MYANMAR
SAGAING REGION

Protecting Health Services from the Impact of Violence: Context Analysis and Recommendations to Mitigate Violence

March 2025

Insecurity Insight

SAGAING REGION

Overview

The health care system in Myanmar's Sagaing region has been severely strained by the protracted conflict afflicting the country. Over 70% of health professionals have fled, while hospitals have been raided, set on fire and converted into military bases. Health workers have faced arbitrary arrests, kidnappings, and targeted killings by conflict parties, and health facilities have been attacked, damaged, occupied for non-medical purposes, and raided. Ambulances and emergency teams have faced frequent attacks, while medical supplies have been seized at roadblocks and the flow of aid has been restricted. Over 1.16 million displaced civilians still lack access to essential care, with maternal and reproductive health services particularly affected. Alternative health networks have struggled to provide care, but military raids and resource seizures have crippled their efforts. Armed forces' use of ambulances to transport army personnel and equipment has further eroded trust in emergency care. As the conflict escalates, the destruction of medical infrastructure and the persecution of health workers are pushing Sagaing region deeper into a humanitarian crisis.

This document provides a detailed analysis of reported threats and violence against health care in Myanmar's Sagaing region, and suggests approaches to mitigate or prevent such violence.

TYPES OF INCIDENTS AFFECTING THE DELIVERY OF HEALTH CARE IN SAGAING REGION

Staff	Health Facilities	Services
• Health Worker Arrests • Health Worker Killings • Attacks on EMTs • Health Workers Threatened • Health Worker Kidnappings	• Damage to Health Facilities • Clashes in Occupied Health Facilities • Occupation of Health Facilities • Forced Entry into Health Facilities and Health Workers' Homes	• Confiscation of Medical Supplies • Access Constraints • Health Facility Closures Due to Insecurity • Misuse of Ambulances

The analysis is informed by reported patterns of violence, individual health workers' experiences, and studies of how violence has disrupted the provision of services. The proposed solutions are informed by Insecurity Insight's handbook on **Security Risk Management for Health Care Services** and have been designed for local health care providers, aid agencies, international actors and others who support local health care providers. The advice provided is designed to help them identify concrete measures that can support local health care providers in challenging work environments. **This document forms part of a series of regional analyses for Myanmar covering Mandalay and Sagaing regions, and Kayin, Shan, and Rakhine states.**

SAGAING REGION
Main Concerns

The health care system in Sagaing region has been severely disrupted by the ongoing conflict, displacement and targeted violence.
Health workers play a crucial role in caring for communities based on individual patients' medical needs. The governmental authority of a territory finances and governs the health system. Across Sagaing region, governmental authority is divided mainly between SAC and the National Unity Government (NUG). The SAC authorities organise health services in all towns under their control except Kawlin Town but struggle to employ adequate numbers of trained staff. Privately run facilities have been closed where staff participated in the CDM movement and the limited number of CSO run clinics have also been targeted. The areas outside of SAC control are served by NUG-supported health structures through a patchwork of providers connected to the NUG administrative mechanisms and supported by CDM affiliated staff. The NUG Ministry of Health is present in a growing number of townships in others CDM affiliated staff provided services without much administrative support. The NUG and CDM run clinics are at risk of airstrikes. Shortage of medical supplies remain a concern. SAC has closed pharmacies, and only selected pharmacies are allowed to pass through checkpoints.

SAFTEY AND SECURITY OF HEALTH STAFF

Health Worker Arrests

Health workers in Sagaing region are at extreme risk of arrest, particularly those linked to opposition groups or the Civil Disobedience Movement (CDM). Medical personnel have been detained during hospital raids, home searches or at MAF checkpoints. Some have been used as human shields in clashes, or targeted due to their actual or perceived affiliations. Reports of torture, forced confessions and harassment are widespread, forcing many health professionals into hiding or to flee the region, further weakening the health care system.

Health Worker Killings

At least 23 health workers, many of whom were accused of aiding opposition forces, have been killed in targeted executions, air and drone strikes, and attacks on ambulances. The MAF is believed to be responsible for most of these killings, often targeting health workers affiliated with the CDM or opposition-linked activities.

Health Worker Kidnappings

At least 14 health workers have been abducted, and some were used as human shields during clashes, while others were detained after being accused of aiding opposing forces. In some cases, abducted health workers were reported to have faced severe mistreatment, including being subjected to sexual violence and psychological abuse while in captivity.

Health Workers Threatened

Medical personnel have faced threats, forced resignations, and harassment from both the MAF and armed groups, leading to widespread fear, displacement, and the loss of essential health care staff. Many health care workers have been blacklisted or pressured to align with specific political factions, leaving them vulnerable to further violence or arrest.

SAGAING REGION
Main Concerns

Attacks on Emergency Medical Teams (EMTs)

Health care workers and emergency teams have been shot at, attacked, and ambushed, while ambulances have been frequently targeted by military forces and armed groups, further crippling access to emergency care. Armed drone and artillery strikes have increasingly been used to attack health centres, amplifying the risks faced by medical personnel aiding those injured in the conflict.

Raids on Health Workers' Homes

The MAF have raided doctors' homes, leading to arrests, intimidation and the confiscation of property, forcing many to flee or go into hiding.

SAGAING REGION
Main Concerns

THREATS AND VIOLENCE AFFECTING HEALTH FACILITIES

Damage and Destruction of Health Facilities

The damage to and destruction of health care infrastructure in Sagaing region have severely limited medical services. Health facilities have been bombed, shelled or set on fire, rendering them inoperable. The MAF has targeted clinics in NUG-controlled areas, while opposition groups have attacked health care facilities occupied by SAC forces. The loss of hospitals, clinics and medical equipment has left many communities without access to essential health care. Patients are forced to travel long distances for treatment, while makeshift health care facilities struggle to meet growing demand for health care.

Clashes in Occupied Health Facilities

Armed opposition groups and the MAF have frequently engaged in clashes inside occupied hospitals and clinics, turning health facilities into battlegrounds and rendering them unsafe for medical care. These clashes frequently involved armed drone and artillery strikes, leading to damage to or the destruction of vital health care infrastructure and putting both staff and patients at extreme risk.

Occupation of Health Facilities

The MAF has taken over hospitals and clinics, converting them into military bases, weapons storage sites or interrogation centres. Armed opposition groups have also occupied health facilities during clashes. These occupations frequently resulted in the destruction of buildings and equipment, the looting of medical supplies, and arrests of health workers.

Forced Entry into Health Facilities

Health care facilities in Sagaing region have frequently been raided. Raids on medical centres and private clinics further disrupted services, with medical staff threatened, detained or forced to flee. Some hospitals have been shut down permanently following these raids. Private clinics and CDM-affiliated health centres have been particularly targeted, with staff being detained and medical supplies looted.

SAGAING REGION
Main Concerns

VIOLENCE AND OBSTRUCTION HINDERING HEALTH SERVICES

Confiscation of Medical Supplies

Medical supplies, ambulances, and aid shipments have been seized by both the MAF and armed opposition forces, restricting health care access and worsening shortages of essential medicines. The shutting down of underground medical storage sites has further weakened the already fragile health care system, leaving many communities without life-saving treatment.

Access Constraints

The availability of medicine and medical supplies in Sagaing region is restricted due to MAF-imposed blockades, confiscations, and travel restrictions. Checkpoints frequently obstruct ambulances and aid shipments, preventing both health care services and life-saving drugs from reaching those in need. Opposition groups have also imposed restrictions on medical supply deliveries in some areas. The deliberate targeting of supply routes, arrests of health workers, and criminalisation of medical support activities have created widespread shortages of medicines and services, leaving thousands without access to critical treatment. The MAF have seized medicine and funding from local and international health organisations, further disrupting humanitarian efforts and deepening the health care crisis.

Health Facility Closures Due to Insecurity

Hospitals and clinics have been forcibly shut down or destroyed, depriving civilians of medical services and worsening the Sagaing region's humanitarian crisis. Forced evacuations of medical staff due to military raids and escalating clashes have left large portions of the population without access to essential health care.

Misuse of Ambulances

Both the MAF and opposition groups have repurposed ambulances for military transport purposes, eroding trust in emergency services and increasing the risk of attacks on medical transport. The systematic misuse of ambulances has led to civilians being detained or forcibly disappeared, while also making genuine medical vehicles more vulnerable to being targeted in future attacks. Ambulances have also been hijacked, burned or targeted with explosives.

Neutrality of Health Care Undermined

Conflict parties' attacks have undermined the neutrality of medical services, forcing hospitals and clinics to shut down. The continued targeting of ambulances and health care workers and bombing and shelling of health facilities have created an environment of fear, discouraging civilians from seeking medical assistance.

SAGAING REGION

Recommendations: Preventing and Mitigating the Impact of Violence

Health care providers cannot completely prevent violence, but awareness, preparedness and well-developed response plans can mitigate its impact on health services. These recommended actions focus on staff training, staff protection, measures to protect supplies and changes to how health care is delivered.

Action Proposed For Health Care Providers

Ensure staff safety and security

- Train staff to respond safely during an arrest or raid, including personal safety protocols and legal steps to take.
- Develop emergency evacuation plans for staff and patients in case of facility raids, forced closures or occupations.
- Implement strict protection procedures for sensitive documents to prevent the unauthorised seizure of patient and staff information.
- Establish alternative work locations or mobile units that can continue to provide care if hospitals are occupied or destroyed.

Enhance operational resilience

- Develop contingency plans for maintaining health care services when facilities are shut down or occupied.
- Stockpile critical medicines and equipment to mitigate the impact of supply disruptions and seizures.
- Coordinate with local partners to establish safe supply routes and maintain essential services.

Strengthen digital and communication security

- Train health workers on safe online behaviour to reduce the risk of targeting.
- Use encrypted communication platforms (e.g. Signal, ProtonMail) for secure discussions and emergency coordination.
- Establish emergency reporting mechanisms for notifying colleagues, employers and international partners about threats or attacks.

Protect health care facilities and medical transport

- Implement reinforced safety measures in high-risk health care facilities, such as underground storage for medicines.
- Conduct regular risk assessments of transport methods to reduce exposure to checkpoints or ambushes.
- Maintain the strict neutrality of ambulance operations, ensuring vehicles are not misused to transport weapons or combatants.

Support health care workers' well-being

- Provide mental health and trauma support for staff facing stress, arrests or attacks.
- Offer legal and financial assistance to health workers and their families affected by arrests, displacement or violence.

SAGAING REGION

Recommendations: Preventing and Mitigating the Impact of Violence

Donors and international organisations can support local health care providers to develop the capacity to put mitigation measures in place and financially enable them to protect health services in order to maintain access to health care during conflict. Such measures should be an integral part of all support given to health care services in conflict-affected areas.

Action Proposed for Entities Supporting Health Care Providers'

Enhance protection and advocacy for health care workers

- Advocate for medical neutrality and the protection of health care workers in conflict zones. See Security Risk Management for Health Care Services, Module 2, "**Generating awareness and communicating to create violence-free environments**".
- Provide emergency evacuation support for health care workers facing imminent threats.
- Establish safe reporting mechanisms for staff to document incidents such as attacks, detentions or forced closures.

Strengthen health care system resilience

- Support mobile medical units and unofficial health care networks to maintain services in high-risk areas.
- Equip health care facilities with backup power equipment, early warning systems, protective gear (helmets, vests) and emergency medical kits.
- Provide alternative ways of transporting medicine and supplies, including cross-border assistance and strategies to secure supply chains.

Ensure sustainable medical supply access

- Work with local partners to develop alternative supply routes and reduce dependency on vulnerable transport corridors.
- Establish secure storage facilities for critical medicines to prevent losses due to raids or blockades.
- Collaborate with local NGOs to discreetly distribute essential medical supplies to avoid military interception.

Develop crisis response and post-attack support

- Provide guidance for health care facilities on managing crises, including evacuation protocols, continuity of care and damage control after attacks.
- Offer support for post-incident recovery, including repairs to facilities, the relocation of services and psychological care for affected staff.

Engage in humanitarian negotiations

- Work with international bodies to push for the protection of health care facilities and advocate against attacks on medical infrastructure.
- Engage in dialogues to negotiate access corridors for medicine and emergency transport in conflict-affected areas.

SAGAING REGION
Threats and Violence Against Health Care

Context

Myanmar's profound insecurity has crippled its health care system, placing health workers at the forefront of the conflict. More than 70% of Myanmar's medical professionals have fled the country, leaving a skeletal workforce to operate under life-threatening conditions. Hospitals and clinics have been destroyed, repurposed as military bases, or rendered inoperable. The Myanmar Armed Forces (MAF) have taken control of hospitals, at times converting them into military bases, and health workers have been subjected to arbitrary beatings and arrests. Sagaing has been a centre of opposition to the 2021 coup. Brutal suppression of the mass protests that also affected many health workers led to the emergence of the armed resistance through the People's Defence Forces (PDF)s.

Between 2021 and 2024, Sagaing region has faced intense conflict, displacement, and a worsening humanitarian crisis. Following the 2021 military coup, Sagaing became the primary battleground between opposition groups – including PDF units and ethnic armed organisations – and the State Administration Council (SAC). Since then, frequent air strikes, arson attacks, raids on villages and other forms of violence have made Sagaing one of the most unstable areas in Myanmar. In October 2023, the SAC redeployed a large part of its forces from Sagaing region to Northern Shan state for Operation 1027, allowing the PDF to strengthen its presence in multiple districts in Sagaing. However, after the January 2024 Haigeng ceasefire agreement, SAC forces resumed their operations in Sagaing with increased intensity, employing raids on villages and widespread arson to retaliate against PDF units and communities suspected of aiding them. By early 2024, the region recorded over 1.16 million internally displaced persons (IDPs), representing nearly half of the country's total displaced population. Entire villages have been burned down – including more than 52,000 houses across 870 villages – exceeding destruction levels in any other of Myanmar's regions and states. The conflict has created widespread insecurity, restricted movement, and severely limited access to essential services such as health care and education.

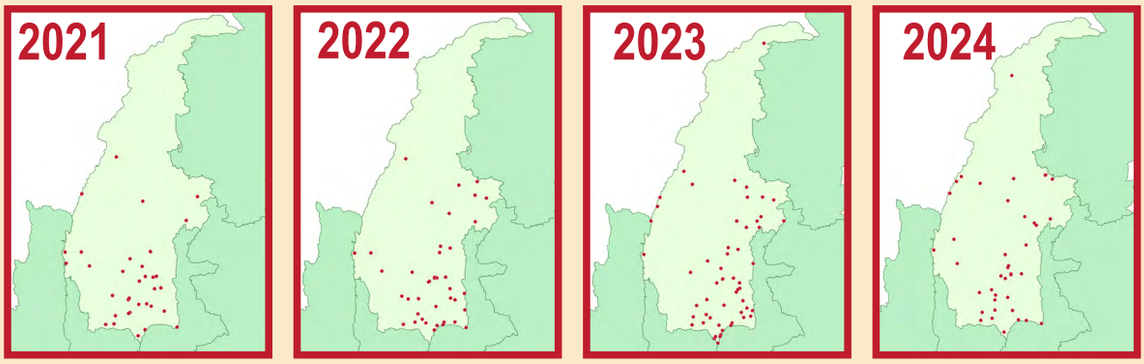
Threats and Violence Against Health Care

Sagaing's health sector has been especially hard hit by the ongoing conflict, particularly in 2024. From February 2021 to December 2024, 324 incidents of violence against or obstruction of health care, including 23 health worker killings, were reported across the region. SAC-controlled health services have been severely weakened through a lack of qualified staff and supplies. NUG and local community networks have been established in areas outside SAC control. Within the NUG areas, most services depend on donations from the community to maintain operating budgets. The NUG Ministry of Health is present in an increasing number of townships, and committees at the township-level manage NUG health services, rather than village level. Checkpoints limit access to health care. Sexual and reproductive health services are critically lacking, and many women cannot access specialised care for pregnancy-related complications. Although internet access and information sharing have seen some improvements, the broader humanitarian response remains fragmented, and civilians continue to bear the brunt of the protracted conflict, widespread displacement, and insufficient basic services.

SAGAING REGION
Threats and Violence Against Health Care

Reported incidents of threats and violence against health care in Sagaing region, February 2021-December 2024

Between 2021 and 2023, incidents were mainly reported in Sagaing's southern Kanbalu, Monywa, Sagaing and Shewbo districts. Since January 2023, incidents have increased in Yinmabin district, where the MAF and opposition groups vie for control.



Source: Insecurity Insight

Conflict Parties affecting Health Care in Sagiang Region

The governmental authority of a territory provides the available health services. These health services are at risk of attack from opposing conflict forces. The reported violence against healthcare reflects a complex mix of motives—both the targeting of individuals and broader political objectives. These attacks are part of strategic efforts to assert territorial control, including the deliberate destruction of health systems that symbolize an opponent's political authority. Protection for health services is often provided by the security forces associated with the government authority supporting these health services. Constructive engagement with security forces can stress the obligations for precautionary measures that reduce the impact of conflict on health services and access to health care.

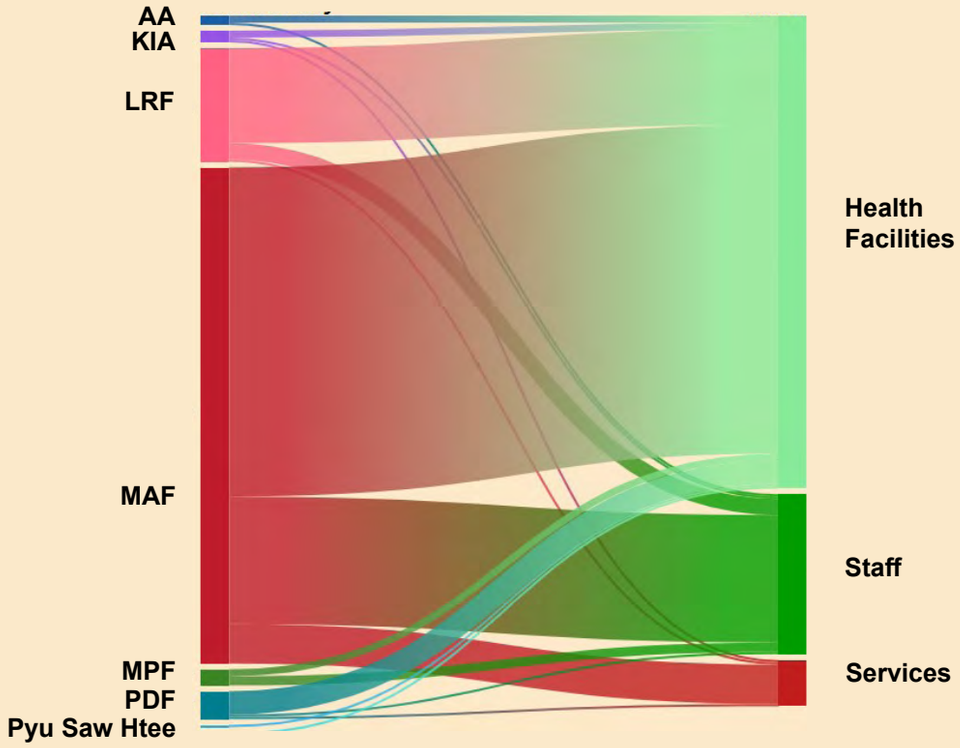
Most of the 324 reported incidents of violence against or obstruction of health care in Sagaing region in the period analysed were attributed to the MAF or Myanmar Police Force (MPF). The MAF bombed, burned, occupied, and raided health care facilities and arrested and killed health workers. In some instances, the MAF worked alongside others, such as the pro-SAC Pyu Saw Htee to torch a health facility in Kanbalu district in May 2023, and the Shanni Nationalities Army to occupy a health care facility.

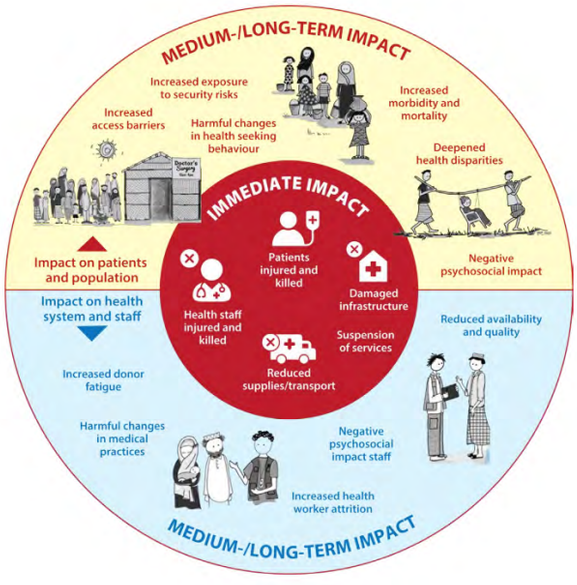
The Arakan Army (AA), Kachin Independence Army (KIA) and PDF fighters also reportedly attacked health care facilities and staff in Sagaing region. They frequently used armed drones to attack MAF troops stationed inside health facilities, mainly in Ye-U town. The PDF took responsibility after an MAF military vehicle hit a landmine the PDF had planted in Htigyaing township, killing a military doctor. The AA occupied health facilities between March and May 2024. Patients from a township hospital were subjected to an emergency evacuation due to the anticipated attack on the town by a joint PDF-KIA force in November 2023. Patients were relocated because the hospital was located very close to the MAF base camp. Local resistance forces (LRFs) attacked health facilities occupied by the MAF using armed drones. These incidents were particularly frequent from September 2023 onwards. The perpetrators of some incidents were not identified.

SAGAING REGION
Threats and Violence Against Health Care

Named conflict party to which incidents of violence against or obstruction of health care have been attributed in Sagaing region, February 2021-December 2024

In Sagaing region, most reported violent incidents directly affecting health care were attributed to the MAF and MPF. The AA, KIA, LRFs and PDF, sometimes in collaboration with one another, were named as being responsible for particular incidents, but less often.





SAGAING REGION
Contents Page

The following pages provide context and acceptance analysis for specific risks followed by vulnerability, risk and impact assessments followed by proposed action for health care providers and their international supporters of how they may be able to mitigate the risk and impact of this violence to ensure safety of health workers and continued provision of health care.

Context and Acceptance Analysis

Individual reported incidents that affected staff, health facilities or health services are examined to provide granular detail on the context in which violence affects health care in order to understand the context.

Vulnerability, Risk and Impact Assessment

Based on the broader trends shown by the reported incidents, the specific vulnerabilities of health workers, health services and access to health care are examined.

Action: Preventing and Mitigating Violence Affecting Health Care

Based on the details provided by individual incidents and the broader trends, actions are suggested that health care providers can take and the support that external partners can give local health care providers to ensure better health services during conflict.

Risks

- **Affecting staff: Arrests, Killings**
- **Health facilities: Damage, Clashes and Occupation**
- **Health services: Confiscation of Medical Supplies, Access Constraints, Health Facility Closures Due to Insecurity, Misuse of Ambulances**

Addressing violence against health care is not only important to protect life when violent actions or attacks occur. It is essential to prevent the cascading consequences of such violence that weaken the health care system and the quality of care that follow from repeated attacks and the normalisation of violence.

SAGAING REGION

Groundwork: Preventing and Mitigating Health Worker Arrest and Detentions

Context and Acceptance Analysis

Between February 2021 and July 2024, 93 health workers were arrested in 42 separate incidents by the MAF and MPF, targeting individuals associated with the Civil Disobedience Movement (CDM), local opposition forces, or humanitarian organizations. Incidents peaked in 2021 with 21 cases of arrests but remained significant in subsequent years, reflecting ongoing efforts to suppress opposition and control health care and aid activities.

Arrests and perceived affiliations with the CDM

- The MAF arrested health workers, accusing them of supporting the CDM (particularly in 2021 and 2022) or aiding opposition groups. While the majority of health workers arrests occurred at health facilities, cases were reported at their homes or while shopping indicating targeting of selected individuals.

Reports of sexual violence

- As reported in March 2024, a health worker was detained in custody by a local resistance force. During the detainment, she and other female prisoners were sexually harassed. After the harassment was reported to the government-in-exile, the female prisoners were transferred to another base camp.

Control of Resources

- Some arrests occurred alongside resource seizures, such as ambulances, vehicles, and medical supplies. For example, an LNGO ambulance driver was arrested and the vehicle seized after returning from transporting a pregnant patient to a maternity clinic Monywa town in November 2021.

Arrests linked to social media activity

- One incident in January 2022 reported that the MAF arrested a doctor and 20 civilians in Shwebo town following a post on an anti-government strike on social media.

Gather information about the context, carry out a risk assessment and identify the vulnerabilities of the health service.

SAGAING REGION

Risk, Vulnerability and Impact Assessment for Health Worker Arrest and Detentions

Probability of Occurrence

Overall: HIGH RISK

High in MAF-Controlled Areas: The MAF has been extensively involved in the detention of health workers, aid workers, and civilians, particularly those perceived as affiliated with the CDM or opposition groups.

Moderate to High: May carry out arrests as a result of perceived collaboration with the military or political reasons.

High in Contested Areas: May target individuals they believe are associated with the opposing forces.

Who and What are Vulnerable?

Health workers are especially vulnerable, as they frequently come into face-to-face contact with MAF and MPF during medical transport, checkpoint stops, and during treatment at health facilities. Specific groups at risk include:

Health workers perceived to be affiliated with the CDM: Targeted for perceived support of anti-SAC movements.

NGO personnel: Arrested or harassed under accusations of aiding opposition groups.

Health workers at home or at their workplace raids: Arrested during military raids, often linked to anti-SAC activities.

Traditional medicine practitioners: Also arrested, often accused of providing support to opposition groups.

Families of health workers: Family members often targeted to pressure health workers, particularly in cases where medical workers are affiliated with the CDM.

Impact

HIGH

Loss of qualified staff: Arrests of health workers can result in a severe loss of skilled personnel, weakening the health care system.

Disruption of health services: Raids on clinics and detention of health staff severely disrupt medical care, leaving patients without necessary treatment. Clinics may also be sealed or closed as a result of such arrests.

Seizure of medical supplies: During raids, medical supplies are often confiscated, further destabilizing the healthcare system and depriving civilians of essential medications and equipment.

Physical and Psychological Harm: Arrested health workers face physical harm, including torture, and psychological trauma from prolonged detention or fear of arrest. Some may die in custody due to inadequate medical care.

SAGAING REGION

Action: Preventing and Mitigating Health Worker Arrest and Detentions

Health care providers who employ health workers and supporting agencies can consider the following approaches to mitigate the risk of health worker arrests and to provide support in the aftermath of arrests.

Action Proposed For Health Care Providers

Raise Awareness

- Discuss the risks of arrest with staff, in particular in SAC-controlled areas or near checkpoints when staff are asked to travel..

Prepare Guidance

- Provide clear, practical advice on how to respond safely during an arrest. This should include personal safety protocols and legal rights and possibilities.

Provide Reporting Mechanisms

- Develop protocols for how to inform colleagues, employers, families and international partners about arrests that have occurred.

Provide Financial, Legal or Mental Health Support

- Decide on policies for how to support affected staff in different contexts and based on resources and possible action.

Action Proposed for Entities Supporting Health Care Providers'

Collaborate on Risk Awareness-Raising

- Discuss the risks and consequence of arrests with partner organisations to ensure there is a shared understanding of risks and the support health organisations would find helpful.

Collaborate on the Management of Arrest Cases

- Work with local partners to identify the responsible authorities or legal bodies that can provide support, and discuss how you can support local partners in managing such a crisis.

Develop Communication Processes

- Work with partners to establish safe ways of informing your organisation and funding bodies about arrests.

Plan Responses

- Develop context-specific protocols for what local partners may require from international partners in responding to arrests, including when and how external pressure may be able to support local partners or when confidentiality is essential.

SAGAING REGION

Groundwork: Preventing and Mitigating Health Worker Killings

Context and Acceptance Analysis

Between March 2021 and July 2024, 20 health workers were killed in 21 incidents in Sagaing Region, including a nurse who was arrested from her home, then shot and killed five days later by the MAF on accusations of links to the CDM. These killings reflect a sustained campaign of violence targeting health professionals, particularly those affiliated with the CDM or opposition-linked activities. The main perpetrators of health worker killings are the Myanmar military with the PDF named in one incident previously mentioned. The perpetrators of some incidents were not identified. These killings demonstrate the weaponization of health care services and the escalating risks faced by health workers in conflict zones.

Airstrikes and drone attacks killed health workers:

- For example, a midwife, her two-year-old son and five patients were killed in a MAF drone attack on a rural health centre in Monywa district in July 2024.

Targeted executions and killings during raids:

- In some instances health workers were killed based on accusations that provided health care to local opposition forces.

Killing of health workers during medical transport

- For example, in July 2022, the MAF opened fire on an ambulance, killing the ambulance driver and a 14-year-old patient in Shwebo district. The patient's mother was physically abused before escaping. The ambulance was later seized. Landmines and IEDs affected ambulances

Targeted assassinations and attacks disguised as medical consultations

- In March 2023, a midwife was killed at her private clinic in Monywa district by a man and woman posing as patients.

Torture and execution of medical workers

- The bodies of a military doctor and three PDF fighters were found with signs of torture in Tabayin township in December 2021.

SAGAING REGION

Risk, Vulnerability and Impact Assessment for Health Worker Killings

Probability of Occurrence

Overall: HIGH

High in MAF-Controlled Areas: Health workers are often targeted by the military for their affiliations with opposition movements or the CDM. These workers face the highest probability of being killed during military operations, airstrikes, or shootings.

Moderate to High in Opposition-Controlled Areas: While opposition groups may offer some protection, health workers in these areas still face a significant risk of being killed during military attacks, especially during airstrikes or artillery bombardments.

High in Contested Areas: Where all sides are actively engaged in military operations, and health workers are vulnerable to violence from either side.

Who and What are Vulnerable?

Health workers: Especially those affiliated with opposition movements or perceived to be sympathetic to anti-SAC groups, are targets for conflict parties.

Families and homes of health workers: Health workers are frequently targeted in the homes and private clinics also endangering their families.

NGO Workers: Local and international NGO staff who provide medical care, particularly in contested areas, are vulnerable to violence from conflict parties.

Health facilities and ambulances: Health workers are attacked during their work at health facilities or while transporting injured individuals, in ambulances.

Impact

HIGH

Loss of life and injury: Health workers, including volunteers face direct harm or death during targeted attacks, such as ambushes on ambulances or raids on health facilities

Disruption of health care access: The closure of public and private health services leaves vulnerable populations without critical care, such as emergency services, treatment for injuries from military violence, or care for chronic conditions.

Physical and psychological harm: Health workers face physical harm, including torture, psychological trauma and death.

Humanitarian crisis: The killing of health workers, particularly those in rural or conflict-affected areas, further isolate vulnerable populations from necessary medical aid.

Political polarization of health care: The killing of health workers based on their perceived political affiliations contributes to the growing politicization of health care, where individuals may avoid seeking care due to fears of being targeted or associated with opposition groups.

SAGAING REGION

Action: Preventing and Mitigating Health Worker Killings

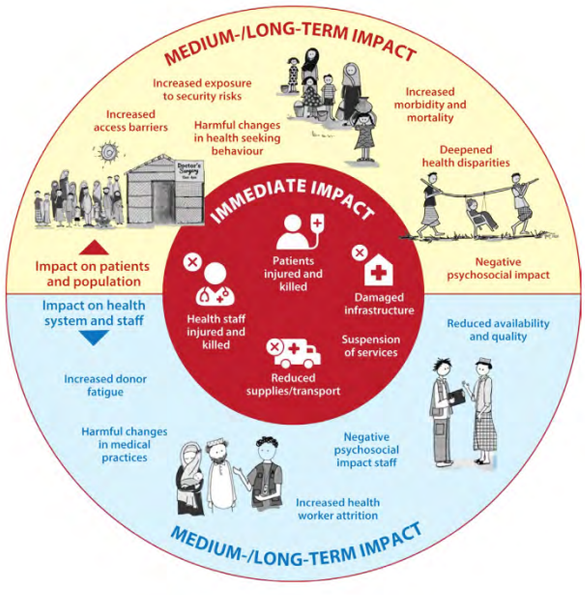
Health care providers who employ health workers and supporting agencies can consider the following approaches to mitigate the risk of health worker killings and to provide support in the aftermath of killings.

Action Proposed For Health Care Providers

- **Risk mitigation training:** Train health workers in conflict-sensitive practices, including personal safety, evacuation procedures, and de-escalation tactics.
- **Enhanced security for health workers:** Provide security measures for health workers especially those working in high-risk areas or affiliated with opposition-linked activities.
- **Mental health support:** Offer psychological support for health workers and their families who experience or witness violence.

Action Proposed for Entities Supporting Health Care Providers'

- **Advocacy for health workers protection:** Advocate with international bodies to emphasize the protection of health workers and enforce accountability under international humanitarian law.
- **Support for evacuation and relocation:** Facilitate the relocation of health workers and their families from high-risk areas to safer regions.
- **Documentation and reporting:** Collaborate with local actors to document health workers killings and raise awareness through international platforms.



SAGAING REGION

Groundwork: Preventing and Mitigating Damage to Health Facilities

Context and Acceptance Analysis

Between March 2021 and December 2024, 111 health facilities in Sagaing were reported as damaged or destroyed following attacks. This damage stems primarily from attacks by the MAF with the AA and PDF named but less often. The perpetrators of some incidents were not identified. This damage and destruction reflects the intensifying conflict and significance attached to health care in conflict. While arson has always been an occurrence, the incidents have escalated in frequency and sophistication, with a growing scale of plane and drone delivered explosive weapons.

MAF

- Responsible for the majority of incidents often under the pretext of combating opposition forces. The MAF has employed explosive weapons extensively including aerial bombs, drones as well as deliberately setting them on fire.

Arson Attacks on Health Facilities

- Arson is a frequently used tactic, targeting not only health facilities but also pharmacies, homes, and marketplaces. For example, a hospital, school, and homes were set on fire by the MAF in Yinmabin district in August 2022. Medicine and equipment worth twenty million Myanmar Kyats (~ 9500 USD) was destroyed. At the time of the attack, the facility was functioning and providing care to the locals and IDPs.

SAGAING REGION

Risk, Vulnerability and Impact Assessment for Damage to Health Facilities

Probability of Occurrence

Overall: HIGH

High in contested areas: The destruction of health facilities and ambulances has been primarily concentrated in areas experiencing ongoing armed clashes.

Moderate in areas of indirect conflict where MAF target facilities due to their perceived links to the opposition but do not directly engage in large-scale operations.

Who and What are Vulnerable?

Public Health Facilities: Especially vulnerable to attacks during airstrikes, artillery bombardments, and ground assaults. Primary and secondary health centers are often targeted, leading to significant damage.

Private Health Clinics: While private clinics are less likely to be directly targeted, they face collateral damage from attacks on surrounding areas or specific operations against local opposition groups.

Medical Workers and Health Staff: Health workers, including doctors, nurses, and ambulance drivers, are at risk of injury or death, either from direct attacks on health infrastructure or from being caught in the crossfire.

Ambulances: Vulnerable to direct attacks or confiscation by military forces, preventing them from delivering medical services to both civilian and military personnel.

Impact

HIGH

Fatalities and Injuries: Attacks on health facilities result in civilian and health worker deaths and injuries.

Loss of critical infrastructure: Hospitals and clinics can be rendered inoperable, depriving communities of health care.

Inability to provide essential services: Key medical services, such as surgical operations and emergency care, can be halted, endangering patients.

Displacement of medical staff and patients: Health workers can be forced to flee and patients must then seek care in distant facilities.

Loss of medical supplies: Vital medicines and equipment can be destroyed, severely impacting health care delivery.

SAGAING REGION

Action: Preventing and Mitigating Damage to Health Facilities

Health care providers who support health facilities and supporting agencies can consider the following approaches to mitigate the risk of damage to health facilities and to provide support in the aftermath of damage to health facilities.

Action Proposed For Health Care Providers

- **Protect health facilities:** Relocate critical medical supplies and equipment to safer areas when they are located in contested territory and conflict intensifies.
- **Enhance physical safety measures** in facilities at risk from air strikes or artillery fire (e.g. by using reinforced structures or underground storage), identify safe shelter areas and inform all people in the facility about the existence of contingency plans.
- **Establish early warning systems** to allow people time to evacuate and/or seek shelter before an air strike.
- **Prepare staff to ensure their own safety:** Train staff on evacuation procedures and personal safety ahead of the possibility of air strikes or shelling.
- **Establish emergency communication** protocols for notifying authorities and colleagues.
- **Plan for continuity:** Develop contingency plans for maintaining health care delivery in the event of a facility being damaged or destroyed, including the transfer of critical patients, the reorganisation of priorities in lines of care, and the use of surge assets such as generators and water supplies.
- **Conduct focus groups** with affected communities to ascertain how health facilities could be better protected.

Action Proposed for Entities Supporting Health Care Providers'

- **Equip Facilities:** Provide health facilities with basic early warning systems and appropriate protective gear (e.g. helmets, vests) and equipment to mitigate damage (e.g. fire extinguishers, emergency medical kits). Ensure that facilities have backup power sources and mobile units to maintain operations during conflict.
- **Develop staff guidance:** In collaboration with local health care providers, support the preparation of practical guides for staff on how to stay safe during attacks and protect patients, and train staff to provide first aid to casualties during and after attacks.
- **Response to attacks:** In collaboration with local health care providers, support the development of **protocols** for responding when a facility is damaged, including relocating services and notifying stakeholders.

SAGAING REGION

Groundwork: Preventing and Mitigating Military Occupation and Clashes in Occupied Health Facilities

Context and Acceptance Analysis

Between mid-2022 and November 2024, 48 documented incidents highlighted clashes in or around health facilities 43 documented incidents involved the occupation of health facilities across Sagaing Region. Occupations were predominantly reported to have been carried out by the MAF, though other conflict parties, including the AA, PDF and unidentified perpetrators have also occupied medical infrastructure during offensives. Clashes often involved opposition forces targeting MAF personnel occupying the facilities or the MAF raiding facilities taken over by local opposition groups. The frequency of incidents increased dramatically in 2023 and 2024, driven by the militarization of health care spaces and escalating conflict dynamics.

Militarization of facilities

- Military forces occupied health facilities and repurposed them as military bases. In some cases, the MAF has conducted raids on facilities controlled by opposition forces to seize weapons, supplies, or food. Repurposed health facility number high among the damaged health facilities.

Weapons Storage

- Health facilities have been used to stockpile arms and ammunition, further militarizing healthcare spaces. For example, the MAF stored weapons at a township hospital which was later attacked by local opposition forces in Salingyi Township in November 2023.

Long-term and temporary Occupations During Active Combat

- Some health facilities were occupied after certain territories were taken. Others were temporarily occupied for some hours during a ground attack.

Seizure of resources

- Medical supplies were looted and destroyed during clashes.

Type of weapons

- **Drones**: 23 reported occasions, increase since 2023 and 2024.
- **Explosives and artillery:** 9 recorded cases of rockets, mines, and artillery were used against health facilities
- **Small arms:** 14 reported occasions of small arms fire during military occupations of health facilities

SAGAING REGION

Risk, Vulnerability and Impact Assessment for Military Occupation and Clashes in Occupied Health Facilities

Probability of Occurrence

Overall: HIGH

High in MAF-controlled areas: Frequently occupies health facilities and uses them as military bases. Armed groups commonly target these facilities using drones, artillery, and firearms, leading to significant damage and casualties.

Moderate to High in armed group-Controlled Areas: Medium to High Risk – opposition groups may use health facilities for their own purposes but are also vulnerable to attacks by the MAF, which seeks to neutralize any opposition stronghold. These areas may see frequent clashes using various weaponry.

High in contested areas: these areas experience intense and fluctuating military activity, making health facilities especially vulnerable to attacks as sides fight for control.

Who and What are Vulnerable?

Health workers: High risk during these clashes. They are often caught between the opposing forces and may be injured or killed during airstrikes, drone attacks, or artillery fire.

Patients and civilians: Patients inside health facilities are highly vulnerable during clashes, especially when artillery or drones are used. They are often trapped in the crossfire of ongoing military confrontations.

Health facilities (health centers, hospitals, traditional medicine clinics): Whether civilian-run or military-occupied, are significant targets in these clashes. Both the military and armed groups see health facilities as strategic points, using them to house troops, store supplies, or offer medical treatment. These facilities often become collateral damage during military operations.

Impact

HIGH

Restricted access to health care: Disruption of Health Care Services: destruction or damage of healthcare infrastructure, severely limiting access to medical care for injured or sick individuals. The use of rockets, drones, and artillery to target health facilities renders them inoperable, delaying or preventing medical care.

Casualties and injuries: The use of small firearms, drones, rockets, artillery, and IEDs leads to both civilian and combatant casualties. Health workers, patients, and civilians are all at risk of injury or death when health facilities are targeted by these weapons.

Psychological impact on health workers: The constant threat of attacks, especially using drones, bombs, and rockets, creates a psychological burden on health workers. The trauma of being caught in military confrontations, witnessing casualties, and potentially losing colleagues is immense. Fear and stress among health workers lead to burnout and reluctance to continue working in conflict zones.

Impact on public trust in health care system: As health facilities are attacked and occupied by military forces, public trust in health care services diminishes. Civilian populations are less likely to seek medical care if they fear the facility will be targeted in a battle or airstrike.

SAGAING REGION

Action: Preventing and Mitigating Military Occupation and Clashes in Occupied Health Facilities

Health care providers who support health facilities and supporting agencies can consider the following approaches to mitigate the risk of occuptation of health facilities and to provide support in the aftermath of occupation to health facilities.

Action Proposed For Health Care Providers

- **Risk Assessments:** Regularly assess facilities for risks associated with military occupation or proximity to conflict zones.
- **Evacuation Protocols:** Develop clear guidelines for the safe evacuation of staff and patients during clashes.
- **Documentation and Reporting:** Establish systems for reporting incidents to local authorities and international bodies to seek accountability and assistance.
- Strengthen Facility Resilience:Where possible provide health care providers with access to mobile units that can be used to maintain services if the primary facility is controlled by armed groups or rendered non-functional
- **Develop Staff Guidance:** Support the development of guidance material for healthcare providers on how to respond in the case of an occupation to protect staff, patients and services as best as possible.
- **Advocate for Protection**

Action Proposed for Entities Supporting Health Care Providers'

- **Advocacy for Neutrality:** Advocate for the protection of health facilities as neutral spaces under international humanitarian law.
- **Support for Displaced Services:** Assist in relocating healthcare services to safer areas when facilities become militarized or high-risk.
- **Resource Replenishment:** Provide financial and logistical support to replace supplies lost during clashes.
- **Minimize Risks:** Develop contingency plans to evacuate staff and patients safely during potential occupations, and remove or secure sensitive medical supplies (e.g., medicine stocks) to prevent their seizure.
- **Coordinate with Local Authorities:** Engage with local leaders to advocate for the neutrality of health facilities.
- **Establish protocols:** For negotiating with occupying forces to protect staff and infrastructure.

SAGAING REGION

Groundwork: Preventing and Mitigating Confiscation of Medical Supplies

Context and Acceptance Analysis

Between April 2021 and July 2023, 14 documented incidents highlighted the confiscation of medical supplies, equipment, and ambulances in Sagaing. These actions, predominantly perpetrated by the MAF suggest an effort to disrupt health care services in conflict zones and opposition-controlled areas. Confiscations escalated sharply in 2022–2023 with some taking place during the forceful entry of health facilities. In other cases, stolen health transportations were also reported, as well as the arrest of health workers.

Myanmar Military-Led Confiscations

- The MAF is responsible for the majority of medical resource confiscations, often seizing supplies during raids on health facilities, underground storage sites, and private homes. These confiscations are frequently justified under accusations that the supplies were intended for opposition groups. In many cases, military operations involve destruction of health facilities, intimidation of staff, and the forced seizure of essential medical resources.

Targeting Underground Storage Sites

- ● The MAF has also sought out makeshift or underground storage locations linked to opposition groups. In July, 2023, a large amount of medical consumables, equipment, and surgical instruments was confiscated from an underground storage site in Ayadaw Township.

Association with NGOs and the CDM

- ● Health facilities, especially those associated with LNGOs and CDM-affiliated workers, have been frequent targets of military raids. These raids often involve looting, destruction of medical infrastructure, and intimidation of staff. For example, a makeshift hospital was ransacked by the MAF in Yar Za Gyo village in April 2023. Medicines, medical stores, and examination rooms were destroyed. Troops used firearms to break into the facility, though no staff or patients were present.

Confiscation of Health Transportation

● LNGO-operated ambulances have been confiscated and repurposed for military or administrative use. These seizures reduce the availability of emergency medical transport, further straining healthcare access in conflict-affected areas. For example, the MAF seized an LNGO-owned ambulance in Monywa Township during a raid in January 2023. The vehicle was later repurposed for election campaign activities.

Intimidation and Use of Force in Confiscation Operations

- ● MAF raids on health facilities and pharmacies often involve the use of violence, threats, and intimidation to discourage collaboration with opposition groups or CDM-affiliated workers.

SAGAING REGION

Risk, Vulnerability and Impact Assessment for Confiscation of Medical Supplies

Probability of Occurrence

Overall: MODERATE

High in contested areas: Confiscations are most frequent in regions with active clashes between the Myanmar military and armed groups.

Who and What are Vulnerable?

Healthcare Providers and Aid Organizations: Especially vulnerable, as their supplies, equipment, and funding are routinely targeted to block medical aid to opposition groups.

Ambulance Services: Specifically targeted by the military, preventing local forces from transporting injured individuals or providing emergency care.

LNGOs and INGOs: Vulnerable to raids and the confiscation of funding or supplies intended for medical assistance.

Medical staff and volunteers: Often affected by raids during which essential medical resources and medicines are seized.

Civilian Populations: Particularly at risk in areas where healthcare services are already limited, as these actions deprive them of essential medical care.

Impact

MODERATE

Disruption of health services: The confiscation of ambulances and medical supplies directly disrupts emergency medical services, especially in areas with limited access to government health care systems. This impedes the ability of local health workers and NGOs to provide the necessary care to communities.

Crippling of medical infrastructure: The seizure of medical funding and supplies hampers the operations of both local clinics and international medical care efforts, leading to significant shortages of crucial medical materials, including life-saving drugs and equipment.

Escalation of the humanitarian crisis: By targeting medical transportation and resources, the military contributes to a worsening health care crisis, particularly in conflict zones where medical access is already constrained. The lack of essential care can result in preventable deaths and long-term health complications.

Undermining of public trust: The military's continued targeting of medical resources erodes public confidence in the health care system, creating an environment of fear and distrust of medical institutions in communities.

SAGAING REGION

Action: Preventing and Mitigating Confiscation of Medical Supplies

Health care providers who support health facilities and supporting agencies can consider the following approaches to mitigate the risk of access constraints and to provide support in the aftermath of access constraints.

Action Proposed For Health Care Providers

- **Strengthen local supply chains:** Work with local partners to establish secure channels for the delivery of medical supplies, reducing reliance on routes that can be interrupted by military forces.
- **Coordinate with partners:** Collaborate with LNGOs to identify new ways to deliver supplies and evade military scrutiny, such as using smaller units without obvious links to the health care system.
- **Provide training on safety protocols:** Provide training to medical staff on how to respond in the event of a raid or confiscation, including steps for protecting medical supplies and staff during military inspections or operations.
- **Apply strict protection procedures for sensitive documents:** Ensure that staff lists/registries cannot easily be seized. Consider establishing notification procedures if sensitive information has been seized.

Action Proposed for Entities Supporting Health Care Providers'

- **Provide resource access:** Support local health facilities with additional supplies and mechanisms to help safeguard them against confiscation.
- **Advocate for medical neutrality:** Engage international bodies to hold the military accountable for violations of medical neutrality. Run advocacy campaigns to raise awareness of these tactics and push for international pressure to prevent them.

The management of security risks must not violate medical ethics. Medical ethics are applicable at all times when health care is being provided, and its principles are non-negotiable.

Context and Acceptance Analysis

Access constraints have included the obstruction of ambulances, blockade of medicine shipments, and harassment of staff, often at checkpoints or due to travel restrictions in conflict zones. These incidents have steadily increased, reflecting the intensification of conflict and its impact on humanitarian operations.

Checkpoints as High-Risk Locations

- **Military checkpoints** are frequent sites of obstruction, where ambulances are prevented from entering towns, and health workers face delays or arrests. These checkpoints are tools for restricting movement, enforcing control, and disrupting aid delivery. Local opposition forces have also blocked the transportation of medicine and essential goods, further compounding access issues. For example, the transportation of medicine was blocked by LRFs and the KIA in February 2023.

Targeting of Aid Logistics

- **Medicine Blockades:** For example a deliberate blockade of a water freight by the Myanmar military resulted in medicine shortages, as reported in September 2024.
- **Weaponization of Ambulances:** For example, three ambulances with patients onboard were prevented from entering a town at a military checkpoint in October 2024.

Travel Restrictions and Armed Clashes

- Armed conflict frequently results in severe travel restrictions, particularly for vulnerable populations. For instance, in September 2024, over 1,000 people living with HIV defaulted on treatment due to travel constraints.

Criminalization of Aid

- Health workers, particularly those affiliated with LNGOs or transporting supplies, face heightened risks of arrest, harassment, or threats.

SAGAING REGION

Risk, Vulnerability and Impact Assessment for Access Constraints

Probability of Occurrence

Overall: MODERATE (high level of underreporting expected)

High in areas fully controlled by the MAF where movement restrictions are more frequently enforced.

Low in contested areas: Where control is fluid and shifts between conflict parties, access disruptions can occur unpredictably.

Who and What are Vulnerable?

Patients: The most direct impact is on patients requiring urgent medical care who cannot reach facilities in time due to blocked routes or delayed ambulances.

Health workers: Aid workers and healthcare professionals, especially those associated with LNGOs and opposition groups, are highly vulnerable to military control over transportation. Workers face arrest, threats, and forced delays while trying to provide medical care.

Aid Organizations: Non-governmental organizations (NGOs), particularly local ones (LNGOs), are at risk of being unable to deliver essential services due to obstructions.

Medical Supplies: Shortages of critical medicines and supplies, such as antiretroviral therapy (ART) for HIV patients, result from blockages of transportation routes.

Impact

HIGH

Restricted access to health care: Communities can be cut off from essential health services, worsening health outcomes.

Critical medicine shortages: Blockades and confiscations can create life-threatening gaps in the availability of medical supplies in health facilities.

Increased mortality: Delays in emergency care due to transport and checkpoint restrictions can endanger patients.

- **HIV Treatment Disruption:** Over one-thousand people living with HIV defaulting on antiretroviral therapy (ART) due to travel restrictions

Collapse of local health care systems: Forced suspensions and shortages can undermine the broader health care infrastructure, leaving vulnerable populations without alternative sources of health care.

Health care providers who support health facilities and supporting agencies can consider the following approaches to mitigate the risk of access constraints and to provide support in the aftermath of access constraints.

Action Proposed For Health Care Providers

- **Plan ahead:** Maintain emergency stockpiles of essential medicines and supplies to mitigate the impact of blockades, and coordinate with local networks to identify safer alternative routes for the transport of medicine.
- **Train staff:** Prepare health workers to deal with delays in supply delivery and adapt to limited resources, and train ambulance and emergency transport staff to navigate checkpoint protocols and obtain permission to pass through checkpoints.

Action Proposed for Entities Supporting Health Care Providers'

- **Strengthen local capacities:** Support the efforts of local health facilities to find alternative supply mechanisms and equip themselves with secure storage to protect medicine stockpiles from raids or confiscations.
- **Develop guidance:** Provide health workers with guidance on advocating for patient care at checkpoints or during transport delays, and establish protocols for safely communicating with health care providers and external partners where possible.
- **Advocate and collaborate:** Work with local authorities and international actors to negotiate humanitarian access corridors and develop joint initiatives to ensure the continuous delivery of medical supplies and emergency care in high-risk areas.
- **Engage in humanitarian dialogue** to address blockades.

SAGAING REGION

Groundwork: Preventing and Mitigating Health Facility Closures Due to Insecurity

Context and Acceptance Analysis

Between October 2021 and December 2024, health facility closures due to military operations and armed clashes were reported. Cases have gradually increased, reflecting the intensifying conflict and the increasing vulnerability of health infrastructure.

Forced Evacuations and Clearing Operations

- Health facilities have been forced to shut down due to prolonged military clearing operations, compelling health workers to flee for safety. In November 2024, two makeshift clinics in Budalin Township, operated by the government-in-exile (NUG) were closed, and staff were forced to evacuate following a month-long Myanmar military operation. Similar incidents have been reported in Tamu Township, where multiple station hospitals and rural health centers ceased operations due to intensified clashes between the Myanmar military, and armed groups.

Opposition-Linked Closures and Indirect Impact

- Armed groups have indirectly contributed to facility closures by warning health workers to evacuate ahead of anticipated clashes or targeting facilities occupied by the military. In November 2023, health workers at a hospital were advised to leave before fighting escalated, leading to a complete shutdown of medical services.

SAGAING REGION

Risk, Vulnerability and Impact Assessment for Health Facility Closures Due to Insecurity

Probability of Occurrence

Overall: HIGH RISK

High in MAF-Controlled Areas: Targets healthcare facilities for closure, especially those affiliated with opposition groups or operating in opposition-controlled zones.

High in Contested Areas between the PDF and the MAF: Where control shifts between the Myanmar military and opposition forces. Clashes between both sides often result in the temporary closure of health facilities.

Who and What are Vulnerable?

Health Facilities: Especially those which are accused of supporting local opposition efforts, including providing medical care to opposition groups or the CDM.

Aid agencies: Non-governmental organizations (NGOs) and community-based health providers, including those offering ambulance services, oxygen supplies, and critical care, are frequently targeted.

Health Workers: Health professionals, particularly those affiliated with the CDM, ethnic armed groups, or the NUG, face arrests, harassment, and loss of livelihood due to forced facility closures.

Vulnerable Populations: Ethnic minorities, IDPs and marginalized communities who rely on these health services are at heightened risk of suffering from the forced closure of health facilities.

Impact

HIGH

Inability to provide essential services: Key medical services, such as surgeries and emergency care, are halted endangering patients.

Exacerbation of humanitarian crisis: The closure of NGOs, hinders the ability to provide essential services such as food distribution, and maternal care.

Physical and psychological harm: Health workers face physical harm, including torture, and psychological trauma from working at a facility forced to close due to alleged support of opposition groups.

Loss of critical infrastructure: Hospitals and clinics are rendered inoperable, and medical supplies are taken depriving communities of health care.

Mass displacement of health workers: Medical personnel are abandoning health facilities due to threats or fear of attacks, reducing the availability of doctors, nurses, and specialists in conflict zones.

SAGAING REGION

Action: Preventing and Mitigating Health Facility Closures Due to Insecurity

Health care providers who support health facilities and supporting agencies can consider the following approaches to mitigate the risk of closures due to insecurity and to provide support in the aftermath of closures.

Action Proposed For Health Care Providers

- **Prepare for relocation:** Health care providers should develop plans for relocating services to safer areas or temporary facilities if forced closures are imminent. For example, relocating medical services to schools or other secure locations may help maintain essential care.
- **Stockpile emergency supplies:** Maintain emergency stockpiles of critical medicines and supplies to ensure that even when a facility is closed, staff can continue to provide as much care as possible.
- **Train staff on safety protocols:** Offer training to medical personnel on how to safely evacuate patients and staff during emergencies, as well as how to handle situations where facilities are being closed due to conflict.

Action Proposed for Entities Supporting Health Care Providers'

- **Support relocation logistics:** Partner organisations should work with health care providers to ensure they have the resources and logistics needed to relocate services quickly and efficiently when needed.
- **Advocate for medical neutrality:** Engage in advocacy with international organisations and governments to push for medical neutrality to be properly respected to ensure that health care facilities are not targeted during conflicts and can continue to operate even in contested areas.
- **Provide emergency support:** Offer logistical, financial and medical support to help health care providers to continue operations in temporary locations and ensure continuity of care for displaced patients.

SAGAING REGION

Groundwork: Preventing and Mitigating Misuse of Ambulances

Context and Acceptance Analysis

Between July 2021 and August 2022, several cases of deliberate misuse of ambulances by the MAF was reported. These incidents could indicate a deliberate strategy to exploit the neutrality of medical vehicles for military purposes, including transporting personnel, detaining civilians, and conducting attacks. Most occurred in 2022, with many cases reported in August that year, reflecting a concentrated campaign during this period. Misuse of ambulances are usually a strategic tactical decision by individual commanders rather than an inevitable impact of conflict.

Deceptive Use of Ambulances

- Ambulances, traditionally symbols of neutrality and medical aid, were repurposed for military advantage:
  - **Detaining Civilians:** Ambulances were used to detain civilians, including cases where individuals were forcibly taken away in August 2022.
  - **Property Destruction:** Ambulances were used as tools of arson, such as during the torching of houses in Mu Kan village in August 2022.
  - **Military Concealment and Attacks:** As reported in July 2021 when SAC forces concealed themselves in an ambulance during clashes, leading to civilian casualties.

Conflict Zones

- Incidents were concentrated in areas with active opposition, such as villages experiencing SAC offensives and areas like Yangon with significant PDF activity.

Civilian Impact

- Harm and Displacement: Civilians were detained or disappeared after being transported in ambulances. Villagers experienced loss of property when ambulances were used in arson attacks.
- Erosion of Trust: The misuse of ambulances undermined trust in medical services, deterring legitimate healthcare providers and delaying care for those in need.

Weaponization of Neutral Symbols

- The use of ambulances for violent purposes highlights the Myanmar military's willingness to violate international humanitarian norms. This tactic also compromises the perceived neutrality of medical vehicles, making them more likely to be targeted by other conflict actors.

SAGAING REGION

Risk, Vulnerability and Impact Assessment for Misuse of Ambulances

Probability of Occurrence

Overall: MODERATE

High in SAC-Controlled Areas: The incidents occurring in August 2022, January 2022, and July 2021, especially in areas like Yangon, were in SAC-controlled zones where the military exploited ambulances as tools for violence, detentions, and attacks.

Who and What are Vulnerable?

Health Workers: Health workers, especially those involved with NGOs or local health services, are highly vulnerable when ambulances are hijacked or repurposed. The detainment or attack on health workers undermines their ability to provide medical care and places them in immediate danger of arrest, injury, or death.

Patients: Individuals in need of urgent medical care are highly vulnerable when ambulances are used for purposes other than healthcare. The transformation of ambulances into tools for violence or military operations puts civilians and patients at grave risk.

Ambulance Services: The ambulance service infrastructure itself becomes a target for misuse. The deliberate seizure or hijacking of these vehicles undermines the humanitarian principles of neutrality and impartiality in medical care.

Impact

HIGH

Healthcare Disruption: The misuse of ambulances disrupts the healthcare system by repurposing essential medical transport for violent objectives. This leads to fewer ambulances available for legitimate medical purposes, delaying care for patients and potentially increasing mortality in conflict zones.

Psychological Impact on Health Workers: health workers, particularly those in areas with frequent military presence, face an increasing psychological toll when ambulances are misused for attacks or detentions. The fear of ambushes or kidnapping can deter medical professionals from responding to emergencies.

Increased Civilian Casualties: The use of ambulances in military operations or as a cover for attacks results in increased civilian casualties.

Loss of Neutrality in Healthcare: The militarisation of ambulances undermines the principle of neutrality in healthcare, making it harder for medical teams to operate freely and without fear of being seen as aligned with one side or another. This can lead to increased hostility against health workers.

SAGAING REGION

Action: Preventing and Mitigating Misuse of Ambulances

Health care providers who support health facilities and supporting agencies can consider the following approaches to mitigate the risk of forced entry into health facilities and to provide support in the aftermath of forced entry into health facilities.

Action Proposed For Health Care Providers

- **Raise Awareness:** Inform staff and communities about the risks of ambulance misuse and strategies to avoid association with military activity.
- **Develop Clear Protocols:** Establish guidelines for ambulance use in high-risk areas to mitigate the risk of seizure or misuse.
- **Enhance Monitoring:** Track the movement and use of ambulances to quickly identify potential misuse and mitigate risks to staff and patients.
- **Establish documenting and reporting practice:** Share information and key details such as time and location of such incidents to support understanding of patterns linked to specific units.

Action Proposed For Partner Organizations

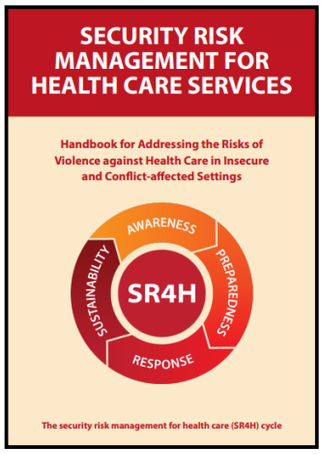
- **Advocate for Neutrality:** Emphasize the importance of respecting the neutrality of ambulances and medical assets in communications with relevant stakeholders.
- **Provide Legal and Logistical Support:** Assist local organizations in developing legal strategies and contingency plans for addressing ambulance misuse.
- **Facilitate Safe Operations:** Collaborate on risk assessments to identify safer routes and operational practices for ambulances in conflict-prone areas.

FURTHER RESOURCES

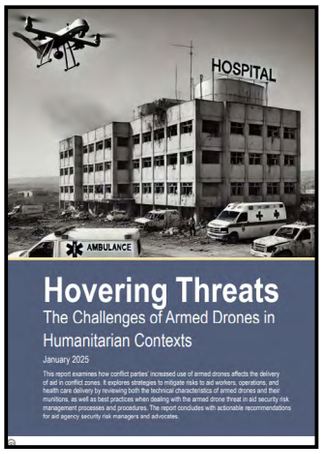
Safeguarding Health in Conflict Coalition 2023 Factsheet (EN)

Safeguarding Health in Conflict Coalition 2023 Factsheet (MY)

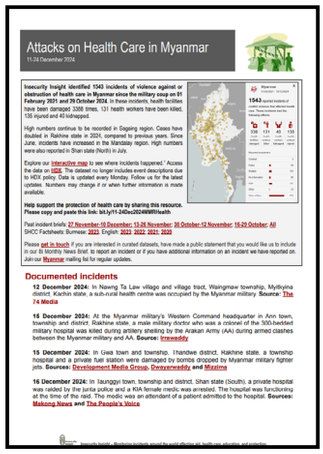
Security Risk Management for Health Care Services Handbook



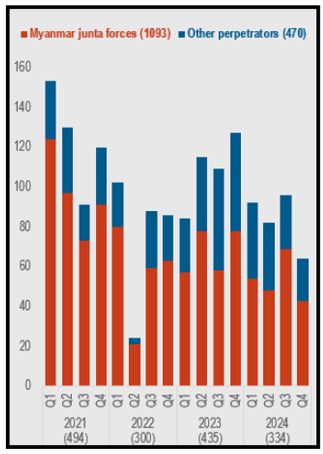
Hovering Threats The Challenges of Armed Drones in Humanitarian Contexts



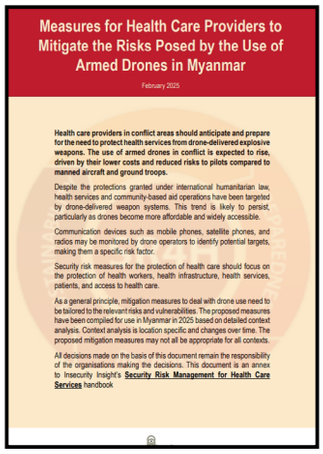
Attacks on Health Care in Myanmar Incident Brief (bi-monthly)



Attacks on Health Care in Myanmar Incident Data (weekly)



Measures for Health Care Providers to Mitigate the Risks Posed by the Use of Armed Drones



This document is published by Insecurity Insight. The analysis and opinions expressed in this report belong solely to the publisher, Insecurity Insight. Insecurity Insight is a Humanitarian to Humanitarian (H2H) organisation committed to the Humanitarian Principles. This document is funded and supported by the Foreign, Commonwealth and Development Office (FCDO) of the UK government through the RIAH project at the Humanitarian and Conflict Response Institute at the University of Manchester and the H2H Fund which is supported by aid from the UK government. The opinions expressed in it do not reflect in any way the position of the H2H Network or the UK government who are not responsible for the content expressed in this document.

Insecurity Insight. 2025. Protecting Health Services from the Impact of Violence Context Analysis and Recommendations to Mitigate Violence, Sagaing Region, Myanmar, March 2025. Switzerland: Insecurity Insight. bit.ly/SagaingSRM2025

h——h
H2H Network
Humanitarian
Action Support

RIAH
RESEARCHING THE IMPACT OF ATTACKS ON HEALTHCARE

Insecurity Insight

UK International Development
Partnership | Progress | Prosperity