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Daw Aung San Suu Kyi  
State Counsellor of The Republic of the Union of Myanmar  
Ministry of the Office of the State Counsellor  
Office (20), Nay Pyi Taw  
Myanmar

## Open letter from Physicians for Human Rights to the Government of Myanmar

Your Excellency,

We are writing to call on the Government of Myanmar to take urgent action to protect ethnic minority populations who are at high risk of transmission of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). These populations are especially vulnerable to COVID-19, the disease caused by SARS-CoV-2, given [lack of basic access to health care](#), [inadequate food supplies](#) and risks of malnutrition, underlying medical conditions, [overcrowding](#) in places of detention, government-mandated [restrictions on access to information](#), and ongoing military [operations](#).

As a state that is under [international scrutiny](#) for grave human rights violations committed against ethnic minorities, including allegations of genocide against the [Rohingya](#), the Government of Myanmar has an opportunity to reverse course and demonstrate a new commitment to ensuring that life-saving preventative measures and care are provided to all populations with the deliberate speed required by this crisis.

We are especially concerned about the health and lives of these populations, given the well-documented disproportionate threats presented by the country's systemic inequalities, disenfranchisement of minorities, and discrimination against them. Our concerns are further compounded by the [inadequacies](#) of the Myanmar health system to prevent an outbreak of COVID-19 and treat those infected. Over the last decade, Physicians for Human Rights has documented ongoing violations of the rights of Myanmar's ethnic minorities, including the [widespread and systematic targeting](#) of the Rohingya in Rakhine state in August 2017. The dangers posed by the novel coronavirus to the health and human rights of the country's estimated [350,000](#) internally displaced persons (IDP) should be a matter of urgent priority for the Myanmar government.

More than 180 test-confirmed cases of COVID-19, and six deaths, have been [reported](#) to date in Myanmar, though it is critical to recognize that the actual number of those infected is likely much higher. With an [unprepared health system](#) and a history of systematic rights abuses, including [denial of the right to health](#) to certain populations, the spread of the coronavirus throughout the country risks disastrous consequences.<sup>1</sup> The Government's announcement that it

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<sup>1</sup> The country's score of 19.5/100 by the [2019 Global Health Security Index](#) – an index of countries' preparedness to respond to epidemics and pandemics – on the subject of whether Myanmar has a "sufficient and robust health sector to treat the sick and protect health workers" should be a cause for grave concern and urgent action.



had doubled its testing capacity to a mere [600 per day as of April 5](#) does not adequately recognize or address the task at hand. For a country of 53 million people, investments to boost testing to a capacity of 600 people a day are wholly insufficient, representing less than 0.0003 percent of the population tested per month.

Physicians for Human Rights is seriously concerned by reports that communities in states with large ethnic minority populations have been displaced by renewed violence, only heightening the risk of viral transmission. UN Special Rapporteur Yanghee Lee recently detailed ongoing Myanmar military operations targeting civilians in [Rakhine and Chin states](#), and there are further reports of military attacks in [Karen and northern Shan states](#). In these conflict-affected areas, access to government-administered health services is extremely limited, and most internally displaced persons rely on local ethnic health organizations for public health and clinical care. Although civil society organizations are making the most of their limited resources to assist in pandemic preparedness or support, they [require additional financial and technical support](#) to meet international standards. The President's Office recently constituted a committee to coordinate COVID-19 response with several [ethnic armed organizations](#), although the scope, processes, and outcomes of the committee's work remains opaque.

The government has shut down internet access to townships in [Rakhine and Chin states since June 2019](#) – preventing the dissemination of public health messaging – and [humanitarian access restrictions](#) continue to impede life-saving aid from reaching these populations. The impact of ongoing hostilities on coronavirus prevention and response are highlighted by the recent [killing](#) of a World Health Organization (WHO) driver who was transporting coronavirus testing samples to Yangon when his well-marked United Nations vehicle was hit by gunfire close to a military checkpoint in Rakhine state.

For the estimated 350,000 Rohingya, Chin, Karen, Shan, and Kachin people held in IDP camps [without adequate prevention resources](#), confinement poses an urgent threat. In Rakhine state, approximately [130,000](#) predominately Rohingya people are held in 24 detention camps with an average of [20 square meters](#) of personal space per person, less than half of the [international standard](#) of 45 square meters, sharing one latrine with an average of [25 people](#). Conditions in camps in Kachin and northern Shan State are similarly dire, with reports that latrines are [shared by hundreds of people](#) and multiple families live in single shelters. IDPs in Chin State have sought shelter within already vulnerable host communities, cut off by fighting and experiencing chronic food shortages.

The risk posed by the novel coronavirus in these settings is significantly higher than in other settings, given the highly infectious nature of the virus, the overcrowding, and the inability of IDPs to practice physical distancing – one of the two main recommendations from the [WHO](#) to prevent the spread of the virus. For individuals who become infected and are trapped in these settings with [limited health care](#) resources not designed to respond to an outbreak, there is an increased risk of harm. The existing conditions of confinement and restrictions on movement and access to information for displaced populations in Myanmar do not make it possible to follow the [WHO's](#) globally recommended directives.

Physicians for Human Rights calls on the Government of Myanmar to take the following measures to prevent a coronavirus health crisis among these at-risk populations:



- Immediately cease all military offensives and agree to any [calls for ceasefires](#) with armed groups in order to allow for immediate, unconditional humanitarian access to ensure provision of medical care and humanitarian aid to displaced populations;
- Ensure equitable availability and access to preventative services and medical care, and ensure that it is [acceptable, of high quality](#), and delivered without discrimination to all, particularly in displaced communities;
- Immediately provide for the voluntary, safe, and dignified relocation of populations in overcrowded IDP camps and host communities to areas where they have adequate shelter, food, and access to medical care and can safely practice social distancing and hygiene and sanitation measures to mitigate novel coronavirus transmission;
- Prioritize rapid response and surveillance of novel coronavirus cases, ensuring the total number of tests performed in each state per capita is similar, and that reporting of infection rates among displaced populations and ethnic minorities is transparent, accurate, and disaggregated by state and region;
- Ensure governance of coronavirus pandemic response planning and priority setting at the state and regional level includes representation from civil society as well as armed factions of local ethnic groups;
- Enlist local ethnic and community-based organizations as partners in disaster preparedness and response and ensure these groups have access to resources that allow them to disseminate accurate information, contribute to testing and surveillance, and implement preventative and medical interventions;
- Lift all restrictions on public access to information and communication, particularly the official internet blackouts in Rakhine and Chin states, and create information on the novel coronavirus for these populations in their native languages, in line with [WHO](#) guidance; and
- Maintain support for equitable and affordable access to essential health services unrelated to COVID-19, in order to minimize the indirect adverse health consequences of the disease.

The above recommendations serve to provide actionable guidance for the Government of Myanmar to mitigate the consequences of a mass outbreak of the novel coronavirus as well as to offer benchmarks by which an appropriate response by the Government of Myanmar can be measured. Physicians for Human Rights stands ready to offer further guidance to those in a position to ensure that human rights are respected, protected, and fulfilled throughout Myanmar during this pandemic.

Sincerely,

Donna McKay  
Executive Director