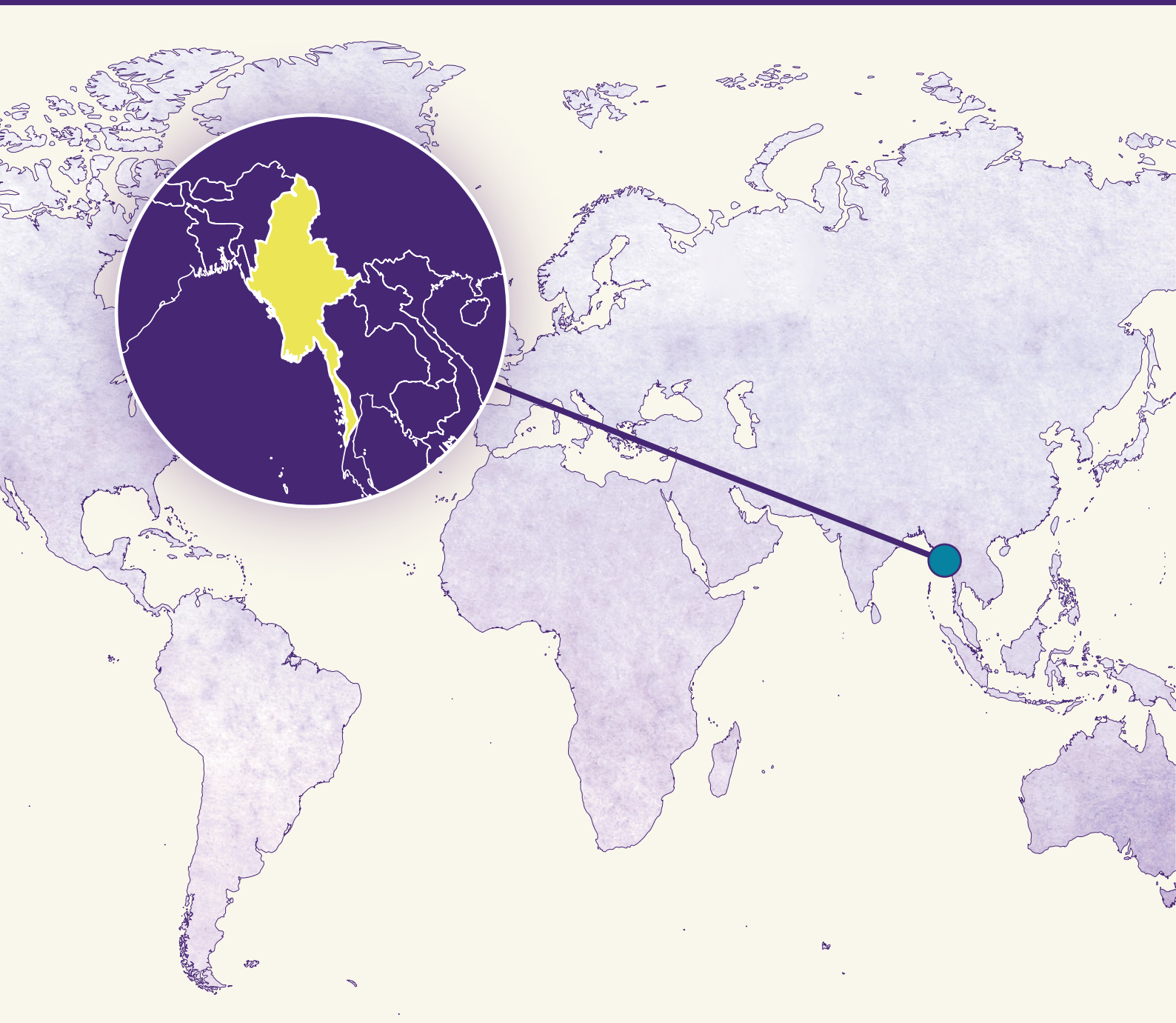
MYANMAR

Violence Against Health Care in Conflict

2025



SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight
Data on People in Danger

Myanmar



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED	HEALTH WORKERS ARRESTED
2025			
259	110	34	33
2024			
317	136	30	100
2023			
420	133	37	102
2022			
290	54	31	104
2021			
490	30	36	567

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 259 incidents of violence against or obstruction of health care in Myanmar in 2025, compared to 317 in 2024, 420 in 2023, 290 in 2022 and 490 in 2021.[1] Among incidents reported in 2025, health care facilities were damaged or destroyed at least 110 times, while 34 health workers were killed and 33 arrested.

The actual number of incidents and the severity of the problem are likely much greater, and may reflect service closures or reporting constraints rather than improved security, while cuts to United States Agency for International Development (USAID) funding further reduced the presence of health care providers and the operation of health facilities.

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Methodology and sources
Information on incidents of violence against health care in Myanmar is compiled from open sources, information projects, and private sources. Data is continuously updated and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight's global map on attacks on health care. See Methodology for further information.

THE CONTEXT

Since the military coup in February 2021, the State Administration Council (SAC) has been the military-controlled government body in Myanmar. The Myanmar Armed Forces (MAF) encompasses the army, air force, paramilitary Border Guard Forces and navy. In 2025, Myanmar remained affected by a protracted non-international armed conflict between the MAF and a range of non-state armed groups. Militias have formed around the country since the coup to oppose the junta and target security forces. Many of the militias have adopted the title of People's Defense Forces (PDF), the same name the opposition National Unity Government adopted for its nationwide force. However, not all PDFs are linked to the NUG or take orders from its command structure. There are also local defence forces (LDFs) organized by towns and municipalities under threat from the MAF; and ethnic armed organizations (EAOs), including the Arakan Army (AA), Chin National Front (CNF), Chin Brotherhood (CB), Kachin Independence Army (KIA), Karen National Union (KNU), Karen National Liberation Army (KNLA), Myanmar National Democratic Alliance Army (MNDAA), and Ta'ang National Liberation Army (TNLA), as well as local resistance forces, with reported violence continuing across Bago, Chin, Kayin, Magway, Mandalay, Rakhine, Sagaing, and Shan regions.

Violence against civilians was widely reported, including air strikes attributed to MAF aircraft, with reported incidents increasing from single-digit levels in 2021 to 1,140 in 2025, alongside the destruction of more than 100,000 homes. High levels of civilian killings continued to be reported, with children being particularly affected. Deaths in detention were also reported, including the deaths of more than 1,800 people since 2021, in some cases linked to the denial of health care and untreated injuries. Large-scale displacement continued, with more than 3.6 million people displaced and nearly one-third of the population requiring humanitarian assistance, while over 12 million people faced acute food insecurity.

The SAC continued to impose restrictions on civic space, including through arrests, conscription, and surveillance, in particular against Civil Disobedience Movement (CDM) members. The latter is a non-violent movement of government employees, professionals, and civilians who refuse to cooperate with the military junta (SAC) following the February 1, 2021 coup, while EAOs reportedly carried out violent attacks on individuals perceived to be affiliated with SAC institutions.

Constraints on humanitarian access, movement, and communications, including internet shutdowns and checkpoint restrictions, were reported in several areas, particularly in contested and opposition-held territories such as Sagaing, affecting communication and the reporting of incidents. The March 2025 earthquake caused widespread damage, reportedly killing at least 3,800 people and damaging or destroying hospitals, including in Bago, Mandalay, Naypyidaw, Sagaing, and Shan, further affecting access to care.

Reductions in foreign assistance, including decreases in USAID funding in early 2025, also affected the availability of humanitarian and health services.

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VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

Violence against or obstruction of health care in Myanmar was reported throughout 2025 and, as in previous years, incidents were widely dispersed across seven regions, seven states, one union territory, one self-administered division, and five self-administered zones. Reported incidents in Rakhine decreased, while more cases were reported in Ayeyarwady and Ta'ang in 2025.

The proportion of incidents attributed to MAF soldiers in 2025 increased from around 64% of incidents in 2024 to 75% in 2025, measured against an overall reduction in the total number of incidents attributed to the MAF. Multiple other conflict parties were also implicated in adverse effects on health care in 2025, including the AA, KIA, KNLA, LDFs, MNDAA, PDF and TNLA, but proportionally much less than the MAF.

The use of explosive weapons in attacks on health care increased in 2025 compared to previous years, highlighting a rise in more lethal and indiscriminate violence with wide-area effects in the reporting year. The proportion of incidents where explosive weapons impacted health care rose from around 40% of all incidents in 2024 to over 45% in 2025.

Aircraft-delivered strikes by the MAF also rose by nearly 25%, from 66 incidents in 2024 to 81 in 2025, with its share increasing from 52% of all reported incidents involving explosive weapons to 67% over the same period, increasing the lethality of MAF strikes on health care in opposition-held areas.

Members of the PDF and LDFs also conducted air strikes that impacted health care, but using much smaller delivery platforms, underlying the asymmetry of their weapons systems and the associated lower lethality of their conduct of the conflict. Armed drone incidents affecting health care attributed to the PDF increased in Magway, Mandalay, and Mon, while similar incidents involving LDFs in Sagaing and the MAF in Bago and Sagaing declined.

In Bago, Mandalay, and Sagaing, MAF paramotors and gyrocopters (light, low-flying aircraft capable of evading detection) were reportedly used to drop bombs on health facilities in villages under the control of armed groups, including the KNU, as well as hospitals operating under NUG control. At least six health workers were killed by these weapons.[2] An MAF medic was also reported killed in Kayin by KNLA and PDF handmade electroshock rocket attacks (improvised weapons with a limited payload and low accuracy).[3]

The share of incidents in which health facilities were damaged or destroyed remained largely unchanged at 42% in 2025 compared with 43% in 2024, despite a decline in the overall number of incidents. Health worker killings continued, while reported arrests and hospital occupations were reported but at lower levels than in previous years, illustrating both the extent to which the conflict was conducted through remote violence, in particular air strikes, and increasingly effective reporting restrictions in areas under MAF control.

Most incidents affected health care providers working for a de facto government authority, either health structures set up by the NUG, ethnic health organizations or the General Administration Department of the SAC. Private health care providers were impacted in 20 incidents and NGOs in 22 incidents. Red Cross societies were impacted once.

Throughout 2025, parties to the conflict in Myanmar increasingly restricted access to medicines and essential medical supplies, particularly in areas perceived to support opposition groups or outside SAC

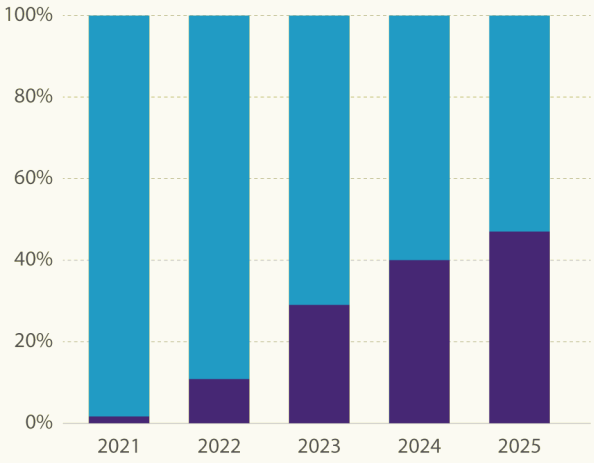
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control. Military and opposition checkpoints blocked or confiscated medicines, anti-retroviral treatment, anti-venom and other critical supplies, while transport routes into Chin, Kachin, Rakhine, Sagaing and northern Shan were repeatedly restricted. In Bago and Kayah, civilians were limited to "personal-use" quantities of medicines, worsening shortages of essential and chronic disease treatments.[4] At the same time, authorities intensified punitive measures targeting health care providers and access to care, especially in Kachin, Rakhine, Sagaing, Shan, and Tanintharyi. Private hospitals and pharmacies were shut down over alleged links to the CDM or opposition groups, while health workers and medical students faced blacklisting, arrest, and intimidation. Patients were blocked from crossing checkpoints to seek treatment, humanitarian organizations were denied access to some earthquake-affected areas, and communities in conflict zones were prevented from traveling to nearby towns for medical care.

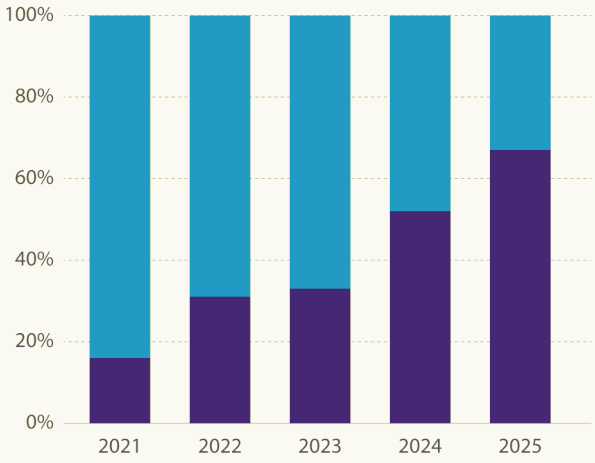
Reported incidents affecting health care in Myanmar, 2021-2025

The share of reported incidents involving explosive weapons affecting health care increased from around 40% of recorded incidents in 2024 to over 45% in 2025.



Reported incidents where explosive weapons impacted health care in Myanmar, 2021-2025

The share of reported incidents involving MAF aircraft-delivered strikes rose from 52% of all reported incidents involving explosive weapons in 2024 to 67% in 2025.



Source: Insecurity Insight for the SHCC.

Health facilities damaged/destroyed

In 2025, health facilities, including clinics, hospitals, pharmacies, and rural health centers, were reportedly damaged or destroyed on at least 110 occasions, compared to 136 in 2024, 133 in 2023, 54 in 2022, and 30 in 2021. Most damage or destruction involved MAF military jets using rockets and cannons that hit facilities and killed and injured health workers and patients. MAF air strikes frequently damaged or destroyed health facilities, including makeshift clinics operated by CDM-affiliated health workers, particularly in Sagaing.[5] On 13 occasions, armed drone strikes damaged health facilities, with a similar number linked to the PDF and MAF and two to LDFs.

The MAF also deliberately set health facilities on fire at least three times in Magway and Sagaing, destroying critical equipment, machines, and medicines.[6]

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Five health facilities in Kachin, Kayah, Magway, Mandalay and Ta'ang were reportedly used by opposition groups as bunkers during confrontations with MAF soldiers. These are five of the rarely reported cases where damaged health care buildings were not functioning facilities at the time and therefore had lost their special protection guaranteed under the rules of war. Combatants' use of former health care buildings as bunkers reduces access to health care for the civilian population and as such is a further example of how violence affects health care during conflict.

Health workers killed

In 2025, at least 34 health workers were reportedly killed in 19 incidents, compared to 21 in 17 incidents in 2024 and 37 in 30 incidents in 2023. The locations of health worker killings shifted from high numbers in Mandalay, Rakhine and Shan in 2024 to predominantly in Sagaing in 2025, where incidents tripled in the context of increasingly lethal air strikes. Health workers were killed at health facilities, while providing health care to injured civilians, while traveling and inside their homes. Over 85% of reported health worker killings (29 out of 34) were attributed to the MAF, with most victims killed inside health facilities that were attacked by MAF military jets using rockets and cannons.

Of the 34 health workers killings, three (8%) were attributed to a range of opposition forces. Among these incidents was the death of a male Free Burma Ranger medic who was injured by mortar fire from EAOs and local resistance forces during clashes when opposition fighters attempted to take over an area in Shan state. He later died from his injuries.[7] In the remaining two health worker killings by opposition forces, the conflict party was not recorded.

Five health workers were reportedly intentionally shot and killed, including a midwife who was shot and killed at her home in Mandalay. The Mahlaing PDF claimed responsibility, saying the victim was a military informant.[8]

Health workers arrested

At least 32 health workers were reportedly arrested or detained in 15 incidents in 2025, compared to a reported 100 in 28 incidents in 2024 and 102 in 69 incidents in 2023. Arrested health workers included doctors, nurses, a surgeon and an X-ray technician, who were often detained by the MAF on accusations of being affiliated with the CDM or providing health care to or having links to opposition forces. Health workers in Ayeyarwady, Bago, Magway, Sagaing, Shan, Ta'ang, Tanintharyi and Yangon were arrested at home, in health facilities during MAF raids, at military checkpoints or while transporting medicines between conflict-affected areas. While the fates of most arrested health workers were not recorded, a doctor in Yangon was detained over social media posts opposing the November junta-organized election and charged under Section 23(a) of the Election Protection Law, which carried a potential three-to-seven-year prison sentence.[9]



This chapter is based on 2021-2025 MMR SHCC Health Care Data. Download this data on the Humanitarian Data Exchange (HDX).

Insecurity Insight updates data continuously and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight's global map on attacks on health care.

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THE IMPACT OF ATTACKS ON HEALTH CARE

Health care provision in Myanmar in 2025 was affected by ongoing hostilities, administrative measures, and reduced system capacity, with services reported as limited or unavailable across conflict-affected and contested areas that included Sagaing, Mandalay, and Shan.

The March 2025 earthquake inflicted further destruction on the country's health care infrastructure, including the destruction of at least three hospitals and damage to more than 20 others, with care in some areas provided outdoors or in temporary settings. Damage to infrastructure, including water supply and sanitation systems, and living conditions in displacement sites were associated with increased demand for care, including for injuries, heat-related conditions, and infectious diseases such as acute watery diarrhea. The World Bank estimated that the overall repairs to the damage would cost up to USD 11 billion.



The availability of health workers declined, with large numbers displaced or leaving the country, including reports that more than 70% of health workers had left some areas such as Sagaing, leaving significant gaps in service provision.

Restrictions on the movement of medical supplies and personnel, including reported confiscation of medicines and limits on humanitarian access, affected the delivery of care in opposition-held and remote areas.

Parallel and community-based health services continued to operate in some areas, including mobile and informal services, although often with limited resources and capacity.

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People in displacement sites and conflict-affected areas faced barriers to accessing health services, including maternal and reproductive health care, with nearly half of women and girls reporting lack of access to such services despite increased demand. Funding constraints and reductions in international assistance limited the scale of health care and humanitarian responses, with appeals remaining significantly underfunded.

In 2025, Myanmar faced a worsening public health crisis marked by major outbreaks of dengue fever, malaria, acute watery diarrhea, and COVID-19, particularly in conflict-affected and disaster-hit areas. The destruction of health care infrastructure, mass displacement, disrupted vaccination programs and limited humanitarian access left many people at heightened risk of preventable diseases. Following the March 2025 earthquake, overcrowded shelters and damaged water supply systems further increased the threat of cholera and other waterborne illnesses. Humanitarian agencies warned that without urgent and sustained international support, Myanmar faced growing risks of vaccine-preventable and vector-borne disease outbreaks driven by low immunization coverage (with an estimated 1.5 million children missing routine immunization), as well as risks of the resurgence of diseases such as diphtheria, measles, and polio mainly caused by displacement and damaged health care infrastructure.

1 The SHCC's 2024 Annual Report cited 308 incidents of violence against or obstruction of health care in Myanmar in 2024, 420 in 2023, 290 in 2022 and 491 in 2021. Data is continuously updated and numbers can change if new information is made publicly available.
2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident numbers 120419; 120945; 122606.
3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident number 105587.
4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident numbers 116620; 122978.
5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident numbers 109117; 119373.
6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident numbers 93597; 116998; 122602.
7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident number 110167.
8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident number 122974.
9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident number 120934.

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. Suggested citation: Safeguarding Health in Conflict Coalititon (SHCC) 2026. Care in the Crosshairs: Violence Against Health Care in Conflict, May 2026. https://shcc.pub/SHCCAnnualReport2025
https://safeguarding-health.com

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