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**Annual report of the United Nations High Commissioner
for Human Rights and reports of the Office of the
High Commissioner and the Secretary-General****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 A/HRC/49/23, identifies trends and patterns of human rights violations in Myanmar between 1 February 2021 and 30 April 2023 with a focus on the human rights impact of the denial of humanitarian access. The report analyzes actions by all duty-bearers and finds that the Myanmar military is most responsible for the negative impact on the enjoyment of human rights and on delivery of humanitarian action. The report documents that the military has established 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 essential needs of all people are met, including food and healthcare, and to respect, protect and fulfil peoples' fundamental rights. This 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 reflect the most recent developments.

I. Introduction and methodology

1. In resolution A/HRC/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 and to make recommendations on additional steps necessary to address the current crisis and to present a written update at its 53rd session.

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

3. As denial of humanitarian access results in loss of civilian lives during violence and conflicts, as well as in long-term human rights consequences such as food insecurity and lack of medical assistance, this report is based on a holistic approach to civilian protection involving both immediate and direct harm from violence and conflicts, and 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 United Nations Security Council in its resolution S/RES/2669(2022) of 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".¹ Furthermore, to address its concerns at the deteriorating humanitarian situation as compounded by increasingly challenging humanitarian access and attacks on humanitarian personnel,² the Human Rights Council called on the military to exercise utmost restraint and ensure full protection of human rights of all persons in Myanmar. Similarly, the Association of South-East Asian Nations (ASEAN) repeatedly called on Myanmar authorities to implement the Five-Point Consensus, cease violence, and ensure safe and timely delivery of humanitarian assistance.³ However, confirming findings from previous reports,⁴ the military has shown complete disregard for these attempts at addressing the human rights, humanitarian, and political crises flowing from the coup of February 2021 and the subsequent violent suppression of opposing voices.

5. Additionally, the centrality of protection of human rights as a key priority in humanitarian action⁵ is highlighted in several key UN policy documents. These include the Secretary-General's Call to Action for Human Rights⁶ and his Common Agenda⁷ which reiterated that the achievement of the goals of justice, peace, prevention, equality, and leaving

¹ <http://unscr.com/en/resolutions/doc/2669>.

² <https://documents-dds-ny.un.org/doc/UNDOC/LTD/G23/058/09/PDF/G2305809.pdf?OpenElement>.

³ https://asean.org/wp-content/uploads/2022/02/Consolidated_Draft_Chairmans_Statement_on_the_Situation_in_Myanmar-4.pdf.

⁴ <https://www.ohchr.org/en/documents/country-reports/ahrc5221-situation-human-rights-myanmar-1-february-2022-report-united>.

⁵ <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Policy%20on%20Protection%20in%20Humanitarian%20Action%2C%202016.pdf>.

⁶ https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/The_Highest_Aspiration_A_Call_To_Action_For_Human_Right_English.pdf.

⁷ https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf.

no one behind are grounded in a system that has at its core the protection and promotion of human rights

6. To ensure 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. It collected testimonies and information from primary sources, including victims and witnesses, and verifiable secondary sources – all of which underwent credibility assessment in accordance with OHCHR's 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,⁸ ethnic armed organizations, and relevant private companies.

7. Throughout the documentation process, interlocutors consistently raised protection concerns confirming that 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 Myanmar's people 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 these reasons, and in full respect of the "do no harm" principle, this report does not present details that may lead to the identification of interlocutors, unless expressly authorized. Similarly, whenever necessary, geographical references are limited to the states and regions of Myanmar as identification of townships may result in retaliatory acts against individuals concerned.

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

9. The complexity of Myanmar's humanitarian environment is characterized by the multiple needs of diverse communities in the 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 localized specificities, the report seeks to support accountability efforts by analysing broader patterns of actions and omissions by duty-bearers affecting the rights of people-in-need of life-saving assistance and essential services.

II. Legal framework

10. As the humanitarian fallout from large scale human rights violations across Myanmar expands, this report aims to promote accountability and adequate protection of the civilian population by duty-bearers under international human rights law and international humanitarian law. To this end, the report considers humanitarian relief 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 purpose of this report, actors proactively contributing to the delivery of goods and services are considered as aid providers as their primary functions are aimed at reducing the suffering of the civilian population and ensuring their survival. Consequently, denial of humanitarian assistance refers to all those actions and measures carried out by duty-bearers, whether legislative, administrative, or in context of military action, that prevent and obstruct both access to persons-in-need and their

⁸ The National Unity Government is headed by President Win Myint and has Aung San Suu Kyi as State Counsellor. See further A/HRC/48/67, paras. 70-72.

access to aid. Denial also encompasses duty-bearers' actions – regardless of intent – that have as direct consequences the curtailment of full, safe, unhindered, and predictable access.

11. Under human rights treaty and customary law, fundamental rights enshrined in the Universal Declaration of Human Rights, including the rights to life, security, food, housing, health, movement, and access to information demand that conditions for their realization are established and protected both in times of peace and conflict.⁹ In its general comments No. 12¹⁰ and No. 14¹¹, the Committee on Economic, Social and Cultural Rights recognizes the core obligations deriving from the right to the highest attainable standards of health 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. 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 *hors de combat* personnel are entitled to all protections deriving from Common Article 3 to the Geneva Conventions and relevant customary law, and the civilian population-in-need is entitled to receive impartial humanitarian assistance.¹² Under international humanitarian law parties to a conflict must subject to their right of control, allow and facilitate the unimpeded passage of impartial humanitarian relief.¹³ In the context of armed conflicts, 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 can 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 its “four cuts” strategy¹⁴ against the civilian population, continue to expose the people in Myanmar to pervasive human rights violations, resulting in staggering humanitarian impacts.

14. Between February 2021 and April 2023, credible sources verified that at least 3,452 persons have died at the hands of the military and its affiliates, 21,807 individuals were arrested, and 5,839 convicted without any respect for judicial guarantees. Additionally, 154 have been sentenced to death and four known to be executed.¹⁵ An estimated 1.5 million people have been internally displaced, with nearly one million in the central regions alone, and approximately 60,000 civilian structures have been reportedly burnt or destroyed.¹⁶ Over

⁹ https://www.ohchr.org/sites/default/files/Documents/Publications/HR_in_armed_conflict.pdf
Myanmar is State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR); International Convention on the Elimination of all Forms of Discrimination against Women; Convention on the Rights of the Child; and the International Convention on the Rights of Persons with Disabilities.

¹⁰ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G99/420/12/PDF/G9942012.pdf?OpenElement>.

¹¹ <https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GC14.pdf>.

¹² <https://www.icrc.org/en/publication/0421-commentary-additional-protocols-8-june-1977-geneva-conventions-12-august-1949>.

¹³ ICRC, *Customary International Humanitarian Law Database*, Rule 55.

¹⁴ A/HRC/52/21.

¹⁵ <https://aappb.org/?cat=109>.

¹⁶ <https://reliefweb.int/attachments/ef5a4668-4964-4da9-83e1-472fc4ec544e/OCHA%20Myanmar%20-%20Humanitarian%20Update%20No.%2029.pdf>.

75,000 people have reportedly fled to neighbouring countries.¹⁷ More than one million Rohingya already live under appalling conditions in refugee camps in Bangladesh and recent reductions to food rations due to limitations on available humanitarian funds are expected to have devastating consequences.¹⁸ 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 COVID-19 pandemic, the military coup has resulted in erasure of nearly a decade of progress, with a doubling of poverty levels since March 2020.¹⁹ Estimates indicate that 17.6 million people – one-third of the overall population – require some form of humanitarian assistance, marking a steep spike compared to the one million in need prior to the coup.²⁰ Restrictions on humanitarian access have been in place for decades under various governments and were mostly directed at limiting the delivery of assistance to minority groups. Since the coup, restrictions have increased amid a dramatic surge in humanitarian needs for 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, displacement, land seizures, mine and unexploded ordnances contamination, 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 healthcare personnel and infrastructure and severe restrictions arbitrarily imposed on access to food assistance, the military has continued to instrumentalise the legal and administrative framework of Government to control and limit life-saving humanitarian assistance/relief. Imposition of martial law on an additional 40 townships across the country in February 2023²¹ has further diminished access to aid of populations-in-need.

¹⁷ <https://reporting.unhcr.org/document/4475>.

¹⁸ <https://news.un.org/en/story/2023/02/1133597>.

¹⁹ <https://www.worldbank.org/en/country/myanmar/publication/myanmar-economic-monitor-july-2022-reforms-reversed>.

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

²¹ <https://www.burmalibrary.org/sites/burmalibrary.org/files/obl/GNLM2023-02-03-red.pdf>, <https://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.

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 delivery of life-saving assistance. These restrictions have resulted in aid not reaching populations in conflict-affected areas, particularly those where the military has been most active in its attempts to suppress and crush resistance to its rule. Due to military actions, humanitarian assistance in most areas in the country can only be provided 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 2022,²² the military unilaterally imposed amendments to the 2014 organisation registration law ('registration law'), which formalised further restrictions on civil society and humanitarian actions. These amendments are the centrepiece of an interlocking system linking registration to several critical aspects of humanitarian action, including banking, importation and procurement of aid items, and movement of aid workers and items. Together with targeted restrictions in violence and conflict-affected areas, these have been instrumental in controlling and limiting necessary humanitarian assistance to populations-in-need.

20. These amendments introduce compulsory registration of all non-profit organizations and impose lengthy and onerous administrative procedures and criminal penalties, including up to five years' imprisonment, for lack of compliance. In their applications, organizations must disclose 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 extensive oversight by the military of non-profit organizations and their activities.

21. Since adoption, the registration law has created a chilling effect within civil society and forced many organizations to grapple with whether their compliance could be perceived as legitimising the military. Engaging with non-registered organizations or the lack of formal registration 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 continuous risks of harassment, arrest and prosecution.

22. Conversely, registration necessarily entails ongoing military scrutiny of humanitarian actors and politicises delivery of humanitarian assistance. One interlocutor highlighted how military-run ministries persist in obtaining programme funding, budgeting, and expenditure information as part of the registration or renewal processes. Others noted the military requested removal of certain geographic areas and activities from draft memoranda of understanding required as part of the registration process. This carries serious risks of politicization of humanitarian assistance and aid diversion from those most in need to those complying with military rule. An interviewee emphasized the dilemma imposed on humanitarian actors, observing "If you register, you cannot do your work because you cannot do anything the military does not permit."

²² <https://bangkok.ohchr.org/ngo-law-myanmar/>.

2. Banking, finance, importation, and procurement

23. Even before imposition of the registration law, the military, through the Central Bank of Myanmar,²³ had been directing banks' heightened scrutiny of their clients since the coup. Under the guise of customer due diligence, banks increasingly request documentation, key among which has been valid registration papers. However, many organizations' registrations have now expired, and the previous registration approval system has been suspended, leading to banking challenges, including delays and denials of funds transfers. Later, the Central Bank of Myanmar imposed a separate approvals process for transactions over USD 10,000 without any specified timeframes, considerably impacting on humanitarian operations and programmes.

24. Alongside restrictions on the formal banking sector, the Central Bank of Myanmar has also directed mobile financial service providers similarly to comply with customer due diligence requirements,²⁴ involving proof of Citizenship Scrutiny Cards. As denial of citizenship and lack of civil documentation disproportionately impact minority groups, particularly Rohingya, these measures will necessarily affect 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 around data protection and security, the military oversight of mobile financial service providers constitutes a form of access restriction to populations-in-need.

25. With organizations' registrations 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, outlined in the registration law, which in turn depends on a military-approved memorandum of understanding. Given the lack of clarity on implementation of the registration regime, aggravated by the absence of regulations or procedures, it is unclear whether any organization has been successful in securing new import licences. In rare instances where items can still be imported into the country, certain interlocutors described lengthy holdups – of up to several months – at the port and with customs authorities, at times leading to the spoiling of perishable items.

26. Due to these obstacles to the import of goods through international procurement orders, some organizations have had to rely on in-country supplies. Interviewees described various challenges with local procurements. One described requiring military permissions to purchase food and shelter items. Others were not able to purchase medicines and other commodities to the quantities required due either to hoarding by suppliers and/or limits placed on 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 due to their area of operation.

3. Freedom of movement: travel authorizations and checkpoints

27. Limitations on 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 denial of visas have become a tool for the military to decide time, locations, and functions of those entering the country. Once in country, travel authorizations are required for movements of international staff and distribution of humanitarian assistance. For both visas and travel authorizations, valid organisational registration is required. This has particularly affected areas outside military

²³ In June 2022, six active-duty lieutenant colonels were reportedly appointed to positions of Director and Deputy Director within the central bank. In September 2022, Major General Zaw Myint Naing was reportedly retired from the Defence Ministry's Accounts Department and appointed one of the bank's three vice-governors.

²⁴ Central Bank of Myanmar Letter No. MaBaBa/NaPaTa (List) (724), 15 August 2022.

control, as the military tightly manages access to those areas, with interlocutors reporting that authorization regimes infringe upon 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 military-defined travel-restricted areas 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.²⁵ Grassroots 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 are the main impediment to free movement of people and goods, and they serve as a means for various groups to assert control over territory vis-à-vis the civilian population. Interlocutors noted that military checkpoints are a systematic fixture at the entrance and exit of state/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, confiscation of goods, and/or arrests take place. While UN entities appear to be generally less affected, others 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 entirely borne by national staff on a personal basis or embedded into the supply chain when utilising third party suppliers or transportation service providers and cannot be formally reported due to compliance issues.

31. Interlocutors also reported appropriations of material assistance from aid deliveries, presented occasionally as informal taxation, when passing through checkpoints. This 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 taxations – whether in cash or in kind – inevitably drive up prices of commodities, leading to highly inflated prices or even scarcity of essential items in rural areas.

32. Quantity restrictions and de facto bans on transport of certain goods – resulting in confiscations – are also enforced at military checkpoints. Interviewees reported that vehicles are only allowed to transport as little as two or five sacks of rice, depending on the location, and that motorbikes up to half a bag of rice. Numerous interlocutors stated that medical products and supplies are deemed particularly sensitive items and they are systematically confiscated at checkpoints. Those transporting these goods often face arrest and questioning by security forces. In one case, an individual stopped while transporting medicines at a military checkpoint faced a lengthy interrogation aimed at identifying the beneficiaries. After payment of a certain 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 risks of arrest, harassment or other mistreatment or even death. While no comprehensive and systematic collection of data on attacks on humanitarian actors since the coup is in place, figures from

²⁵ https://www.burmalibrary.org/sites/burmalibrary.org/files/obl/2023-03-17-NUG-MOHAI_Statementt-8-pio-en.pdf.

credible sources vary between 13 and 40 killed, and 17 and 28 wounded.²⁶ Reports of arrests range between 43 and 212 individuals arrested. It is likely that these figures represent a mere fraction of the reality on the ground. Despite analytical limitations, it is evident that national actors are the most exposed as they account for all casualties, highlighting 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 opposing their rule, rather than as actors who deserve specific protection. One interviewee emphasised: “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 with arrest, and repeatedly opened fire on ambulances at protests. One interviewee reported that merely possessing an identification card that lists a medical role puts individuals at risk of arrest when passing through military checkpoints. In the following months, attacks on ambulances have continued to occur, as have arrests and detention of health workers, and attacks against medical facilities and other protected objects.

35. Interviewees reported that in November 2021, the military raided a clinic that had been in operation for over two decades in Kayah State, arresting four doctors, 13 nurses and one volunteer while also confiscating medical supplies and food rations. On 11 April 2023 in Pazigy village, Sagaing, a military combat aircraft bombed attendees, including women and children, at 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. This 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 on a given vehicle at one time – often reported in areas under martial law – have made transportation of humanitarian assistance even more risky. An interviewee stated, “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 claimed responsibility for killing a staff member of the World Health Organization.²⁷

5. Telecommunications

38. Since 1 February 2021, the military has restricted mobile data and call services in an apparent attempt to control the population, who overwhelmingly access the Internet using mobile phones.²⁸

39. By mid-2021, the military’s blockage of telecommunications services has concentrated on 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 certain areas. In most cases, however, the military has systematically ordered restrictions on telecommunications services in areas

²⁶ <https://data.humdata.org/dataset/myanmar-attacks-on-aid-operations-education-health-and-protection>; <https://aidworkersecurity.org/incidents/search?detail=1&country=MM&sort=desc&order=Year>.

²⁷ <https://crisis24.garda.com/alerts/2022/06/myanmar-anti-military-group-shoots-who-staff-worker-in-mawlamyine-june-8>.

²⁸ A/HRC/48/67.

where it carries out military operations, particularly in townships in Chin, Kachin, Kayah, Magway, Mandalay, and Sagaing. In these areas, the military has blocked mobile internet access for sustained periods, with frequent reports of mobile telephone service cuts prior to launching military operations. Lack of transparency and secrecy of service-restriction orders, increasing military-linked ownership in the telecommunications sector, and alleged intimidation acts against service providers to bolster compliance with military rules have created significant challenges to document fully the impact of orders and limitations on mobile communications.

40. These restrictions affect both the ability of populations-in-need to seek aid, and of aid providers to reach them. Interlocutors report that disruptions of Internet services had life-threatening consequences. Absence of connectivity has limited the ability of communities to receive timely information and warnings about attacks, thus reducing the time to seek safety. Further, blocking mobile phone and data services significantly hampered individuals' ability to share critical information on humanitarian needs. Those living in areas affected by shutdowns have had to undertake dangerous and lengthy travel to reach functional service areas. When shutdowns affect only mobile data services, civilians expressed fear that communications through unencrypted methods expose them to extensive military surveillance.

41. At the same time, communications 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 trainings; from using mobile banking applications, further limiting access to funds in an already highly restrictive banking environment; posed numerous logistics obstacle to humanitarian actions; and prevented comprehensive data collection, needs assessments, coordination among stakeholders, receipt of authorizations, including from donors, and effective delivery of assistance. While several organizations continue to provide life-saving assistance despite the enormous challenges, the ability to gather timely information on the security situation in targeted areas, negative risks assessments 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, traditionally directed at cutting off ethnic armed organizations' access to food, funds, intelligence, and recruits, has been redeployed against a broader set of anti-military armed groups and civilians perceived to support them with devastating impacts. Its systematic implementation, which relies on tactics including burnings of entire villages, use of airstrikes and artillery shelling, as well as arbitrary arrests, enforced disappearances, torture and ill-treatment, has resulted in mass displacements of over a million people.

43. Through the "four cuts" policy, limitations of movements, denial of humanitarian assistance, and the use of scorched-earth tactics, the military intended to sever grassroots support for anti-military groups. Following resumption of hostilities with the Arakan Army in late 2022, the military imposed a complete ban on movements and humanitarian actions in eight townships in Rakhine and southern Chin amidst airstrikes and artillery shelling. They enforced these restrictions through checkpoints on main roads, waterways, bridges, and other supply routes, effectively preventing access to food, medicines, healthcare, and other essential items, with tremendous impact on all communities, including the Rohingya. Despite a ceasefire in November 2022, numerous restrictions remain in place and humanitarian access remains inadequate.

44. Documentation of numerous burning incidents around the country highlight 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, the elderly, 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 around 80 soldiers entered a village in Sagaing and set fire on an estimated 175 houses. Seven elderly persons, including two with disabilities, were burned to death.

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

47. With nothing left to return to, hundreds of thousands of people, mostly in the northwest, central and southeast regions, have fled. Many went into jungles where they live under tarpaulins and improvised tents in extremely precarious conditions. Interviewees explained that any aspect of life in the jungle becomes life-threatening, particularly 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. Credible sources also reported numerous deaths of displaced newborns and elderly due to injuries, chronic diseases, communicable diseases, and inadequate living conditions, all attributable to the military's denial of humanitarian access.

2. Landmines and unexploded ordnances

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 ordnances across the country, pose a significant risk to displaced populations accessing humanitarian assistance and to any return to places of origin. Pending independent verification, credible sources attribute responsibility for use of mines mainly to the military. Anti-military armed groups, however, are also reported to manufacture landmines and improvised explosive devices, and to make use of them after seizing them from overrun military targets. Anti-military armed elements are reportedly targeting military convoys, including by improvised explosive devices in populated areas. Reports of targeting of public buses, in violation of international humanitarian law, were also received.

49. Interlocutors report that mines are laid both as part of military tactics to defend bases and outposts, but also to deter returns and use of facilities. In violation of international norms, mines have 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 access health and livelihood opportunities. Of serious concern is that, in addition to a complete absence of humanitarian demining activities, no systematic recording and marking of planted mines is 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 estimate that 12 out of 14 states and regions are contaminated by mines. Although likely representing underreported figures, the number of incidents increased by 136 per cent in 2021 with 92 killed and 216 injured,²⁹ and by 176 per cent in 2022, 112 killed and 287 injured,³⁰ when compared to pre-

²⁹ https://www.unicef.org/myanmar/media/7431/file/Myanmar_Landmine_ERW_Incidents_Information.pdf.

³⁰ [https://www.unicef.org/myanmar/media/8731/file/Myanmar%20Landmine-ERW%20Incidents%20Information%20\(January-February%202023\).pdf](https://www.unicef.org/myanmar/media/8731/file/Myanmar%20Landmine-ERW%20Incidents%20Information%20(January-February%202023).pdf).

coup figures of 64 killed and 163 injured.³¹ These figures raise serious protection concerns for civilians which are magnified by the increasing military reliance on airstrikes, as this will inevitably lead to a larger number of unexploded ordnances on the ground. Survivors often find themselves in critical conditions with no access to adequate health services.

3. Impact on the right to health

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

52. At the systemic level, almost all facets of the public health system – governance and leadership; financing; health workforce; medical products and technologies; health monitoring and information; and service delivery – have been negatively affected by the military's policies. In two high-profile instances, Doctor Htar Htar Lin, Director of the Public Health Department who led Myanmar's COVID-19 vaccination programme, and Doctor Soe Oo, Director-General of the Public Health Department, were arrested under spurious charges of corruption, and sentenced to three and two years' imprisonment respectively.³² Public expenditure on the health sector has declined since 2021, likely resulting from decreased spending on medical products and construction.³³ For their leadership and participation in the Civil Disobedience Movement, healthcare professionals have been targeted with arbitrary arrest and detention, and threatened with licence revocations.³⁴ Given Myanmar's healthcare landscape, which relies heavily on midwives' and other community health workers' grassroots activities for health education, disease surveillance, service delivery, and referral services to ensure primary healthcare, systematic military violence and violations have far-reaching implications both for health service delivery and for upstream health monitoring and information systems for public health policy.

53. Attacks on healthcare have been a prominent feature since the coup, including as part of restricting humanitarian assistance to crush anti-military opposition. Since February 2021, there have been three distinct phases:

(i) In the early months following the coup, health workers were targeted for their participation in the Civil Disobedience Movement and mass protests. OHCHR received credible testimonies of security forces attacking ambulances and assaulting health workers; raiding and occupying health facilities; as well as searching for wounded protesters and pressuring health facilities to not provide treatment.

(ii) Around mid-2021 and coinciding with Myanmar's third COVID-19 wave, the military obstructed COVID-19-related care by monopolizing medical supplies, especially oxygen tanks, for military-run facilities. Arrests continued unabated focusing on health professionals who dared to criticize health policies and for providing care outside of military facilities.

(iii) Since late 2021, attacks on healthcare have been strongly linked to escalating violence around the country. Some interlocutors reported arrests of health workers and of people transporting medical supplies. One person reported requiring 10 days of hospitalization due to injuries inflicted by soldiers who found medical supplies in the vehicle and accused the person of links to anti-military armed elements. Others described obstructions to healthcare access, including through imposition of physical roadblocks and authorization regimes that prevent timely access to treatment. In one case, an individual who was injured by airstrikes spent six hours passing through three checkpoints, before reaching the hospital where

³¹ <https://www.unicef.org/myanmar/media/6306/file/Myanmar%20Landmine-ERW%20Incidents%20Information.pdf>.

³² <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/>; <https://myanmar-now.org/en/news/health-official-who-kept-covid-19-vaccine-funds-from-junta-hit-with-corruption-charge/>.

³³ <http://documents1.worldbank.org/curated/en/099134001292342538/pdf/P1791060704c4d0720a7ac0c3c23f1b5b90.pdf>;
<http://documents1.worldbank.org/curated/en/099335012232233060/pdf/P17910601de02e0880b23b076d6f795c50d.pdf>.

³⁴ A/HRC/48/67.

medical attention was not provided until the next day, necessitating a leg amputation. The patient, however, later died from excessive blood loss. OHCHR also received consistent reports of confiscation and destruction of medical supplies, and of deliberate destruction of hospitals, clinics and ambulances. Certain interviewees stated that whilst 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 emergency kits and products for injury care, antibiotics, antimalarial drugs and insecticide-treated mosquito nets, and antivenoms for snakebites, would be confiscated. Others reported the military's burnings of ambulances; arson of a clinic and medicines worth 30 million Kyat; burning of a hospital, including the operation theatre and delivery room; and bombing of an out-patient centre.

54. OHCHR has also documented a pattern of the military preventing access to emergency health services, and in some instances trying to arrest injured persons, following airstrikes and artillery shelling in Chin, Kachin, Kayah, Kayin, Rakhine, Sagaing, and Tanintharyi.

55. Interlocutors generally stated that, even if the military did not physically deny access to hospitals, people fear arrest for seeking treatment for violence-induced injuries. In one case, a villager tending his goats was shot by the military, and then arrested at a clinic after receiving treatment. Other reports include an individual who was arrested when getting a COVID-19 vaccination, and a patient who was arrested after receiving treatment at a hospital on suspicion of being an anti-military armed group member. People therefore avoid seeking medical care, and several interlocutors reported numerous deaths due to restricted access. Minorities, particularly Rohingya communities, are further victimized by this situation.

56. Continued insecurity has a severe impact on access to primary and other forms of healthcare, resulting in preventable deaths. Some interlocutors highlighted that pregnant women are unable to receive adequate antenatal care, and that those displaced are at particular risk of pregnancy and birth complications. In one case, curfew prevented a labouring woman from getting transportation to hospital, leading to deaths of both mother and child; in another, a pregnant woman requiring medical attention was denied permission to travel, resulting in foetal death. Other interviewees described parents being unable to obtain basic immunisations for their infants; diabetes and hypertension patients being unable to secure medication to treat their conditions; and HIV and tuberculosis patients fearing arrest for visiting urban hospitals.

57. Therefore, the interrelated and essential elements of the right to health, comprising availability, accessibility, acceptability, and quality of healthcare services, goods, and facilities, are gravely impaired in Myanmar.³⁵ Moreover, given increasing forced displacement, substantial drops in childhood vaccination rates, and rising malaria cases, there are serious concerns about risks of outbreaks of vaccine-preventable diseases and of drug-resistant malaria which would likely spread beyond Myanmar's borders.

4. Impact on the right to adequate food

58. While supply chain disruptions contributed to rising food and fuel prices in the early months following the coup,³⁶ the military has since been actively violating the right to adequate food in blatant breach of its human rights obligations.

59. Similar to attacks on healthcare, there are strong correlations between violations of the right to food and armed violence. Parts of the country that have experienced the most intense violence are also suffering from the most severe restrictions on access to food. In areas where the military carried out systematic and widespread burning of villages,³⁷ OHCHR received multiple reports of the military and its affiliates looting and destroying existing food stocks during ground operations. Testimonies indicated that soldiers and members of military-aligned armed elements pillaged food items and valuables, killed

³⁵ Committee on Economic, Social and Cultural Rights, General Comment 14.

³⁶ <https://www.wfp.org/news/rising-food-and-fuel-prices-looming-threat-poorest-and-most-vulnerable-myanmar-warns-wfp>.

³⁷ A/HRC/52/21.

livestock, and burnt harvests, food supplies and storage facilities. One interviewee additionally reported soldiers "...destroy[ing] the water well so that people cannot drink".

60. Multiple interlocutors from these areas highlighted the military's deliberate constriction of access to food and distortion of associated markets by burning private sector food processing and storage facilities, purchasing all rice stocks in the local area by forcing traders to only sell to the military, and prohibiting food item purchases from other areas. Others reported expropriations and destructions of agricultural materials to prevent cultivation, including confiscation of equipment, fertiliser, 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 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 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. Across 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 widespread bribery at checkpoints and arrests of individuals transporting food items.

62. OHCHR also received credible reports of anti-military armed groups imposing movement restrictions impacting 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 appear 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 are gravely impaired.³⁸ 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, Myanmar's overall humanitarian situation has also deteriorated to alarming levels. Through the implementation of its "four cuts" policy aimed at severing support for anti-military groups, the military has killed and injured thousands of civilians while destroying goods and infrastructure necessary for survival, including food, shelter, and medical centres. In violation of international obligations, the military has targeted humanitarian actions and actors through an all-encompassing system of military measures and the instrumentalization of the legal and administrative spheres, forcing aid providers to either renounce support to people in desperate need of life-saving aid or to deliver at enormous personal risks.

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 airstrikes and razing of populated areas. 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, negatively impacting a wide range of human rights protections for individuals affected

³⁸ <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmIBEDzFEovLCuW%2BKyH%2BnXprasyMzd2e8mx4fouQpDVshj73SoMLU1JTdtZTDYerYia%2BctGqO8NrWmRL%2Ft1OyyKtqjxnygkOzYPp9tCfBWVc0bkQ1mCWULU7>.

by violence. Local actors, who are overwhelmingly carrying out operations, are continuously risking death, arrest, torture, and harassment. Violations and restrictions documented in this report, when conducted as part of a widespread or systematic attack against a civilian population, and if they resulted in severely depriving fundamental rights of individuals perceived as part of a group opposing military rule may constitute the crime against humanity of persecution.

65. Amongst the numerous and interconnected measures put in place by the military to control or deny humanitarian assistance, a key obstacle are the military checkpoints. These are unanimously reported to be places of arbitrary enforcement of unclear rules, instilling fear in anyone who has to cross them. Whenever possible, those seeking assistance and those seeking to assist try to avoid checkpoints. Given 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.

66. While the military restricts movements of people through several measures, the instrumental use of the pre-existing arbitrary and discriminatory travel authorizations regime plays a critical role. In all areas under its control, the military strategically decides on the groups of beneficiaries and types of aid to be delivered, as well as its timing, in violation of 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 access funds.

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

68. In the light of the above findings, the High Commissioner recommends that military authorities:

(a) Cease immediately all violence and attacks directed against the people of Myanmar and civilian infrastructures across the country, in compliance with Security Council resolution S/RES/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 greatly contributing to the suffering of the civilian population. Accurate recording and marking must be implemented and, whenever possible, implement humanitarian demining activities.

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

(d) Immediately cease implementation of the unilateral amendments made to the 2014 Organizations Registration 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 healthcare products and services essential to meet the pressing needs of all people in Myanmar, without any discrimination.

69. The High Commissioner further recommends to the National Unity Government and other duty-bearers:

(a) Take all steps to protect the civilian population, including 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 to humanitarian organizations to assess needs and develop responses on accurate and evidence-based data;

70. The High Commissioner recommends that the Security Council, also in view of the documented disregard by the military of resolution S/RES/2669 (2022), take steps to refer the full scope of the current situation in Myanmar to the International Criminal Court;

71. Further, the High Commissioner recommends that the Security Council, ASEAN, and other Member States:

(a) Maintain continuous attention to the situation on the ground and take necessary steps 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 necessary resources to meet the compelling demands of the people in Myanmar;

(c) Ensure adequate funding for the “2023 Joint Response Plan: 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 their ability to assist 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.
