

MYANMAR

Violence Against Health Care in Conflict 2023



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



The year 2023 was a grim one for violence inflicted on health care. In 2022, the Safeguarding Health in Conflict Coalition identified the highest number of incidents since we began reporting. Yet in 2023 the number was 25% greater, exceeding 2,500.

The intensity of conflicts characterized by pervasive attacks on health care in recent years declined somewhat in 2023, including in Syria, Yemen, and the Tigray region of Ethiopia. As a result, it might also have been expected that the global trend of violence against health care would turn downward. Instead, from the first days of two new and catastrophic wars, one in Sudan and the other between Israel and Hamas, health care came under ferocious assault. In both conflicts warring parties killed health workers, attacked facilities, and destroyed health care systems. Meanwhile, attacks on health care in Myanmar and Ukraine continued at a relentless pace, in each case exceeding 1,000 since the start of the conflicts in 2021 and 2022, respectively. In many chronic conflicts, fighting forces continued to kidnap and kill health workers and loot health facilities.

At the same time, new and disturbing trends emerged. In Burkina Faso, Ethiopia, Gaza, Lebanon, Myanmar, Sudan, Syria, Ukraine, and Yemen combatants employed drones to attack health clinics, hospitals, and ambulances. In many conflicts, combatants violently entered hospitals or occupied them as sites from which to conduct military operations, leading to injuries to and the deaths of patients and staff. In many conflicts, the conduct of combatants revealed open contempt for their duty to protect civilians and health care under international humanitarian law (IHL). Israel, while purporting to abide by IHL, promoted a view of its obligations that, if accepted, would undermine the fundamental protections that IHL puts in place for civilians and health care in war.

The one consistent feature of the attacks was continued impunity for these crimes. For more than a decade, despite their repeated commitments, governments have failed to follow through on these commitments and reform their military practices, cease arms transfers to perpetrators, and bring those responsible for crimes to justice.

We need a new approach, starting with stronger leadership from UN agencies and governments willing to join with civil society and the health care community to take far more assertive action to end the scourge of violence against health care. Among other steps, they can press prosecutors domestically and internationally to bring cases of war crimes and crimes against humanity committed against health care, to develop political support for special tribunals to circumvent UN Security Council members' vetoes of referrals to the International Criminal Court, and restrict the sale of arms to forces that commit crimes.

There are some sources of hope. After years of lassitude, the World Health Organization has spoken forcefully against vicious assaults on health facilities and health workers. Civil society groups are exerting pressure to stop arms transfers to perpetrators of violence, while some militaries have launched initiatives to reduce civilian casualties in war. Leaders must build on these initiatives. Ending the suffering of millions of people depends on their doing so.

A handwritten signature in black ink, appearing to read "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2023 MMR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 418 incidents of violence against or obstruction of health care in Myanmar in 2023, compared to 280 in 2022. In these incidents, 37 health workers were killed; health facilities were damaged or destroyed, and occupied. In addition, 102 health workers were arrested and 37 were killed. This factsheet is based on the dataset [2023 MMR SHCC Health Care Data](#), which is available for download on the [Humanitarian Data Exchange \(HDX\)](#).

THE CONTEXT

Another year of pernicious armed violence took place in Myanmar in 2023, with fighting continuing to primarily be concentrated between the junta-aligned Myanmar national armed forces (Tatmadaw), several ethnic armed organizations (EAOs), and local defense forces (LDFs). A total of 255 of Myanmar's 330 townships, or nearly 80%, had been impacted by armed clashes. Violence escalated in late October following armed opposition groups' launch of Operation 1027 in Shan state. These groups included the Arakan Army (AA), Myanmar National Democratic Alliance Army, and Ta'ang National Liberation Army – which are known collectively as the Three Brotherhood Alliance. The Myanmar armed forces responded with air strikes and artillery shelling targeting civilians, but suffered setbacks when Three Brotherhood Alliance forces captured multiple strategic border crossings into China from Shan state at the end of 2023.

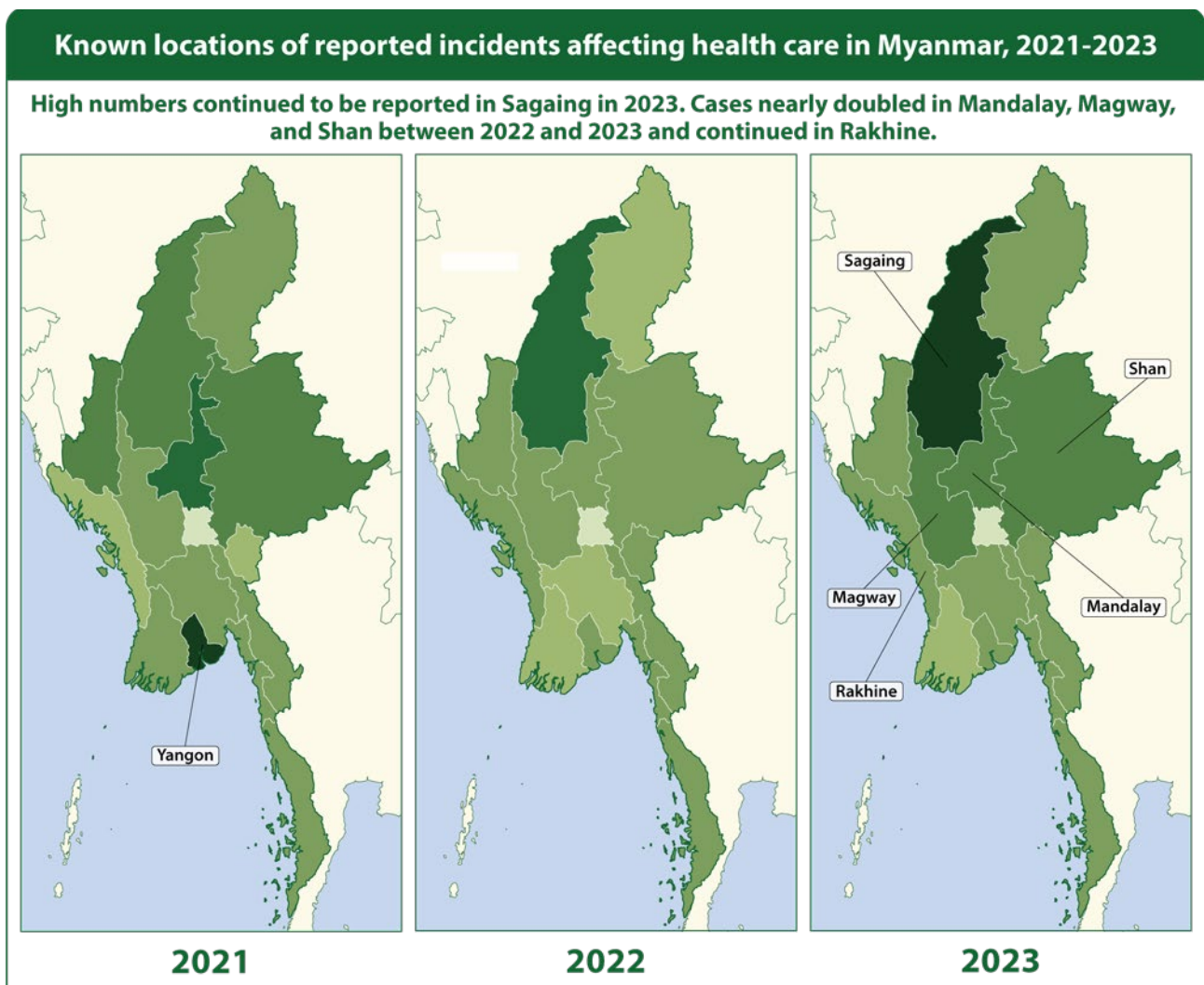
Large numbers of health workers continued to be active in the anti-coup Civil Disobedience Movement (CDM). In 2023, this led to many health workers providing care clandestinely to populations in conflict-affected areas, frequently with restricted supplies of services and medication.

Access for international aid agencies has repeatedly been restricted by the junta despite severe needs, and 18.6 million people (a third of Myanmar's population) are expected to require humanitarian assistance in 2024.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care increased by a third in 2023 and were widely dispersed across seven regions, seven states, one union territory, one self-administered division, and five self-administered zones, the same as in 2022. Most were recorded in the northern central areas surrounding the cities of Sagaing and Mandalay, and where Sagaing, Magway, and Mandalay regions border one another, reflecting the overall concentration of fighting in these areas where opposition groups' resistance to military rule is high.¹ Incidents also occurred in Shan state bordering Sagaing and Mandalay, especially after Operation 1027. Cases adversely affecting health care continued in Rakhine state.



Similar to previous years, most incidents were attributed to the Myanmar armed forces. EAOs that included the AA, the Chinland Defense Force, the Karen National Liberation Army, and Pyi-thu-sit, Pyu-saw-htee, and Swan-arr-shin militias were named in some incidents, but less often than the Tatmadaw.

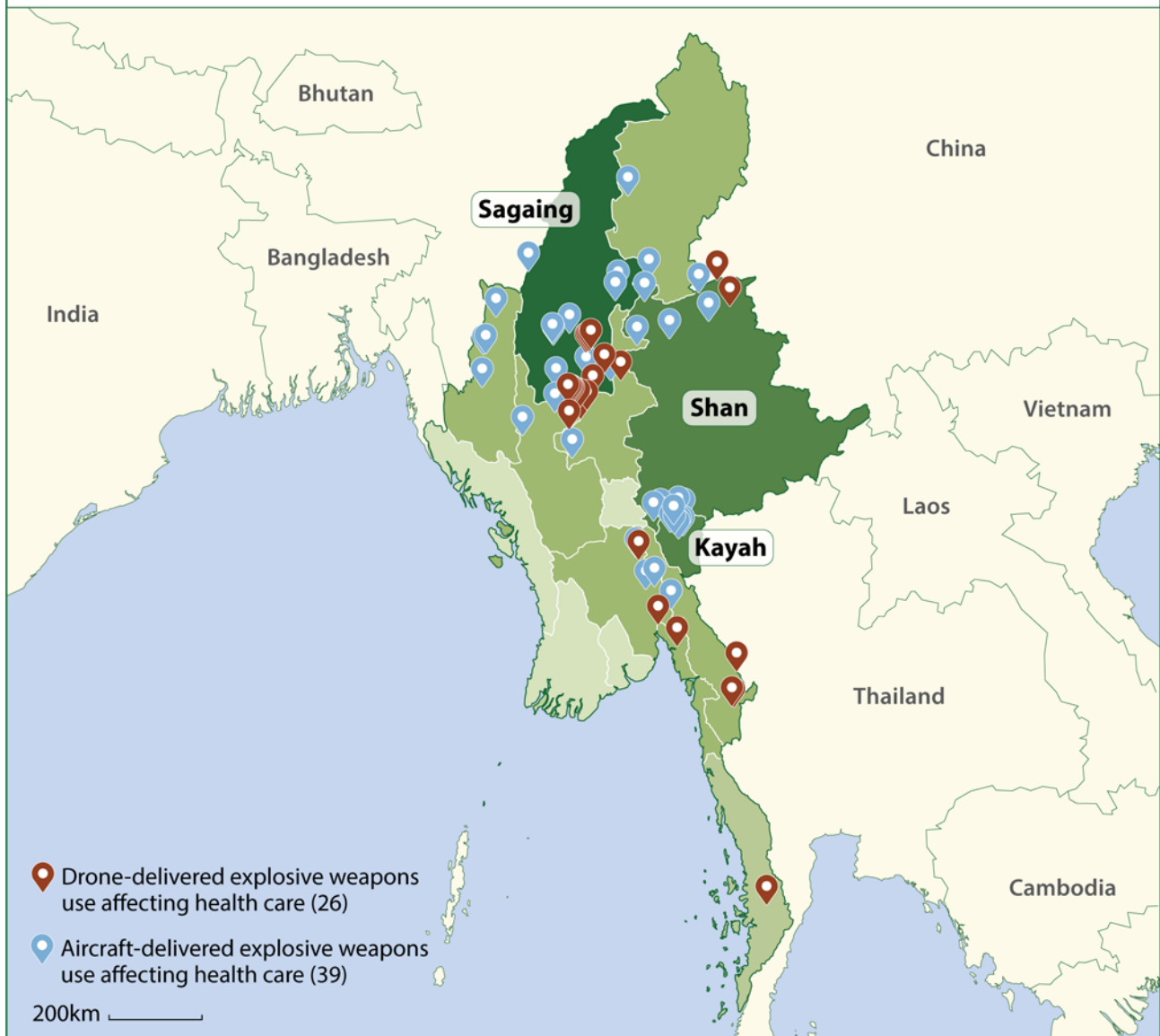
As in previous years, incidents mostly affected staff working for the national health structure. Five incidents directly affected NGOs in Rakhine state and nine in Tanintharyi region, and involved the arrest of 12 NGO health workers. The Myanmar Red Cross was affected in three incidents.



Health worker kidnappings quadrupled, while a similar number of health workers were arrested and killed between 2022 and 2023. Health workers were threatened and harassed by conflict parties, including being warned by resistance fighters that they must join the CDM, while facing the risk of being targeted with violence or arrested by the Myanmar armed forces for doing so.² Cases of health facilities being occupied by the Myanmar military, militia, and other allies more than tripled in 2023 compared to 2022. Most involved the Myanmar armed forces using health facilities as bunkers or bases for military operations. These occupations were most frequent in Sagaing region, but were dispersed across 12 other areas. Opposition forces increasingly used drones armed with explosives to attack Myanmar armed forces occupying health facilities.

Reported incidents of explosive weapons use impacting health care in Myanmar, 2023

Airstrikes often affected health care in Kayah, Sagaing and Shan while drone-delivered explosives were mostly recorded in Sagaing.





The damaging or destruction of health facilities more than tripled in 2023 compared to the previous year. More than half of the attacks occurred in Sagaing, Magway, and Mandalay, but were spread across 13 other areas. Ten or more incidents in which health facilities were damaged or destroyed were also recorded in Kayah, Shan, and Chin states. Damage was most frequently caused by aircraft-delivered explosive weapons launched by the Myanmar armed forces. In a smaller proportion of incidents, health facilities were damaged by artillery-launched explosive weapons and destroyed during Myanmar armed forces arson attacks.

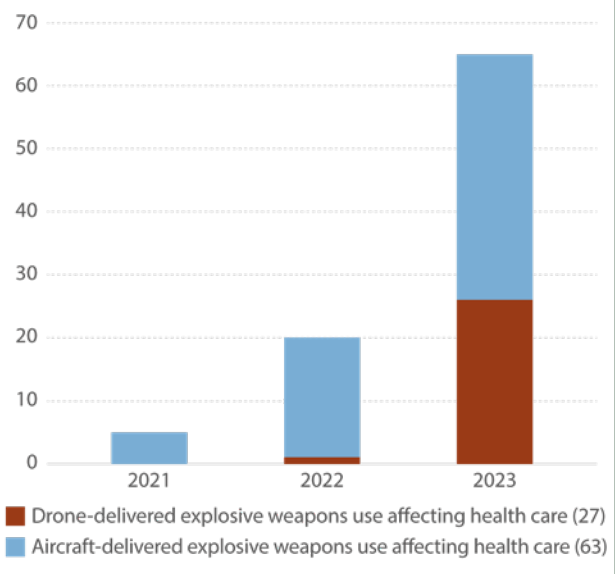
Sagaing, Magway and Mandalay regions

A total of 188 incidents were reported in Sagaing, Magway, and Mandalay regions, an increase from 118 in 2022 and 165 in 2021. The rise was mainly driven by violence in Sagaing, where the number of incidents rose from 73 in 2022 to 114 in 2023. Nearly 40% of incidents in these regions reported damage to health facilities. Incidents were most frequent in November, which was consistent with an increase in the overall intensity of conflict between the Myanmar armed forces and resistance groups in Sagaing in that month.³ From April, local resistance forces increasingly used drones armed with explosive weapons to attack Myanmar armed forces occupying health facilities. The Ye-U Traditional Medicine Hospital in Ye-U township, Sagaing region, which was occupied by the Myanmar armed forces, was damaged on seven separate occasions in July, September, October, and November, with all of these incidents attributed to armed resistance groups.⁴ On at least two occasions health facilities were damaged due to the large-area effects of explosive weapons, which shattered the windows of hospitals.⁵

In 17 incidents, health facilities were destroyed in Sagaing, Magway, and Mandalay in 2023. The majority of these facilities were torched by the Myanmar armed forces in arson attacks between January and August. Often, the destruction occurred during wider attacks in which other civilian infrastructure, including schools, houses, and libraries, was also attacked, while in two incidents the facility itself appeared to be targeted.⁶ Many of the destroyed facilities were operated by health workers associated with the CDM. In one incident in Monywa town in January, a LINGO-operated health facility was reportedly destroyed after being raided by the Myanmar armed forces, which also looted medicines and ambulances and arrested the head monk of the NGO.⁷ Trenches were reportedly dug around the hospital following its destruction, suggesting it had been repurposed for military use.⁸

Reported incidents of explosive weapons use impacting health care in Myanmar, 2021-2023

The use of aircraft-delivered explosives to attack health care facilities continued at a higher level in 2023 compared to past years. Similarly, the use of drone-delivered explosives that adversely affected health care was reported more frequently than in previous years.



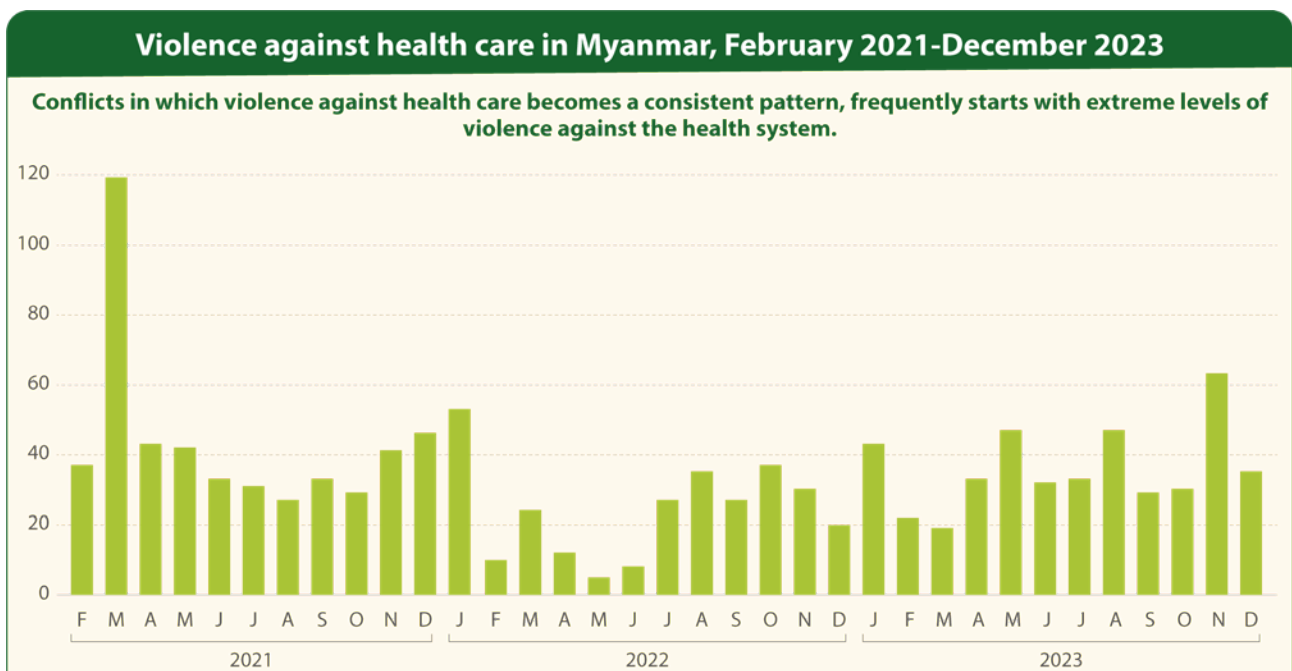
Many of the destroyed facilities were operated by health workers associated with the CDM.



In 25 incidents in 2023, at least 44 health workers, including doctors, program heads, nurses, and pharmacy owners, were arrested by the Myanmar armed forces in Sagaing, Magway, and Mandalay. The actual number of incidents and the severity of the problem are likely much greater, because of probable under-reporting. The incidents were most frequent in Mandalay and were spread widely across the year. Health workers were arrested at their homes, at health facilities during raids by the Myanmar armed forces, and at military checkpoints. Often, health workers were accused of having affiliations with or providing medication to resistance forces. Some health workers were arrested while fleeing Myanmar, including a CDM-affiliated doctor who was arrested by the junta police force as she was leaving for Thailand.⁹ Some of the arrested health workers worked for NGOs, including an INGO health officer arrested together with three doctors by the junta authorities and security forces in Tanintharyi region.¹⁰ A military doctor, arrested in May for sharing political posts on his social media, was accused under the Defense Act Section 32 of being an ally of enemy pro-democratic groups, and given a death sentence by the Military Court of Myanmar in August.

At least 17 health workers, including nurses, doctors, heads of programs, a medical student, and a military medic, were killed in separate incidents in Sagaing, Magway, and Mandalay in 2023. Health workers were killed at health facilities, while traveling, and inside their homes. Nearly half of the reported health worker killings were in the Mandalay region, with six health workers killed in Sagaing and three in Magway. Most were killed by the Myanmar armed forces using firearms and were often accused of being affiliated with the CDM. In one incident, a doctor was shot dead by two gunmen in her private general practice clinic in Paleik town, Mandalay. She was reportedly killed for forcing CDM-affiliated health workers to return to work.¹¹

Twelve health workers were kidnapped in eight separate incidents, compared to one incident in 2022 and none in 2021. Most health worker kidnappings were recorded in Sagaing, with one in Magway and two in Mandalay. Most kidnappings were attributed to armed resistance groups. In one incident, a female nurse and two family members were allegedly used as human shields by LDFs following their abduction.¹² Seven of the 12 kidnapped health workers were released. The fates of the remaining staff were not recorded.





Incidents in Shan State

Incidents in Shan state doubled from 15 in 2022 to 33 in 2023, and it is the only region besides Sagaing, Magway, and Mandalay in which 30 or more incidents were reported in 2023. Health facilities were damaged and occupied and health workers arrested, killed, and kidnapped. Cases were most frequent following the October launch of Operation 1027 and their location shifted from mainly southern Shan state to northern Shan, where all the incidents were recorded and where fighting related to Operation 1027 was concentrated.

On ten occasions, health facilities were damaged in Shan state in 2023. Most incidents occurred in northern Shan and were caused by aircraft-delivered explosive weapons launched by the Myanmar armed forces during their efforts to halt the Three Brotherhood Alliance offensive in November and December. Often, nearby civilian infrastructure, including schools, electricity infrastructure, and houses, were also damaged in these attacks. At least two nurses and a hospital guard were injured when the health facility they were working in was hit and damaged.¹³ Twice in November, the Ta'ang National Liberation Army, a member of the Three Brotherhood Alliance, was named as occupying the Namkham Township Hospital in northern Shan.¹⁴ Nurses were reportedly forced to provide medication to the armed group, which led some health workers to leave their duty station, contributing to the hospital becoming dysfunctional.¹⁵ The Myanmar armed forces also occupied a health facility beside a village hall in southern Shan.¹⁶

Twelve health workers were arrested by the armed forces in eight incidents in northern, eastern, and southern Shan before the launch of Operation 1027. Most were CDM-affiliated people who were arrested at their homes or following the inspection of private clinics. Three male military doctors serving with the Myanmar armed forces were kidnapped in separate incidents attributed to LDFs, and a military medic with the Kachin Independence Army (KIA) was killed during fighting between the KIA and the Myanmar armed forces.¹⁷ A traditional medicine practitioner was killed at his home while off duty by artillery shelling of unidentified origin in December.

Twice in November, the Ta'ang National Liberation Army, a member of the Three Brotherhood Alliance, was named as occupying the Namkham Township Hospital in northern Shan.

Incidents in remaining administrative areas

A total of 196 incidents were reported across 11 administrative areas. Chin, Kayin, Kayah, Tanintharyi, Rakhine, Yangon, and Bago all recorded 20 or more incidents. Health facilities were damaged or destroyed in 53 incidents, mostly in Kayah, Chin, and Bago. On most occasions, health facilities were damaged by aircraft-delivered explosive weapons launched by the Myanmar armed forces. In other cases, damage was caused by firearms and artillery used by the armed forces and Chinland Defense Force.

Health facilities were occupied in 25 incidents, which were most frequent in Kayin state, but were also dispersed across eight administrative areas. All except three were attributed to the Myanmar armed forces, and in one incident to a local militia allied with the armed forces.¹⁸ In some occupations, the health facilities became sites of fighting. In November, a joint force of resistance groups and EAOs attacked and seized control of a hospital previously occupied by the armed forces in Kayah.¹⁹



At least 50 health workers, including doctors, ambulance drivers, nurses, LNGO presidents, and health facility guards, were arrested in 36 incidents across nine administrative areas. As in other administrative areas, those arrested were often accused of being associated with the CDM or resistance groups. In one incident in Bago region in January, a female CDM nurse was reportedly sexually abused, shot dead, and burned by the Myanmar armed forces following her arrest under the pretext of her not disclosing the location of an LDF camp to the military.²⁰

On most occasions, health facilities were damaged by aircraft-delivered explosive weapons launched by the Myanmar armed forces

Health workers were also warned by opposition armed groups against cooperating with the military. In July, a warning was issued by local resistance forces in Myeik district, Tanintharyi region, to five local NGOs forbidding them from providing aid to or cooperating with the Myanmar armed forces.²¹

Five health workers, including a local NGO president accused of being a military informant and two nurses, were kidnapped in two incidents in Tanintharyi region and one incident in Kachin state also in September.²² Two of those abducted in Tanintharyi region were male LNGO ambulance drivers who were accused of being military informants and taken by unidentified armed individuals.²³ They were declared to be dead in an official statement by a local resistance group two weeks later.²⁴

The transport of medication was also repeatedly impeded by the Myanmar armed forces, especially in the context of intense fighting. In October, the transport of medicines, fuel, rice, and cooking oil was restricted by the Myanmar armed forces in Nyaunglebin district, Bago region, following heightened clashes with EAOs.²⁵



THE IMPACT OF ATTACKS ON HEALTH CARE

Even before the 2021 coup, Myanmar's health system was weak and suffered from chronic underinvestment. There were only 0.8 physicians per 1,000 people in Myanmar before the coup, one of the lowest figures in the South-East Asia region. Between 2000 and 2020, Myanmar spent an average of only 3.15% of its gross domestic product on health care, less than a third of the proportion estimated to be required for Myanmar to achieve the UN Sustainable Development Goals (SDGs) by 2030.²⁶ The funding shortfall has since deteriorated further. Between 2022 and 2023, government health spending underwent a 36% decline, despite increased demand for treatment, given the casualties inflicted during the violence.

The attacks on health care severely exacerbated the pre-existing weaknesses of the health care system and created severe barriers preventing people in need from accessing treatment. Only a "patchwork" of services led by the Ministry of Health remain operational in 2023, but with a shortage of human resources in areas controlled by the Myanmar armed forces. The situation was dire in opposition-controlled areas, where there was "heavy reliance" on local partners to provide health care to communities. Health workers in these areas provided care informally or through "secret" makeshift hospitals to mitigate the risk of being violently targeted by the Myanmar armed forces. Consequently, treatment-seeking populations lacked permanent and visible health facilities that they could rely on for treatment.

Health workers have described vaccines to be "like a precious treasure" owing to the difficulty of sourcing them, and it has been suggested that vaccines have been distributed largely only in Tatmadaw-controlled areas.

The personal impact of the violence on health workers has been equally dire. Intense psychological trauma has resulted from dangerous operating environments in which health workers have often lost colleagues or themselves been injured.²⁷ This has been amplified by large numbers of health workers having gone without formal incomes for the past three years, with some providing care informally.²⁸ Some have survived on personal savings, while others started selling clothes or flowers in addition to their medical work or were dependent on charity.²⁹

For early career health workers, the bleakness of their situation has been aggravated by the absence of clear professional career trajectories following the collapse of much of Myanmar's formal health system.

Obtaining medication for diseases, including tuberculosis and diabetes, and antiviral drugs for HIV has remained difficult. In some areas such as the conflict-affected province of Karenni on the Thai-Myanmar border, confirmed malaria cases have increased by 1,000% since the coup, drastically increasing the demand for anti-malarial treatments. For individuals in areas where medication has been available, inflation of approximately 20% in the 2022-2023 period increased economic access barriers to obtaining it. Health workers have described vaccines to be "like a precious treasure" owing to the difficulty of sourcing them, and it has been suggested that vaccines have been distributed largely only in Tatmadaw-controlled areas. Most children in areas where there are no junta health services do not have access to the expanded program of immunization. Disruption in childhood immunization could affect countries outside of Myanmar if these diseases re-emerge. Combined, these medicine shortages have alarming health implications.



- 1 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 11, 2024.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 38810.
- 3 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 11, 2024.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 39905; 40128; 40129; 40130; 40886; 41552; 42430; 41552; 40886; 40130; 40129; 40128; 39905.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 43021; 38659.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 38656; 3871.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 41053.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 37076.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 36859.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40256.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 38894.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 36702.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 38719; 42463; 42671.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 42557; 42677.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 42557; 42677.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40900.
- 17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 37654; 43129; 41794.
- 18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 42435.
- 19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 42457.
- 20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 37707.
- 21 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40123.
- 22 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 40890 40904; 40911.
- 23 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40890.
- 24 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40890.
- 25 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 41585.
- 26 Accessed February 25, 2024. The estimate of the investment required to meet the SDGs by 2030 was made in 2019.
- 27 Key informant 3, interview by video call, February 20, 2024.
- 28 Key informant 3, interview by video call, February 20, 2024.
- 29 Key informant 3, interview by video call, February 20, 2024.

SAFEGUARDING HEALTH IN CONFLICT

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

www.safeguardinghealth.org

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