MYANMAR
Violence Against Health Care in Conflict
2021

Letter from the Chair

During the past 18 months the list of health care systems that have been destroyed or severely compromised by war-related violence lengthened. <u>Three-quarters</u> of the health facilities in Ethiopia's Tigray region were destroyed or damaged in the conflict that began in November 2020. In the now-forgotten conflict in Gaza in the spring of 2021, <u>30 health facilities</u> were damaged. In Myanmar the public health system has all but collapsed since the coup in February 2021, because many hospitals have been occupied by the military, while COVID-19, HIV, TB, and malaria programs stalled and 300 health workers were arrested. Then in February 2022 Russia began attacking hospitals, ambulances, and health workers during its invasion of Ukraine. By the end of April 2022, The World Health Organizations confirmed almost 200 such attacks.

The past year was marked by continued international failure to prevent such attacks and hold perpetrators to account. Governments' expressions of horror at the violence continued without being accompanied by action. By the fifth anniversary of the passing of UN Security Council Resolution 2286, in which governments committed to concrete actions to prevent such attacks and increase accountability, very little had been done. Nor did the Security Council consider new course corrections to implement the resolution's requirements.

At the same time, one of the foundations of action, the WHO's systems for tracking attacks, remained inadequate to its function. Except for reporting in Myanmar and Ukraine, where widespread attention increased pressure to collect data, the system severely under-reported incidents. In Ethiopia, despite the effective destruction of the health system and the murder of health workers in Tigray region and other attacks in Afar and Amhara regions, the WHO reported zero attacks in the country for the whole of 2021. This failure no doubt contributed to the lack of global attention to the dire situation in Ethiopia. When the WHO system did report, it continued to withhold information essential to understanding what took place and where attacks occurred.

There were some advances in the area of accountability. Germany obtained a conviction of a Syrian war criminal under principles of universal jurisdiction (although not for crimes involving attacks on health care). The prosecutor of the International Criminal Court (ICC) accepted Ukraine's request to investigate alleged war crimes there. But these cases did not address the continuing structural problem that permits the five permanent members of the Security Council to block certain referrals to the ICC, but nevertheless are a sign that accountability may finally be on the increase.

Perhaps 2022 will be an inflection point, as images and reports of attacks on health care and their consequences in Ukraine continue to go viral, accompanied by frequent and loud demands for accountability – but it won't be if the lassitude of the international community continues.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

↓ *Methodology | Full Report*

Myanmar

On Monday April 12, 2021 State Administrative Council (military junta) forces in plain clothes entered Yangon General Hospital and arrested Dr Maw Maw Oo, the head of the Department of Emergency Medicine and the emergency clinical lead for Myanmar's COVID-19 response. At the time of his arrest Dr Maw Maw Oo was treating patients. He was reportedly affiliated with the Civil Disobedience Movement. After his arrest he was detained in Insein Prison without charges and reportedly contracted COVID-19 while imprisoned.[1]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

411 REPORTED INCIDENTS	**535** HEALTH WORKERS ARRESTED	**118** RAIDS ON AND OCCUPATIONS OF HEALTH FACILITIES	**41** AMBULANCES ATTACKED	**29** HEALTH WORKERS KILLED

Source: 2021 SHCC Myanmar Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 411 incidents of violence against or obstruction of health care in Myanmar in 2021, compared to 17 in 2020.[2] In these incidents 535 health workers were arrested, 118 health facilities attacked, 41 ambulances attacked, and 29 health workers killed. This factsheet is based on the dataset 2021 SHCC Myanmar Health Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

After a military coup d'état that overthrew the democratically elected government on February 1, 2021 pro-democracy protests erupted throughout Myanmar. Many of these protests had significant representation from health professionals who, together with other groups, formed the Civil Disobedience Movement (CDM), which organized mass protests and labor strikes throughout the country. State security forces responded to these protests with large-scale arrests, the use of live ammunition against protesters, and the targeting of health care workers providing care to injured protesters.

Myanmar

Following the coup the Myanmar military (known as the Tatmadaw) established a new government apparatus, the State Administrative Council (SAC). In opposition to the SAC junta ousted civilian leaders formed a pro-democracy opposition government known as the National Unity Government (NUG). The NUG became allied with several non-state, anti-junta armed resistance groups under the umbrella of the People's Defense Forces (PDF), which was established in May 2021. Several ethnic armed organizations (EAOs) allied themselves with the PDF.

The coup exacerbated the civil war dynamic that had raged for decades between the Tatmadaw and various non-Bamar EAOs throughout the country. Karen state, Chin state, and Sagaing region experienced more intensive armed combat between the Tatmadaw and non-state forces, which was characterized by heavy artillery fire and regular air strikes by Tatmadaw aircraft.[3]

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Nearly 90% of violent incidents affecting health care in Myanmar in 2021 were attributed to SAC/Tatmadaw soldiers. From October an increased number of non-state actors participated in violence against health care.

Incidents occurred in three distinct phases, marked by different patterns of violence against or obstruction of health care. During the initial post-coup period from February to April health workers were often arrested while attending protests or providing aid to protesters. Hospitals and clinics were raided by state security forces, often in search of pro-democracy health workers or injured protesters. Over 60% of health worker arrests in 2021 and over half of health facility raids occurred during this period. All reported violent incidents during this period were perpetrated by state security forces.

CHRONOLOGY OF ATTACKS

Feb 1	Feb – April	May – Oct	Sept – Dec
Coup	**Arrests**	**Obstructions**	**Armed conflict**
Military coup d'etat. Pro-democracy protests erupt throughout the country.	Health workers routinely arrested. Health facilities raided by military searching for pro-democracy health workers or injured protesters.	Obstructions to COVID-19-related care increased. Arrests and raids decreased as the country grappled with a third COVID-19 wave.	Increase in use of explosive weapons. Increase in attacks by non-state armed groups. Health centers damaged in SAC/Tatmadaw attacks on civilians.

Myanmar

From May to October arrests and raids by state security forces decreased, coinciding with the country's third COVID-19 wave, driven by the Delta variant. Incidents during this period were especially marked by obstruction of COVID-19-related care. SAC/Tatmadaw forces seized oxygen cylinders and oxygen production facilities for their exclusive use and distribution by the military, and arrested health workers providing COVID-19 care independently of the government.[4]

From September onward incidents were largely related to escalating armed violence following the NUG's declaration of war on the SAC. SAC/Tatmadaw forces engaged in indiscriminate attacks on civilian populations, often using explosive weapons, which also damaged health facilities. There were increasing reports of attacks by non-state armed groups. The Tatmadaw also appeared to attack communities perceived to be sympathetic to pro-democracy forces. It engaged in widespread burning and destruction of civilian homes and infrastructure, including hospitals, clinics, COVID-19 vaccination or treatment centers, rural clinics, and a drug rehabilitation center, and indiscriminate shelling of civilian populations.[5] During this period there were also increased arrests of health workers at their homes or in health care settings. To justify these arrests health workers were often accused of providing aid to the PDF or support for the CDM or NUG. The months of November and December also saw the sharpest increase in the displacement of civilians, with over 100,000 estimated to have been displaced nationwide during this period alone.[6]

Targeting of health care

Medical aid was strategically denied or attacked in areas where populations were deemed to be sympathetic to the pro-democracy movement. As a general principle, health workers have ethical and legal obligations to provide care, regardless of the political stance or identity of the patient, but the SAC government viewed this obligation as an act of defiance and targeted health workers that provided this care. Communities considered to be hosting political dissidents were systematically denied care. This denial of medical aid was applied to entire populations of civilians displaced by fighting, most notably in the border regions of Chin, Kayin, and Shan states, where over 200,000 civilians were estimated to have been displaced by fighting.

- At least 20 health workers attempting to deliver or provide aid to displaced civilians in ethnic areas were arrested, and in some cases subjected to violent attacks by SAC forces.[7]
- In Mindat, Chin state, SAC forces began to block the transportation of food and medication following an assault on the area by SAC forces in May.[8]
- Denial of medical aid to Paletwa township, Chin state caused medication shortages in the town. SAC-imposed travel restrictions prevented patients at Paletwa Township Hospital from accessing specialist care outside of the state.[9]
- In Kayah state ambulances carrying medical supplies to displaced civilians were fired at and clinics serving IDPs seized.[10]
- In Shan state in June SAC forces in Pekon township burned medical and food aid, including an ambulance, intended for displaced populations in Kayah and Shan states.[11]
- A blockade of medication was also reported in Bilin township, Mon state, Kalewa town, Sagaing region, and multiple locations in Kayah state.[12]

Myanmar

Reported incidents affecting health care in Myanmar in 2021, by month

At least 535 health workers were arrested at hospitals or clinics in which they worked, or at their homes during night raids

- ■ Health worker arrest incident (139)
- ■ All other incidents affecting health care (272)
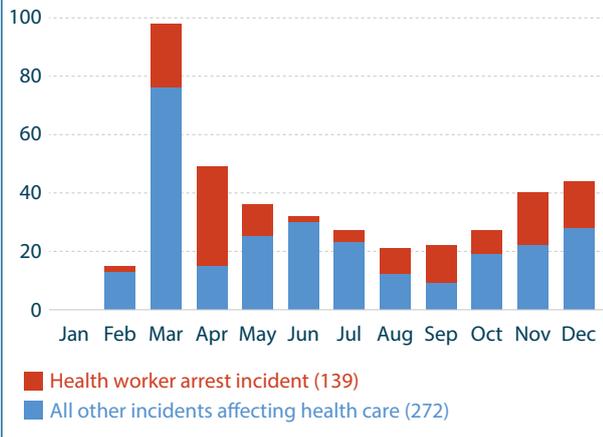
At least 535 health workers were arrested in 2021 at hospitals or clinics in which they worked, or at their homes during night raids. Health workers were frequently beaten while being detained and mass arrests were reported. In February over 200 doctors and medical students were arrested at a single protest in Yangon before being released later in the day.[13] In April arrest warrants were issued for at least 400 doctors and 180 nurses suspected of supporting the CDM, charging them with violating Penal Code section 505A.[14]

At least 20 health workers attempting to deliver or provide aid to displaced civilians in the border regions of Chin, Kachin, Kayah, Kayin, and Shan states and Sagaing region were arrested, and in some cases subjected to violent attacks by state security forces.

ⓘ Penal Code section 505A:

This new section prohibits people from *'causing fear, spreading false news and agitating crimes against a government employee'* and is punishable by up to three years' imprisonment. Since the coup the military government has used section 505A to arrest and detain pro-democracy protesters, including health care workers. According to the Assistance Association for Political Prisoners, more than 1,000 prisoners have been charged with violating this section of the Penal Code.[15] For more information, see 'Myanmar: Post-Coup Legal Changes Erode Human Rights' by Human Rights Watch.[16]

Health facilities became primary targets of SAC/Tatmadaw forces and were occupied or raided on at least 118 occasions in 2021. From March 7 to 9 SAC/Tatmadaw forces raided and occupied 32 hospitals in every region of the country except for Naypyitaw, the capital region. In Yangon city alone six hospitals were raided and occupied. At least 73 health workers were arrested during raids on health facilities, on accusations of supporting the CDM or PDF. Patients were routinely searched during raids and risked being arrested or forcibly discharged. During the final months of 2021 health facilities were again frequently occupied as part of military operations or to detain civilians.

SAC/Tatmadaw forces shot at, vandalized, and damaged ambulances responding to injured protesters. Twenty-nine ambulances were damaged or destroyed. Eight health workers were killed, and 24 injured or assaulted in these attacks. One ambulance was damaged by a Molotov cocktail in Yangon in May.[17] Three of these incidents occurred in Sagaing region and the other in Mandalay region.

Myanmar

PERPETRATORS

SAC/Tatmadaw forces, unidentified non-state armed groups, the PDF, the Chinland Defense Force (CDF), and Border Guard Forces were reported to have perpetrated violence against or obstructed health care in Myanmar in 2021.

Border Guard Forces in Kayin (Karen) state occupied a local clinic, destroyed a motorcycle used by the clinic, and seized medicine and medical equipment. Doctors and health workers at the facility had fled in anticipation of the attack.[18]

Border Guard Forces

1									
0	50	100	150	200	250	300	350	369	

CDF forces in Chin state ambushed an ambulance transporting a government official in December, kidnapping him and shooting and injuring the ambulance driver. They then raided a hospital caring for the ambulance driver injured in the attack, confiscating his cell phone.[19] Both incidents took place in Falam town during December.

CDF

|									
2									
0	50	100	150	200	250	300	350	413	
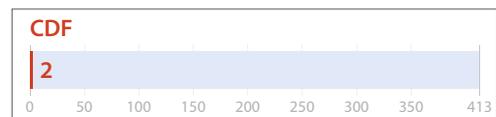
PDF forces in Sagaing region were accused of planting a landmine that injured two ambulance drivers in October and threw a grenade into staff housing for nurses at Tamu Township Hospital in November.[20] In Yangon a bomb attributed to the PDF exploded outside North Dagon Township Hospital in December, limiting patient access to the facility. A second series of bombs exploded in the same location after approximately 50 SAC/Tatmadaw troops arrived to investigate. In Magway region PDF forces killed a military patient inside an ambulance in December. The PDF accused the patient of planting a bomb that killed four people at the house of a National League for Democracy activist.[21]

PDF

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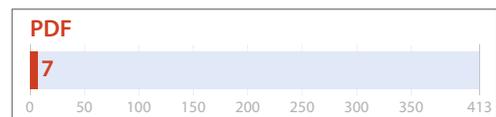
Nearly 90% of incidents of violence affecting health care in 2021 were attributed to **SAC/Tatmadaw** forces. They were sole perpetrators of documented incidents between February and April. **SAC** air strikes in Kayin state destroyed a hospital and locally run prosthetic clinic and injured a health worker.[22] A doctor was killed in an air strike in Kachin state in October and another in Magway region in December.[23] At least seven incidents of SAC artillery fire were reported between August and December. All occurred in the context of clashes between SAC/Tatmadaw and opposition forces.

SAC/Tatmadaw soldiers

369									
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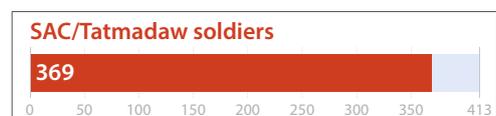
Unidentified non-state armed groups using grenades, small homemade bombs, and improvised explosive devices (IEDs), including car bombs, damaged or destroyed at least ten health facilities in 2021. In many cases the intended target of these attacks appeared to be soldiers occupying the facilities. For

Unnamed non-state armed groups

34									
0	50	100	150	200	250	300	350	413	

example, on August 8 an IED detonated outside a hospital in Yangon, killing a soldier guarding the facility and injuring two others.[24] Other hospital bombings appeared to be coordinated with the bombings of government facilities. For example, on June 10 in Ayeyarwady region bombs were simultaneously detonated outside a hospital, police station, and bank.[25] Others appeared to target staff loyal to the government. For example, on December 21 a bomb exploded outside a hospital in Yangon. The hospital superintendent was reportedly hostile to the CDM and was married to a military officer.[26]

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health workers

Prior to the conflict Myanmar had a shortage of doctors and trained health care personnel. In 2019 the World Bank reported that the country had 0.7 doctors per 1,000 people, well below the global average in 2017 of 1.8 per 1,000 people.[27] The conflict has exacerbated this health personnel shortage because health workers have been arrested or killed, gone into hiding, or fled to regions outside government control.

At least 29 health workers were killed in Myanmar in 2021. At least five were shot and killed by SAC forces while they were providing care to injured protesters, two were killed by SAC air strikes in Kachin state and Magway region, and a physician in Mandalay city committed suicide, fearing arrest for her participation in the CDM.[28] The bodies of four health workers bore signs of torture.

At least seven health worker deaths were attributed to non-state armed groups who reportedly targeted the health workers for non-CDM participation.

According to data collected by the Assistance Association for Political Prisoners, at least 88 health workers were suspected to be detained as of March 30, 2022.[29] Arrest warrants were issued for at least 400 doctors and 180 nurses who participated in the CDM.[30] Arrested doctors include specialists such as an orthopedic surgeon, a pediatric neurologist, and a rheumatologist.[31]

In cases where targeted health workers fled or could not be located, family members were often detained[32] or personal property seized.[33]

Health services

The ability of Myanmar's health care system to adequately deliver health services has been dramatically impacted due to the ongoing conflict and targeting of health workers and facilities, as well as the devastating impacts of the COVID-19 pandemic.

> **Obstruction of COVID-19 care**
>
> In the months following the coup security forces arrested several high-profile public health officials who were responsible for coordinating Myanmar's COVID-19 response. Their arrests likely further undermined the country's ability to effectively respond to the pandemic. During the rainy season months of July to September Myanmar experienced its third and deadliest COVID-19 wave, driven by the Delta variant. During this third wave the military government (the SAC) denied aid to opponents and arrested health workers providing COVID-19 care outside of government facilities. The military government monopolized the supply of medical oxygen and routinely confiscated supplies from civilians and aid organizations. Personal

protective equipment and oxygen supplies were confiscated for exclusive use by the SAC in Chin and Kayin states and Yangon city, including 130 oxygen cylinders imported from Thailand by aid organizations in Kayin state and an oxygen production facility in Yangon.[34] During this period of increased obstruction of COVID-19-related care the COVID-19 death rate in Myanmar was among the highest in the world, with many patients dying at home with no access to care.

SAC forces shot at and vandalized ambulances responding to injured protesters, and 29 ambulances were damaged or destroyed. Eight health workers were killed and 24 injured or assaulted in these attacks. One ambulance was damaged by a molotov cocktail in Yangon in May.[35] Three such incidents occurred in Sagaing region and the other in Mandalay region.

Public delivery of health care was impacted by widespread walkouts by protesting government health workers. Five months after the coup the CDM Medical Network estimated that 50,000 government health workers remained on strike, refusing to work for government health facilities. Many patients became reluctant to seek care at government-run facilities, especially if they had been involved in the CDM and related protests. Protesting doctors attempted to fill this gap by working at charity clinics unaffiliated with the government or at private health facilities, but these were also attacked. The private sector remained financially out of reach for many patients due to the high cost. Private hospitals that employed CDM health workers were threatened with having their licenses revoked.

The conflict disrupted Myanmar's services for the treatment of communicable diseases such as HIV and tuberculosis. Many National AIDS Program facilities had reduced capacity to function, forcing more HIV+ patients to seek care at NGO facilities, but it was often beyond these facilities' capacity to respond. Interruptions in the medication supply chain reduced the supply of antiretrovirals for patients (drugs that are necessary for preventing the progression to AIDS). MSF reported that it had lost over 2,000 HIV+ patients to follow-up, an 89% increase from 2020.[36]

Myanmar also faces one of the world's highest burdens of disease for tuberculosis. Following the coup, programs to detect and treat tuberculosis stalled, increasing the risk of spread of drug-resistant tuberculosis.[37] SAC forces raided both HIV/AIDS and tuberculosis treatment facilities in 2021.[38]

Myanmar's efforts to eradicate malaria have also been jeopardized by the conflict. In recent years Myanmar had significantly reduced its malaria deaths and sought to eradicate malaria by 2030.[39] The conflict has disrupted critical supplies for the testing and treatment of the disease.[40]

Access to health care

In 2021 the ongoing conflict resulted in life-threatening barriers to accessing health care. These barriers included prohibitive costs of private-sector health services, a reduction in the public health workforce due to security forces attacks on and arrests of protesting health workers, deteriorating trust in public sector health services, and strategic blockades of medical and humanitarian aid to displaced civilian populations. In addition, curfews limited the capacity of emergency medical services to function at night and discouraged patients from traveling to distant referral centers. The WHO estimates that Myanmar will see almost 50,000 avoidable deaths in 2022 if the current level of service interruptions continues, including 33,000 deaths as a result of missed routine immunizations.[41] As of July 2021 more than one million children were unable to receive routine childhood vaccinations.

Myanmar
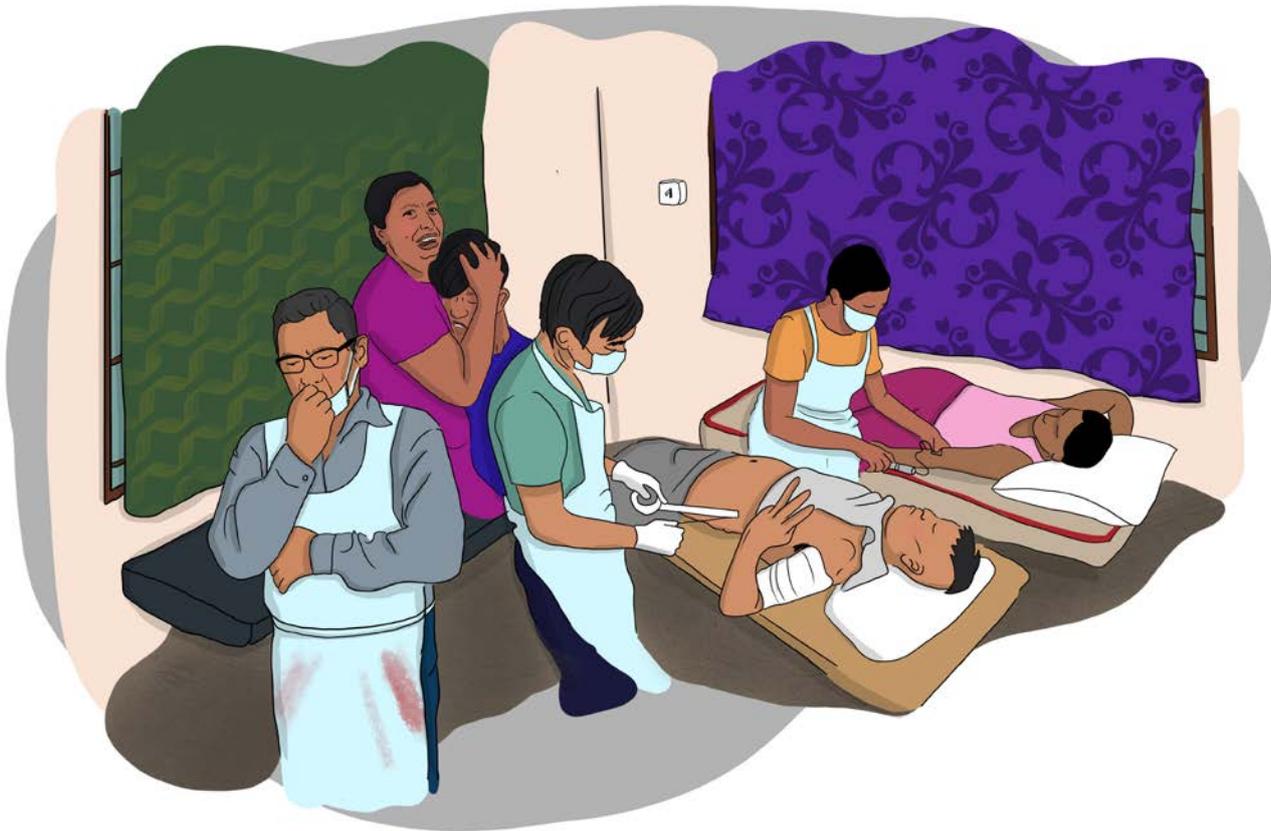
Displaced civilians, primarily in the border regions of Shan, Kayah, Kayin (Karen), Chin, Kachin, Rakhine, and Kachin states, have faced severe barriers to health care access. Following the coup the Tatmadaw expanded offensives against EAOs in these border regions, using air strikes and artillery barrages against civilian populations. As a result an estimated 320,000 civilians have become displaced since the coup began. The confiscation of medical and humanitarian aid intended for displaced civilians has been documented in Chin state, Kayah (Karen) state, and Bago region.[42] These include supplies from UNHCR and the WFP.[43] Health workers attempting to provide aid in these regions have been arbitrarily arrested. Civilians displaced before the coup, primarily those in Rakhine, Kachin, and northern Shan states, have also faced new restrictions on aid delivery. OCHA reports that these restrictions have prevented more than half of its intended activities in Rakhine state.[44] There have been reports of malnutrition and outbreaks of acute diarrheal disease in IDP camps due to lack of access to medication and humanitarian aid.[45]

1   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 8292021.

2   *https://shcc.pub/2021SHCCNoRespite*

3   *https://reliefweb.int/report/myanmar/acled-regional-overview-east-and-southeast-asia-8-14-january-2022.*

4   Insecurity Insight. 2021. 'Threats and Violence Against Health Care in Myanmar v. August 2021.' Geneva, Switzerland: Insecurity Insight.

5   Insecurity Insight. 2021. 'Threats and Violence Against Health Care in Myanmar v. December 2021.' Geneva, Switzerland: Insecurity Insight.

6   *https://reliefweb.int/sites/reliefweb.int/files/resources/Myanmar%20Emergency%20Update%20-%2019%20January%202022.pdf.*

7   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30043; 30142; 30168; 30270.

8   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28851.

9   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28783.

10   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28308; 29044.

11   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28189.

12   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28552.

13   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27054.

14   *https://apnews.com/article/only-on-ap-myanmar-business-science-coronavirus-pandemic-3b4c3e6d711b5eac1209a2c8fd90b2b4.*

15   *https://aappb.org/wp-content/uploads/2022/03/Under-Detention-List-Last-Updated-on-4-Mar-2022.pdf.*

16   *https://www.hrw.org/news/2021/03/02/myanmar-post-coup-legal-changes-erode-human-rights.*

17   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27806.

18   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30042.

19   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30170; 30171.

20   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30062; 30090.

21   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30246.

22   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27012; 8262021; 30169.

23   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30047; 30260.

24   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28674.

25   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28164.

26   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30198.

27   *https://data.worldbank.org/indicator/SH.MED.PHYS.ZS.*

28   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28315.

29   *https://aappb.org/wp-content/uploads/2022/03/Under-Detention-List-Last-Updated-on-30-Mar-2022.pdf.*

30   *https://www.rfa.org/english/news/myanmar/release-08022021165542.html.*

31   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27004; 8552021; 30122.

32   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30147.

33   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30078.

34   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28528; 28555.

35   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27806.

36   *https://doctorswithoutborders-apac.org/en/world-aids-day-myanmar-political-turmoil-threatens-hiv-care*.

37   *https://www.thenewhumanitarian.org/news/2021/3/25/myanmars-post-coup-healthcare-breakdown*.

38   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27243; 2739.

39   *https://apps.who.int/iris/handle/10665/208203*.

40   *https://healthcluster.who.int/publications/m/item/myanmar-public-health-situation-analysis-29-may-2021*.

41   *https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-overview-2022-december-2021*.

42   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28551; 28552; *https://www.hrw.org/news/2021/12/13/myanmar-junta-blocks-lifesaving-aid*.

43   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28551; 28553; *https://mizzima.com/article/authorities-block-un-world-food-programme-convoy-reaching-idps*.

44   *https://data2.unhcr.org/en/documents/download/88372*.

45   *https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Myanmar%20Humanitarian%20Situation%20Report%20No.%201%20-%20January-February%202022.pdf*;
https://mizzima.com/article/authorities-block-un-world-food-programme-convoy-reaching-idps.

SAFEGUARDING HEALTH IN CONFLICT

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

Safeguarding Health in Conflict Coalition
615 N. Wolfe Street, E7143, Baltimore, MD 21205
Jenny Jun, safeguardinghcc@gmail.com