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Human rights situations that require the Council's attention

Situation of human rights in Myanmar since 1 February 2021

Report of the United Nations High Commissioner for Human Rights*

Summary

The present report, prepared pursuant to Human Rights Council resolution 49/23, serves to identify trends and patterns of human rights violations in Myanmar between 1 February 2021 and 30 April 2023, with a focus on the human rights impacts resulting from the denial of humanitarian access. The report contains analysis of actions taken by all duty bearers and finds that the Myanmar military bears most responsibility for the negative impact on the enjoyment of human rights and on delivery of humanitarian action. The report documents the military's establishment of an all-encompassing system of control based on instrumentalization of the legal and administrative spheres in Myanmar. Urgent and concrete steps are needed to ensure that all people's essential needs, including food and health care, are met and to respect, protect and fulfil people's fundamental rights. The report concludes with recommendations to all parties, including the military authorities, the National Unity Government and the international community.

* The present report was submitted after the deadline in order to include the most recent information.



I. Introduction and methodology

1. In its resolution 49/23, the Human Rights Council requested the United Nations High Commissioner for Human Rights to monitor and assess the overall situation of human rights in Myanmar, with a particular focus on accountability regarding alleged violations of international human rights law and international humanitarian law, to make recommendations on additional steps necessary to address the current crisis and to present a written update at its fifty-third session.

2. The present report contains the findings from monitoring and documentation activities conducted remotely by the Office of the United Nations High Commissioner for Human Rights (OHCHR) between 1 February 2021 and 30 April 2023, and serves to examine trends and patterns in violations of international human rights law and, where applicable, of international humanitarian and criminal law. The most significant of these violations are the Myanmar military's targeting of civilians, including by restricting access to humanitarian assistance for communities affected by violence and armed conflict and the systematic discrimination against the Rohingya, other minorities and perceived opponents of the regime.

3. Given that the denial of humanitarian access results in the loss of civilian lives during violence and conflict, as well as in long-term human rights consequences, such as food insecurity and a lack of medical assistance, the present report is based on a holistic approach to the protection of civilians who have suffered both immediate and direct harm as a result of violence and conflict, and serves to address the medium- to long-term negative impacts on the ability of people to exercise their fundamental rights.

4. Further affirming the critical importance of strengthening civilian protection and guarantees for meaningful humanitarian access, the Security Council, in its resolution 2669 (2022) of 21 December 2022, on the situation in Myanmar, reiterated "the necessity for full, safe and unhindered humanitarian access" while underlying "the need for scaled up humanitarian assistance to all people in need in Myanmar and to ensure the full protection, safety and security of humanitarian and medical personnel". Furthermore, to address its concerns over the deteriorating humanitarian situation, compounded by increasingly challenging humanitarian access and attacks on humanitarian personnel, the Human Rights Council, in its resolution 52/31, called for the military to exercise the utmost restraint and ensure full protection of the human rights of all persons in Myanmar. Similarly, the Association of Southeast Asian Nations (ASEAN) repeatedly called on Myanmar authorities to implement the five-point consensus, cease violence and ensure the safe and timely delivery of humanitarian assistance.¹ However, according to the findings resulting from previous reports,² the military has shown complete disregard for attempts to address the human rights, humanitarian and political crises flowing from the coup of February 2021 and the subsequent violent suppression of opposing voices.

5. In addition, the centrality of the protection of human rights, as a key priority in humanitarian action,³ is highlighted in several key United Nations policy documents. These include the Secretary-General's call to action for human rights⁴ and his report entitled "Our Common Agenda",⁵ in which he reiterated that in order to achieve the goals of justice, peace, prevention, equality and leaving no one behind, they must be grounded in a system that has at its core the protection and promotion of human rights.

6. In order to ensure the wide collection of data and verified information and support the participation and representation of different actors, OHCHR strived to engage as many interlocutors as feasible. OHCHR collected testimonies and information from primary sources, including victims and witnesses, and verifiable secondary sources, all of which

¹ See https://asean.org/wp-content/uploads/2022/02/Consolidated_Draft_Chairmans_Statement_on_the_Situation_in_Myanmar-4.pdf.

² See [A/HRC/52/21](#).

³ See <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Policy%20on%20Protection%20in%20Humanitarian%20Action%2C%202016.pdf>.

⁴ See www.un.org/en/content/action-for-human-rights/index.shtml.

⁵ [A/75/982](#).

underwent a credibility assessment in accordance with the OHCHR standard methodology. A total of 53 interviews with primary sources were conducted, along with 43 formal consultations with partners and organizations through secure communication platforms. Moreover, OHCHR sought to gather information and data through the United Nations system and its existing mechanisms. It also submitted questionnaires to the Myanmar military, the National Unity Government,⁶ ethnic armed organizations and relevant private companies.

7. Throughout the documentation process, interlocutors consistently raised protection concerns confirming that the fear of retaliation by the military for the peaceful exercise of fundamental rights permeates every aspect of life within and outside Myanmar. Widespread and systematic violations perpetrated by the military have created an environment where both the people in Myanmar and representatives of international organizations believe they are at risk of becoming targets for expressing opinions opposing military rule, sharing information, assisting people in need and operating without military-issued authorizations, among others. For those reasons, and in full respect of the “do no harm” principle, the present report does not provide details that may lead to the identification of the interlocutors, unless expressly authorized. Similarly, whenever necessary, geographical references are limited to states and regions of Myanmar, as identifying townships may result in retaliatory acts against the individuals concerned.

8. National and international interlocutors, nonetheless, provided a wealth of knowledge and information, although on numerous occasions they cautioned OHCHR against using them publicly to avoid further military reprisals. Similarly, this sense of fear also extended to areas under the control of other duty bearers, from whom only anecdotal information was received, meaning that it did not meet the standards necessary for verification and inclusion in the report. Additional documentation efforts on the denial of humanitarian access in areas outside military control are therefore necessary.

9. The complexity of the humanitarian environment is characterized by the multiple needs of diverse communities in various states and regions and the presence of multiple types of actors inside and outside Myanmar. For each individual situation and actor, there are different levels of access, challenges and concerns. Rather than focusing on local specificities, the report serves to support accountability efforts by analysing broader patterns of action and omissions by duty bearers, which affect the rights of people who are in need of life-saving assistance and essential services.

II. Legal framework

10. As the humanitarian fallout of large-scale human rights violations across Myanmar expands, the present report is aimed at promoting accountability and the adequate protection of the civilian population by duty bearers, in accordance with international human rights law and international humanitarian law. To this end, in the report, humanitarian relief is considered to include actions exclusively aimed at ensuring the survival of those directly affected by violence and conflict through relief consignment, equipment and personnel. For the purposes of the report, actors proactively contributing to the delivery of goods and services are considered as aid providers, given that their primary functions are aimed at reducing the suffering of the civilian population and ensuring their survival. Consequently, the denial of humanitarian assistance refers to all those actions and measures carried out by duty bearers, whether legislative, administrative or in the context of military action, which prevent and obstruct access to persons in need and their access to aid. Denial also encompasses any actions of duty bearers, regardless of the intent, that have as direct consequences the curtailment of full, safe, unhindered and predictable access.

11. Under human rights treaty law and customary law, the conditions for the realization of the fundamental rights enshrined in the Universal Declaration of Human Rights, including the rights to life, security, food, housing, health, movement and access to information, must

⁶ The National Unity Government is headed by President Win Myint and the State Counsellor is Aung San Suu Kyi. See [A/HRC/48/67](#), paras. 70–72.

be established and protected both in times of peace and conflict.⁷ In its general comments No. 12 (1999) on the right to adequate food and No. 14 (2000) on the right to the highest attainable standard of health, the Committee on Economic, Social and Cultural Rights recognized the core obligations deriving therefrom to include the duty to ensure non-discriminatory access to health facilities, services and essential drugs; access to adequate food to guarantee freedom from hunger and malnutrition; access to basic shelter, housing and sanitation; and an adequate supply of safe and potable water, among others. The denial of humanitarian assistance may amount to violations of the obligations to respect and protect human rights, including economic, social and cultural rights. As a corollary to these obligations, duty bearers must refrain from attacking humanitarian personnel, facilities, equipment and transport or unduly imposing restrictions on medical and humanitarian personnel, civil society, non-governmental organizations, journalists and media workers. This is to ensure that humanitarian assistance reaches populations in need in an impartial, unfettered and predictable manner, as a critical component of efforts to meet the protection needs of the population.

12. Within the framework of international humanitarian law, civilians and out of action personnel are entitled to the protection provided for under common article 3 to the Geneva Conventions of 12 August 1949 for the Protection of War Victims and relevant customary law, and the civilian population in need is entitled to receive impartial humanitarian assistance.⁸ Under international humanitarian law, parties to a conflict must allow and facilitate the unimpeded passage of impartial humanitarian relief, subject to their right of control.⁹ In the context of armed conflict, the intentional obstruction or denial of humanitarian assistance may constitute war crimes, such as wilful killing, torture and other degrading treatment, starvation and collective punishment. Such intentional denial may also constitute crimes against humanity, such as murder, extermination, torture and other inhumane acts, or persecution, when committed in the context of a widespread or systematic attack against a civilian population.

III. Human rights situation and protection of civilians

13. As previously reported, military actions since February 2021, including through the so-called “four cuts” strategy,¹⁰ against the civilian population continue to expose people in Myanmar to pervasive human rights violations, resulting in staggering humanitarian impacts.

14. Between February 2021 and April 2023, according to credible sources, at least 3,452 persons died at the hands of the military and its affiliates, 21,807 individuals were arrested and 5,839 were convicted without any respect for judicial guarantees. In addition, 154 individuals were sentenced to death and 4 are known to have been executed.¹¹ An estimated 1.5 million people have been internally displaced, with nearly 1 million in the central regions alone, and approximately 60,000 civilian structures have been reportedly burned or destroyed.¹² More than 75,000 people have reportedly fled to neighbouring countries.¹³ More than 1 million Rohingya already live in appalling conditions in refugee camps in Bangladesh and recent reductions in food rations, as a result of limitations on

⁷ See, for example, www.ohchr.org/sites/default/files/Documents/Publications/HR_in_armed_conflict.pdf. Myanmar is a State party to the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities.

⁸ International Committee of the Red Cross, *Commentary on the Additional Protocols of 8 June 1977 to the Geneva Conventions of 12 August 1949* (Geneva, Martinus Nijhoff Publishers, 1987).

⁹ Ibid., “Practice relating to rule 55: access for humanitarian relief to civilians in need”, International Humanitarian Law Database. Available at <https://ihl-databases.icrc.org/en/customary-ihl/v2/rule55>.

¹⁰ [A/HRC/52/21](https://www.unhcr.org/refugees/52/21).

¹¹ See <https://aappb.org/?p=24864>.

¹² See <https://reliefweb.int/attachments/ef5a4668-4964-4da9-83e1-472fc4ec544e/OCHA%20Myanmar%20-%20Humanitarian%20Update%20No.%2029.pdf>.

¹³ See <https://reporting.unhcr.org/document/4475>.

available humanitarian funds, are expected to have devastating consequences.¹⁴ Of the remaining 600,000 Rohingya in Rakhine, nearly 150,000 live in camps where they are deprived of fundamental rights, including freedom of movement. Under the current conditions, safe, dignified and sustainable returns remain impossible.

15. Combined with the enduring impacts of the coronavirus disease (COVID-19) pandemic, the military coup has erased nearly a decade of progress, with poverty levels doubling since March 2020.¹⁵ Estimates indicate that 17.6 million people, which is one third of the overall population, require some form of humanitarian assistance, marking a steep spike compared with the 1 million in need prior to the coup.¹⁶ Restrictions on humanitarian access have been in place for decades under various Governments and were directed mostly at limiting the delivery of assistance to minority groups. Since the coup, restrictions have increased amid a dramatic surge in humanitarian needs in all communities.

16. Food insecurity is on the rise in Myanmar, with 15.2 million people requiring food and nutrition support. Food prices have escalated tremendously, by 63 and 177 per cent in 2021 and 2022, respectively. Food production has diminished because of continued violence and insecurity, reduced land access due to travel restrictions, displacements, land seizures, mine and unexploded ordnance contamination, an insufficient agricultural workforce and high transportation costs. Numerous interlocutors highlighted that many people are at risk of starvation.

17. In addition to the direct attacks on health-care personnel and infrastructure and the severe restrictions arbitrarily imposed on access to food assistance, the military has continued to instrumentalize the legal and administrative framework of the Government to control and limit life-saving humanitarian assistance or relief. The imposition of martial law on an additional 40 townships across the country in February 2023¹⁷ has further diminished access to aid among populations in need.

A. Access to populations in need

18. Barriers to humanitarian access were already significant under previous Governments, with serious concerns continuously raised regarding operations in Kachin and Rakhine, including for the Rohingya, among others. As part of its attempts to assert control, the military has imposed a range of legal, financial and bureaucratic requirements on civil society and humanitarian activity that have severely reduced civic space and the delivery of life-saving assistance. These restrictions have resulted in aid not reaching populations in conflict-affected areas, in particular those where the military has been most active in its attempts to suppress and crush resistance to its rule. Owing to military action, humanitarian assistance in most areas in the country can be provided only by evading military rules at great personal risk of arrest, mistreatment or even death. In areas under military control, access to populations in need has been limited through all-encompassing restrictive measures that instrumentalize the legal and administrative systems to control aid.

1. Registration regime

19. In October 2022,¹⁸ the military unilaterally imposed amendments to the 2014 registration of organizations law, which formalized further restrictions on civil society and humanitarian actions. These amendments are the centrepiece of an interlocking system that links registration to several critical aspects of humanitarian action, including banking, importation and the procurement of aid items, and the movement of aid workers and items.

¹⁴ See <https://news.un.org/en/story/2023/02/1133597>.

¹⁵ See www.worldbank.org/en/country/myanmar/publication/myanmar-economic-monitor-july-2022-reforms-reversed.

¹⁶ See https://myanmar.un.org/sites/default/files/2023-01/mmr_humanitarian_response_plan_2023%20final.pdf.

¹⁷ See www.burmalibrary.org/sites/burmalibrary.org/files/obl/GNLM2023-02-03-red.pdf; and www.burmalibrary.org/sites/burmalibrary.org/files/obl/GNLM2023-02-23-red.pdf. In 2021, the military imposed martial law in seven townships in Yangon and Chin.

¹⁸ See <https://bangkok.ohchr.org/ngo-law-myanmar/>.

Together with targeted restrictions in violence- and conflict-affected areas, these amendments have been instrumental in controlling and limiting humanitarian assistance required by populations in need.

20. These amendments have introduced the compulsory registration of all non-profit organizations and impose lengthy and onerous administrative procedures and criminal penalties, including up to five years of imprisonment, for non-compliance. In their applications, organizations must disclose the personal information of staff, funding sources, proposed project details and operational locations. Vaguely formulated provisions, such as prohibiting any contact with broadly defined groups, including those organizations deemed unlawful or opponents of the military, are likely to result in their arbitrary application. This regime, therefore, facilitates the extensive oversight by the military of non-profit organizations and their activities.

21. Since adoption, the registration of organizations law has created a chilling effect within civil society and forced many organizations to grapple with whether their compliance could be perceived as legitimizing the military. Engaging with non-registered organizations or not being formally registered pose significant risks and impediments to humanitarian actions. These range from carrying out operations without legal protection to being unable to receive funds and operate bank accounts. Individual staff members are also exposed to the continuous risks of harassment, arrest and prosecution.

22. Registration inevitably puts humanitarian actors under ongoing military scrutiny and politicizes the delivery of humanitarian assistance. One interlocutor highlighted how military-run ministries persisted in obtaining programme funding, budget and expenditure information as part of registration or renewal processes. Others noted that the military requested the removal of some geographical areas and activities from draft memorandums of understanding required as part of the registration process. This carries serious risks of politicizing humanitarian assistance and diverting aid from those most in need to those complying with military rule. An interviewee emphasized the dilemma imposed on humanitarian actors, observing that “if you register, you cannot do your work because you cannot do anything the military does not permit”.

2. Banking, finance, importation and procurement

23. Since the coup and, therefore, before the imposition of the amendments to the registration of organizations law were introduced, the military has, through the Central Bank of Myanmar,¹⁹ been directing the heightened scrutiny by banks of their clients. Under the guise of customer due diligence, banks are increasingly requesting documentation, especially valid registration papers. However, the registration status of many organizations has now expired and the previous registration approval system has been suspended, leading to banking challenges, including delays and denials of funds transfers. The Central Bank of Myanmar subsequently imposed a separate approvals process for transactions over \$10,000 without any specified time frames, which affected considerably humanitarian operations and programmes.

24. Alongside restrictions on the formal banking sector, in a letter dated 15 August 2022, the Central Bank of Myanmar directed mobile financial service providers to comply with customer due diligence requirements, by asking customers to provide proof that they held a Citizenship Scrutiny Card. Given that the denial of citizenship and lack of civil documentation disproportionately affect minority groups, in particular the Rohingya, these measures will necessarily have an impact on such communities, as well as others who feel uncomfortable with the risks of sharing personal identifying information to receive funds. With respect to cash programmes, and given significant concerns over data protection and security, the military oversight of mobile financial service providers is a form of access restriction that affects populations in need.

¹⁹ In June 2022, six active-duty lieutenant colonels were reportedly appointed to the positions of director and deputy director within the Central Bank of Myanmar. In September 2022, Major General Za Myint Naing reportedly retired from the Accounts Department of the Ministry of Defence and was appointed as one of the three vice-governors of the Central Bank of Myanmar.

25. With organizations' registration status and/or import licences gradually expiring after the coup, humanitarian actors have faced increasing difficulties importing essential items such as medicines and food into the country. Currently, registration under the new regime is a prerequisite for obtaining import licences. Interlocutors explained that securing an import licence requires valid registration, as outlined in the registration of organizations law, which in turn depends on a military-approved memorandum of understanding. Given the lack of clarity regarding the implementation of the registration regime, which has been aggravated by the absence of regulations or procedures, it is unclear whether any organization has been successful in securing a new import licence. In rare instances where items can still be imported into the country, some interlocutors described lengthy hold-ups, lasting up to several months, at the port and with customs authorities, at times leading to the spoiling of perishable items.

26. As a result of these obstacles to the import of goods through international procurement orders, some organizations have had to rely on in-country supplies. Interviewees described the various challenges of local procurement. One described requiring military permissions to purchase food and shelter items. Others were not able to purchase the required quantities of medicines and other commodities owing to hoarding by suppliers and/or limits placed on the amounts that may be purchased. Another interlocutor described an authorization system requiring food suppliers to report to the military details about sale and purchase transactions. OHCHR also received information about an organization being denied permission to purchase medicines because of its area of operation.

3. Freedom of movement: travel authorizations and checkpoints

27. Limitations on the freedom of movement have represented a long-term pressing and continuous human rights concern in Myanmar, including under the previous quasi-civilian Government. After the coup, the situation has significantly deteriorated as the military has increasingly attempted to control movements. Delays and the denial of visas have become a tool for the military to decide the time, locations and functions of those entering the country. Once in the country, travel authorizations are required for the movement of international staff and distribution of humanitarian assistance. For both visas and travel authorizations, valid organizational registration is required. This has affected areas outside military control in particular, given that the military tightly manages access to those areas, with interlocutors reporting that authorization regimes infringe on a wide range of fundamental rights.

28. While the pre-coup travel authorization regime in general did not apply to national organizations and staff, under the new regime, national and international organizations that intend to operate in travel-restricted areas defined by the military are required to cooperate with the relevant administration and military structures. On 17 March 2023, the National Unity Government also requested all local and international organizations to seek prior authorization before travelling through or within areas under its control.²⁰ Grass-roots and community-based organizations also reported being required to coordinate with anti-military armed groups when entering territories under their control.

29. Interlocutors confirmed that checkpoints were the main impediment to the free movement of people and goods, and they serve as a means for various groups to assert control over a territory vis-à-vis the civilian population. Interlocutors noted that military checkpoints were a systematic fixture at the entrance and exit of state or region capitals under their control, which are also usually the main commercial hubs for the area. Military checkpoints are also set up near army camps and bases and along access roads to areas held by anti-military armed groups. Sometimes, ad hoc checkpoints are also set up following security incidents. Passing a checkpoint typically involves showing paperwork, such as travel authorization approvals, letters of recommendation and identity papers, to security forces. Screening and confiscation of phones have been consistently reported.

30. Checkpoints are also locations where bribery, the confiscation of goods and/or arrests take place. While United Nations entities appear to be generally less affected, other

²⁰ See www.burmalibrary.org/sites/burmalibrary.org/files/obl/2023-03-17-NUG-MOHAI_Statementnt-8-pio-en.pdf.

organizations delivering humanitarian assistance or transporting goods face harassment, intimidation and extortion. Even with the requisite documentation, security officials systematically seek informal payments. Amounts are typically determined on the spot, based on factors such as the identity of the individual seeking passage, the rank of the official on duty and the type of goods being transported. For aid providers, such informal payments are either borne entirely by national staff on a personal basis or embedded into the supply chain when utilizing third-party suppliers or transportation service providers and cannot be formally reported owing to compliance issues.

31. Interlocutors also reported the appropriation of material assistance from aid deliveries, taken occasionally as informal taxation, when passing through checkpoints. That occurred not only at military installations, but also at others, by anti-military armed groups. Given the multiplicity of checkpoints along any transportation route, such taxation, whether in cash or in kind, inevitably drives up the price of commodities, leading to highly inflated prices or even a scarcity of essential items in rural areas.

32. Quantity restrictions and de facto bans on the transport of some goods, resulting in the confiscation thereof, are also enforced at military checkpoints. Interviewees reported that vehicles were allowed only to transport as little as two or five sacks of rice, depending on the location, and motorbikes up to half a bag of rice. Numerous interlocutors stated that medical products and supplies were deemed particularly sensitive items and they were systematically confiscated at checkpoints. Those transporting such goods often faced arrest and questioning by security forces. In one case, an individual stopped while transporting medicines at a military checkpoint faced a lengthy interrogation that was aimed at identifying the beneficiaries. After payment of a specific sum to the military, the security officials released the individual, but confiscated the medicines.

4. Safety and security of humanitarian actors

33. A key consequence of the coup is that security has dramatically worsened for humanitarian workers, and aid providers are consistently exposed to the risks of arrest, harassment or other mistreatment and even death. While there is no comprehensive and systematic collection of data on attacks on humanitarian actors since the coup, figures from credible sources show that between 13 and 40 have been killed and between 17 and 28 wounded.²¹ Furthermore, between 43 and 212 individuals have been arrested. These figures probably represent only a fraction of the reality on the ground. Notwithstanding analytical limitations, it is evident that national actors are the most exposed to those risks because they account for all casualties, which highlights the continuous personal risks they face when alleviating the plight of victims. As one interviewee described: “Other people and I were trying to bring older people to the monastery and on the way, artillery [shelling] fell down. When you go to help people, you have to look at the sky and look at the ground. It is very difficult”.

34. Incidents documented since February 2021 have repeatedly shown that the military perceives aid providers as part of the population that opposes their rule, rather than actors who deserve specific protection. One interviewee emphasized: “There is a complete disregard for all humanitarian principles. There are no legal protections in place for humanitarian workers”. In the early days of the coup, the military targeted medical personnel for their arrest and repeatedly opened fire on ambulances at protests. One interviewee reported that merely possessing an identification card that listed a medical role put individuals at risk of arrest when passing through military checkpoints. In the months following the military’s resort to the use of force, attacks on ambulances have continued, as have arrests and the detention of health workers and attacks on medical facilities and other protected objects.

35. Interviewees reported that in November 2021, the military raided a clinic that had been in operation for more than two decades in Kayah State, arresting 4 doctors, 13 nurses and 1 volunteer while also confiscating medical supplies and food rations. On 11 April 2023

²¹ See <https://data.humdata.org/dataset/myanmar-attacks-on-aid-operations-education-health-and-protection>; and <https://aidworkersecurity.org/incidents/search?detail=1&country=MM&sort=desc&order=Year>.

in the village of Pa Zi Gyi in Sagaing Region, a military combat aircraft bombed attendees, including women and children, of an inauguration ceremony for a community building. Minutes later, a helicopter arrived and opened fire on the injured and those rescuing them. Later that day, another military aircraft shot at people collecting dead bodies and human remains. That attack reportedly resulted in the deaths of up to 168 people, including at least 45 women and 38 children.

36. As indicated above, aid providers also face significant risks of harassment, intimidation, arrest and detention when delivering assistance and passing through checkpoints. In Rakhine and parts of southern Chin, several aid providers and medics were arrested for transporting essential supplies, including medicines, when the military had placed blanket restrictions on humanitarian access. Orders imposing curfews or restrictions on the number of individuals who can travel in a given vehicle at one time – often reported in areas under martial law – have made the transportation of humanitarian assistance even more risky. An interviewee stated that “the main overall risk is that when you deliver assistance, you are considered as associated to illegal groups and get arrested for that”.

37. Anti-military armed elements were also identified as responsible for violence against humanitarian actors, including killings, detention and harassment. In an emblematic case in June 2022, a group in Mon State claimed responsibility for killing a staff member of the World Health Organization.²²

5. Telecommunications

38. Since 1 February 2021, the military has restricted mobile data and call services in an apparent attempt to control the population, an overwhelming part of which uses mobile telephones to obtain access to the Internet.²³

39. By mid-2021, the blockage of telecommunications services by the military was concentrated in the areas most affected by conflict and violence. While reports indicate that anti-military armed elements and others have attacked telecommunications towers, electricity shortages have also caused service disruptions in some areas. In most cases, however, the military has systematically ordered restrictions on telecommunications services in areas where it carries out operations, in particular in townships in Chin, Kachin, Kayah, Magway, Mandalay and Sagaing. In those areas, the military has blocked mobile Internet access for sustained periods, with frequent reports of mobile telephone service cuts prior to the launch of military operations. The lack of transparency and the secrecy of service restriction orders, increasing military-linked ownership in the telecommunications sector and alleged acts of intimidation against service providers to bolster compliance with military rules have created significant challenges in documenting fully the impact of orders and limitations on mobile communications.

40. These restrictions affect the ability of populations in need to seek aid and the ability of aid providers to reach them. Interlocutors reported that disruptions to Internet services had had life-threatening consequences. The absence of connectivity had limited the ability of communities to receive timely information and warnings about attacks, thus reducing the time to seek safety. Furthermore, blocking mobile telephone and data services significantly hampered individuals’ ability to share critical information on humanitarian needs. Those living in areas affected by shutdowns had had to undertake dangerous and lengthy journeys to reach functional service areas. When shutdowns affected only mobile data services, civilians expressed fear that unencrypted communications exposed them to extensive military surveillance.

41. At the same time, communication restrictions have hampered the work of aid providers in several ways. Medical staff reported severe limitations in assisting rural populations, including by limiting their ability to obtain information and provide remote medical advice. Organizations reported that Internet shutdowns prevented them from sharing life-saving information, through online training, and from using mobile banking applications,

²² See <https://crisis24.garda.com/alerts/2022/06/myanmar-anti-military-group-shoots-who-staff-worker-in-mawlamyine-june-8>.

²³ A/HRC/48/67.

which further limited access to funds in an already highly restrictive banking environment. Those shutdowns also posed numerous logistics-related obstacles to humanitarian action and prevented comprehensive data collection, needs assessments, coordination among stakeholders, the receipt of authorizations, including from donors, and effective delivery of assistance. While several organizations continue to provide life-saving assistance, the enormous challenges notwithstanding, the inability to gather timely information on the security situation in targeted areas and assess the negative risks result in aid providers often having to avoid those areas.

B. Access of populations in need to aid

1. Military's "four cuts" strategy

42. The military's "four cuts" strategy, which was traditionally directed at cutting off ethnic armed organizations' access to food, funds, intelligence and recruits, has been redeployed, with devastating impacts, against a broader set of anti-military armed groups and civilians perceived as supporting them. The systematic implementation of the strategy, which relies on tactics that include the burning of entire villages, use of air strikes and artillery shelling, as well as arbitrary arrests, enforced disappearances, torture and ill-treatment, has resulted in the mass displacement of more than 1 million people.

43. Through the strategy, limitations on movements, the denial of humanitarian assistance and use of scorched-earth tactics, the military intended to sever grass-roots support for anti-military groups. Following the resumption of hostilities with the Arakan Army in late 2022, the military imposed a complete ban on movement and humanitarian actions in eight townships in Rakhine and southern Chin amid air strikes and artillery shelling. They enforced those restrictions through checkpoints on main roads, waterways, bridges and other supply routes, thus effectively preventing access to food, medicines, health care and other essential items, which had a tremendous impact on all communities, including the Rohingya. Notwithstanding a ceasefire in November 2022, numerous restrictions remain in place and humanitarian access remains inadequate.

44. The documentation of numerous burning incidents around the country highlights the widespread and systematic nature of this tactic, which appears to carry both an element of collective punishment of the entire local civilian population perceived as opposing the military and a strategic goal of depriving them of shelter, food, water, livelihoods and life-saving aid. Numerous interlocutors stressed that while burning villages, the military targeted livestock, food storage facilities and other essential agricultural materials. Where they exist, health facilities were also targeted.

45. Groups with specific vulnerabilities, such as persons with disabilities, older persons or those unable to flee upon the military's arrival, are at serious risk of being killed, including being burned alive. In March 2023, an interviewee reported that some 80 soldiers entered a village in Sagaing and set fire to an estimated 175 houses. Seven older persons, including two with disabilities, were burned to death.

46. In addition to deaths and injuries, the systematic implementation of the "four cuts" strategy has resulted in massive displacement and the continuous increase in protection and humanitarian needs. Repeated air strikes and artillery shelling expose civilians to the risk of recurring displacement, with the military not sparing formal displacement sites or temporary shelter solutions. Interlocutors reported that there had been increased targeting of shelters for displaced persons and monasteries since early 2023 and that monks had been killed and arrested for providing assistance. Interlocutors added that, as a consequence, monasteries had become reluctant to provide shelter to people fleeing violence.

47. With nothing left to return to, hundreds of thousands of people, mostly in the north-west, central and south-east regions of the country, have fled. Many have gone into jungles where they live under tarpaulins and improvised tents in extremely precarious conditions. Interviewees explained that, in the jungle, any aspect of life becomes life-threatening, in particular when displacement is prolonged due to ongoing and repeated military operations. OHCHR received accounts of children dying from snake bites without

having access to medicines, highlighting the risks resulting from prolonged forced displacement and restricted access to humanitarian assistance. According to credible sources, there had also been numerous deaths of displaced newborns and older persons as a result of injuries, chronic diseases, communicable diseases and inadequate living conditions, which were all attributable to the military's denial of humanitarian access.

2. Landmines and unexploded ordnance

48. Interlocutors unanimously agreed that the extensive presence of anti-personnel landmines, explosive remnants of war, including mortars, artillery, air-delivered weaponry and other unexploded ordnance across the country, pose a significant risk to displaced populations that obtain humanitarian assistance and to any returning to their place of origin. Pending independent verification, credible sources attributed responsibility for the use of mines mainly to the military. Anti-military armed groups, however, were also reported to manufacture landmines and improvised explosive devices or to use them after seizing them from overrun military targets. Anti-military armed elements were reportedly targeting military convoys, including with improvised explosive devices in populated areas. Reports of the targeting of public buses, in violation of international humanitarian law, were also received.

49. Interlocutors reported that mines were laid both as part of military tactics to defend bases and outposts, but also to deter returns and the use of facilities. In violation of international norms, mines had been laid near or in clinics, health facilities, religious buildings, homes and villages following raids and along supply routes commonly used to deliver assistance and gain access to health and livelihood opportunities. Of serious concern was that, in addition to the complete absence of humanitarian demining activities, no systematic recording and marking of planted mines was carried out, exposing the civilian population to significant risks and continuing protection concerns long into the future.

50. With the continued escalation of violence, interlocutors estimated that 12 of the 14 states and regions were contaminated by mines. Although it is likely that the number of incidents is underreported, it increased by 11 per cent in 2021, with 88 civilians killed and 196 injured,²⁴ and by 53 per cent in 2022, with 102 civilians killed and 288 injured,²⁵ compared with pre-coup figures of 69 civilians killed and 185 injured.²⁶ These figures raise serious protection concerns for civilians, which are magnified by the increasing military reliance on air strikes, as this will inevitably lead to a larger amount of unexploded ordnance on the ground. Survivors often find themselves in critical conditions with no access to adequate health services.

3. Right to health

51. The military's actions have had a profoundly negative impact on the health system and on individuals' right to health in Myanmar.

52. At the systemic level, almost all facets of the public health system – governance and leadership, financing, the medical workforce, medical products and technologies, health monitoring and information, and service delivery – have been affected negatively by the military's policies. In two high-profile instances, Dr. Htar Htar Lin, Director of the Public Health Department, who led the country's COVID-19 vaccination programme, and Dr. Soe Oo, Director-General of the Public Health Department, were arrested under spurious corruption charges and sentenced to three and two years of imprisonment, respectively.²⁷

²⁴ See https://www.unicef.org/myanmar/media/7431/file/Myanmar_Landmine_ERW_Incidents_Information.pdf.

²⁵ See https://www.unicef.org/myanmar/media/8456/file/Myanmar%20Landmine_ERW%20Incidents%20Information.pdf.

²⁶ See <https://www.unicef.org/myanmar/media/6306/file/Myanmar%20Landmine-ERW%20Incidents%20Information.pdf>.

²⁷ See <https://www.gnlm.com.mm/mohss-director-of-public-health-department-dr-htar-htar-lin-director-general-dr-soe-oo-retired-sentenced-to-prison-under-anti-corruption-law/>; and <https://myanmar->

Public expenditure on the health sector has declined since 2021, probably as a result of decreased spending on medical products and construction of health facilities.²⁸ Health-care professionals have been targeted with arbitrary arrest and detention and threatened with having their licence revoked as a result of their leadership of and participation in the civil disobedience movement.²⁹ In Myanmar, health care relies heavily on the grass-roots work of midwives and other community health workers in terms of health education, disease surveillance, service delivery and referral services to ensure primary health care. The systematic violence and violations carried out by the military have therefore had far-reaching implications for both health service delivery and upstream health monitoring and information systems for public health policy.

53. Attacks on health-care facilities have been a prominent feature since the coup, including as part of efforts to restrict humanitarian assistance with the aim of crushing anti-military opposition. Since February 2021, such attacks have been conducted in three distinct phases:

(a) In the first months after the coup, health workers were targeted for their participation in the civil disobedience movement and mass protests. OHCHR received credible testimonies indicating that security forces had attacked ambulances, assaulted health workers, raided and occupied health facilities and searched for wounded protesters, pressurizing health workers into denying them treatment;

(b) Around mid-2021, at the time of the third wave of COVID-19 in Myanmar, the military obstructed access to COVID-19 care by monopolizing medical supplies, especially oxygen tanks, for military-run facilities. Arrests of health professionals who dared to criticize health policies and who provided care outside of military facilities continued unabated;

(c) Since late 2021, attacks on health facilities have had strong links to the escalating violence around the country. Some interlocutors reported that health workers and individuals who were transporting medical supplies had been arrested. One person reported requiring 10 days of hospitalization as a result of injuries inflicted by soldiers who had found medical supplies in the person's vehicle and accused the person of having links to anti-military armed elements. Others described facing obstruction to access to health care, including physical roadblocks and the imposition of authorization regimes that prevent timely access to treatment. In one case, it took an individual who had been injured in an air strike six hours to pass through three checkpoints to reach a hospital where medical attention was not provided until the next day, resulting in the individual's leg having to be amputated. The patient subsequently died owing to excessive blood loss. OHCHR received consistent reports of the confiscation and destruction of medical supplies and of the deliberate destruction of hospitals, clinics and ambulances. Some interviewees stated that, while it was possible to pass through military checkpoints with small amounts of paracetamol, other items, including those deemed critical to improve living conditions, such as first aid and injury treatment kits, antibiotics, antimalarial drugs, insecticide-treated mosquito nets and antivenins for snakebites, were confiscated. Others reported that the military had burned ambulances, a clinic, medicines worth 30 million kyats and a hospital, including the operating theatre and delivery room, and bombed an outpatient facility.

54. OHCHR has also documented a pattern of military personnel preventing access to emergency health services and in some instances trying to arrest persons who were injured during air strikes and as a result of artillery shelling in Chin, Kachin, Kayah, Kayin, Rakhine, Sagaing and Taninthayi.

[now.org/en/news/health-official-who-kept-covid-19-vaccine-funds-from-junta-hit-with-corruption-charge/](https://www.ohchr.org/en/news/health-official-who-kept-covid-19-vaccine-funds-from-junta-hit-with-corruption-charge/).

²⁸ See

<http://documents1.worldbank.org/curated/en/099134001292342538/pdf/P1791060704c4d0720a7ac0c3c23f1b5b90.pdf>; and

<http://documents1.worldbank.org/curated/en/099335012232233060/pdf/P17910601de02e0880b23b076d6f795c50d.pdf>.

²⁹ [A/HRC/48/67](#).

55. Interlocutors generally stated that, even if the military did not physically deny access to hospitals, people feared arrest when seeking treatment for injuries resulting from such violence. In one case, a villager who had been tending his goats was shot by the military and was subsequently arrested at a clinic after receiving treatment. In other reported cases, an individual was arrested while getting a COVID-19 vaccination and after receiving hospital treatment, another individual was arrested on suspicion of being a member of an anti-military armed group. People therefore avoid seeking medical care and several interlocutors reported numerous deaths owing to the restricted access to health care. Minorities, particularly Rohingya communities, are further victimized as a result of that situation.

56. The continued insecurity has a serious impact on access to primary and other health care, resulting in preventable deaths. Some interlocutors highlighted the fact that pregnant women are unable to receive adequate antenatal care and that displaced pregnant women face a higher risk of pregnancy and birth complications. In one case, a curfew prevented a woman who was in labour from getting to hospital, resulting in her death and that of her child. In another case, a pregnant woman requiring medical attention was denied permission to travel, resulting in the death of her unborn child. Other interviewees described parents being unable to obtain basic immunization for their children; persons with diabetes and hypertension being unable to obtain the medication necessary to treat their conditions; and individuals with HIV and tuberculosis fearing arrest when travelling to urban hospitals.

57. The interrelated and essential elements of the right to health, which are availability, accessibility, acceptability and quality of health-care services, goods and facilities, are therefore gravely impaired in Myanmar.³⁰ Moreover, given the increasing level of forced displacement, the substantial drop in childhood vaccination rates and the rise in the number of cases of malaria, there are serious risks of outbreaks of vaccine-preventable diseases and of drug-resistant malaria, which would be likely to spread beyond the borders of Myanmar.

4. Right to adequate food

58. While supply chain disruptions contributed to rising food and fuel prices in the first months following the coup,³¹ the military has since been actively violating the right to adequate food in blatant breach of its human rights obligations.

59. Similar to violations of the right to health care, there is a strong correlation between violations of the right to food and armed violence. The parts of the country that have experienced the most extreme violence are also suffering from the most severe restrictions on access to food. In areas where the military used the tactic of the systematic and widespread burning of villages,³² OHCHR received multiple reports of the military and its affiliates looting and destroying existing food stocks during ground operations. Testimonies indicate that soldiers and members of military-aligned armed elements pillaged food items and valuables, killed livestock and burned harvests, food supplies and storage facilities. One interviewee reported that soldiers were “destroy[ing] the water well so that people cannot drink”.

60. Many interlocutors from those areas highlighted the military’s deliberate reduction of access to food and distortion of associated markets by burning private sector food processing and storage facilities, purchasing all the rice stocks in the local area by forcing traders to sell only to the military and prohibiting food item purchases from other areas. Others reported expropriation and destruction of agricultural materials to prevent cultivation, including confiscation of equipment, fertilizer and seeds, and contamination of agricultural land with mines. One interviewee stated: “In villages, the military is burning houses and destroying paddy fields and food granaries to punish people in the areas, as they perceive them as PDF [People’s Defence Forces] supporters”. In one incident, three displaced persons were killed after attempting to return to their village to cultivate crops. An interlocutor asserted: “Our

³⁰ Committee on Economic, Social and Cultural Rights, general comment No. 14 (2000).

³¹ See <https://www.wfp.org/news/rising-food-and-fuel-prices-looming-threat-poorest-and-most-vulnerable-myanmar-warns-wfp>.

³² [A/HRC/52/21](#).

people are not allowed to grow their own food [...] they have been killed for that. They cannot buy food. So there has been a complete denial of access to food.”

61. Throughout violence-affected areas, the military and its affiliates impaired the right to adequate food by obstructing food transportation. OHCHR received reports of the military imposing blockades on food items or requiring authorization before permitting delivery of food assistance typically intended for conflict-affected or displaced communities. Along transportation routes, the military and its affiliates also established checkpoints where significant proportions of food assistance were confiscated, leading effectively to self-rationing of food transportation. In one instance, military affiliates confiscated 10 out of 15 rice bags being transported, leading subsequent deliveries to be limited to five rice bags. Interlocutors also confirmed that at checkpoints, bribery and arrests of individuals transporting food items were widespread.

62. OHCHR also received credible reports of anti-military armed groups imposing restrictions on movement that had an impact on access to food, engaging in bribery at checkpoints and detaining individuals perceived to be supplying food to the military. While the scale of violations and abuses committed by anti-military armed elements appears to be considerably lower than the comprehensive manner in which the military restricts access to food, it is clear that the core content of the right to adequate food is seriously impaired.³³ An interviewee commented: “Food in any way inside the country [is] seen as a tool or weapon to support certain actors ... food is under special observation”.

IV. Conclusions and recommendations

63. As the post-coup human rights crisis continues to worsen, the overall humanitarian situation has also deteriorated to alarming levels. Through the implementation of its “four cuts” strategy that is aimed at severing support for anti-military groups, the military has killed and injured thousands of civilians while destroying goods and infrastructure that are necessary for survival, including food, shelter and medical centres. In violation of international obligations, the military has targeted humanitarian action and actors through an all-encompassing system of military measures and the instrumentalization of the legal and administrative spheres, forcing aid providers either to renounce support for people in desperate need of life-saving aid or to deliver support at enormous personal risk.

64. Meanwhile, duty bearers have failed to meet their obligation to protect civilians. Security across the country has deteriorated as the military has persistently targeted civilians through air strikes and the razing of populated areas. The widespread use of landmines by multiple actors has also furthered insecurity. As a result, many organizations have forgone or drastically modified operations in affected areas, which has had a negative impact on a wide range of human rights protections for individuals affected by violence. Local actors, who are overwhelmingly carrying out operations, are continuously at risk of death, arrest, torture and harassment. Violations and restrictions documented in the present report, when conducted as part of a widespread or systematic attack against a civilian population, and if they resulted in severely depriving individuals of their fundamental rights if it is perceived that they are part of a group opposing military rule, may constitute a crime against humanity of persecution.

65. Among the numerous and interconnected measures put in place by the military to control or deny humanitarian assistance, military checkpoints are one of the key obstacles. They are unanimously reported to be places where unclear rules are arbitrarily enforced, which instils fear in anyone who has to cross them. Whenever possible, those seeking assistance and those seeking to assist try to avoid checkpoints. Given the increased violence and mine contamination across the country, this is, however, increasingly difficult, resulting in a clear negative impact on the quantity, quality and timeliness of assistance reaching people in need.

³³ Committee on Economic, Social and Cultural Rights, general comment No. 12 (1999).

66. While the military restricts the movement of people through several measures, the instrumental use of the pre-existing arbitrary and discriminatory travel authorizations regime also plays a critical role in this respect. In all areas under its control, the military strategically decides on the groups of beneficiaries and type of aid to be delivered, as well as the timing thereof, in violation of the principles of humanity, neutrality, impartiality and independence. Similarly, the military prevents the movement of goods and humanitarian items, through systemic restrictions, and the ability of individuals to transfer and safely obtain access to funds.

67. These pervasive and interlinked restrictions are anchored in the recently imposed regime for the compulsory registration of organizations. Through the unilateral instrumentalization of the legal system and criminalization of non-compliance or engagement with non-registered organizations, the military has cohesively linked access to funds, goods, authorizations, visas and numerous other critical aspects of humanitarian actions to registration. Registration depends on lengthy and onerous administrative procedures, the rules of which remain unclear and are at the discretion of the military. The intrusive documentation of applicants required and stringent checks indicate the intention to politicize the delivery of humanitarian assistance.

68. In the light of the above findings, the United Nations High Commissioner for Human Rights recommends that military authorities:

(a) Cease immediately all violence and attacks directed against the people in Myanmar and civilian infrastructure across the country, in compliance with Security Council resolution 2669 (2022);

(b) Ensure full compliance with international human rights law and international humanitarian law and, in particular, refrain from planting anti-personnel landmines, which are inherently indiscriminate weapons that contribute greatly to the suffering of the civilian population. Implement accurate mine recording and marking and, whenever possible, humanitarian demining activities;

(c) Release immediately all those arbitrarily detained, prosecuted and/or sentenced, in particular those deprived of their liberty for carrying out humanitarian action, as well as those who exercised their rights to freedom of expression, association and peaceful assembly. Discontinue the politically motivated prosecution of all persons expressing opposition to the military's assertion of power;

(d) Immediately cease the implementation of the unilateral amendments made to the registration of organizations law and all other actions aimed at restricting humanitarian and civic space and ensure that humanitarian organizations have unrestricted and predictable access to all people in need across the country, without fear of retaliation for the exercise of rights;

(e) Take all prompt and necessary action, including in the banking and financial sectors, to guarantee the availability, accessibility, acceptability and quality of food and health-care products and services essential to meet the pressing needs of all people in Myanmar, without any discrimination.

69. The United Nations High Commissioner for Human Rights further recommends that the National Unity Government and other duty bearers:

(a) Take all steps to protect the civilian population, including by stopping the use of inherently indiscriminate explosive devices, investigate reports of human rights violations and take all adequate measures to ensure full compliance with international law by members of anti-military armed groups under their control;

(b) Refrain from imposing physical or administrative restrictions on the delivery of humanitarian assistance to people in need in the areas under their control;

(c) Allow unrestricted access for humanitarian organizations to assess the needs and develop responses on the basis of accurate and evidence-based data.

70. The United Nations High Commissioner for Human Rights recommends that the Security Council, in view of the documented disregard by the military for Security Council resolution 2669 (2022), take steps to refer the full scope of the current situation in Myanmar to the International Criminal Court.

71. The United Nations High Commissioner for Human Rights recommends that the Security Council, the Association of Southeast Asian Nations and other Member States:

(a) Maintain continuous attention to the situation on the ground and take the steps necessary to promote political solutions to end the crisis and guarantee access to all people in need of life-saving assistance in the shortest possible time given the gravity of the situation;

(b) Take urgent action to ensure that the humanitarian response plan is adequately funded to provide humanitarian organizations with the resources necessary to meet the compelling demands of the people in Myanmar;

(c) Ensure adequate funding for the 2023 joint response plan for the Rohingya humanitarian crisis to ensure that members of the Rohingya community in Bangladesh receive life-saving humanitarian assistance;

(d) Provide flexible direct funding to local humanitarian organizations to support them in assisting the population in need with life-saving aid and services;

(e) Advocate for meaningful access to OHCHR in the country to facilitate independent and impartial monitoring and reporting on the human rights situation, including on civilian protection and humanitarian actions.
