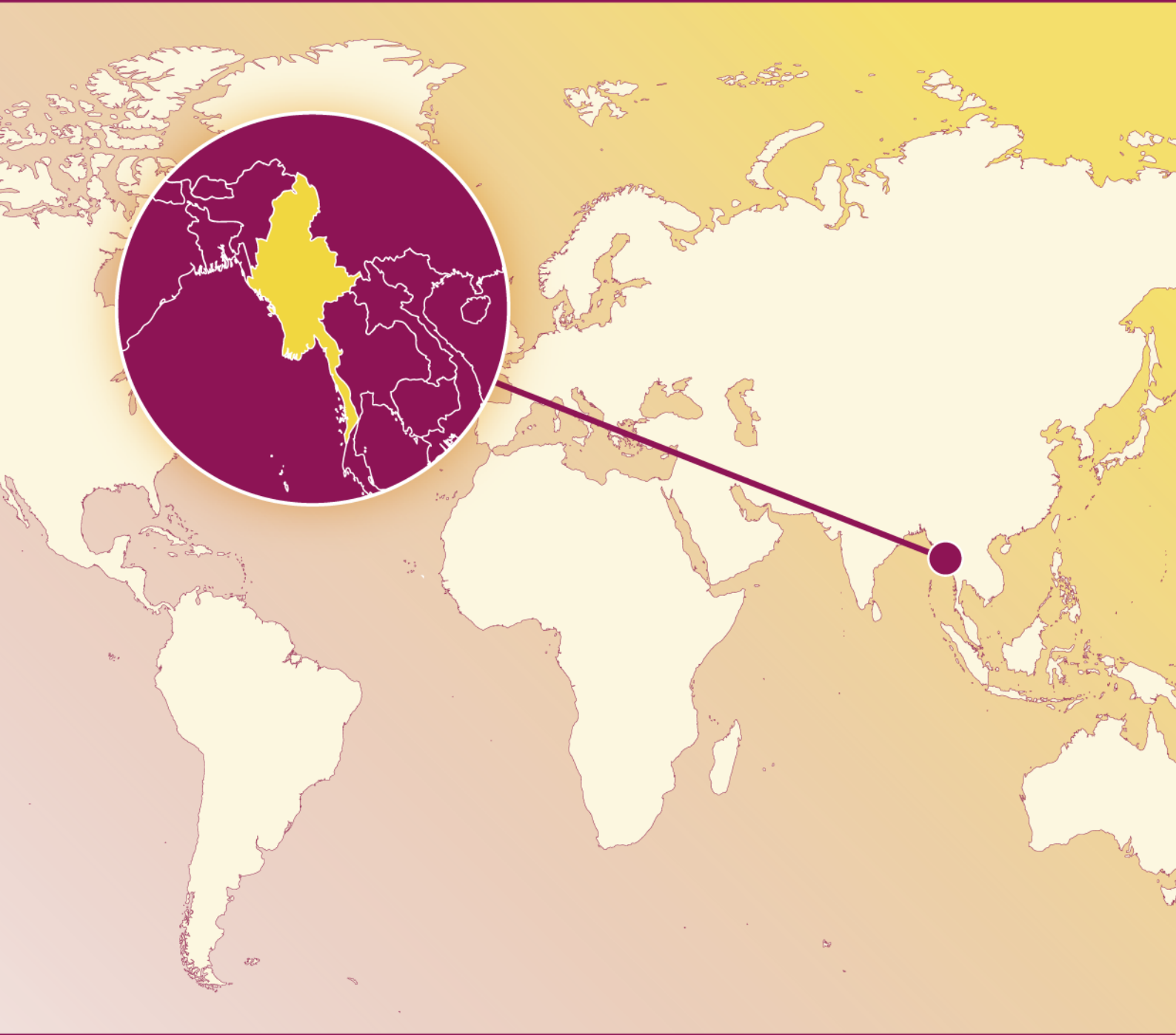


Flygtningenævnets baggrundsmateriale

Bilagsnr.:	585
Land:	Myanmar
Kilde:	Insecurity Insight
Titel:	Violence against health care in conflict 2022
Udgivet:	12. juli 2023
Optaget på baggrundsmaterialet:	18. september 2023

MYANMAR

Violence Against Health Care in Conflict 2022



Letter from the Chair



The more than 1,900 incidents of violence against health care in war and situations of political unrest described in this report are by far the highest number documented by the Safeguarding Health in Conflict Coalition since it began reporting a decade ago. The more than 700 assaults by Russia on health care in Ukraine are the most committed in a single year in one country.

Russia's atrocities in Ukraine have brought global attention to assaults on health care in war, highlighting pervasive violations of long-standing humanitarian norms. But in less visible conflicts and civil strife, the numbers of acts of violence and the stories behind them are equally grim: doctors imprisoned – and sometimes killed – in Myanmar and Iran for treating people in need of care; female health workers in Afghanistan harassed and sometimes beaten as they seek to provide health care for women and children; community health workers murdered in Afghanistan, Pakistan, and elsewhere as they go door to door to immunize children against polio and other infectious diseases.

In the face of the profound harms communities and health workers endure from this violence, the international community has long been passive, even ignoring commitments it has made to prevent attacks and hold perpetrators to account. Impunity for the violence has continued, and even the tracking of attacks has faltered. The World Health Organization's (WHO) system for collecting and disseminating data on attacks on health care in emergencies is plagued by inadequate reporting, lack of transparency, and resistance to reform. After being criticized for reporting zero attacks in Ethiopia despite evidence of looting or damage to hospitals and health centers during the conflict in Tigray, the WHO removed Ethiopia from its public dashboard on attacks on health care.

If we mobilize, however, the war in Ukraine could prove an inflection point. Never have calls for accountability for attacks on health care been as loud and sustained as now. We have an opportunity to press for justice for the people of Ukraine in the face of these atrocities and to extend that demand to people everywhere. The time for accountability for these devastating assaults on health care throughout the world is *now*.

A handwritten signature in black ink, reading "Len Rubenstein".

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2022 SHCC Health Care Myanmar Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 271 incidents of violence against or obstruction of health care in Myanmar in 2022, a decrease from 474 in 2021. In these incidents, 112 health workers were arrested and 27 were killed, undermining health care providers' ability to maintain safe staffing levels to effectively meet patient needs. In addition, health facilities were damaged or destroyed on at least 46 occasions and raided 32 times, impacting the population's access to health care. A total of 103 incidents were related to the ongoing political protests following the February 2021 military coup. The remaining 168 occurred in the context of armed conflicts that erupted before and after the coup. This factsheet is based on the dataset [2022 SHCC Health Care Myanmar Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

In the second year after the military coup on February 1, 2021, the humanitarian and health situation continued to decline in Myanmar, as the ruling junta and its security forces specifically and violently targeted health workers. Those affiliated with the Civil Disobedience Movement (CDM) continued to be arrested.

The current government, the State Administrative Council (SAC), established by the Tatmadaw (Myanmar's military) following the coup, has increasingly declined foreign aid and humanitarian assistance, thereby creating legal and administrative barriers for NGOs attempting to help conflict-affected populations. Human rights abuses by SAC security forces and widespread fighting resulted in the internal displacement of almost [1.2 million people](#) and led to 70,000 fleeing abroad since the coup.

Armed conflict between SAC forces, on the one hand, and various opposition armed groups units under the name of the People's Defence Forces (PDF) and allied ethnic armed organizations (EOs) on the other hand, have increasingly affected health care in 2022. The opposition National Unity Government (NUG), set up by parliamentarians in office before the coup, has a joint command system with several EOs that have been fighting the Tatmadaw for decades. In addition, local defense forces (LDFs), are engaged in the conflict, but operate more autonomously from the NUG command structure, and were reported to have directly affected health care in 2022.



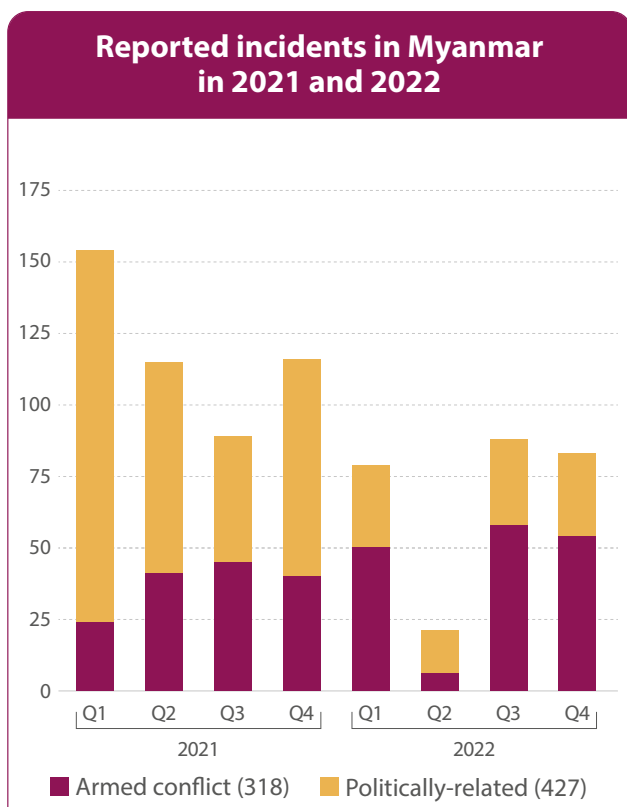
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Most of the 271 incidents affected health workers working for the national health structure, with 12 recorded as directly affecting INGOs or LNGOs. This is a decrease from 2021, when 34 incidents affected LNGOs. Incidents were reported throughout 2022 in 15 of Myanmar's 16 administrative areas (states, regions, union territory, and self-administered division). The number of reported incidents that affected health care were particularly frequent in geographical areas where there was strong resistance to military rule.

There was a shift in the location of most incidents in 2022 from Mandalay and Yangon cities in 2021 to Rakhine state and Sagaing region, reflecting the shift from violence during political demonstrations in big cities in 2021 to areas under control of the PDF or allied EAOs in 2022. Incidents also decreased in Kachin, Kayin, and Shan (North), highlighting how the political unrest contributed to escalating the violence in areas suffering from long-standing grievances. Nearly 80% of incidents recorded in Rakhine and Sagaing were recorded in the second half of 2022.

The regime's targeting of health workers active in the CDM continued in 2022, with 112 health workers reportedly arrested. Many of the 325 who were arrested in 2021 remained in prison. Overall, the incidence of politically linked violence against health care declined throughout 2022 compared to 2021, but the number of armed-conflict-related incidents continued at similar levels to those of the previous year.

SAC forces continued to shrink the humanitarian space throughout 2022 by making it increasingly difficult for health workers, humanitarian organizations, and LNGOs to access patients and communities in conflict-affected areas. From July onwards, there was a rise in incidents specifically targeting LNGOs and crackdowns on health workers associated with LDFs.



Nearly 70% of all the 271 reported incidents were attributed to SAC forces. Armed units opposed to the SAC, including the Arakan Army, the PDF, LDFs, and other militia, also adversely affected health care, but less frequently. Most of these incidents occurred in the context of attacks on SAC forces occupying health facilities and using them for military purposes.

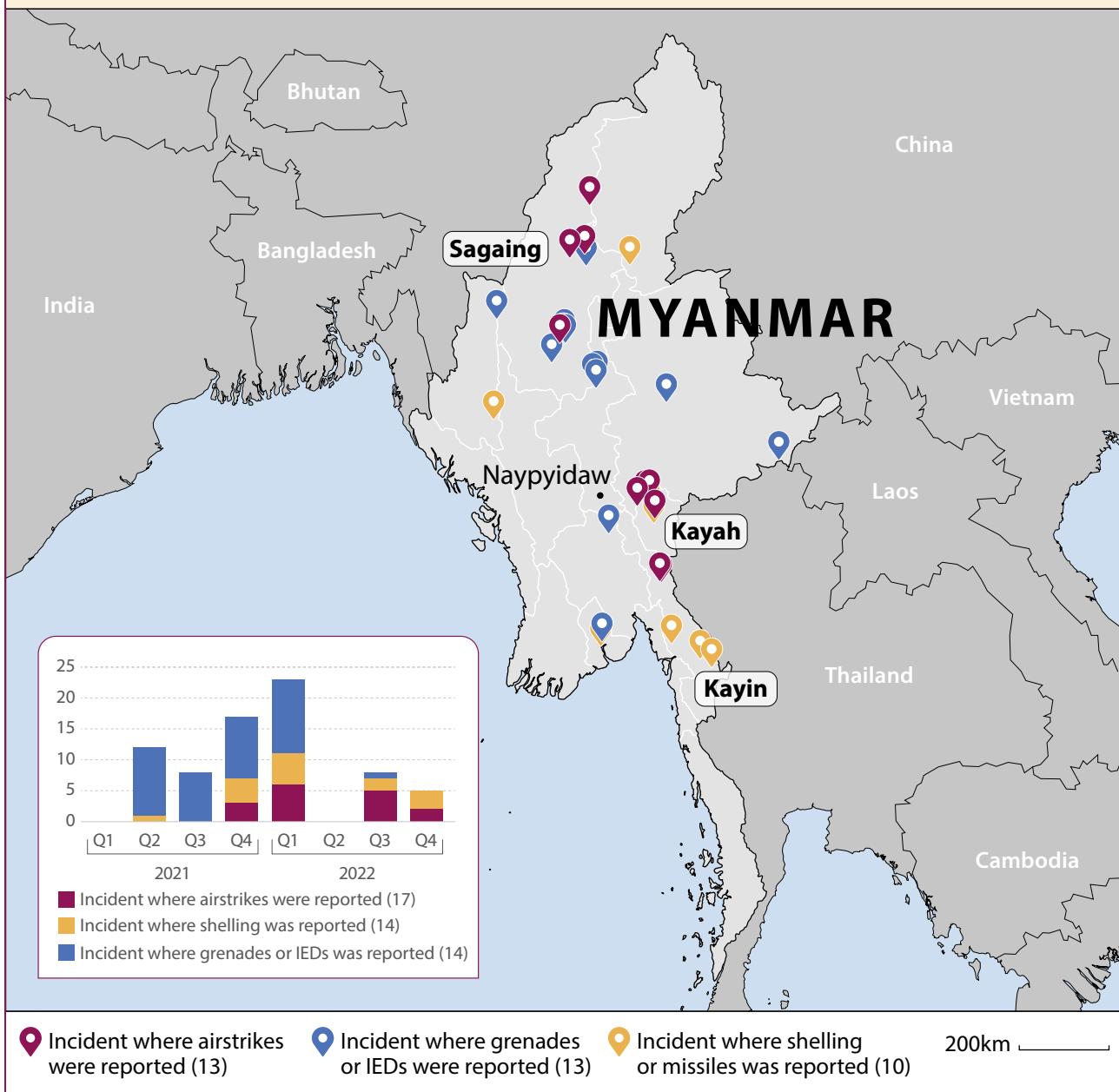
The use of explosive weapons against health facilities continued in 2022, with 36 incidents being reported. Explosive weapons use against health care workers and infrastructure was particularly frequent in Sagaing, where communities had developed strong resistance to the military's rule. SAC forces employed air strikes against health facilities in northern Sagaing and Kayah, while shelling and missiles mainly affected health care providers in Kayin. Improvised explosive device (IED) use was mostly concentrated in the southern Sagaing and Mandalay districts in central Myanmar. Incidents peaked in January, at the end of the



2021-2022 dry season military campaigns. The impact of IEDs on health care was frequently reported in January, with forces opposing the SAC government using them to attack the military's presence in and around health facilities. Fewer incidents were reported during the monsoon season.

Explosive weapons use impacting health care in Myanmar in 2021 and 2022

Airstrikes by SAC forces mostly impacted health care in northern Sagaing and Kayah. Shelling and missiles mainly affected health providers in Kayin. IED use was mostly concentrated in central Myanmar.





At least 13 incidents involving air-launched explosives weapons were recorded in 2022, triple the number that occurred in 2021. These attacks were carried out in Kachin, Kayah, Kayin, and Sagaing and often had a wide-area effect, causing death and destruction beyond the intended target and having reverberating effects on the wider health sector. In August, a local LDF in Sagaing reportedly used a drone armed with explosives to carry out an attack on SAC security forces occupying a make-shift COVID-19 vaccination center set up in a former school.¹

Shelling and missile use impacting health care increased from four incidents in 2021 to 10 in 2022. Most of these incidents were attributed to SAC forces, with one by the PDF, which shelled a hospital in Sagaing occupied by SAC forces, and another by unidentified attackers, who launched an improvised rocket at a private hospital in Yangon owned by one of the military leaders who organized the 2021 military coup.²

HEALTH WORKERS ARRESTED

At least 112 health workers, including ambulance drivers, doctors, nurses, a radiologist, and medical volunteers, were arrested in 2022, compared to 679 in 2021. Only nine arrested health workers were reportedly released. Health workers were arrested on allegations of CDM affiliation, because of the care they provided to injured LDF members or their leadership roles as caregivers in communities, including rural communities and clandestine networks opposed to the military government. Over time, the reasons for arrests shifted from security forces' arresting health workers treating injured protesters to arresting them for allegedly assisting or being affiliated with LDFs or for political activism on social media. This shift reflects the changing context from the violent suppression of demonstrations to army counter-offensives against territories held by LDFs and attempts to silence political opinions on social media. Some detained health workers were given prison sentences ranging from three to 25 years. The fate of the majority of these detained health workers is not known. At least 10 detained health staff, including a midwife and two medical students, were tortured by SAC forces, and five detainees died as a result. In June, the body of one CDM-affiliated health worker was found burned in Magway following their torture by military forces.³

In Mindat, our healthcare workers were arrested. There is one nurse who was living in Falam – she wasn't doing anything, just living in her hometown. They accused her of being a [member of the Civil Disobedience Movement] and killed her.

Female health worker in Chin state

HEALTH WORKERS KILLED AND INJURED

During 2022, at least 27 health workers were killed in 22 incidents, a decrease from 36 in 31 incidents in 2021. A similar number were killed by SAC forces and armed groups opposed to the SAC. Health worker killings were widely dispersed and occurred in 11 regions and states, with cases decreasing in Mandalay from 12 in 2021 to one in 2022. Along with the five tortured and killed health workers (see previous section), others also died during attacks on civilians, including air strikes and shelling; while providing health care to injured civilians; and, in one case, following their kidnapping.

At least 23 health workers were injured in 2022, a decrease from 41 in 2021. They were injured in landmine explosions, during detentions and kidnappings, and at SAC checkpoints.



They [military] are ready to shoot you, track you down, and do terrible things.

Female health worker in Kayah state

HEALTH WORKERS KIDNAPPED

At least five health workers were kidnapped in Kachin, Sagaing, and Shan, a change from Mandalay, Tanintharyi, and Yangon in 2021. Three staff members were taken from health facilities in Shan, Sagaing, and an unidentified location. Their fate was not recorded. Along with the health worker who was kidnapped and killed, a midwife was tortured and kidnapped and her husband shot dead by an LDF member in Sagaing.



ATTACKS ON COVID-19 VACCINATION CAMPAIGNS IN MYANMAR IN 2022

COVID-19 vaccination campaigns planned prior to the coup were not effectively rolled out. Lacking supplies, trained staff, and a public outreach mechanism, the state-run health system failed to vaccinate a significant portion of the population. Many people died when the COVID-19 Delta variant spread through the country in the summer of 2022. With a shortage of oxygen and other interventions, treatment options were very limited and few patients received proper care, with the military reportedly blocking some patients' access to medication. Some civilians bought vaccines on the black market; these vaccines are expensive and difficult to obtain. Distrust mounted over the quality of the vaccines produced in Myanmar, and some civilians preferred to purchase vaccines from the private sector. In 2022, COVID-19 vaccination campaigns were violently disrupted on two occasions in Sagaing:

February 2022: An ambulance transporting COVID-19 vaccines struck a landmine in Sagaing.

August 2022: LDFs using an armed drone attacked a COVID-19 vaccination center in Sagaing, targeting the Myanmar military forces occupying the building.

For more information on attacks on vaccination campaigns in Myanmar, explore the '[Attacked and Threatened](#)' global map by selecting 'vaccinations' and zooming in on Myanmar. The map is continually updated with new and backdated reports. Access the [data](#) on HDX.

DAMAGE AND DESTRUCTION TO HEALTH FACILITIES AND AMBULANCES

Health facilities were damaged or destroyed on at least 46 occasions in 2022, an increase from 33 in 2021. Clinics, hospitals, pharmacies, and rural health centers were damaged or destroyed in air strikes, shelling, arson attacks, and IED blasts. Most of these incidents took place in Sagaing region, a change from 2021, when the highest number of incidents were recorded in Shan state and Yangon region. In most cases, health workers were unharmed, but one female volunteer was killed and six children injured in an SAC military air strike that destroyed a sub-rural health center in Sagaing.⁴



At least 22 ambulances were damaged or destroyed in arson attacks by SAC forces during attacks on civilians or when the vehicles drove over landmines planted by unidentified attackers. High incident numbers were recorded in Sagaing. Five health workers were injured and one was killed in these incidents.

HOSPITALS RAIDS

SAC forces stormed and raided hospitals, health centers, and clinics at least 33 times in 2002, compared to 119 in 2022, as they searched for health workers whom they suspected of being CDM affiliated or for providing care to CDM members. Hospitals raids were widely dispersed, with most occurring in Sagaing, a change from being most notable in Mandalay and Yangon in 2021. Nearly half of these raids took place during the dry season military campaign in November and December. Often, health workers were arrested or injured and ambulances or vital medical supplies seized and facilities damaged during these raids.

ARSON ATTACKS ON HEALTH FACILITIES

Health centers, clinics, pharmacies, and a makeshift clinic in an IDP camp were set on fire on 16 occasions in 2022, a significant increase from one such incident in Yangon in 2021. Three-quarters of the arson attacks were recorded in Magway and Sagaing regions, while six followed the looting or destruction of health supplies and equipment in Chin and Sagaing. SAC forces carried out most of the arson attacks, usually during attacks on civilians and surrounding areas. One incident was attributed to the PDF in Chin.⁵ There were no recorded health worker deaths in these cases. Arson attacks on health centers forced closures and had an immediate and particularly devastating impact on the whole health care system.

OCCUPATION AND MISUSE OF HEALTH FACILITIES

Health facilities in seven states and regions were occupied and used for non-medical purposes on at least 16 occasions in 2022, a decrease from 60 reported cases in 2021. Most such occupations were attributed to SAC forces, who stationed military personnel in and around hospitals buildings and used the positions to attack opposition groups. Members of the Arakan Army occupied hospitals in Rakhine, while the PDF attacked SAC forces occupying hospitals in Sagaing.⁶ Military occupations of hospitals impact the local population's ability to access health care.

The public hospital may still run, but it is not safe to access.

Volunteer nurse

THE IMPACT OF ATTACKS ON HEALTH CARE

Prior to the coup, Myanmar had a shortage of health workers, with only 0.7 doctors per 1,000 people in 2019. In the past two years of conflict, this shortage has worsened, as health workers are targeted by the military regime and many medical professionals flee or relocate. State hospitals lack human resources and many patients who oppose the military regime refuse to seek care at these facilities.



In January 2022, the SAC announced that health workers' personal information must be given to the Ministry of Health. This order was issued to various government ministries in order to increase arrests of employees sympathetic to the CDM. A shadow health care system among health workers affiliated with the CDM began operating in makeshift clinics with the support of the NUG, and continues to do so. Private clinics have been forced to close and, in some cases, the clinic owners have been arrested following surprise inspections by SAC forces searching for CDM-affiliated health workers or on allegations of providing medical care to the local defense forces.

Reduced access to health care, staff shortages, and distrust of the government have resulted in long-term adverse effects on population health, particularly child health. Childhood immunization rates are at a record low since the coup in 2021, with approximately 1.9 million children requiring catch-up vaccinations. The current measles immunization rate in Myanmar is 2%. With communication and resources limited, disease surveillance and monitoring are not occurring, increasing the likelihood of uncontrolled outbreaks of disease.

Violence against health care has had devastating mental health impacts on health workers. There is increasing evidence that high levels of stress resulting from the widespread violence are causing many health workers to flee or stop providing health care. Over time, such violence has a devastating impact on the quality of care provided by a health care system.

In Rakhine in July, following tension and clashes between ethnic militias and SAC forces, the military imposed movement restrictions requiring NGOs to seek approval from the minister of security and border affairs for their staff to travel. This resulted in delays and cancellations of planned humanitarian activities.

Since the coup, more than 1.2 million people have been displaced by the escalation of the conflict. Many have fled to informal jungle camps with limited access to medication and food. By blockading opposition-controlled areas, SAC forces have deprived displaced civilians of medical and humanitarian aid. Areas with persistent blockades of medical aid include Chin and Kayah states and Sagaing region. Pharmacies have been warned not to sell quantities of medicine without prior approval from SAC authorities, or risk losing their medical licenses. Drivers transporting medicine have been arrested and in some cases tortured, and their supplies confiscated.

The biggest challenge for me is when... the patient should be taking medicine but I have no medicine to prescribe. That really hits me and upsets me.

Volunteer nurse in Kayah state

- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident number 34327.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident numbers 32182; 34251.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident number 33268.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident number 35504.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident number 30288.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident numbers 35244; 32182; 34907; 35144.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

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