

“Myanmar’s People Are Bombed And Shelled In Masses, Hundreds Of Thousands Of Homes Burned And Destroyed - And The World Watches Like A Movie, Entertained, Heartless”: Social media comments post Myanmar earthquake

Tracking Aid Narratives on Social Media

This briefing by Insecurity Insight analyses social media activity from 02 June to 26 August 2025, assessing observed narratives in Myanmar related to the humanitarian response to the March 28 earthquake.

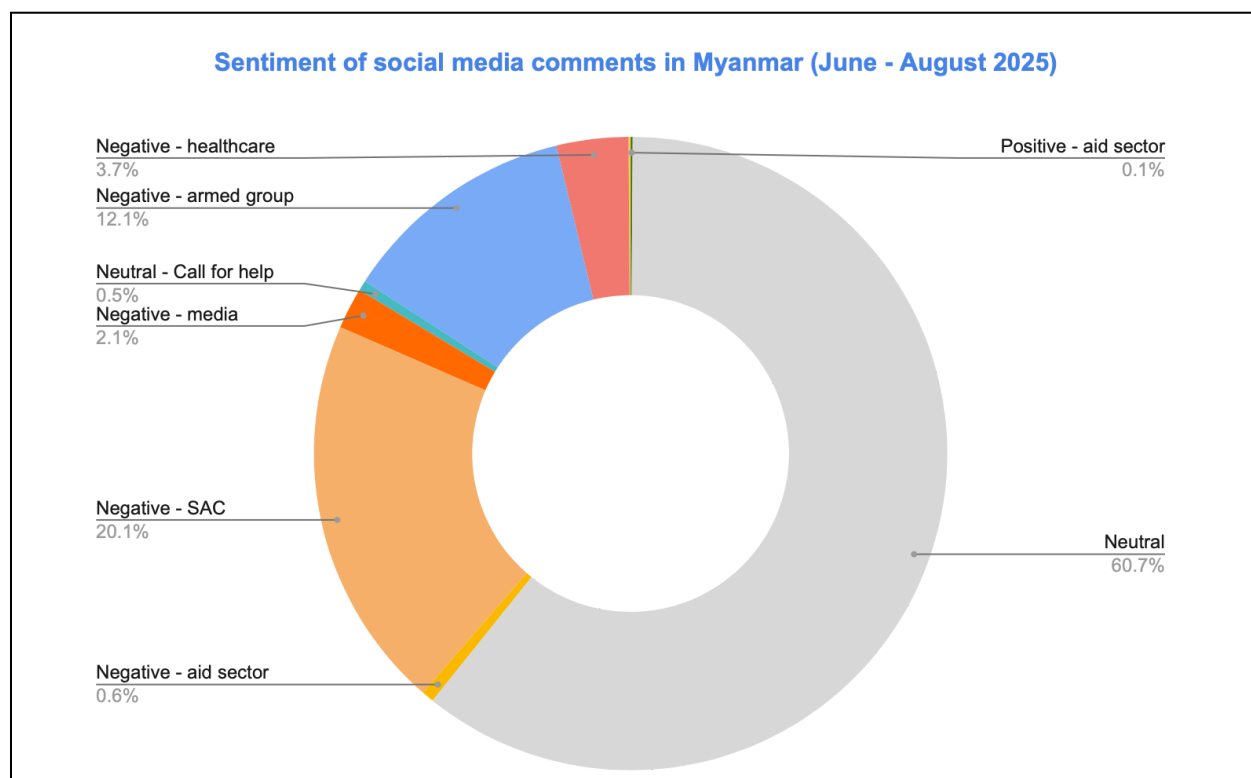
September 2025



PAST EDITIONS: [Is This Another Propaganda Campaign](#) (28 March-05 July), [We Haven’t Received A Single Bottle Of Water](#) (27 March-16 June), [Let The World Know](#) (27 March-30 April)

Insights From Social Media To Safeguard Aid Delivery

This brief uses social media sentiment analysis to assess public opinion of the aid sector following the 28 March 2025 earthquake in Myanmar. In the weeks following the earthquake, online discussions specifically about the earthquake and its impacts have declined. As a result, we have expanded monitoring to include other aid-related topics - such as monsoon flooding and landslides in Kachin, Rakhine, and Southern Shan states - which could also affect the delivery of ongoing earthquake assistance. This brief highlights how affected communities in Myanmar use social media to share their experiences and express their views on assistance following natural disasters. These discussions occur against a context in which aid and healthcare are being instrumentalised in the political conflict, posing a profound challenge to the principle of neutral, needs-based aid. Since the earthquake on 28 March 2025, 91 attacks on health care and 33 hospital bombings were reported.



Main Findings

- 13 posts and their 533 comments describing flooding generated widespread grief and solidarity among social media users in Myanmar though often interwoven with criticism of governance, resource extraction, and elite neglect, highlighting online conversation about natural disaster impacts driven by affected and compassionate individuals often with critical attitudes towards authorities.
- By contrast, the seven posts and 236 comments on hospital bombings prompted both condemnation of deliberate attacks on civilians as well as triggering repeated narratives alleging the presence of armed actors in or near hospitals. This highlights a polarised audience that included individuals appalled by attacks on health care and as well as accounts that indirectly justified the attack based on narratives that called into question the pure health care purpose of health facilities. These examples highlight how discussions on the application of international humanitarian law (IHL) take a central place among polarised aid related social media narratives in Myanmar without directly referencing the body of law that governs protection of health care in conflict. Social media users shocked and saddened by bombing of hospitals indirectly and in their own personal words called for respect of IHL and the protection of health care in conflict while those accounts that questioned the legitimacy of health care used examples that under IHL would impose limits to the legally provided protection due to military use. Among the high engagement posts **10% of comments were negative towards healthcare**, highlighting that among the concerned social media users engaging around violence against health care there is a noisy minority using these exchanges in ways that repeatedly and systematically undermine the principles of neutral aid and protection in conflict.
- Two neutral posts on IDPs and refugees drew much fewer comments (10), but highlighted some tension over refugee authenticity, and limited international protection. Of the ten comments only one was critical of the limited support provided by the aid sector, highlighting a limited polarised social media engagement around aid for the displaced during this period.
- Two media posts on SAC-imposed access constraints in Ayeyarwady and Rakhine, covering bans on transporting food and medicine, tight checkpoint inspections, and broader blockades restricting civilian movement, prompted accusations of “starvation tactics” and occasional references to international law. Hostile remarks against civilians also surfaced. Overall, **19% of comments were negative towards the SAC** for imposing these constraints, with **no negative comments about aid**.
 - Restrictions were framed as punitive, with sporadic dehumanising rhetoric; blame is split between the SAC and the Arakan Army (AA) for failing to protect or govern. The tone is political and rights-focused rather than anti-aid.
 - Commenters also cite corruption and predation (checkpoint extortion, profiteering middlemen), and disinformation. A pro-military strand claims restrictions are justified by insurgent presence and shifts blame onto civilians and the AA.
- One post on human immunodeficiency viruses (HIV) treatment, published after the August 2025 policy centralising antiretroviral therapy (ART) to major government hospitals (Ministry of Health facilities over 100 beds) and suspending NGO/INGO dispensing nationwide, shows political delegitimisation of the state health system as the dominant theme, with HIV-specific stigma secondary. Commenters contrast “caring” NGOs/INGOs with “rough” public facilities and allege corruption (e.g., reselling ART medication), coercion (e.g., patient lists used for conscription), and unsafe practice (e.g., poor sterilisation), alongside harmful rumours about confidentiality and access; practical anxieties about queues, travel costs and being “pushed

around” reinforce avoidance and risk treatment interruption. Overall, **18% of comments were negative towards healthcare delivery and 28% negative towards the SAC**, with criticism aimed at governance rather than the medicines and patients themselves.

Across comments, undertones of grief and anger dominate: conflict and flooding blur together, and health and aid are pulled into the discussion to signal sides. The HIV comments show that the conflict is over who controls services, how people are treated, and whether care is reachable, with stigma secondary. Aid isn’t rejected but judged on coverage, quality, visibility and cost. Access constraints are read as punitive “starvation tactics”, with blame placed mainly on the military and, in parts of Rakhine, also on the Arakan Army for not protecting civilians. A vocal strand repeatedly tried to recast clinics as “legitimate targets”, prompting doxxing risks and deterring care.

SPOTLIGHT: Social Media Reactions To Flooding In Myanmar

Online reactions to floods are a live barometer of trust and blame towards the aid sector; they can legitimize or delegitimize responders, dampen help-seeking, and even invite harm through systematic attempts to justify targeting aid because activities are framed as not living up to humanitarian standards. Reading them closely helps aid and health actors tune services, messaging, and risk management.

13 high-engagement edited media posts about flooding and landslides in Myanmar between late July and mid-August 2025 generated 533 comments. Overall, expressions of grief were the most common, but many users also connected flooding to wider political, environmental, and conflict-related issues. Social media users attributed the consequences of flooding to inadequate governance by various actors, ranging from the junta to ethnic armed groups.

Many comments linked natural disasters with hardship under current leadership and mining operations.

- *“Both illegal and legal, oil and gold mining is done by illiterate people who are forced to dig and there is no restoration. The ecosystem is destroyed. It is called human ego. They take bribes and leave the nearby villages to dig and leave the mines. I don’t think it is strange that floods and landslides occur. The illiterate oil and gold mining people are getting rich. They don’t know that the environment is being destroyed. They only care about making money.”¹*
- *“The suffering caused by the military and the suffering caused by nature are too great for the people of Myanmar. If there is a government, there will be a strong force to help and rescue. It will be able to save effectively. There will be no ban on domestic and foreign organizations that will help. When the government was in power, we all know that the government and the people were very united when we faced floods, fires and the epidemic. Now the country is in the hands of the lower classes. The country is in the hands of the lower classes who are bombing, burning, and killing the people who are paying their salaries. Please read the link below.”²*

Similar to earthquake narratives, many comments reflected a belief that effective assistance comes primarily from citizens and local groups, not from formal institutions. Some also expressed frustration with the requirement for international organisations to coordinate aid through the SAC.

- *“According to the rescue plan, the people’s power lies with the people. If the rescue is carried out by the*

¹ “တရားမဝင်ရော တရားဝင်ရော ရေနံမှော် ရွှေမှော် ဆိုတာတွေ စာမတတ်ပေမတတ်လူတွေတူးခိုင်း ပြန်လည်ဖွဲ့စည်းဆောင်ပြုပြင်ခြင်းလည်းမရှိ ဂေဟစနစ်ကပျက်စီး လူ့အတွက်လဲ ခေါ်တယ် ငွေပေးလာတာစား အနီးအနားကကျေးရွာတွေခိုရင်းကခိုရင်းပဲ တူးပီးဂလိုင်တွေထားခဲ့ စာမတတ်လူတွေကြီးတွေ ရေကြီးရေလျှံ မြေပြိုတာ မထူးဆန်းတော့ဘူးထင်ပါတယ် စာမတတ်ပေမတတ်ရေနံမှော်ရွှေမှော်ကောင်တွေကတော့ချမ်းသာသွားကျတာပေါ့ ဂေဟပျက်တာမပျက်တာသူတို့မသိဘူး ငွေရဖို့ပဲအရေးကြီးတယ်”

² “စစ်တပ်ကပေးတဲ့ဒုက္ခကုသတာဝကပေးတဲ့ဒုက္ခကုသခြင်းမရှိဘဲ ပြည်သူတွေဒုက္ခကြီးလွန်းတယ် ..အစိုးရရှိရင်ကူညီကယ်ဆယ်ရေး အင်အားတောင့်မှာ ..ထိထိရောက်ရောက်ကယ်နိုင်မှာ ..ပြည်တွင်းပြည်ပကကယ်မယ့်အဖွဲ့အစည်းတွေကိုလည်းပိတ်ပင်တားဆီးတာ ရှိမှာမဟုတ်ဘူး ..အစိုးရရှိခဲ့တုန်းကရေဘေး၊မီးဘေးတွေကိုဗစ်ရောဂါဆိုးကြီးနဲ့ရင်ဆိုင်ရချိန်တွေမှာအစိုးရနဲ့ ပြည်သူတွေသိပ်ညီညွတ်ခဲ့တာတွေကိုအားလုံးအသိ ..အခုတော့ တိုင်းပြည်ကအောက်တန်းစားတွေရဲ့ လက်ထဲမှာ ..လစာရိက္ခာပေးကျွေးနေတဲ့ပြည်သူတွေကုန်းကြမ်းရဲ့ - တဖြတ်နေတဲ့အောက်တန်းစားစစ်တပ်ရဲ့လက်ထဲတိုင်းပြည်ရောက်နေတာ ..အောက်က link ထဲ ဝင်ဖတ်ကြည့် ..<https://www.facebook.com/share/p/1BPurzwumr/>”

people, only the Ma Ala group³ will be involved. If the rescue is carried out by the Ma Ala group, only the Ma Ala group will be involved. The Ma Ala followers who are talking loudly in the temples will be silenced.”⁴

A sense of exhaustion is evident in most comments, with disasters often described as overlapping and unending.

Case: Alen Bum Hospital, Laiza (06 Aug 2025; 56 comments)

Laiza is a remote, mountainous border town in Kachin State, directly adjacent to China (opposite Nabang, Yunnan) and the headquarters of the Kachin Independence Organisation (KIO). One post reported flooding at **Alen Bum Hospital** that destroyed medical supplies; the hospital is described as key, hosting **over a thousand medical students**. Comment themes:

1. Blame on Kachin Independence Army/Organisation (KIA/KIO) leadership

Many comments questioned why the KIA/KIO could not provide assistance, despite claims of controlling resources. Accusations included:

- Leaders profiting from rare earths, and opium while neglecting civilians
- Criticism that KIA elites (some social media comments specifically name them) lived well while ordinary Kachin suffered.
- Assertions that resource extraction created **environmental degradation**, indirectly linking it to floods and landslides.

Data privacy issues prevent determining whether the individuals sharing these comments have personally experienced or witnessed failures in local leadership or are instead spreading mis- or disinformation.

2. Questioning hospital legitimacy

A few critics of Kachin leadership used the moment to attack the KIO/Kachin Independence Army (KIA) on social media as corrupt and uncaring, and to delegitimise the hospital itself by recasting it as a military site. These comments question the neutrality of care, and normalises the idea that civilian services in KIA areas are “militarised”:

- *“There is a big rebel training school. There is no hospital. Now I know that Kachin rebels are liars.”⁵*
- *“If it’s Laiza HQ, then don’t worry — they’re already self-sufficient 😊😊”⁶*

In Kachin, flooding became a stage for rivals to attack KIO authority by questioning the very “civilianness” of health facilities, undercutting trust and support at the moment services are most needed.

3. Dehumanising comments in the context of ethnic political tensions

Several comments used derogatory language against the KIA, blurring the lines between the group and the Kachin people, or called for them to “suffer consequences” for past actions.

- *“You KIA dogs 🐕🐕🐕🐕🐕”⁷*

³ Reference to the SAC military

⁴ “ကယ်ဆယ်ရေးအဖွဲ့ပြည်သူအင်အားပြည့်သူမှာပဲရှိတာနာဂစ်ကယ်ဆယ်ရေးလုပ်တော့ မအူလ အုပ်စုပဲဘူးတယ်လို့ကယ်ဆယ်ရေးဖြစ်တော့ မအူလ အုပ်စုပဲဘူးတယ်မန့်တွေမှာဘုကလန့်ပြောနေတဲ့ မအူလနောက်ဆွဲတွေ မအူလကြိုအသံကိုပဲတလို”

⁵ “သူပုန် အတတ်သင် သင်တန်းကျောင်းကြီး ရှိတာနဲ့မယ်. ဘာဆေးရုံမှမရှိဘူး. အခုမှသိတယ် ကချင်သူပုန်ဆိုတာလူလိမ်တွေဘဲ.”

⁶ လွိုင်ဇာတန်ချုပ်ပါဆို ဘာများပူနေကြတာသူဟာသူပြီးပြည့်စုံပြီးသား ပါမှားပါကွာ 😊😊

⁷ ငိုမ KIA 🐕🐕🐕🐕🐕 တေ ထိုး

4. Neutral voices

Amidst hostile narratives, 48% comments under this post still expressed solidarity and well wishes (“Stay safe”, “May you all be safe, my people”), though these were overshadowed by conflict-centred criticism.

What This Tells Us

- Expressions of grief and condolence remain central, but such discussions are interrupted with politically driven commentary that seeks to delegitimize the services provided by ethnic organisations, that seek to stir tensions and provide justification for airstrikes.
- Many users describe floods as both natural events and outcomes of governance failures or environmental exploitation and feel free enough to express such views, including criticism towards ethnic authorities.
- Social media users continue to emphasise community-based solidarity as more reliable than institutional relief but express nostalgia for the past where external aid was allowed in and oppose the militarisation of aid.
- In contested areas, disaster response is a battleground for legitimacy: on social media, conflict parties weaponise discussions around floods to recast clinics and relief posts as military assets, claiming a lack of neutrality to deter aid, and even justify violence, because delivering essential services also confers authority.

Key Takeaways

Delegitimization Of Health Care Is Marked In Social Media Reactions To Hospital Bombings (July-August 2025)

Between mid-June and mid-August 2025, at least three incidents of hospital bombings or damage were reported. The incidents affected the National Unity Government (NUG)-affiliated hospitals in Kanbalu and Kale townships in Sagaing region, as well as hospitals in Shan state. Myanmar military airstrikes killed patients and their families, including children, caused repeated structural damage to district hospitals.

Kanbalu township (Sagaing region):

1. A hospital operated by CDM-affiliated health workers was hit by MAF airstrikes, killing five people including a child and causing extensive damage. Local authorities vowed to send records to international organisations and pursue legal accountability (29 July)

Kale township (Sagaing region):

2. A station hospital operated by CDM-affiliated health workers was severely damaged by bombs dropped by a Myanmar military aircraft. (11 August)

Ta'ang-controlled areas (Shan state):

3. Eight hospitals, schools, homes, and religious sites were destroyed and 56 people killed during MAF airstrikes across Mogok, Naung Cho, Kyaukme, Hsipaw, Kutkai and related areas (between 14 June-13 August).

Key narratives in the comments:

1. Comments negative towards SAC: The comments reflect widespread anger towards the military council and its leadership. These comments accused the SAC of deliberately targeting civilians and hospitals, described the attacks as war crimes, and used emotive or religious language to call for justice or retribution. None of the comments were directed at the NUG, though unsurprising as the NUG was not mentioned in any of the posts analysed.

- *“Ma A La’s drugged-up army thugs know nothing except killing people. Min Aung Hlaing keeps feeding them opium and they are dying wasted.”⁸*

2. Comments negative towards ethnic armed organisations (EAOs) or People's Defence Force (PDF): Comments criticise EAOs either for their role in conflict-related insecurity or, in the case of pro-SAC voices, through calls for their destruction. Some comments also criticised EAOs and PDFs, accusing them of hiding among civilians, misusing resources, or losing popular support.

- *“Only when insurgent nests are cleared will there be calm. Strike them all.”⁹*
- *“Armed groups scatter in the hills, but civilians suffer most. It’s frustrating. Only the armed should be targeted.”¹⁰*

3. Debates over the civilian status of hospitals and clinics: While many comments highlighted that children and patients were innocent victims, others argued civilians who sided with or supported opposition groups shared responsibility for the consequences. These discourses are part of increasingly common social media exchanges about a highly technical and generally not very well known criteria of IHL that limit the absolute protection of health care in conflict if there is military use of health services. These discussions use common language without any technical references to legal provisions and as such do not appear in the output of ‘arm chair lawyers.’ Yet they are striking in their systematic targeted nature of spreading doubt about the health focus of health care providers in ways that are legally highly relevant that it would seem surprising if this was a natural spontaneous exchange of facts.

- *“NUG even forces underaged children into the revolution. There are no civilians in their hospitals.”¹¹*
- *“It must be a place where the rebels live.”¹²*

→ By portraying hospitals as insurgent infrastructure, these narratives justify attacks by denying their civilian status under international law.

- *“When armed thugs give medical care — is it a public hospital or a terrorist clinic? Everyone knows the places they operate from will be bombed eventually. Don’t label it as a public hospital when it’s their base.”¹³*
- *“Ha! Is this a hospital? 🤔😏😏😏😏 A “dog hospital” in the jungle is still better than treating dog PDFs. Sending this to the international community? 🤔🤔🤔 Even a dog*

⁸ မအလအောက်ဆွဲအာမီမန်းတွေက ပြည်သူကိုဘတ်ဖို့ကလွဲရင် ဘာမှမသိတော့ဘူး။မင်းအောင်လှိုင်ပစ်ကျွေးတဲ့အမဲသားတုံးထဲက ဘိန်းစားပြီး ဘဝဆုံးနေကြပြီ

⁹ သောက်ပုံ ငွေပေးအဖွဲ့ အကုန်အပြောင်ရှင်းပစ်မှ နားအေးမယ် ဆော်ကြမယ်ဟေ့

¹⁰ လက်နက်ကိုင်တွေကဘယ်တော့ရပ်တန့်ကြမှာကြားညှပ်ကြတာပြည်သူပြည်သားတွေအသက်ရုံးဆုံးရတာအများဆုံးပြည်သူပဲစိတ်ပျက်စရာအကောင်းဆုံးကလက်နက်ကိုင်တွေပဲ

¹¹ nugက အသက်မပြည့်သေးတဲ့ကလေးတွေကို အတင်းဖမ်းဆီးပီး တော်လှန်ရေးထဲအတင်းဆွဲထည့်ထားတာ nugဆေးရုံမှာ ဘယ်ပြည်သူမှမရှိဘူး

¹² သူပုန်တွေနေတဲ့နေရာဖြစ်မှာပေါ့

¹³ အကြမ်းဖက် ပဒက်တွေ ဆေးကုပေးနေတဲ့နေရာက ပြည်သူဆေးရုံလား

အကြမ်းဖက်ဆေးကုတဲ့နေရာလားဆိုတာထမင်းစားတဲ့လူတိုင်းသိတယ်မင်းတို့အကြမ်းဖက်ပဒက်ရှိတဲ့နေရာမှန်သမျှ ကြုံမှာပဲ ကိုယ်ခံရတဲ့အလှည့်ရောက်မှ ပြည်သူဆေးရုံပါလို့ခေါင်းစဉ်မတတ်နဲ့ ပြည်ဖျက်ခွေးသစ်ရေ။

*clinic is better than this dog PDF jungle hospital. 500 pounds straight to hell — but sending it abroad? 🤔🤔🤔 What a joke 🤔🤔🤔*¹⁴

- *“A public hospital is no different from a cowshed, right?”¹⁵*

→ Though some of these comments could be sarcastic they undermine hospitals as fake or unworthy of protection.

Delegitimisation And Limited Engagement In Online Narratives On Idps And Refugees

The same narratives as in the hospital bombing comments appear under two posts about IDPs affected by aid cuts—delegitimising victims by contesting eligibility and authenticity and reframing them as undeserving: *“Real refugees at the border have waited for decades... fake ones have already taken their whole families abroad.”¹⁶*

The contrast with the Alen Bum Hospital flooding highlights the difference between conflict and natural disaster contexts. In the flood case, only two out of 56 comments directly undermined healthcare, with most discussion centring on political blame, resource governance, and leadership accountability. Natural disasters generated less discourse challenging the neutrality of healthcare itself, while the harmful narrative that undermined the essence of health care in conflict surfaced in response to airstrikes affecting health facilities.

4. Suspicion of informants: Several social media users argued that strikes were too precise to be random, attributing them to internal “leaks”. These rumours introduce mistrust around local communities and staff, with implications for the safety of healthcare provision in conflict areas. It is not clear where such comments originate or from which communities they are being spread.

- *“There might be informants, that’s why they’re being hit so precisely.”¹⁷*

→ These narratives shift responsibility for harm onto victims, normalising civilian deaths as inevitable or deserved.

5. Frustration with international actors: Social media users at times questioned the effectiveness of international organisations such as the UN, portraying them as limited to “expressing concern” without taking action. Some mocked the practice of sending reports abroad as futile. These criticisms mirror wider debates within the aid sector over the limited visibility and impact of international interventions, and the perceived failure to effectively uphold the rules of war.

- *“If we keep sending (reports) like this, what can the international community really do, what have they done for us? It’s almost five years now—what exactly has the international community done to protect us? So many civilians and children have died, and the most important thing should have been to prevent this from happening and to safeguard them. But just shedding tears like this doesn’t seem to have achieved very much.”¹⁸*

¹⁴ ဟာ လပြတ် ဒါဆေးရုံလား 🤔🤔🤔🤔🤔 လီးဆေးရုံလား အောင်မာ စောက်ကြီးစောက်ကျယ်နဲ့ နိုင်ငံတကာအဖွဲ့ထံပေးပို့မယ်တဲ့ 🤔🤔🤔🤔🤔 ငါလီးမ ငါတို့မြို့ပေါ်က ခွေးဆေးခန်းတောင် အဲ့အခု အကြိမ်ဖမ်းခွေးပဒက်တွေကိုပေးနေတဲ့ အခုလိုဝါရုံတော့ ခွေးကုခန်းထက်သာတယ် 🤔🤔🤔🤔🤔 ငါလီးမ ခွေးဆေးခန်းလောက်တောင် မသားနားတဲ့ ခွေးပဒက်ကုဝါးရုံတော့ခွေးကုဆေးရုံမှာတက်နေတဲ့ ခွေးပဒက်တွေ ပေါင်500နဲ့ ငရဲပို့ပေးလိုက်တာကို နိုင်ငံတကာကိုပို့မယ်တဲ့ 🤔🤔🤔 ငါ့မှာ ရယ်လိုက်ရတာအေ 🤔🤔🤔

¹⁵ ပြည့်သူဆေးရုံတဲ့ ဆေးရုံးက နားရုံနဲ့ မခြားပါလား 😊😊
¹⁶ နယ်စပ်က ဒုက္ခသည်အစစ်က ပြည်ပကိုထွက်ဖို့ရာစုနစ်ကြာပြီးစောင့်နေတာ စောက်နီးပိန်းတွေကတော့ အကုန်မိသားစုလိုက် ပြည်ပကိုရောက်သွားကုန်ပြီး ဒါလားဒုက္ခသည်အစစ်က ဒလန်ရုံနေလို့ အတိအကျ လာပစ်တာနေမှာ

¹⁸ အဲ့လို ပို့တော့ နိုင်ငံတကာက ဘာလုပ်နိုင်လဲ ဘာလုပ်ပေးလဲ ငါးနှစ်ပြည့်တော့မယ် နိုင်ငံတကာက ဘာတွေများ ထူးပြီး ကာကွယ်ပေးခဲ့လဲ သေလိုက်တဲ့ပြည့်သူတွေ ကလေးတွေ အရေးကြီးတာက အဲ့လိုမဖြစ်အောင် ဘယ်လို ကာကွယ် စောင့်ရှောက်ပေးမလဲဆိုတာ အရင်လုပ်ရမှာ အခုလို မျက်ရည်ချူနေသလိုမျိုးက သိပ်ပြီး အလုပ်မဖြစ်ဖူးထင်တယ်

Overall, social media comments to hospital bombings were deeply polarised. Most comments framed the bombings as deliberate attacks on civilians, expressing grief, anger, and calls for accountability. By contrast, disaster conversations centre on shared loss and governance failings, whereas the bombing comments display a deliberate, patterned delegitimisation of healthcare that mirrors tactics seen in other conflicts. At the same time, a smaller but persistent trend sought to delegitimise hospitals by portraying them as insurgent bases, questioning whether patients were truly civilians, or spreading rumours about infiltration. These narratives, though only around 10 percent of comments, are not a peripheral risk; they form an active, globally recurrent campaign deployed when hospitals are bombed that deliberately delegitimises healthcare, erodes hospitals' protected status under international law, and normalises further attacks.

This highlights complex nuances. In a disaster context, the challenge for aid providers is reputational, and communication management has to counter perceptions of mismanagement or neglect. For aid provided in conflict, social media is increasingly systematically used to delegitimise essential work by questioning the right to protection and thereby destroying the fundamentals of an acceptance based security risk and access strategy. This raises the stakes for aid agencies and the local partners they support. Social media allegations become serious security and protection risks and create barriers to access and they are more complex to address than standard communication practices. Moreover, the lack of nuance on social media — which often fails to distinguish between international systems and internationally supported aid — fuels perceptions that link the international community's inability to uphold the rules of war in many contemporary conflicts with the practical decisions made by aid agencies. In this environment, a neutral stance in conflict is quickly interpreted as siding with those in power, further undermining the principles of acceptance-based security risk management. Addressing reputational risks on social media are thus highly complex that do not allow for clear cut separation between operations and policy, communication and security risk management practices.

Social Media Account Users Appear To Be Native Burmese Speakers - But AI Supported Username And Language Use Analysis Remains An Uncertain Tool

The real identity of social media users is difficult to obtain and various techniques can provide indications of possible backgrounds. To assess whether foreign actors or bots could be driving a discussion, an AI supported usernames analysis was carried out across the dataset and two subsets (criticism of armed groups, and criticism of the aid/health/media sectors) for the 697 usernames that were publicly visible (of the 953, 256 where not public and could not be examined). The review looked for duplication, unusual symbols, the use of numbers, and whether usernames were written in Burmese or non-Burmese script. Duplication and special characters appear in only a small minority of cases, but around one-third of usernames across all groups were categorised as “non-Burmese”.

Posts with a Myanmar IP were prioritised where available, recognising that commenters' locations cannot be verified; 9 of the 27 selected posts had undetermined IPs (likely VPN), so we applied a Burmese-language filter, and all posts originated from Burmese media platforms.

In this context, “non-Burmese usernames” refers not to the identity of the person, but to usernames that do not follow Myanmar script or common Myanmar naming conventions. They may be written in foreign scripts, foreign-sounding English, or generic anonymous styles. However, most comments (all but five) were written in Burmese, which suggests that many accounts behind these usernames are native Burmese speakers as AI tools are generally not good enough to write meaningfully in Burmese. This shows both the value and the limitation of AI-driven analysis: it highlights suspicious patterns, but cannot fully account for naming choices, cultural variations, or deliberate stylistic decisions. The findings should therefore be taken as indicative evidence of possible inauthentic activity, not conclusive proof — especially since we do not have the resources to manually check each account.

Most importantly, this AI-supported assessment cannot provide insight into the background of social media users. With VPNs and strict data protection policies, it is impossible to determine whether users are posting from ethnic minority areas, territories controlled by the PDF or its allies, or regions under junta control. As a result, we cannot know whether the opinions

expressed reflect lived experiences or are part of coordinated strategic communication aimed at undermining trust and deepening divisions.

Dataset	Total Unique	Duplicates	Special Chars	Numbers	Non-Burmes e
Overall dataset	697	57 (8.2%)	18 (2.6%)	1 (0.1%)	~33%
Armed group criticism subset	108	7 (6.5%)	3 (2.8%)	1 (0.9%)	~37%
Aid/health/media criticism subset	57	2 (3.5%)	0 (0%)	0 (0%)	~35%

Limited Visibility Of The Aid Sector

Only six of the 953 comments (~0.6%) directly criticised the aid sector — and none mentioned it positively or even neutrally. This very low level of engagement suggests that, in online discourse around flooding, access constraints, and hospital bombings, the aid sector is largely absent as a reference point. The focus of public attention remains on state and armed group actions, community self-help, and the direct impacts of conflict or disaster. At the same time, commenters voice expectations that international actors should protect hospitals from bombing and uphold international order; when these expectations are perceived to be unmet, frustration targets “the international community”, and the operational aid sector’s visibility recedes further.

- *“And what can the international community even do? It’s almost five years — what protection have they really given? Instead of crying, they should be finding ways to prevent it in the first place.”¹⁹*
- *“When reported, the response will just be “International groups express concern” — that’s it.”²⁰*
- *“XXX²¹ is just hanging around — with the funds they have, they could build factories and create jobs 🙄”²²*
- *“XXX won’t save, XXX won’t save, XXX won’t save, even the UN won’t save. Journalists only look for faults online instead of saving—let them save online.”²³*

NB: ‘XXX’ represents the names of Myanmar celebrities, which have been removed for privacy reasons. This highlights the risk of doxxing, as social media users frequently name specific individuals — and occasionally even aid workers (though no such cases were found in this dataset).

- *“Why don’t the charity ladies and brothers come? In our country the rich with diamond shops and gold shops don’t help. The city workers who show off their pride—where have they gone now?”²⁴*

¹⁹ အဲလို ပိုတော့ နိုင်ငံတကာက ဘာလုပ်နိုင်လဲ ဘာလုပ်ပေးလဲ ငါးနှစ်ပြည့်တော့မှယုံ နိုင်ငံတကာက ဘာတွေများ ထူးပြီး ကာကွယ်ပေးခဲ့လဲ သေလိုက်တဲ့ပြည်သူတွေ ကလေးတွေ အရေးကြီးတာက အဲလိုမဖြစ်အောင် ဘယ်လို ကာကွယ် စောင့်ရှောက်ပေးမလဲဆိုတာ အရင်လုပ်ရမှာအခုလို မျက်ရည်ချူနေသလိုမျိုးက သိပ်ပြီး အလုပ်မဖြစ်ဖူးထင်တယ်
²⁰ တင်ပြရင်လည်း.. “ဒီကိစ္စနဲ့ပတ်သက်၍ စိုးရိမ်ကြောင်း နိုင်ငံတကာအဖွဲ့စည်းများကဆိုသည်” ... ဒီလောက်ပဲပြန်ပြောမှာပါ။

²¹ Agency name has been removed

²² XXX က အားအားယားယား အာပဲချောင်နေFund တွေ အဲလောက်ရနေတာ factory တွေထောင် အလုပ်ခန့်ပေးလိုက် ပြီးနေတာကွာ 🙄

²³ ခိုင်နင်းဝေလည်းမကယ်တော့ဘူးတွေ့ကျော်လည်းမကယ်တော့ဘူးဖြူဖြူတွေလည်းမကယ်တော့ဘူး..အဘလည်းမကယ်တော့ဘူးဆိုလိုအပေ
 ဝါကရှာပြီး..သူများလုပ်သမျှလှိုင်းပေါ်မကောင်းပြောနေကြတဲ့မိဒီယာသမားတွေပဲလှိုင်းပေါ်ကနေကယ်လိုက်ကြတော့

²⁴ ပရဟိတမယ်မယ်တို့ ကိုကိုတမသားကြားလားဟာငါတို့နိုင်ငံမှာ စိန်ဆိုင်ကသုဋ္ဌေးကြီးတွေ ရွှေဆိုင်သုဋ္ဌေးကြီးတွေ ဒါတွေကြ
 မကူညီရကဘူးလားဟဲ့ မြို့ပေါ်က ပေါ်ပင်အလုပ်တွေကြအားတက်သရောအခုကြ ဘယ်နားသွားနေကြလို့လဲ

- *Even now, medicines are obtained through government hospitals, only for NGOs to take them.*²⁵

→ **Restriction of HIV treatment in SAC-controlled areas:** An edited media post in August 2025 reported that Antiretroviral Therapy (ART) for HIV/AIDS patients would only be dispensed at SAC hospitals. This marked the suspension of ART distribution through NGOs/INGOs, which had previously offered decentralised, and confidential services. The change was described by edited media as a likely setback that could cause interruptions in treatment, worsen stigma, and overwhelm hospitals in SAC-controlled **areas**.

The post generated only **39 comments** which highlighted :

Distrust Of Government Hospitals: Many questioned the quality of care, citing corruption, neglect, or rough treatment.

- *“The hospital's corrupt team was handed over to a group of petty thieves by the big thieves.”*²⁶
- *“It’s painful that careless hospital staff put patients at further risk.”*²⁷

Criticism Of The Military Council: Users linked the change to mismanagement and profiteering.

- *“Just another way to squeeze money.”*²⁸

Rumours And Harmful Narratives: Some comments speculated that patient lists might be used for military conscription, or that ART drugs were being stolen and resold. A few also suggested careless practices in hospitals could spread HIV, or that some patients “chose risky behaviour” and should not receive support.

- *“Are HIV patients’ lists being collected to draft them into the army?”*²⁹
- *“Some township clinics even steal and resell ART drugs.”*³⁰

The comments underline public distrust in government hospitals and health authorities. While some concerns reflect valid risks, such as overcrowding, stigma, and treatment interruptions, others introduce harmful narratives that could further discourage patients from seeking care.

→ **Reactions to access constraints in Ayeyarwady region and Rakhine state:** Two edited media posts highlight access constraints under SAC military blockades, with restrictions on transporting food and medicine in Ayeyarwady region and travel costs for medical treatment in Rakhine. Some users described the policy as a denial of basic rights. Two comments explicitly invoked humanitarian principles, noting that *“War should not destroy all humanitarian aid — complete blockades are never acceptable”*³¹ and *“This is Myanmar’s human rights reality.”*³²

Why this matters:

- When the aid sector is not visible in discussions, its role in crisis response may be overlooked or undervalued.

²⁵ လက်ရှိလည်း ဆေးတွေကို အစိုးရဆေးရုံကဘဲ NGO တွေက သွားယူကြတာဘဲမဟုတ်လား။

²⁶ ဆေးရုံကြီးကလုပ်စားမိအဖို့ကိုသူခိုးကြီးများကသူခိုးလေးများအဖို့ကိုလက်လွဲလိုက်ပါတယ်

²⁷ စောကဲချိုးမပြေတဲ့ဆေးရုံဝန်ထမ်းတွေရှိနေတာကြောင့် ဆေးသောက်နေရတဲ့ဝေဒနာရှင်တွေအတွက်ရင်လေးမိတယ်

²⁸ ငွေညစ်မနည်းပေါ့

²⁹ HIV သမားတွေဆီက စာရင်းကောက်ပိုး တပ်ထဲသွင်းရင်ရော

³⁰ အချို့မြို့နယ်ဆေးခန်းတွေမှာ ARTဆေးကို ခိုးရောင်းတာတွေရှိတယ်

³¹ စစ်ပိုင်းသန့်လူသားချင်းစာနာမှုသီးသန့်ဖြစ်ရမှာအကုန်ပိတ်တာကြီးက လုံးဝမဖြစ်သင့်ပါဘူး

³² ဒါ မြန်မာနိုင်ငံရဲ့ လူအခွင့်ရေး

- Limited recognition means aid organisations have little space to build public trust or counter misinformation before it spreads.
- Taken together, the perceived failure to prevent hospital bombings and the deliberate delegitimisation of health care undermine humanitarian rules and principles, shrinking public support for humanitarian action over time and making it harder for agencies to demonstrate legitimacy and accountability.

Continued But Limited Evidence Of Hate Speech In Social Media Discussions On The Aid And Healthcare Sector

It's important to note that hate speech, especially against the Rohingya, has long been driven by orchestrated online **campaigns**. In our current dataset, however, anti-Rohingya frames surface only sporadically and often as isolated opinions. Within the scope of this review (earthquake, flooding, healthcare and other aid-related topics), we found **no evidence of coordinated anti-Rohingya campaigns**, for example, no copy-pasted slogans or time-synchronised bursts under these topics. Because our queries did not target ethnic-tension content specifically, we cannot infer broader trends elsewhere during the period beyond that any anti-Rohingya sentiment that may be present online is only very rarely linked to conversations that mention natural disasters, aid or health care.

These findings come against the backdrop of Myanmar's shrinking online civic space. The junta continues to restrict internet access, including blocking VPNs and encrypted messaging apps, limiting the ability to monitor hate **speech**. At the same time, Meta's shift away from automated moderation and third-party fact-checking towards a community-driven system risks allowing military-linked and extremist networks to re-emerge and spread hate **speech**.

- A number of hostile remarks targeted Rakhine civilians *"If you harbour insurgents, you'll starve and be destroyed."*³³ reflecting ethnic and political divides.
- Other ethnic groups were also targeted: *"Among ethnic groups, the most short-sighted are the Kachin — they sit on gold and jade but have no brains to use it for good, leading to miserable lives."*³⁴

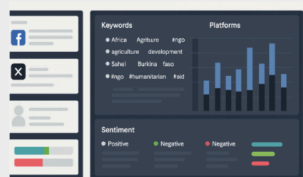
³³ သူပုန်လက်ခံထားရင်ငတ်မယ်၊ ပြာကျမှာဘဲလေ

³⁴ တိုင်းရင်းသားထဲမှာ အတွေးအခေါ်မဲ့ ဆိုးက ကချင်ပဲသူတို့မှာ ရွှေတွင်းတွေ ကျောက်စိမ်းတွေ ဖင်ခု ထိုင်ထားပေးမဲ့ဦးနှောက် မရှိတော့ အကျိုးကို မခံစားရဘူးသနားစရာ ဘဝတွေ

The social media comments analysed for this brief illustrate a growing **vulgarisation of international humanitarian law (IHL)**: legal principles are stripped of context and redeployed as emotionally charged slogans to gain political support and undermine protection. Terms such as “target”, “terrorist”, and “human shield”, are invoked selectively, while sarcasm and doubt recast hospitals as combat sites and patients or IDPs as non-civilians, shifting the burden of proof onto victims. This erodes distinction, medical neutrality and the protected status of care. The effect is practical and normative: it normalises attacks, fuels doxxing and self-censorship, deters care-seeking, and shrinks the space in which humanitarian access depends. Recognising and tracking this misuse of IHL online is an operational imperative for agencies seeking to preserve acceptance, safety and the possibility of neutral, needs-based aid.

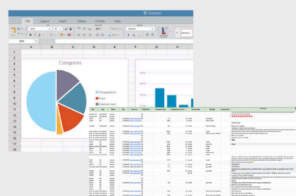
SOCIAL MEDIA MONITORING PROCESS

Between 02 June to 26 August 2025:



A proprietary AI platform for monitoring public social media, using key queries that include keywords related to earthquakes, floods, healthcare, and other aid issues.

— Keyword searches were conducted in Burmese across all public social media platforms. While all platforms were included in the search parameters, only Facebook generated a sufficient volume of comments to be included in the analysis



From the search results, **27 Facebook posts** with the highest engagement (likes and comments) were selected for in-depth analysis.

The selected posts collectively produced **953 public comments** and reached an estimated **14.3 million social media users**.

The search was filtered by IP location and language to capture content originating from Myanmar (nine posts had undetermined country IPs but were Burmese media)



Each post and comment manually classified for sentiment towards the aid sector.

— Comment-level geographic data was unavailable, but all but five comments were in Burmese, indicating the discussion was driven by local and diaspora audiences



Final sentiment analysis distributed publicly to key stakeholders in the aid sector in Myanmar.

→ This analysis is restricted to publicly available social media content and therefore provides only a partial view of the wider online information environment in Myanmar. Public platforms such as Facebook capture visible, high-engagement narratives but cannot account for discussions taking place in closed or encrypted channels. Evidence from partner organisations indicate that hate speech and doxxing campaigns targeting aid staff are more prominent on private platforms such as Telegram. Because these spaces are closed and harder to monitor, the risks facing humanitarian actors online may therefore be greater than reflected here. The risk is particularly high for in-country staff if their personal information is publicly available, making them more vulnerable to online harassment and offline repercussions.

Monitoring of private platforms is not included in this report due to GDPR restrictions.

Other resources

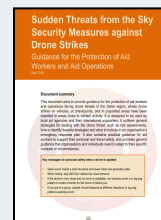
Armed drones are an escalating threat in humanitarian settings, with their use expected to grow. Adapting to this growing threat means rethinking security risk measures in high-risk contexts. This practical guide by Insecurity Insight brings together current best practice and is available in [French](#), [Burmese](#), and [English](#). Individual resources:

- Outside When a Drone is Spotted: [Arabic](#), [Burmese](#), [English](#), [French](#)
- Inside a Building During a Drone Attack: [Arabic](#), [Burmese](#), [English](#), [French](#)
- Responding to Drone Attacks on Aid Work: [Burmese](#), [English](#), [French](#)
- Traveling in High-Risk Areas: What to Know About Drones: [Burmese](#), [English](#), [French](#)

Adapted for the protection of health services based on case studies on Myanmar in [English](#) and [Burmese](#).

Violence against health care providers and facilities is a growing concern in Myanmar. **While complete prevention may not be possible, awareness, preparedness, and strategic planning can help mitigate risks.** Drawing from Insecurity Insight's comprehensive Security Risk Management for Health Care Services Handbook (in [Arabic](#), [English](#), [French](#) and [Spanish](#)), this series of regional reports covering [Mandalay](#), [Kayin](#), [Rakhine](#), [Sagaing](#) and [Shan](#) offers concrete measures for health care providers, working to support local health workers in challenging work environments.

According to the Safeguarding Health in Conflict Coalition (SHCC), at least **35 incidents of violence against or obstruction of health care were recorded in Myanmar's Shan state in 2024**. Nearly half of incidents involved damage to health facilities that were attributed to conflict parties using explosive weapons. The MAF primarily damaged health facilities in opposition-held or contested areas using air-dropped explosives, including electroshock rocket missiles and, on one occasion, an armed drone. A joint MNDAA-PDF force was implicated in two incidents in which health facilities were damaged in Shan state in 2024. Read the full factsheet in [Burmese](#) and [English](#). Download the [data](#)



Data Use and Privacy Disclaimer

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