MYANMAR POLICY BRIEFING | 25 | November 2021

No One Left Behind?: Covid-19 and the Struggle for Peace and Justice in Myanmar

KEY POINTS

- Following the assumption of power on 1 February 2021 by the military State Administrative Council, Myanmar has slid into ever-deeper crisis. Compounding the worsening situation is a new wave of Covid-19 infections that have spread to all parts of the country. Every sector of society has been affected. With the government's health system all but collapsed, the peoples of Myanmar have been thrust into the precarious position of addressing the pandemic with little or no assistance. The three "Cs" – covid, coup and conflict – have come together in a terrible collision.
- During 2020, the looming scale of the crisis indicated the need for cooperation between the key actors in national politics to combat the disease. Even before the SAC coup, Myanmar did not have a response capacity that covered the whole country. For its part, the National League for Democracy administration pledged a policy of "No One Left Behind". This promise was not delivered by the authorities, and United Nations calls for a global "Covid ceasefire" were not acted upon.
- The peoples of Myanmar are now paying a heavy price. Testing was fragmentary, the security forces disrupted non-governmental programmes in the ethnic conflict-zones, and an equitable system of vaccine rollout was not prepared. Instead, the socio-political landscape became dominated by the rivalry between the two leading actors in national politics: the NLD, which won the November 2020 general election; and the national armed forces (Tatmadaw), which seized control of government on 1 February.

- A perfect storm was created, and the health crisis has exponentially worsened since the SAC takeover. In one of the poorest countries in Asia, there are huge limitations in health infrastructure, medical supplies, human resources, monitoring, personal protective equipment and emergency response to address Covid-19. Communities from every ethnic background lack access to essential health facilities and reliable information about the virus.
- Adding to the emergency, the country is in the midst of one of its most volatile periods of political turbulence since independence in 1948. Covid-19 is not the only crisis facing the country. Rather, its emergence – and the inability to cope – have further exposed the political failings and long-standing need for peace, reconciliation, consequential reforms, and end to military rule.
- There are multiple conflict actors. Armed movements include the military SAC, the opposition National Unity Government, ethnic armed organisations, and pro- and anti-SAC militia forces that operate in many different parts of the country. Meanwhile Daw Aung San Suu Kyi and senior leaders of the NLD that won the 2020 general election remain in prison or detention. Hundreds of thousands of public workers have also joined a Civil Disobedience Movement in protest against the military takeover. In effect, Myanmar today is in a state of civil war.
- The human consequences are profound. Over 1,280 civilians are reported to have been killed by the security forces since the SAC coup and over 7,000 arrested, charged and/or sentenced. At the same time, ethnic ceasefires have broken down in several areas, with conflict spreading into new territories. Opposition groups claim that over 1,000 Tatmadaw troops have been killed since the NUG's April formation in a policy described as "people's defensive warfare". The SAC is intensifying military operations. But, of civilian casualties, there are no reliable figures.
- Against this backdrop, Myanmar's fragile health system collapsed following the SAC coup. Health workers were targeted for their role in the pro-democracy protests. Hospitals were raided, over 43,000 staff in the Ministry of Health and Sports joined the CDM, over 500 health workers and medical students have been detained or gone into hiding, and 29 killed. Civil society and non-governmental organisations running Covid-19 and other humanitarian programmes have also faced harassment, and in many of the conflict-zones the health care activities of local ethnic and community-based groups are severely disrupted.
- The provision of health care has become highly politicised in such a divided landscape. The nature of the pandemic demands collective actions among different stakeholders and health providers. But there are many limitations in government, opposition and non-governmental circles. In many areas, only emergency, charity and private health services have remained.
- Under the NLD administration, civil society organisations shared the burden of Covid-19 prevention in collaboration with government authorities, public health

workers, ethnic health organisations and ethnic armed movements. But now their capacity and cooperation are severely tested by challenges that have proliferated in the aftermath of the February coup. While overlapping, Covid-19 programmes are generally regarded in three groupings: the SAC, the NUG, and those run by non-governmental or non-state groups, including EAOs and CSOs, which do not identify with either the SAC or NUG.

- Myanmar's Covid-19 experience demonstrates that it is impossible to address the pandemic and deliver essential health care in such a contested environment, a crisis that has multiplied since the third wave began in June 2021. Even basic health statistics are disputed, with SAC figures of around 19,000 deaths due to Covid-19 since March 2020 contrasting with independent estimates of at least ten times as high – and even more if the triple impact of covid, conflict and the coup on the health system is included.

- In consequence, the peoples of Myanmar face a deepening, and likely prolonged, humanitarian emergency. Over two million people have lost their jobs since the pandemic began; the number of internally displaced persons and refugees has risen by another 230,000 to around 1.6 million people following the SAC coup; and three million people currently need urgent humanitarian assistance. Those especially at risk from Covid-19 include the elderly, people with existing health conditions, refugees and IDPs, communities in the ethnic conflict-zones, prison populations, migrant workers, and the most impoverished in society, both rural and urban, who have little or no access to health care.

- The international community is also alarmed about the nature of the deepening crisis, with worries that – if unaddressed – Myanmar could become a "super-spreader" state. Such bodies as the UN Security Council, ASEAN and World Health Organisation have all expressed concerns. At the same time, UN member states decided to leave open the question of who should represent Myanmar at the UN General Assembly: the SAC or NUG, with the NLD-appointed Permanent Representative remaining in post. But, for the present, there is little agreement on ways to address the three challenges of covid, coup and conflict. China, India, Russia, the USA and COVAX have all offered support in a flurry of "vaccine diplomacy". To date, however, just over nine million people have been doubly inoculated in inconsistent programmes of varying efficacy among a population of 54 million.

- In this vacuum, communities across the country are fending for themselves as best that they can. Hope is never entirely lost. Despite the current setbacks, pro-democracy supporters believe that the country's 2021 "Spring Revolution", initiated by Generation Z, will ultimately lead to a new era of socio-political change. Solutions, however, will only be found through the establishment of peace, justice and inclusion that reaches all peoples. This will mean addressing conflict and socio-economic challenges that have always been political at root.

- Presently, without systemic government change, this seems unlikely. The potential for Covid-19 to act as a catalyst to bring the country together has passed. In most parts of the country, the third wave has peaked, and the virus is one of many challenges threatening the wellbeing of people in their daily lives. But the pandemic continues to take a steady toll, pockets of emergency remain, and these risk becoming epicentres for the development and spread of new variants in the long-term.
- In the meantime, health initiatives must continue. Lessons need to be learned from the failed socio-political transition of the past decade. In a civil war landscape where legitimacy is contested, aid responses should not be partisan or only centred on the government. Instead, they need to be designed and based in local communities, in conjunction with local health and civil society organisations, rather than structured and rolled out by international agencies working through the state authorities. This is a time for reflection and innovation – not paralysis and despair.
- In the case of Covid-19, effective responses will require vaccine equity; health cooperation and coordination; access to health care for all; the targeting of humanitarian aid to the most at-risk and needy communities; and the establishment of agreed principles on health rights, responsibilities, and the delivery of health care. In the midst of state breakdown, such values must be sustained.
- Finally, it is vital that the international community pursue policies that support national healing rather than further division. The triple consequences of covid, coup and conflict have had epoch-defining impacts which are highly detrimental to progress in fields essential to national well-being. These include politics, economics, development, human rights and humanitarian affairs. But UN and other international structures have provided neither the leadership nor capacity to deliver a coherent response that supports protection services and health outreach at both the national and local levels. International engagement needs to be conflict-sensitive and follow the principles of "do no harm". Meanwhile, as the political and humanitarian crisis deepens, there is an ever-greater risk of rivalries between Asian and Western governments over Myanmar's future course.
- It is now too late to avoid the worst of the third wave impact. Enormous suffering has already occurred, but the challenges still remain. Whether inside Myanmar or among the international community, the vision must be that the Covid-19 response serves as a model for equality, positive change and inclusion for all peoples rather than regression, repression and division.

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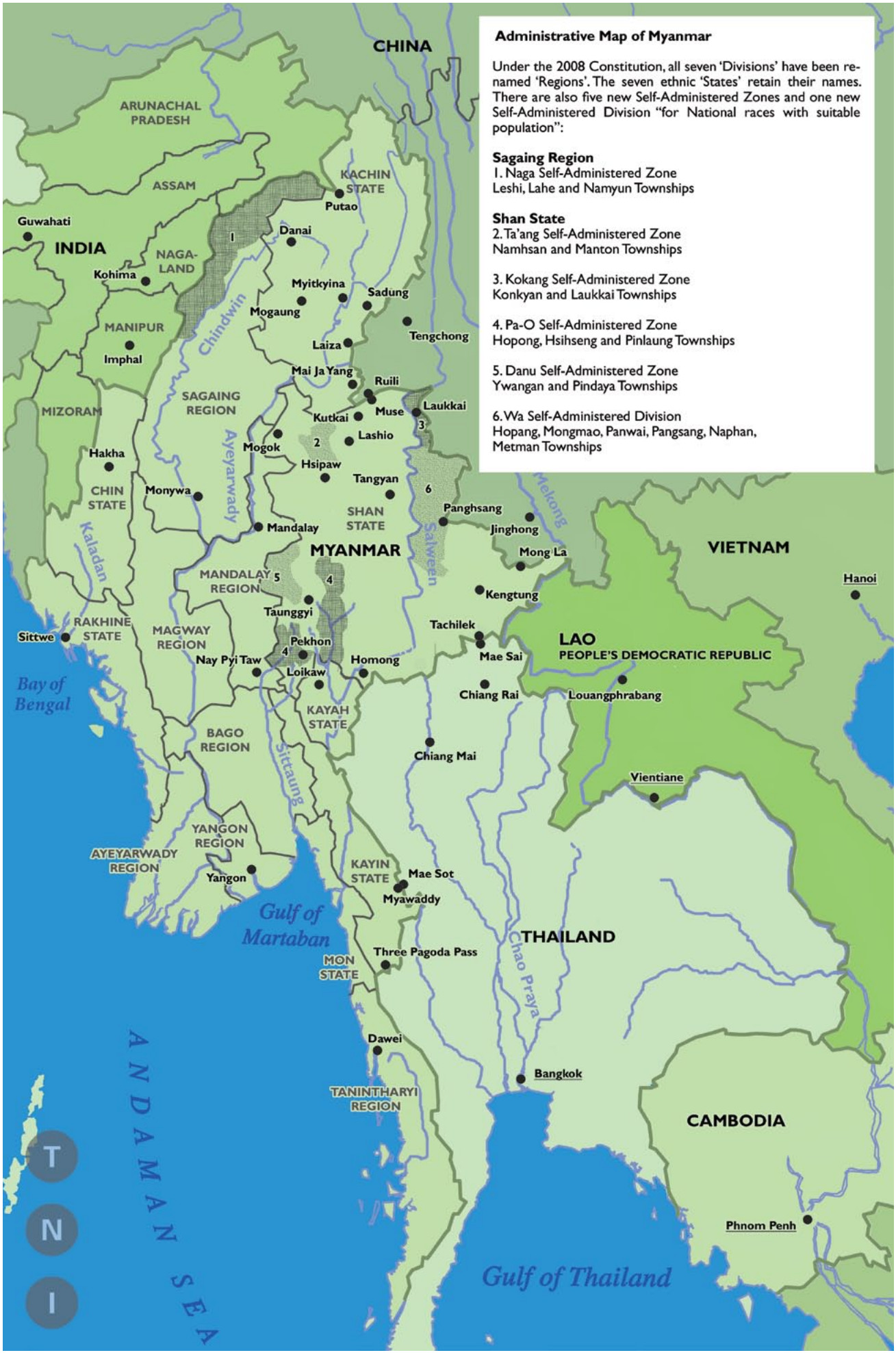
Abbreviations

AA	Arakan Army
ALP	Arakan Liberation Party
ANP	Arakan National Party
ARSA	Arakan Rohingya Salvation Army
ASEAN	Association of South East Asian Nations
BGF	Border Guard Force
CBO	community-based organisation
CDM	Civil Disobedience Movement
CERP	Covid-19 Economic Relief Plan
CHDN	Civil Health Development Network
CNF	Chin National Front
CRPH	Committee Representing Pyidaungsu Hluttaw
CSO	civil society organisation
DKBA	Democratic Karen Benevolent Army
EAO	ethnic armed organisation
EHO	ethnic health organisation
FPNCC	Federal Political Negotiation and Consultative Committee
GAVI	Global Alliance for Vaccines and Immunization
IDP	internally-displaced person
IMF	International Monetary Fund
INGO	international non-governmental organisation
JST	Joint Strategy Team
KDHW	Karen Department of Health and Welfare
KHD	Karenni Health Department
KIO	Kachin Independence Organisation
KNPP	Karenni National Progressive Party
KNU	Karen National Union
KPSN	Karen Peace Support Network
MNDAA	Myanmar National Democratic Alliance Army (Kokang)
MoHS	Ministry of Health and Sports
MP	member of parliament
NCA	Nationwide Ceasefire Agreement
NDAA	National Democratic Alliance Army (Mongla)
NGO	non-governmental organisation
NHC	National Health Committee
NLD	National League for Democracy
NMSP	New Mon State Party
NRPC	National Reconciliation and Peace Centre
NUCC	National Unity Consultative Committee
NUG	National Unity Government
PDF	People's Defence Force
RCSS	Restoration Council of Shan State
SAC	State Administration Council
SLORC	State Law and Order Restoration Council
SPDC	State Peace and Development Council
SSPP	Shan State Progress Party
3MDG	Three Millennium Development Goal Fund
TNLA	Ta-ang National Liberation Army
ULA-AA	United League of Arakan-Arakan Army
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	UN Office for Coordination of Humanitarian Affairs
USDP	Union Solidarity and Development Party
UWSP	United Wa State Party
WHO	World Health Organisation


Administrative Map of Myanmar
Under the 2008 Constitution, all seven 'Divisions' have been re-named 'Regions'. The seven ethnic 'States' retain their names. There are also five new Self-Administered Zones and one new Self-Administered Division "for National races with suitable population":
Sagaing Region
1. Naga Self-Administered Zone
Leshi, Lahe and Namyun Townships
Shan State
2. Ta'ang Self-Administered Zone
Namhsan and Manton Townships
3. Kokang Self-Administered Zone
Konkyan and Laukkai Townships
4. Pa-O Self-Administered Zone
Hopong, Hsihseng and Pinlaung Townships
5. Danu Self-Administered Zone
Ywangan and Pindaya Townships
6. Wa Self-Administered Division
Hopang, Mongmao, Panwai, Pangsang, Naphan, Metman Townships
CHINA
ARUNACHAL PRADESH
ASSAM
INDIA
NAGA-LAND
MANIPUR
MIZORAM
KACHIN STATE
Putao
Guwahati
Kohima
Imphal
Danai
Myitkyina
Mogaung
Sadung
Tengchong
Laiza
Mai Ja Yang
Ruili
Kutkai
Muse
Laukkai
Lashio
Mogok
Hakha
Hsipaw
Tangyan
Monywa
CHIN STATE
SAGAING REGION
SHAN STATE
Mandalay
MYANMAR
Panghsang
Jinghong
Mong La
VIETNAM
Hanoi
Kengtung
MANDALAY REGION
Taunggyi
Tachilek
Sittwe
RAKHINE STATE
MAGWAY REGION
Pekhon
Nay Pyi Taw
Loikaw
Homong
Mae Sai
LAO PEOPLE'S DEMOCRATIC REPUBLIC
Chiang Rai
Louangphrabang
Bay of Bengal
KAYAH STATE
BAGO REGION
Chiang Mai
Vientiane
YANGON REGION
AYEYARWADY REGION
Yangon
KAYIN STATE
Mae Sot
Myawaddy
Gulf of Martaban
THAILAND
Three Pagoda Pass
MON STATE
Dawei
Bangkok
TANINTHARYI REGION
CAMBODIA
Phnom Penh
Gulf of Thailand
ANDAMAN SEA
Chindwin
Ayeyarwady
Kaladan
Sittaung
Salween
Mekong
Chao Praya
T
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1. Overview

When Covid-19 first struck Myanmar in March 2020, there were hopes within the country that it might bring opposing forces together to combat the looming health crisis. According to the health policy of the National League for Democracy (NLD) which then headed the government: "Myanmar leaves no one behind in its fight against Covid-19".[1] This call was especially resonant in the ethnic conflict-zones. Gum Sha Awng, spokesperson for a coalition of humanitarian non-governmental organisations (NGOs) in Kachin and northern Shan States said:

> "With the pandemic, areas affected by ongoing conflict will be the most vulnerable. Now is the time to collaborate and coordinate. All parties, including the government, should not take any political advantage during this time."[2]

For a brief moment, the long-standing challenges of conflict and ethno-political division appeared to have been acknowledged.

Tragically, subsequent events told a very different story. All countries have struggled with the coronavirus pandemic and, to date, there have been no paramount solutions. But, in Myanmar at least, it was hoped that the government would honour its promises in responding to a grave crisis which came at a critical stage during transition from half a century under military rule. On this basis, it initially seemed that Myanmar was faring relatively well. A combination of early restrictions,[3] younger demographics and weaker variants appeared to ensure that – as in Cambodia, Laos and Thailand – the virus had a weaker impact than in many other parts of the world during Covid-19's first wave.[4]

One year later, such hopes appear naively misplaced. Myanmar today is one of the most adversely affected countries in the world. The reasons are complex. But the crisis was looming even before the military State Administration Council (SAC) seized power on 1 February this year. Despite calls for its postponement to reduce the risk of infections, the NLD-led government went ahead with the November 2020 general election, and opportunities to build upon the country's Covid-19 advantage were not taken. A dangerous sense of complacency was building. Tensions between the NLD and Tatmadaw deepened; the ethnic peace process stalled; and the national health system all but collapsed following the SAC coup.

The people of Myanmar are now living with the consequences of a countrywide breakdown in politics and society more generally. Statistics remain contentious. By mid-November, the official mortality count had risen to over 19,000 deaths and 500,000 cases, with the impact of the third wave quickly surpassing – as in other countries in the region – those from the first two waves.[5] International, though, and other national estimates suggest that the real rate of infection in Myanmar could be at least ten times higher, with many sufferers undiagnosed and untreated.[6] Nor did the worsening crisis go unnoticed around the world. Millions of cases were predicted during an emergency debate at the UN Security Council in July.[7] Tom Andrews, UN Special Rapporteur on Human Rights, warned that Myanmar could become a "super-spreader" state (see "The SAC coup and pandemic third wave").[8]

Belatedly, questions began to be asked as to why the health crisis had become quite so acute. In the aftermath of the SAC takeover, there were three "Cs" that immediately stood out: covid, coup and conflict. As crisis spread, international commentaries reflected a sense of Myanmar "déjà vu".[9] But sound-bite headlines barely revealed the complexities of the challenges facing the country's 54 million population. Equally disempowering, they failed to recognise many of the responsive actions – for better and for worse – taken by different actors in the conflict front-lines as the country descended into political chaos and confusion. The peoples of Myanmar are not without agency, and an understanding of the challenges in national politics and society are vital if positive change is ever to be achieved.

In this regard, the denial of the right to adequate health care has long stood at the centre of state failure in the country. Health is a fundamental human right (Article 25: Universal Declaration of Human Rights), and it is concomitant on all parties to prioritise health outreach and protection to all peoples. In support of these goals, civil society and pro-democracy groups have long argued that health reform is an

essential bedrock to foster peace and national reconciliation. For these reasons, the political crisis that enveloped the country during 2021 should not be considered as new. Covid-19 has only added another dangerous – and highly debilitating – dimension.[10]

A dilemma thus emerged: why did Covid-19 fail to act as catalyst for peace-building and inclusive change – and is there any possibility, even at this late stage, that reformative steps can be taken? It is a question that has resonance around the world.

In seeking answers, this briefing examines Covid-19 and the struggle for peace and justice in the context of Myanmar's contested ethno-political landscape. Beginning with an analysis of the political failures that underpin the country's health crisis, the briefing then examines steps taken by, first, the NLD-led and, subsequently, SAC governments in Covid-19 treatment and prevention as the country passed through its first three waves. Attention is paid to actions taken by government authorities as well as other health actors, including civil society organisations (CSOs), community-based organisations (CBOs), ethnic health organisations (EHOs) and ethnic armed organisations (EAOs), which promised new ways to address the pandemic together. Ultimately, however, such opportunities were not taken, creating a "perfect storm" following the SAC's seizure of power.[11]

The briefing then continues with an assessment of the human cost and challenges of addressing Covid-19 in a divided landscape, before ending with conclusions and recommendations. As civil war continues in the country, the impact of Covid-19 reminds us of the need for conflict sensitivity, human rights protections and recognition of the aspirations of Myanmar's peoples in the post-coup context of the struggle against military rule. In the recovery from Covid-19, it is hoped that the inclusiveness of all peoples and parties in policy-making and health delivery will become a foundation stone in a new era of democracy.

There is, however, a long way to go. Despite many statements of concern, the impact of covid and the coup have exposed the lack of coherence in the United Nations and other international bodies in addressing a "complex emergency" that has political, health, human rights, development and socio-economic consequences.[12] At the same time, to address Covid-19 and meet the humanitarian needs of the people, innovative and "do no harm" approaches must be developed. In a change from the past, these should be designed in collaboration with local networks and communities rather than structured and implemented by international agencies working in conjunction with the state authorities.[13] The scale and severity of the crisis urgently requires a health focus, inclusive planning and national rethinking, both within Myanmar and abroad.

Above all, the establishment of peace and justice is essential for effective responses that deliver equitable health care to all peoples. During the past year, covid and the coup have reiterated repeated warnings from history. It is long since time that the cycles of conflict and state failure were brought to an end.

2. A land in crisis: the anatomy of failure

Health reform has long been an aspirational benchmark for political change and conflict resolution in Myanmar. An ethnically diverse country, it is also the scene of some of the longest-running civil wars in the world. Since the 1950s, the armed forces – known as the Tatmadaw – have played a dominant role in national politics, and there have now been four occasions of military takeover and rule: in 1958, 1962, 1988 and 2021. In the 21st century, the burdens of history continue to weigh heavily on Myanmar's peoples.

Against this backdrop, the post-colonial union has become among the most fragile and impoverished states in Asia. Currently standing at 147 of 189 countries on the UN Human Development Index, it has long had some of the worst health indicators for such treatable and preventable illnesses as malaria, TB and HIV. After decades of mis-governance, it also has one of the lowest per capita health spending of any country in Asia. Before the SAC coup, only two out of the 14 regions and ethnic states met the criteria recommended by the World Health

Organisation (WHO) of one doctor per 1,000 people.[14]

All these figures for health provision have markedly decreased during the turbulence of the past year. Compounding the sufferings of the people, conditions of humanitarian emergency have continued since independence in various conflict-zones, especially in ethnic nationality lands, amidst civilian displacement and repeated outbreaks of fighting. According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), three million people currently need protection services and humanitarian assistance in different parts of the country.[15] For the lives lost due to armed conflict since independence, there are no reliable figures at all.[16]

During the past decade, there had been evidence of a new realism and willingness for change among the leading actors in national politics. Underpinning this change in atmosphere were two key events: Cyclone Nargis in 2008 during which almost 140,000 people died; and the step-down in 2011 of the military State Peace and Development Council (SPDC), introducing a new system of quasi-civilian democracy under the government of President Thein Sein. The release of Daw Aung San Suu Kyi and other NLD leaders, and the party's 2012 advent into parliament, further supported the sense of rapprochement and reform.

There was, however, no moment of national breakthrough. The 2008 constitution, which retained the Tatmadaw's "national political leadership role" in Myanmar, remained an impediment against immediate change.[17] But both domestic and international actors hoped that transitional processes were being put in motion that would support political reforms in the long term.

Three developments were generally regarded as stepping stones that supported these aspirations: a 2015 Nationwide Ceasefire Agreement (NCA) which ten EAOs – although not a majority – eventually signed; the 2016 advent to office of an NLD-led government following the first democratically-held general election in over half a century; and the subsequent 21st Century Panglong Conference which, the NLD claimed, would promote inclusive dialogue on the road to delivering federal democratic reform.

Certainly, the increasing modernity and openness in Yangon, Mandalay and other main conurbations became notable during the past decade. Progress in education, the economy and in combatting malaria, HIV and TB was marked, as different government ministries, EAOs, CBOs and CSOs began taking steps to work together for the first time.[18] But a misplaced sense of optimism was also developing. As international actors and agencies moved into the country, the desire to seek the positive all too often downplayed the complexity of the situation, the depth of the protracted political crisis, and the reality that Myanmar was just at the beginning of reform – not at an end.

Most obviously, despite the NCA signing, there remained parts of the country where the underlying conditions of conflict, civilian displacement and human rights violations still continued. This was most evident in the ethnic borderlands, especially Kachin, Rakhine and northern Shan States where local EAOs were largely excluded by the Tatmadaw – and subsequently the NLD – from full inclusion in the government peace process and intermittent dialogue for political reform. Myanmar was not a land at peace (see box: "A Peace Process in Confusion").

International pressures, however, to address these failings were not sustained. All too often, human rights violations and conflict outbreaks in different parts of the country were regarded as exceptions rather than warnings of failures in political transition. Only in late 2017 did the picture change when, following attacks by a new militant organisation (Arakan Rohingya Salvation Army: ARSA), the Tatmadaw launched "regional clearance" operations against the civilian Rohingya population, a predominantly Muslim minority in Rakhine State.

As over 750,000 refugees fled into Bangladesh, this led to investigations for alleged war crimes and crimes against humanity at the International Criminal Court and International Court of Justice in The Hague.[19] Two years later, the loss of life and displacement spread further when conflict accelerated with the non-ceasefire United League

of Arakan-Arakan Army (ULA-AA), which the government designated as a "terrorist" group. Under an NLD-led government, the number of new refugees and displaced persons passed the one million mark (see box: "A Country on the Move: IDPs, refugees and migrants").

The political failings did not end here. Despite the surface calm, cooperation between the NLD and Tatmadaw was always an unlikely marriage of convenience. The administration was, in effect, a hybrid government. Under the 2008 constitution, the Tatmadaw continued to maintain control of the border, defence and home affairs ministries, as well as a quarter of all seats in all the national and regional/state legislatures. In many parts of the country, and with the support of the military-backed Union Solidarity and Development Party (USDP), decision-making and many elements of government were still run on the Tatmadaw's terms.

Faced with this obstacle, NLD leaders felt inhibited as to how far – and how quickly – they could move ahead with introducing national reforms. Manifested by the 2016 assassination of U Ko Ni, a prominent Muslim and the NLD's leading lawyer, unaddressed questions always remained about the political direction of the country.[20] In response to these ambiguities, the party leadership staked their hopes on winning a second term of office in the 2020 general election. After this, they pledged, the NLD would accelerate pro-democracy reforms. "Our journey towards democracy is unfinished," Aung San Suu Kyi said.[21]

For this reason, the arrival of Covid-19 proved extremely untimely when it first emerged during the early months of 2020. Amidst virus restrictions, NLD leaders made the fateful decision to go ahead with the November general election. Critics worried that the party was using Covid-19 to try and gain political advantage. Party supporters, in contrast, believed that the NLD could achieve social and political change with another five years in government. This aspiration was soon thwarted. Snr-Gen. Min Aung Hlaing and the Tatmadaw generals took a very different view, quietly making plans for another military interdiction of elected government. The outcome was the SAC coup on 1 February and the arrest of Aung San Suu Kyi and other NLD leaders. Transitional reform was brought to an end.

As political turbulence continues, it is too early to make qualitative predictions about the country's future path. A new general election has been promised by the SAC in two years, although in present circumstances this seems very unlikely – or, at least, that it will be free and fair (see "The SAC coup and pandemic third wave").[22]

What, though, is immediately certain is that the triple impact of the coup, conflict and covid has returned the country towards social and political collapse. Myanmar today appears again as a "failed state";[23] all parts of the country have been deeply impacted; and, as the United Nations Development Programme (UNDP) warns, health care has been an immediate victim, threatening to unravel tentative social and political gains achieved during the past decade.[24] To understand and address the crisis in Myanmar, international actors need to look beyond the rubric of "failed state" and try to find creative solutions to these multiple crises (see box: "A Health Sector in State Failure").

It is important to stress, then, that this is not the moment for despair among the people and many stakeholder groups seeking to achieve systemic change on the ground.[25] For the present, there is little agreement over ways forward. But, whether among the young activists of Generation Z or veteran politicians from past eras, a consensus has emerged that the SAC coup has brought to the surface deep-rooted challenges that have long needed to be addressed. The USDP and NLD administrations of the past decade are deemed to have delivered only limited reforms.

Such sentiments can be widely heard in the country today. On the political front, there is determination that, this time, regime change will be achieved that finally brings to an end the cycles of instability and conflict. And on the community front, there are a diversity of non-governmental actors and organisations seeking to address the humanitarian crisis facing the country (see box: "The Health and Human Cost").

Ultimately, as all sides know, a political solution will be required to deal with the scale of national division and socio-economic emergency. But in the meantime, there are medical leaders and community activists who believe that this is the time to step up policy development and

health coordination as a model to overcome the state failures of the past. According to Saw Nay Htoo, joint secretary of the National Health Committee (NHC), a 33-strong alliance that brings ethnic health and pro-democracy organisations together: "If we are going to build a federal democracy for this country, we will need a federal healthcare system."[26]

Certainly, the impact of Covid-19 and catastrophic fall-out from the coup require concerted actions that will support health cooperation and national reconciliation among all peoples. But precedent also suggests caution. In any reform roadmap, there needs to be recognition of why, in 2021, the country has again reached the point of state collapse. The NLD's advent to elected government in 2016 undoubtedly marked a political highpoint. But in reality, storm clouds were brewing long before the SAC coup.

As a first step, it is therefore vital that all parties consider how such a time of hope and opportunity turned so terribly wrong. The experience of Covid-19 provides many sobering answers.

3. Early actions and the pandemic first wave

As a neighbour of China, which saw the first coronavirus outbreak, Myanmar was regarded as particularly vulnerable to the Covid-19 pandemic. There was great concern among medical professionals that the country's weak

A Health Sector in State Failure

As political breakdown continues, the evidence of state failure in the health sector is both systemic and stark. The crisis comes at the very moment when health workers are at the centre of the struggle for political change. Many Civil Disobedience Movement (CDM) supporters have been arrested, gone on strike or resigned from the public sector; there have been countrywide bed closures in the public health system; and the impact of Covid-19 and humanitarian emergency urgently need to be addressed.

The following list is not intended to be comprehensive but an outline of structural problems that exist as a consequence of endemic failure:

- decades of civil war and military rule have negatively impacted on public health systems and socio-economic development;
- government structures and policy-making are top-down, Bamar-centric and highly-centralised;
- a legacy of "underinvestment and mismanagement" has led to significant disparities in health services;[27]
- mortality and morbidity rates for treatable and preventable diseases are unnecessarily, and sometimes dangerously, high;
- millions of people, many of whom are displaced, live in ethnic conflict-zones where humanitarian emergencies are frequent and access to health care is intermittent;
- women bear many of the health burdens: they are also a majority among public sector workers but under-represented in health leadership roles;[28]
- "out-of-pocket payments" by patients for health as a proportion of total health spending are "among the highest in the world";[29]
- with an estimated 40 per cent of the 54 million population now living below the poverty line, many families are simply struggling to survive.

health system would be unable to cope with the challenges of the emergent virus, and this would lead to a health care collapse. The country was in no way prepared, a reality that became visible the further visitors travelled away from the main urban centres of Yangon, Mandalay and Nay Pyi Taw.

On a more positive note, there had been social and health progress since the NLD's advent to office in March 2016. But in a 2019 survey the country was still considered to have one of the poorest performing health systems in the world, ranked 111th globally for a "sufficient and robust health system to treat the sick and protect health workers".[30] And when the pandemic was first declared by the World Health Organisation in March 2020, the Ministry of Health and Sports (MoHS) counted an average of just one Intensive Care Unit bed per 141,000 people and one ventilator per 217,000 people across the 25 central-level hospitals and 24 region or state-level hospitals.[31]

Despite these concerns, the health impact of Covid-19 in Myanmar was initially low. The first case of the virus was announced on 23 March, but infection rates increased only slowly during the following months.[32] By early August, there were just 374 confirmed coronavirus infections and six deaths reported.[33] Testing capacity was limited and virus incidence no doubt under-counted. But, during the same period, the slow pace of transmission was confirmed in the ethnic borderlands where EAOs, local health organisations and the neighbouring authorities in China and Thailand were also watching the situation closely. Any substantial increase in infection would have been picked up.

Why then did the situation deteriorate? In examining the subsequent spread of the virus, care is needed in backdating later perspectives to events as they happened on the ground. With the benefit of hindsight, there is not a country in the world that would not have performed better. But, in Myanmar, at least, three factors came together which suggested the country might escape the worst. These advantages no longer exist.

First, despite the social and economic cost,[34] the NLD administration was relatively quick to implement precautionary measures. While many Western countries hesitated, Myanmar joined China and Thailand in initiating early containment and mitigation measures, including travel restrictions, population lockdowns and regulations on social distancing.[35] Second, the combination of weaker variants, a young population, and the prevalence of rural-based populations appeared to reduce the impact of the pandemic's first wave in Myanmar as well as similar countries in the region. And third, the need to take pre-emptive actions chimed with popular sentiment in the country at large. In the age of digital media, there was no shortage of public awareness.

In Myanmar, there was another dimension: the emergence of Covid-19 also had significant impact in political and civil society circles. With the peace process stalling and a general election looming, 2020 was a year of rising expectations and concerns. Realisation was widespread that Covid-19 does not discriminate on the basis of nationality, religion or class. Health collaboration and an end to human rights violations were regarded as key, a sentiment especially prevalent in the ethnic conflict-zones.[36]

There was thus great encouragement on 23 March – the day of Myanmar's first reported case – when UN Secretary-General António Guterres announced an appeal for a "global ceasefire" to combat the emerging pandemic.[37] In the following days, the declaration was quickly echoed by a diversity of civil society, political and ethnic armed organisations, as well as foreign diplomats, who called for a nationwide ceasefire in the country.[38] "The cycles of conflict and displacement must be brought to an end," wrote Lahpai Seng Raw, the 2013 Magsaysay Award winner.[39]

Initially, all seemed to be going well. The conflict landscape was complex (see box: "A Peace Process in Confusion"). But three days after the UN announcement, the Karen National Union (KNU) – an NCA signatory – backed the call for a new form of ceasefire, announcing that its health department was prepared to coordinate with the government.[40] Such a response, the KNU argued, would "lead to all-inclusive 'National Reconciliation'".[41]

Other EAOs quickly followed suit. Leading ceasefire groups included two more NCA signatories, the Chin National Front (CNF) and

Restoration Council of Shan State (RCSS), as well as two movements with "bilateral" ceasefires: the Karenni National Progressive Party (KNPP) and Shan State Progress Party (SSPP).[42] And on 1 April, the three "non-ceasefire" EAOs of the Brotherhood Alliance in the northeast of the country also extended their "unilateral" ceasefire for another month: the (Kokang) Myanmar National Democratic Alliance Army (MNDAA), Ta'ang National Liberation Army (TNLA) and United League of Arakan-Arakan Army.[43]

Momentum appeared to be building. In opposition circles, it was recognised that all sides were facing difficulties and political solutions would not immediately be found. But sentiment was widespread that now was the moment for the country to come together. According to Maj. Sai Bone Han, spokesperson for the SSPP:

> "We are not just requesting an end to hostilities during the coronavirus outbreak. We have demanded the end of hostilities before. We want peace and stability… The government, army, and EAOs need to consider this very carefully. It's a critical time. What should we do for our country? This is something every responsible person and every organization needs to think about."[44]

During the next weeks, a flurry of activities followed. Covid-19 received extensive publicity in state-controlled as well as independent and social media; the MoHS promoted prevention measures, including personal protective equipment, quarantine centres, temperature checks and restrictions on public movement; and state monitoring capacity expanded from around 380 tests per day in March to 15,000 per day by the following January. Meanwhile such EAOs as the non-ceasefire Kachin Independence Organisation (KIO) and ceasefire KNU, KNPP, SSPP, New Mon State Party (NMSP), National Democratic Alliance Army (NDAA) and United Wa State Party (UWSP) all set up containment programmes of their own, introducing health checks, quarantine centres and closing unregulated crossing-points into China and Thailand (see "Alternative networks and opportunities not taken").[45]

Importantly, too, the impact of Covid-19 was not, in the first place, simply about health. The economy was immediately affected, deeply hurting the poor. During the following months, the global lockdown saw hundreds of thousands of workers lose their jobs, with over 420,000 returning home from Thailand, China and other countries.[46] Tensions were reported as large numbers of returnees passed through such border crossings as Ruili-Muse on the China border and Mae Sot-Myawaddy on the Thailand border. Quarantine conditions were haphazard and returnees were reluctant to go into lockdown (see box: "A Country on the Move: IDPs, refugees and migrants").

In general, though, the combination of actions taken by the government, EAOs, CSOs and other health actors appeared to ensure that communities around the country were able to cope with the pandemic's first wave, whether in urban or borderland areas. In particular, the public order situation improved once local people had more understanding about the virus and the compliance required to contain its spread. Recognition of the Covid-19 threat was commonly shared.

There was also significant support from the international aid community. Recognising the country's plight, in late April 2020 the World Bank fast-track approved US$ 50 million for the national Covid-19 Emergency Response Project, focusing on the upscaling of intensive care units, capacity-building and community engagement. The same month, the government announced a US$ 2 billion "Covid-19 Economic Relief Plan" (CERP), representing 2.5-3 per cent of GDP, which would be backed by international loans and grants.[47] And, in September, State Counsellor Aung San Suu Kyi promised the allocation of more than 1,000 billion kyats (US$ 758 million) to the natural disaster management fund.[48]

Tragically, health focus was not maintained from this countrywide highpoint. It was to take the arrival of the third wave in June the following year for it to become clear just how inadequate Covid-19 preparations had been. Days before the SAC coup, the IMF transferred US$ 372 million to the authorities in Nay Pyi Taw to help combat the virus, funds that subsequently appeared to be lost.[49] The failings in contemporary politics were once again exemplified.

A Peace Process in Confusion

In October 2015, a Nationwide Ceasefire Agreement was signed in Nay Pyi Taw shortly before the government of President Thein Sein stood down. It soon became problematical and divisive. Only eight of the 21 EAOs in the peace discussions at the time signed the accord (or were allowed by the Tatmadaw to join the NCA process) of which only three are of any military size or political outreach: the Chin National Front, Karen National Union and Restoration Council Shan State. Subsequently, two more EAOs signed, including the New Mon State Party.[50]

The majority of EAOs, however, did not join, including several of the largest and most influential: notably, the Kachin Independence Organisation, Karenni National Progressive Party, (Kokang) Myanmar New Democratic Alliance Army, (Mongla) National Democratic Alliance Army, Shan State Progress Party, Ta'ang National Liberation Army, United Wa State Party and United League of Arakan-Arakan Army. For its part, the NLD initiated a 21st Century Panglong Conference to try and bring the different peace and reform elements together. But, despite four meetings during the 2016-20 period, there was no substantive breakthrough. The Tatmadaw did not halt military operations, conflict escalated in several parts of the country, and a number of EAOs remained excluded from the discussions and processes.

As a result, the conflict landscape became ever more complex during the NLD's time in office. In addition to the ten NCA signatories, there were numerically stronger EAOs that, in conflict terms, could be divided into two groups: those that had "bilateral" ceasefires with the government and those that did not (primarily members of a Northern Alliance in the northeast of the country).[51] In 2017, the KIO, SSPP, UWSP and four other EAOs – both ceasefire and non-ceasefire – came together to form a new Federal Political Negotiation and Consultative Committee (FPNCC) to try and initiate political dialogue by other means.[52] And, from 2018, the Tatmadaw and non-ceasefire EAOs also began announcing "unilateral ceasefires" of varying duration and value.

Confusingly, too, these configurations do not include numerous "pyithusit" (militia) and Border Guard Forces (BGFs), backed by the Tatmadaw, which are significant conflict actors in several parts of the country. Some of the leading groups are former ceasefire EAOs, such as the Democratic Karen Buddhist Army and Pa-O National Organisation, which have been brought under Tatmadaw command during the past decade in exchange for local authority and business rights. In essence, whether by strategic design or not, Myanmar's "peace process" has become one of the most labyrinthine in the world.

Since the SAC coup, the conflict landscape has become even more volatile. The NCA is effectively defunct, with the CNF and KNU ceasefires breaking down as well as the bilateral ceasefire of the KNPP.[53] Fighting has also escalated with the non-ceasefire KIO, TNLA and MNDAA in Kachin and northern Shan States. Meanwhile dozens of new militia groups have been formed across the country, which variously cooperate with either EAOs or the Tatmadaw. These can be distinguished as anti-SAC People's Defence Forces (PDFs), which generally support the opposition National Unity Government, and Tatmadaw-backed pyithusit and Pyu Saw Hti that support the SAC.[54]

In a marked spread of violence, this time conflict has also broken out in Bamar-majority areas, including Yangon and Mandalay, reflecting a new kind of civil war that has seen attacks and clashes in towns in the centre of the country. Today virtually all Myanmar's 14 states and regions are impacted by political violence. Only in Rakhine State has conflict halted, largely due to an informal ceasefire with the ULA-AA that followed the 2020 general election (see box: "The Anomaly of Rakhine State").

Under the NLD-Tatmadaw hybrid government, a moment of opportunity for national reconciliation was lost; efforts to promote health cooperation were limited; leadership rhetoric was not followed by long-term thinking or policy change; and the advent of the pandemic did not instigate social and political reforms for the better in the meantime. As events soon showed, these were to prove failures of historic proportions.

4. Covid overshadowed, political rivalries and conflict neglect

There have rarely been easy answers in the struggle against Covid-19 anywhere in the world. But, in Myanmar's case, five failings stand out: competition between the NLD and Tatmadaw over government authority; an inadequate health system; the failure to prepare a national response; unaddressed conflict; and, ultimately, interference by Tatmadaw leaders who were preparing to seize power themselves. Against such a dangerous virus, these five factors proved a lethal combination.

At the root of this failure was the first factor: the deepening struggle between the NLD and Tatmadaw. From the outset, Covid-19 appeared to trigger rivalries over who was in charge of addressing the pandemic. In mid-March 2020, the pro-military USDP organised a joint statement calling upon the National Defence and Security Council, which is Tatmadaw-dominated, to lead the country through the health crisis. In reply, NLD officials initially appeared to accept this special role through the formation of a Containment and Emergency Response Committee, announced by President Win Myint at the end of that month. Headed by Vice President Myint Swe, a former intelligence chief and today the SAC chair, half the 10-person committee was appointed from the Tatmadaw. Civil society organisations, in contrast, feared these moves were indication of a "weaponization" of the virus.[55]

Against this backdrop, health cooperation proved piecemeal and slow, highlighting the gravity of the next two factors: an inadequate health system and failure to prepare a national response. As lockdown measures were implemented, CSOs and health analysts warned how government policies were hurting the poor, failing to protect at-risk populations, including IDPs, migrants, prisoners and marginalised communities in both rural and urban areas.[56] The government's Covid-19 Emergency Response Project also lacked focus and direction. Fifty measures were laid out in the CERP relief planning document, but there was no clear logic, priority or context in the official approach.[57] While there was discussion of economic issues, key virus topics were neglected, including access to health and health equity, displaced populations, censorship, and coordination with ethnic health organisations and local community actors.[58]

As the first wave continued, these deficiencies were especially felt in the ethnic conflict-zones. The government's public health discourse largely targeted the Bamar Buddhist population. This leads to the fourth and fifth failings in the national response: conflict neglect and unilateral actions by Tatmadaw commanders who continued to carry out policies in their own way. As the Asia Foundation warned, there was "uneven collaboration" with the health programmes of local EAOs and CSOs upon which many communities relied.[59] Neither the NLD nor Tatmadaw prioritised ethnic politics or conflict resolution, exposing the weaknesses of the "hybrid" government. The peace process was stalling; the joint ceasefire monitoring committees for NCA implementation had stopped meetings since 2018; and there were no effective mechanisms to deal with disputes (see "Alternative networks and opportunities not taken").

Adding fuel to the tensions, the Tatmadaw leadership initially ignored António Guterres' global ceasefire call, explicitly rejecting any new agreement.[60] Instead, Snr-Gen. Min Aung Hlaing chose this moment to step up military operations on several front-lines, including against EAOs that were NCA signatories. A team of RCSS medics was attacked while carrying out Covid-19 awareness activities in Mongpan township;[61] both the NMSP and KNU were forced to close Covid-19 checkpoints;[62] and increasing numbers of villagers were displaced from their homes in northern Karen State where the Tatmadaw was accused of using Covid-19 as a cover to encroach

into KNU-administered areas. "Karen heartlands under attack," warned the Karen Peace Support Network (KPSN).[63]

Equally critical, the arrival of Covid-19 made little difference to Snr-Gen. Min Aung Hlaing's exclusion of Rakhine and southern Chin States from ceasefires.[64] Here, under the Tatmadaw's Western Command, the government continued with the imposition of tough security laws, internet shutdowns and the March 2020 designation of the ULA-AA as a "terrorist" organisation. This policy was soon to have detrimental impact on the struggle against Covid-19 in the country in both political and humanitarian terms (see box: "The Anomaly of Rakhine State").

First, the exclusion of the Western Command worsened the health situation and political tensions in what was the major conflict centre in the country at the time. There are no reliable figures. But, with Rakhine State already reeling from the Tatmadaw's expulsion of the Rohingya population in 2017, a further 230,000 civilians were displaced from their homes and over 250 civilians killed in fighting that escalated following the ULA-AA's exclusion from government ceasefires during the December 2018 to November 2020 period.[65] This time impacts were felt by Rakhine, Chin, Mro and other nationality communities in a pivotal border region adjoining Bangladesh and India.

The dangers of the worsening situation were tragically highlighted in mid-April 2020 when a WHO driver carrying coronavirus swabs for testing was killed in Minbya township. Tatmadaw and ULA-AA officials accused each other of culpability.[66] In response, student leaders warned that the local people were more afraid of "military attacks on civilian targets" than threats from the disease itself.[67] "The more important thing to focus on is to fight against COVID-19," Arakan Students Union representative Kyaw Lynn wrote.[68] The sense of political estrangement in Rakhine State was deepening.

And second, the tactics employed in the Western Command also had a negative impact in the country more broadly. Claiming security restrictions were needed to combat the spread of "fake news" about Covid-19, 221 websites were blocked.[69] The ban, however, affected not only Rakhine and Rohingya media but also reporting outlets that covered human rights and social justice issues in other parts of the country. As Amnesty International warned, the combination of censorship and human rights violations raised serious concerns about health capacity and delivery.[70] Easy and free access to information is an essential element in combatting Covid-19.[71]

To their detriment, no members of the government nor NLD leaders spoke out against this tightening of restrictions. Criticism, in contrast, by human rights and civil society groups was ignored.[72]

Ethnic tensions and second wave approach

In the meantime, the MoHS continued to lead the main Covid-19 response. But, despite public calls for joint initiatives, it took until late April 2020 for the President's Office to form a "Committee for Coordination and Cooperation with the EAOs for COVID-19 Prevention, Control and Treatment".[73] Headed by Dr Tin Myo Win, Vice-Chair of the National Reconciliation and Peace Centre (NRPC), the committee appeared ready to coordinate with both ceasefire and non-ceasefire movements. Despite the Tatmadaw's exclusion of the Western Command, the NLD-led government's policy would be one of "no-one-left-behind", regardless of ethnicity, religion or location.[74]

To begin with, the government announcement was broadly welcomed. Commendation came from the Ethnic Health Committee (EHC), the leading health network in EAO-administered areas (see, "Alternative networks and opportunities not taken").[75] But, as so often in ethnic politics, the government's implementation of policies was poorly handled. In the following weeks, the appointment of the new committee caused confusion – and sometimes competition – among the NLD, Tatmadaw, EAOs and political parties around the country. Communications were weak and trust remained poor. As Sai Kyaw Nyunt of the Shan Nationalities League for Democracy warned:

> "We welcome the formation of the committee. But it should be workable. It has

to be formed with a mechanism that is able to function. If it is only for the name sake, it is useless."[76]

In particular, there were concerns in civil society and ethnic opposition circles that – as is the case today – government programmes are designed to bypass local networks and extend central control into EAO-administered areas. Local groups feared that the new committee's formation implied a stratagem for further control. According to government officials, if a Covid-19 case was found in an EAO territory, the organisation had to "cooperate in accordance with" NRPC guidelines.[77] In reply, EAO representatives said that they preferred to deal directly with the local state health authorities rather than committees set up by the NRPC or President. These issues, however, were never addressed, and full capacity in engaging all health stakeholders in Covid-19 treatment and prevention was never realised or developed in the country.

There was also the question of the Tatmadaw. On 10 May, Snr-Gen. Min Aung Hlaing appeared to acknowledge the UN's global ceasefire appeal, announcing a four-month cessation in military operations to focus attention on the pandemic. The decision, however, appeared politically targeted rather than a qualitative measure supporting access to health care and nationwide peace. As critics noted, the government was due to report in the second half of May to the International Court of Justice about measures taken to protect the Rohingya population from "genocide".[78] In the event, there was no change of Tatmadaw policy in Rakhine State. The Western Command was again excluded from the ceasefire announcement. The message was explicit: military operations would continue in the country's major conflict-zone.

From this point, both the Tatmadaw and Brotherhood Alliance of the MNDAA, TNLA and ULA-AA continued to extend their own unilateral ceasefire declarations until the general election in November – and, subsequently, beyond. On 1 June, the Brotherhood Alliance issued a six-point statement, calling for cooperation in combatting Covid-19, political dialogue and bilateral ceasefires to "end civil war completely".[79] But, by mid-year, it was clear that the advent of Covid-19 had not made any significant change to Tatmadaw tactics, whether in Rakhine State or other conflict-zones in the country. Critics dubbed Min Aung Hlaing's "unilateral" ceasefire announcements "meaningless".[80]

Critically, frustrations with Tatmadaw tactics were also being expressed in other parts of the country. These included ethnic nationality territories where the new covid ceasefires were theoretically in place. During mid-year, fighting was reported in northern Shan State with the TNLA in Kutkai township, the SSPP in Hsipaw township and the RCSS in Kyaukme township.[81] Clashes, meanwhile, continued in northern Karen State where KNU leaders accused Tatmadaw commanders of using the twin smoke-screens of covid and ceasefires to double the number of troops.[82] Trust in the peace process, the KNU Supreme Headquarters warned, "had dwindled".[83]

These were not the only failures in Covid-19 policy and coordination. Not only were there divisions between the government's treatment of EAO NCA signatories and non-signatories, but also between NLD and Tatmadaw leaders themselves. Most obviously, when the non-ceasefire KIO refused to accept a small health care donation initiated by the NRPC, the Tatmadaw responded with its own presentation of protective equipment which it delivered into KIO territory by helicopter.[84] But, as KIO officials complained, there had been no prior negotiations or discussions.[85] Making the situation worse, both the NLD and Tatmadaw continued with their efforts to try and compel over 100,000 Kachin IDPs to move into government-controlled areas even though a ceasefire had not been achieved. Resentment in local communities was growing (see "Alternative networks and opportunities not taken").

During the following weeks, the Tatmadaw also made deliveries of Covid-19 equipment to other EAOs, including the KNPP, NMSP and UWSP.[86] But tensions remained, and the emergence of Covid-19 did not appear to lead to significant breakthroughs. Criticism was especially acute in Kayah State. Here peace meetings with the ceasefire KNPP had been suspended on health grounds at the start of the pandemic. Subsequently, however, civil society representatives accused NLD leaders of trying to use Covid-19 to improve the party's image while

ignoring the peace process. "They are so weak in implementing the building of a future federal union through negotiation," a Karenni peace support spokesperson warned.[87]

Protests soon began to break out in different nationality areas in the country. In late July, over 5,000 villagers called for the withdrawal of Tatmadaw troops in Dwelo township, northern Karen State, in response to the killing of a civilian.[88] The same month, an estimated 10,000 demonstrators joined a protest in Kyaukme, northern Shan State, following a series of killings and other human rights violations during Tatmadaw operations against the RCSS and TNLA.[89] Tatmadaw operations had increased, not declined, since the start of the pandemic. In response, the Tatmadaw's True News Information Team reported that the organisers of the Kyaukme protest would be prosecuted.[90]

Compounding the sense of exclusion, there were concerns that the government authorities were using Covid-19 as a means to strengthen their international position while marginalising local communities on the ground. In Kachin State, reports circulated that Chinese officials were offering the Tatmadaw priority in Covid-19 aid in return for supporting Chinese interests in the territory, including rare earths extraction and the suspended Myitsone hydropower dam.[91] In Karen State, meanwhile, CSOs alleged that the Tatmadaw was expanding control by "virus warfare", accusing the international community of backing the government's "centrally-controlled measures".[92]

It was, however, in Rakhine State that the humanitarian crisis was now most extreme. Both NLD and Tatmadaw leaders appeared impervious to international human rights criticism as conflict continued and IDP numbers continued to rise. Here government actions were especially detrimental to Covid-19 prevention, with consequences that were soon to affect the whole country. Rakhine, Rohingya, Chin and other local peoples were in the front-line of its impact (see box: "The Anomaly of Rakhine State").

On the Rohingya question, the government took no steps to return the estimated one million-strong population sheltering in refugee camps and exile in Bangladesh. Meanwhile, as Covid-19 began to spread, over 140,000 Rohingya IDPs remained living in precarious conditions in northern Rakhine State, forbidden to return to their homes.[93] The prospects for "durable solutions and justice remain elusive", warned Christian Aid in a joint statement with 12 other humanitarian INGOs released in August 2020.[94]

Parallel to this block on the Rohingya population, the Tatmadaw intensified military operations against the ULA-AA. According to Amnesty International, while the government was urging the Myanmar public to stay at home to prevent Covid-19, "in Rakhine and Chin states its military was burning down homes and killing civilians in indiscriminate attacks that amount to war crimes".[95] Internet restrictions continued in eight (initially nine) townships;[96] journalists and peace demonstrators were arrested;[97] and military offensives, including air strikes, were stepped up in rural areas.

Adding to the crisis, the Tatmadaw stepped up the use of "terrorism" charges, the Penal Code and the 1908 Unlawful Associations Act, inhibiting health workers and the movement of local people who feared accusations of ULA-AA sympathies and arrest. Another legal development was the use of the Natural Disaster Management Law, a reference to the classification of Covid-19 as a "natural disaster", to target individuals and stop protest movements.[98] Ultimately, according to the Thazin Legal Institute, more than 200 people were charged under the Counter-Terrorism Law during the Rakhine State conflict.[99]

The consequences were profound. During a critical period as Covid-19 was spreading, some of the most vulnerable communities in the country lacked access to information, health services and adequate hygiene facilities. Daily survival was the main priority rather than Covid-19 prevention, and efforts by health workers, CSOs and CBOs to develop local networks and responses were undermined (see "Alternative networks and opportunities not taken").

There was little surprise, then, when the number of Covid-19 infections began to increase during August, noted principally in Rakhine State and then spreading to Yangon and other parts of Myanmar.[100] Cases continued to be under-counted, and there was little health data from

many parts of the country. But by the end of the month, recorded numbers had more than doubled to 887 cases, with six dead and 357 recoveries, nearly half of which occurred in the conflict-zones of northern Rakhine State.[101] Finally, this appeared to set off alarm bells ringing in Nay Pyi Taw, and the government responded by imposing new Covid-19 restrictions, first in Rakhine State and, a few weeks later, in Yangon. Myanmar's second wave had now begun and, unlike the first wave, it was being spread via local transmissions.

The 2020 polls and descent towards military rule

A critical moment in post-colonial history was approaching. The acceleration in Covid-19 cases, however, did not deter NLD leaders from their political timetable. Rather, from this point, the day-to-day landscape in the country was overshadowed by two competing challenges: the 2020 general election and the struggle between the NLD and Tatmadaw for government power. Covid-19 was no longer at the centre of the national agenda.

For its part, the NLD continued to project political life as normal. Amidst Covid-19 restrictions, a reduced 21st Century Panglong Conference took place in Nay Pyi Taw in the second half of August, two years after the previous meeting. Here there was a brief discussion of federalism among NLD, Tatmadaw and NCA signatory EAOs, and a further 20 principles were agreed for a future Union Accord. But, with the peace process in difficulties, the only key outcome for the signatory EAOs was that the NCA should continue after the general election; i.e. achieving political reform and nationwide peace would have to be addressed during the life of the next parliament.

Going ahead with the elections, though, was more controversial. Due to Covid-19 and the continuing fighting, not everyone was happy with the NLD's decision to proceed with voting. During the following weeks, there were calls in a number of political circles for the polls to be postponed due to the risks of transmission in public gatherings and campaigns. Those objecting included actors linked to the Tatmadaw. In a joint statement, the military-established USDP and 23 other opposition parties expressed their concerns over the "virus surge".[102]

However, despite the rising numbers of infections, there was never any real prospect of the NLD agreeing to delay a general election that it was widely predicted to win. "It is better to face the danger," said party spokesperson Monywa Aung Shin.[103] It should be stressed, too, that, while there were concerns over government behaviour in a number of ethnic nationality areas, the NLD was generally considered to have done a good job among the Bamar-majority population in their response to the Covid-19 emergency (see "Early actions and the pandemic first wave"). The surge in cases did lead to "stay-at-home" orders in Rakhine State, Yangon Region and townships in several other areas during the campaign period from 8 September to 6 November. But, as the leading movement for democratic change, the NLD's popularity remained undoubtedly high.

The country thus went to the polls on 8 November, with the NLD gaining another resounding victory. Although there were criticisms of voting conduct and pandemic restrictions, opinion was widespread that, with or without Covid-19, the NLD's victory was never in doubt. The party gained seats from both the USDP and ethnic nationality parties in what journalists dubbed Myanmar's "Covid election".[104] On the basis of an increased mandate, the political ball appeared very much in the NLD's court, and hopes grew among supporters that party leaders would now move on to a full programme of social and political reform during a second term in office (see box: "The 2020 General Election").

Such optimism proved short-lived. In the following months, the consequences of going ahead with the election began to catch up as the second wave accelerated in different parts of the country. By the start of the New Year, the official number of Covid-19 cases passed 125,000, with over 2,500 deaths. Many communities also experienced deepening poverty, unemployment and food insecurity.[105] Nevertheless the government's social protection measures were deemed to be working generally well, and in January the country received its first batch of 1.5 million doses of the AstraZeneca Covid-19 vaccine (Covishield) as a gift from the government of

India.[106] In international terms, the health threats from the pandemic still appeared relatively contained in Myanmar.

This proved to be the calm before the storm. In the election aftermath, Snr-Gen. Min Aung Hlaing and the Tatmadaw leadership began a series of manoeuvres to reassert their authority over the political landscape. Initially, these were little noticed. But, as an indicator, two initiatives stood out: claims by Tatmadaw and USDP officials of election irregularities which they blamed on the NLD; and an informal ceasefire that was unexpectedly made with the ULA-AA following the polls.[107]

It was to take time for the full implications of both these actions to become clear. In the case of the elections, while not perfect, polling was generally considered to be "free and fair" in constituencies where voting went ahead.[108] For their part, both the USDP and Tatmadaw also used tactics to seek advantage at the ballot-box that met with criticism at the time.[109] There has never been, however, an independent investigation of subsequent USDP-Tatmadaw claims of election fraud. Within three months, Myanmar was under military rule again – and in July 2021 the SAC declared the results null and void.

Meanwhile, there was a very different change in Tatmadaw policy in a second key area: Rakhine State. Here resentment had remained high among the majority Rakhine population over three issues: the exclusion of the territory from ceasefires, the NLD's determination to win state elections over Rakhine parties, and the government's handling of Covid-19. Against this backdrop, conflict continued until the day of the polls, and voting was cancelled by the Union Election Commission in nine of the 17 townships – all areas where the Arakan National Party (ANP) was expected to win.[110] Despite this, the ANP still won a majority of the seats in the state, albeit by a reduced margin. But this only increased political frustrations.

Snr-Gen. Min Aung Hlaing's attempt to achieve rapprochement with the ULA-AA thus marked a dramatic – and ultimately unsettling – indication of mood change by the Tatmadaw leadership. While international actors hoped that the ceasefire would kick-start the faltering peace process, actions in Rakhine State soon proved

The 2020 General Election

Despite investigations over irregularities that followed the SAC coup, independent monitors considered that the 2020 polls were generally held in "free and fair" conditions in constituencies where voting officially proceeded. Five factors especially contributed to the scale of the NLD victory.[111]

- Covid-19 strengthened the advantage of the incumbent government, with the NLD dominating the media and gaining intensive coverage for public health activities.
- Despite prohibitions on public gatherings, restrictions on campaigning due to Covid-19 adversely affected ethnic nationality and small parties very much more than the NLD and USDP, both of which continued to hold large rallies. In a constricted election year, it was very difficult for less-resourced parties to make policies widely known.
- With conflict continuing, voting was cancelled for alleged security reasons in a record number of constituencies where nationality parties were expected to do well.[112]
- Myanmar's "first-past-the-post" voting system always delivers a clear victory for the winning party among the ethnic Bamar majority – in this case the NLD.
- A victory for the NLD was widely regarded as the most likely way to end Tatmadaw dominance in national politics. Aung San Suu Kyi, especially, remained a figure of enduring popularity in the country.

very much the exception to the new Tatmadaw rules.[113] In effect, after two years of offensives, the military leadership was attempting to neutralise the dynamics in the most active conflict-zone in the country.[114] Caution remained widespread among the Rakhine State population. But, following experience of the NLD in government, antipathy towards the NLD was – and still is – evident in many parts of the territory and, since the SAC coup, political trends have generally diverged from the rest of the country (see box: "The Anomaly of Rakhine State").[115]

Into 2021, political tensions remained high. The Tatmadaw officially extended its unilateral ceasefire in the country until the end of January.[116] During the month, official figures suggested that the second wave was beginning to fall, raising hopes that the country might escape the worst of the pandemic. But both Covid-19 and the peace process had to take second place to political jockeying between NLD and Tatmadaw leaders over the composition of the next government. Across the country, all eyes were on developments in Nay Pyi Taw.

In the event, the decision over the new government was taken from the NLD's hands. On 1 February, Aung San Suu Kyi and other senior officials were arrested, and Snr-Gen. Min Aung Hlaing announced the formation of the military SAC. After a decade of quasi-civilian government, electoral politics were brought to an end.[117]

In the coming months, there were to be many victims of the political turbulence that followed. Among these, the struggle against Covid-19 and for the health rights of Myanmar's peoples became prime casualties.

5. Alternative networks and opportunities not taken

Ultimately, the failures to make health progress can be considered political, a plight highlighted by the February coup. But this did not mean that health initiatives have come to an end. Covid-19 knows no borders, and the experience of Myanmar is no different. In both government and non-government circles, concerned actors have tried to address the spread of the pandemic, both before and after the coup. In this regard, one of the greatest weaknesses in the national response is the failure to recognise the diversity of organisations seeking to provide health care and fashion a united response. Alternative histories have always existed in Myanmar, but they have routinely been denied amidst the conflict and repression of the past decades.

Among civil society groups, this criticism of denial by the central authorities and socio-economic elites is made for the country more generally. But during the past two years, the experience of neglect has been especially acute in the ethnic states and border regions, in particular those facing the additional burden of conflict. Here health services provided by the government have long been poor or non-existent, a reality that Covid-19 quickly exposed. But such marginalisation has never been a reason for inertia or despair among local communities – rather a cause for action and complaint.

Today there are many organisations and networks seeking to address humanitarian challenges and deliver their own systems of health care. Their histories are not always well known. But understanding of their activities, as well as their inclusion in national programmes and perspectives, is vital if the country is ever to achieve a sustainable path towards nationwide peace. Under the Myanmar National Health Plan (2017-2021), the MoHS had, in fact, already set out the need to promote the participation of different health stakeholders in the country, including EHOs whose role was acknowledged in improving the supply of health care services.[118] But these plans were never fulfilled. Rather than being a cause for national reconciliation, Covid-19 further illustrated the lack of national purpose and direction, forming the backdrop to a new generation of socio-political breakdown in the country. It is long since time to consider and deliver alternative approaches to national health policy.

Health delivery in adversity: the ethnic conflict-zones

Given the backdrop of conflict, the following summary does not seek to be inclusive but rather to provide a snapshot of activities in different parts of the country during a time of national crisis.

In Myanmar today, a raft of challenges faces at-risk communities in the ethnic states and regions: conflict, unstable ceasefires, displaced populations, irregular transportation, poor infrastructure, weak supply chains, language barriers, lack of funding, and a low priority by the government in providing access to health care. Travel in upland areas is especially challenging during the rainy season, when many outlying villages can only be reached either on foot or by motorcycle.

Underpinning the challenges of health delivery are two harsh realities. First, decades of civil war have left a legacy of suffering and deprivation among the civilian population in many parts of the country. As part of government counter-insurgency campaigns, the Tatmadaw has for many decades enforced largescale relocations of local communities in the attempt to deny armed opposition groups popular support. In these operations, human rights violations targeting civilian populations have long been endemic, with the fundamental rights to life and health frequently denied. All the peoples of Myanmar have suffered. But in a country where minority nationalities make up an estimated third of the population, it is non-Bamar territories where the divisions of conflict have longest endured (see box: "A Country on the Move: IDPs, refugees and migrants").

This leads to the second important consequence: decades of discrimination and neglect have led to the perception, and frequent accusation, that non-Bamar peoples are treated as second-class citizens in their own country. In government today, the marginalisation of non-Bamar peoples very often appears systemic. As a result, there is distrust in many communities of government departments that are ethnic Bamar-dominated, a problem that is deeply-rooted in staff recruitment to the national health system, especially at the higher echelons. As a 2018 study by the Three Millennium Development Goal Fund (3MDG) warned, few senior staff have been trained or recruited from local communities to serve in rural health facilities.[119] Such lack of representation then creates a potential language barrier, fuelling the perception that government health facilities are an ethnic "Bamar" institution and discouraging local use of their services.

In this vacuum, many communities in conflict-affected areas of the country have long relied on service provision by non-state actors. But, operating under challenging circumstances, there are often limitations to the services that they can provide. Until recently, non-governmental health staff in these areas have rarely been linked to the Myanmar national health system protocols, and many personnel have qualifications and practices that are largely based on those of neighbouring countries, especially China and Thailand. As a result, there are inconsistencies and shortfalls in key health areas, especially surgery, medical supplies and technical support. However, as the 3MDG study found, "health staff motivation is high" compared to the government system, "as people are eager to serve their communities".[120]

Today a diversity of EAOs, EHOs, CBHOs, CSOs and faith-based groups provide basic health care to the civilian population in areas that are under ethnic opposition influence or control.[121] Initially, EAO health departments were formed during fighting with the central government, but a number developed extensive outreach during subsequent years. As a consequence, a split was often perceived to exist in health policies and initiatives in earlier decades, with aid programmes considered to be delivered from "inside" (government-controlled) or "outside" (borderland) areas. But, after political transition was initiated in 2011, these distinctions became less clear, and non-governmental capacities were developed and sustained in a greater variety of ways.

The Karen Department of Health and Welfare (KDHW), for example, was set up by the KNU in 1956, and today claims to be providing primary health care to more than 350,000 people in "hard-to-reach and conflict affected areas" in the southeast of the country.[122] Principal outreach is in Karen State and Tanintharyi Region, as well as outlying territories in Mon State and Bago Region. But the KDHW also liaises with other EHOs and CSOs as well as other EAOs, government health authorities, NGOs and INGOs in the Thai border area, where there is especial focus on migrant workers, IDPs and refugees.

Similar traditions are claimed by the Karenni Health Department (KHD), set up by the KNPP in Kayah State to the north. In 1997, the Karenni

Mobile Health Committee was formed to increase local outreach and, following the KNPP's 2012 ceasefire, the KHD joined with the health departments of five smaller armed groups[123] to establish the Civil Health and Development Network (CHDN). Particular strengths include maternal and child health, non-communicable diseases, and malaria treatment and control. By 2019, the network was operating 24 clinics, covering 547 villages and serving 57,000 people.[124] These programmes, however, have been greatly disrupted by the conflict and massive civilian displacement that followed the SAC coup.

Most recently, the Ethnic Health Committee has played a key networking role in the southeast of the country. The EHC was founded in 2019, partly in response to concerns that international organisations were withdrawing aid from border areas to work through UN agencies in Yangon.[125] Since this time, the EHC has sought to coordinate health activities between different EAOs, EHOs and other local actors. Karen, Karenni, Mon and Shan organisations have been principally involved. But the EHC also liaises with health teams in Kachin State and the Chin State borders with India.

As with public health programmes, it is difficult to estimate EHC reach or delivery. Karen, Karenni, Mon and Shan EAOs claim extensive health programmes. But among NGO members, for example, the Mae Tao Clinic aims to provide health care for a targeted 150,000 people in the Karen State-Thailand borders, while the Back Pack Health Work Team, which works with eight EHOs and CBOs, claims to reach a population of 675,000 in ten of the 14 ethnic states and regions under its health convergence initiative.[126]

Other effective examples of EAO and non-governmental health networks exist in the northeast of the country. Here there is liaison between seven EAO NCA non-signatories in the Yunnan borderlands where, in 2017, a Federal Political Negotiation and Consultative Committee was formed to try and revitalise the peace process (see box: "A Peace Process in Confusion"). Both ceasefire and non-ceasefire EAOs are involved, including Kachin, Kokang, Shan and Wa movements. All seek to promote health outreach, and the two strongest forces – the KIO and UWSP – have set up clinics and hospitals in their administered areas, with the KIO especially focusing on rural health centres. In its latest annual report, the KIO Health Department claims to have treated 312,588 patients in its seven regional departments.[127]

Despite its large control area, health provision in UWSP territories has historically been more limited, originating from the time when the region was under control of the Communist Party of Burma and had a more military purpose. Since its 1989 foundation and ceasefire, however, the UWSP has expanded health delivery with the help of UN agencies, INGOs and cross-border support from China to focus on the civilian population.[128] Today there are three hospitals at the "Wa capital" Panghsang (Pangkham): UWSP-established, private and government. And as with the KIO, many of the staff have undergone health training in Yunnan Province.

Against this backdrop, many EAOs and CSOs were quick to respond to the emergent threat of Covid-19 in March 2020. Larger EAOs set up Covid-19 Response Teams, while CSOs across the country added their support to calls for a "covid ceasefire" (see "Early actions and pandemic first wave"). In borderland territories, especially, there were concerns about transmission, the plight of IDPs and the movement of migrant workers, many of whom were seeking to travel home. Hundreds of thousands of people were on the move (see box: "A Country on the Move: IDPs, refugees and migrants").

A key area of concern about the virus was along the Thailand border. Here a number of non-state health actors sought to put in place preventive measures and monitor movement, including the KNU, KNPP, NMSP and RCSS.[129] The largest programme was set up by the KNU, which established a Covid-19 Pandemic Emergency Response Team to coordinate efforts in its seven administrative districts. Within a month, 49 screening posts had been set up, and the response team began health worker trainings, education campaigns and distributing essential toolkits in local communities.[130]

A similar rapid response was reported in Kayah State where 29 medical check-points were set up by the CHDN: 23 in KNPP-administered areas

and the rest in the Shan State borders controlled by another ceasefire EAO, the Kayan New Land Party.[131] In the Mon and Karen State borders, too, the NMSP's COVID-19 Control and Response Committee rolled out a preventative programme, although frustration was expressed at the lack of support from the government side.[132]

In northeast Myanmar, meanwhile, the same pattern of events was underway. In Kachin State, the KIO was again the leading non-state health actor, importing test kits from China and Singapore, initiating public health campaigns, monitoring travellers and building hand-washing stations and quarantine facilities.[133] CBOs and faith-based groups also stepped up health activities in tandem, and in May 2020 a Covid-19 Concern and Response Committee-Kachin was formed by volunteers and 12 local CSOs.[134] Kachin health teams were also active in northern Shan State, where the KIO's FPNCC allies, the MNDAA, SSPP and TNLA, initiated preventative programmes of their own. Of the four EAOs in this network, only the SSPP has a ceasefire with the government.

Further east in the Yunnan borderlands, two other FPNCC members, the UWSP and NDAA, also put their administered territories into lockdown, spraying vehicles with disinfectant and testing travellers at rural checkpoints with thermometer guns. To mitigate the spread of the pandemic, the UWSP proclaimed a policy of "early detection, early reporting, early isolation and early treatment".[135] Like the SSPP, both EAOs have had truces with the government since 1989. But, in their territories, the cross-border influence of Chinese health authorities is explicit. Reflecting this, by a symbolic quirk of timing, President Xi Jinping himself visited a Wa township on the Yunnan side of the frontier on 20 January, three days before Wuhan in China was put into lockdown.[136] As Covid-19 emerged, non-state actors in Myanmar had multiple sources of health advice and news.

The failure of the peace process

The question, then, among nationality parties was whether Covid-19 might make a difference in unlocking the country's stalled peace process. Across the country, diverse health actors were vigilant and ready. For this reason, there was initial optimism when, in late April 2020, the government formed the Committee for Coordination and Cooperation with EAOs to contain the spread of the pandemic. These hopes were strengthened in May when, recognising the UN's global ceasefire call, Snr-Gen. Min Aung Hlaing announced a unilateral halt to military operations in order to concentrate on Covid-19.

In health circles, the need now was to move on from rhetoric to meaningful policies and cooperation in facing the pandemic together. The imperative was explained by Saw Nay Htoo, EHC joint secretary and director of the Burma Medical Association:

> "We need mutual respect and a mechanism for the government's health departments and EAOs' health teams to work together… It is impossible to implement if the sound of gunshots continues to occur in ethnic regions. It is really important to stop the war in the country. Then we can pay attention to the fight against the COVID-19 pandemic. In the next steps, we can restore peace in the country."[137]

Progress, however, proved to be minimal in the following months, becoming a major source of criticism against both the Tatmadaw and NLD. This was not the fault of public health workers, many of whom continued to work in difficult and often dangerous conditions. But during a time when community leaders across the country were calling for peace and reconciliation, the government authorities pursued policies that marginalised local capacity and organisations rather than supported health cooperation and delivery. Moreover, the humanitarian crisis in Rakhine State was explicitly ignored, with the Tatmadaw excluding the territory from a halt to government ceasefires (see "The Anomaly of Rakhine State").

A list of failures quickly built up. Non-governmental and non-state actors were detailed in their complaints.[138] Major weaknesses included: routine health care provisions became paralyzed; public health workers did not receive a clear mandate to increase collaboration; no focal person was appointed within the MoHS to coordinate with health organisations in EAO-

administered areas; emergency referrals became difficult from EAO territories to government hospitals; distinctions were made by the government in aid cooperation between NCA signatories and non-signatories; and information-sharing updates were delayed or did not happen, negatively affecting the development and implementation of Covid-19 guidelines and programmes.

Compounding the difficulties, the government authorities began to issue strict, and often impractical, guidelines as to how EHOs should conduct Covid-19 activities in EAO-administered areas. This had the impact of undermining otherwise well-intended plans. In Kachin and Shan States, for example, the Committee for Coordination and Cooperation made efforts to contact EAOs for collaboration on border control measures, offering funding to EAO-run quarantine centres.[139] But trust was weakened by the lack of discussion over planning and implementation as well as competition between Tatmadaw and NLD officials over who was leading the national response (see "Covid overshadowed, political rivalries and conflict neglect").

Similar confusion reigned in Kayah State. Here government officials told the Civil Health Development Network to focus its Covid-19 response only in EAO-administered areas, but other aid activities related to Covid-19 should be delivered through state mechanisms. From a community point of view, such a split was unworkable, causing local health actors to circumvent bureaucratic instructions by informal arrangements with township-level health departments. At this time, there were no reported Covid-19 cases in Kayah State. But these ad hoc agreements failed to work. With health cooperation going into reverse, non-governmental actors were even unsure whether they could continue to attend meetings with the public health authorities. According to a KNPP representative:

> "The government wants to monopolize Covid-19 responses in our territory. The government approach is very centralized: everything must go under their control. For us, we need to play a role. It is very wrong for the government to try to monopolize authority during a pandemic."[140]

As the weeks passed by, a common set of criticisms began to emerge. Whether in NCA or non-NCA territories, the issues of administration and control were constant themes. Health workers across the country compared the staff of government departments unfavourably, especially at the central level, with those of NGOs and international aid agencies who work at the grassroots in local communities. Government authorities, in contrast, were perceived to be treating non-state health networks as peripheral, maintaining the Nay Pyi Taw focus on "politics" and not on "health".[141] Explained an RCSS health representative:

> "The government acts like Covid control is a job confined to them. They do not want to consult with EHOs or accept collaboration from EAOs. If the situation gets worse, they cannot do it alone. The RCSS also gets banned when covid assistance is delivered. We already have a ceasefire, so why can't we help our own areas? The government acts like they are the sole saviours."[142]

Precious time was lost. As the virus passed from its first to second waves, CSOs and non-state actors continued to put up policy proposals to try and improve health cooperation and delivery.[143] These included the acknowledgement of different health systems; respect for local autonomy; the mobilisation of diverse actors; collaboration with international aid organisations; increased information-sharing to improve the capacity of health actors to respond; and the need for donors to provide financial assistance directly to local health teams rather than attempting to channel it through the central government. If the international community relied on the NLD administration, community leaders feared, support might never arrive to EAO areas.

Ultimately, none of these issues was adequately addressed. The neglect of peace-building and lack of health inclusion had a destabilising impact, laying the foundations for a new generation of grievance in many parts of the country. As Covid-19 spread, this was most explicit in two areas: the over-focus by government on security measures; and the ill-treatment of peoples living in the conflict-zones. Alternative voices were not quiet, but they were ignored.

The Anomaly of Rakhine State

Until the informal ceasefire with the ULA-AA in November 2020, the most exceptional example of health failure was under the Tatmadaw's Western Command, headquartered in Rakhine State. Here, in the tri-border region with Bangladesh and India, Rakhine, Rohingya, Chin and other local peoples lived in conditions of daily violence and repression. As pandemic fears increased, an Arakan Humanitarian Coordination Team was set up to pursue cooperation between CSOs and the public health authorities, especially in the establishment of quarantine centres.[144] But health partnership between different providers proved impossible amidst censorship, internet restrictions, arrests of civilians, and frequent fighting.

The issue of the ULA-AA also stood in the background. The security clampdown, while ostensibly aimed at EAOs, stilled the voices of CSOs, journalists and humanitarian actors who risked "terrorist" charges if they were deemed to be providing help to groups fighting the government.[145] For their part, the NCA signatory EAOs lobbied the Committee for Coordination and Cooperation to include non-signatory EAOs, including the ULA-AA, in Covid-19 programmes and negotiate effective rules for health engagement. "Covid-19 is a global and national issue, and it is necessary to collaborate," said a KNU spokesperson.[146]

Meanwhile, the humanitarian plight of the Rohingya population remained unaddressed. In the wake of the Tatmadaw's 2017 offensive, families were still scattered between IDP settlements in Rakhine State and refugee camps in Bangladesh. During 2019-20 over 230,000 new IDPs, mostly Rakhine and Chin, were added to the displaced numbers. As Yanghee Lee, UN Special Rapporteur on Human Rights in Myanmar, warned:

> "While the world is occupied with the Covid-19 pandemic, the Myanmar military continues to escalate its assault in Rakhine State, targeting the civilian population."[147]

Only in the aftermath of the November election did Tatmadaw policies change with a dramatic volte-face towards the ULA-AA. But great damage had already been done. In mitigating the spread of Covid-19, failure to reach out to the people and address the conflicts in Rakhine State – both Rakhine and Rohingya – proved a fatal mistake, with consequences that linger today.

Civil society warnings and health rights denied

While the peace process faltered, civil society organisations were quick to recognise the worsening crisis. Criticisms of actions taken by the government were voiced from the beginning of the pandemic. As early as April 2020, CSOs demanded that Covid-19 should not be used "as a cover for human rights abuses";[148] in May Karenni youth groups and political activists accused the state government of overstepping its powers in implementing Covid-19 measures by issuing a ban on speeches, writings and activities considered defamatory to the authorities;[149] and in June the Karen Peace Support Network accused the Tatmadaw of destroying community defences against Covid-19.[150] The KPSN warned that the continued incursion by Tatmadaw forces into KNU-administered areas:

> "...violates the Karen people's right to protect their own health, and increases the risk of the spread of the disease...This makes abundantly clear the hypocrisy of the Burmese government's claims to be 'leaving no one behind' in their Covid-19 response."[151]

CSOs expressed similar concerns in Kachin State. During May, the Covid-19 Concern and Response

Committee-Kachin facilitated discussions between the KIO Covid Response Committee and the Kachin State government. However, following a reshuffle of Tatmadaw troops, clashes resumed in June; the Tatmadaw destroyed a KIO Covid-19 border checkpoint run by community health workers; and the Tatmadaw prohibited the International Committee of the Red Cross from distributing Covid-19 prevention materials to the KIO. Warned Dan Seng Lawn, director of the Kachinland Research Center:

> "These clashes occurred despite the Tatmadaw's declaration of a unilateral, three-month ceasefire in Kachin State. So, unfortunately, I think that the peace process right now is really at rock bottom."[152]

Sadly, reflecting the political failures of the past, none of these voices was listened to or acknowledged. By mid-year, criticisms of Tatmadaw incursions and interdictions of health programmes were coming in from many parts of the country. Health workers continued to feel at risk, whether in territories administered by NCA EAO signatories or non-signatories. There were no effective mechanisms for dispute resolution, and both the NCA and 21st Century Panglong Conference appeared to be running out of momentum. Public demonstrations against Tatmadaw operations in Karen and Shan States during July were the most visible evidence of local unrest. But, by this stage, it was quite likely that Tatmadaw leaders were already deciding on a different trajectory for future national politics. The fourth 21st Century Panglong Conference in August, with limited attendees, did not address these failings (see "Covid overshadowed, political rivalries and conflict neglect").

Against this backdrop, perhaps the most untimely denial of health rights was in the neglect, and frequent mistreatment, of IDPs, who constitute one of the most vulnerable population groups in the country. Both NLD and Tatmadaw authorities were involved in these actions, which came at a critical stage during Covid-19's early transmission. This neglect continues to be a cause of criticism, mistrust and potential virus spread.

Covid-19 now brought the IDP plight into urgent focus. In November 2019, on the eve of the pandemic, the NLD administration had launched a "National Strategy on Resettlement of Internally Displaced Persons and Closure of IDP Camps", a move that had sent shockwaves through areas where conflict continued. At the time, IDP numbers were estimated to be around 350,000, predominantly located in Chin, Kachin, Karen, Kayah, Karen, Rakhine and Shan States. But local humanitarian workers assert that the numbers displaced or affected was considerably larger than those who have moved into formal camps. Under government pressure, humanitarian aid had been in decline to IDP camps in the Kachin and northern Shan States since 2015, while the number of Rakhine, Rohingya and Chin IDPs in Rakhine and Chin States was still increasing (see box: "A Country on the Move: IDPs, refugees and migrants").

Aware of the looming crisis, over a hundred representatives of CSOs, local and international NGOs, Western embassies and the UN met in Myitkyina in mid-March 2020 at a conference hosted by the Kachin Humanitarian Concern Committee and Joint Strategy Team to discuss the plight of IDPs in the light of the new emergency and government closure policy.[153] Describing IDP camps as "Covid-19 tinderboxes", Human Rights Watch called on the government to lift restrictions on health care, civilian movement, the Internet, and humanitarian aid.[154] For its part, the Ministry of Social Welfare and Resettlement held a video conference with UN agencies on 27 March after which the government adopted an "Action Plan for the Control of Covid-19 in IDP Camps", based upon the principle of "no one is left behind".[155]

Subsequent months, however, told a very different tale. With Tatmadaw operations continuing, it became ever more challenging for displaced persons to comply with the government's "stay at home" orders. There was no systemic change in government policies nor collaboration with local health actors. Transport and travel restrictions had a negative impact on livelihoods and the availability of food; IDPs were barred in many places from going outside their camps to farms or workplaces in nearby towns; promised assistance did not arrive;[156] access to public health education, medical services and protection equipment was very limited; and, with poor testing capacity, the number of reported cases from IDP camps was low and, most certainly, undercounted.

In these gaps, it was very often local organisations, supported by international agencies and donors, who sought to address Covid-19 needs and humanitarian shortfalls for the displaced communities. But, with the government focused on the 2020 general election, frustration and resentment were growing. The following months continued to reflect high drama; the NLD won a landslide election victory; and, among the Bamar-majority population, the party was generally considered to have done a good job in addressing the pandemic (see box: "The 2020 General Election"). But in many nationality communities, the neglect of IDPs was another example of the marginalisation of non-Bamar peoples, political failures and the missed opportunities for peace.

As Myanmar passed through its second wave, a worrying sense of complacency was setting in. On the surface, preventive measures appeared to be working, and diverse health actors continued their efforts to address the coronavirus threat. But, in many communities, sentiment was widespread that, rather than focusing on Covid-19, the different government authorities, whether NLD or Tatmadaw, were using a "sticks and carrots" approach to advance political agendas of their own.

For a moment, the Tatmadaw's ceasefire with the ULA-AA in the election aftermath appeared to open a new window for potential change. With the Tatmadaw, however, stepping up military pressures against the KNU during December and

A Country on the Move: IDPs, refugees and migrants

The many people who have been dislocated or forced to move from their homes are among the most vulnerable populations in Myanmar. This is a long-standing phenomenon, which first became systematised from the mid-1960s when the Tatmadaw began "regional clearance" operations (also known as the "Four Cuts") against armed opposition movements in the Ayeyarwady Delta and Bago Yoma highlands.[157] Since this time, the scale and scope of displacement have grown extensively, reaching to every ethnic state and region. Whether through poor living conditions or lack of security and access to health care, these marginalised populations have been prime sufferers to both covid and conflict during the past two years. Overcrowding, food shortages and lack of shelter and clean water further increase their risk of infection.

Designating classifications, though, for the different kinds of displaced peoples can be difficult. There are many overlaps, circumstances can change, and families and individuals may have different reasons for moving at any given time. There has also been substantial internal migration in several parts of the country during the past three decades, highlighted by worker movement to jade mines in Kachin State or population dislocation after Cyclone Nargis in 2008 in the Ayeyarwady Delta when almost 140,000 people died. But, in general, "displaced peoples" are considered to exist in three main groupings: internally-displaced persons (due to armed conflict), refugees in cross-border camps, and migrant workers to neighbouring countries, many of whom also began their journeys as refugees, IDPs or had left their homes for security reasons.

All three groupings have been significantly affected by the health and economic impact of Covid-19, and for many the situation further deteriorated following the SAC coup. There are no exact figures.[158] The number of new IDPs since the coup has risen above 230,000 people, of whom over 76,000 are children.[159] The majority are in Kayah State and neighbouring Pekhon township in Shan State (100,000), Karen State (70,000), Chin State (35,000), Kachin and northern Shan States (20,000), and the adjoining Magway and Sagaing Regions (40,000). Combined with IDPs and refugees previously displaced, the total number of people who have had to flee their homes due to conflict, predominantly as a result of Tatmadaw attacks,

is now more than 1.6 million people. All are presently living in conditions of humanitarian emergency or concern.

The largest recognised refugee populations are in Bangladesh (around 1 million, mostly Rohingya) and in Thailand (around 90,000, mostly Karen and Karenni). The largest existing IDP populations at the time of the coup were in Kachin and northern Shan States (around 110,000, mostly Kachin and some Kokang, Shan and Ta'ang) and northern Rakhine State and adjoining Chin State (around 350,000, mostly Rakhine, Rohingya, Chin and Mro). In one exception to the displacement trends, increasing numbers of ethnic Rakhine IDPs have begun to return to their homes since the ceasefire by the ULA-AA in November 2020. But humanitarian conditions remain generally unstable in both Rakhine and Chin States, as well as Magway and Sagaing Regions, due to both covid and the coup.[160] The plight of the Rohingya population, meanwhile, has not changed.

A similar uncertainty exists about migrant populations. Due to the nature of migration from Myanmar, which may often be illegal or conflict-related, there are no reliable figures as to how many migrants are living in other countries, their general health conditions, and how many have returned due to Covid-19. The largest population, generally estimated to be around three million, is in Thailand. But there are also large numbers in India (around 100,000, mostly Chin) and Malaysia (around 200,000, mostly Rohingya and Chin, of which 154,000 are registered as refugees) as well as local flows of migrants to and from China.*

In the months following the Covid-19 outbreak, over 420,000 Myanmar migrants were recorded as returning home from Thailand, China and other neighbouring countries due to the loss of their jobs.[161] Large numbers, however, also travelled back through areas administered by EAOs. But whether they came back through government or non-state checkpoints, there are no studies on their plight nor the impact of Covid-19 on their health.

In the first months of the pandemic, tensions were reported between migrant workers and local communities in border areas with Bangladesh, China and Thailand. China and Thailand, especially, put intensive screening and quarantine procedures in place. The Chinese authorities also erected fences and considered border "buffer zones" to prevent the movement of people. In general, relations improved once the risks from Covid-19 were better recognised and addressed. But, to date, migrant populations still appear as shadows in most Covid-19 reporting.

In Thailand, for example, although an extensive vaccine programme has been rolled out, migrant workers were not initially included.[162] Subsequently, increasing numbers received inoculations more informally, with Thai government approval, most visibly in Tak Province. But, as of late October, only 4,000 refugees were reported to have received vaccines in the camps.[163]

Only Bangladesh – in the Rohingya refugee camps – is initiating systematic measures to provide vaccinations and health provision for those who have been displaced or travelled from Myanmar. But here, too, conditions of insecurity have continued, with several killings reported during October.[164] Meanwhile people from Myanmar living outside camps, such as in Malaysia and Thailand, are generally not included. Many face continuing social and humanitarian pressures, with constant challenges over their documentation, working conditions, rights and identity.[165]

* There are also, for example, substantial migrant Chinese populations at the new towns of Mongla on the Chinese border and Shwe Kokko on the Thailand border.

January, Snr-Gen. Min Aung Hlaing's change of course only served as a reminder how unstable the political landscape remained within the country. Ethnic politics was not the only subject now in the Tatmadaw's sights.

As the constitutional deadline approached for the formation of a new NLD government, the perfect storm had arrived. Covid-19 had failed to bring the country together, and a new cycle of political breakdown and national division was about to begin.

6. The SAC coup and pandemic third wave

Any possibility that Covid-19 would form the foundations for national reconciliation and health progress in Myanmar were shattered by the 1 February 2021 coup. Snr-Gen. Min Aung Hlaing and the SAC leaders may have been hoping to recalibrate national politics back to military advantage. Instead, they triggered one of the most volatile periods in the country since independence, with political violence and societal division breaking out on a scale unwitnessed in many years.

Another election is promised in 2023 once investigations are completed over the conduct of the 2020 general election. The SAC is also seeking to implement voting system changes.[166] But, with NLD leaders in detention and the country in a state of protest, it is impossible to foresee a political roadmap which is imminently likely to return to the politics of peace and reconciliation promised by the NLD when first elected to government in 2015. Myanmar is currently one of the most unstable and conflict-divided countries in the world.

For Myanmar's long-suffering peoples, the consequences are incalculable. Once again, the critical issues of ethnic peace and justice have been sidelined while the incidence of Covid-19 has surged, bringing new levels of hardship and loss to all peoples. There are, in effect, two rival administrations claiming to be the legitimate government: the State Administration Council (formed 1 February), which comprises military officers and veterans, USDP members, and independents whom the Tatmadaw considers to be compliant;[167] and the National Unity Government (formed 16 April), which seeks to bring together NLD MPs-elect with CSO, EAO and other political party representatives. But, outside of this division, there are also communities in many parts of the country that have not sought to line up with either the SAC or NUG. In a country long divided by civil war, both the SAC and NUG have much to prove in the struggle for control of government (see "Health care in a divided landscape").

Against this backdrop, there are multiple actors seeking to address the health crisis within the country. On 26 February, the UN Security Council called for "Covid-19 vaccine ceasefires", a call echoed by WHO Director-General Tedros Adhanom Ghebreyesus, who urged an acceleration in inoculations around the world.[168] In September, this was followed by ASEAN leaders who called for a four-month ceasefire to allow the delivery of Covid-19 assistance to the country. Erywan Yusof, ASEAN special envoy to Myanmar stated: "This is not a political ceasefire. This is a ceasefire to ensure safety, and security of the humanitarian workers."[169]

In Myanmar, such appeals fell on deaf ears. The bleak plight facing the country was set out by Dr Zaw Wai Soe (subsequently NUG Minister of Health) and his colleagues in The Lancet medical journal shortly after the coup:

> "Myanmar risks profound health system collapse. Government spending on health has been among the lowest in the world. Decades of neglect, isolation, and armed conflict have resulted in poor health outcomes and a high rate of catastrophic individual health out-of-pocket expenditure."[170]

In the face of Covid-19, health workers were asking how they could carry out their primary duties of patient care under military rule. In many areas, only emergency, charity and private health services remained. But, on their own, such networks do not have the resources or capacity to address the challenges ahead.[171]

Since the moment of the coup, the health situation has continued to deteriorate further. This reflects a renewed pattern of state decline which it is likely to take the country many years

to recover from. Four key areas have stood out: conflict and repression; health system collapse; socio-economic regression; and, ultimately, the impact of Covid-19. Together, they have come together to create a humanitarian "complex emergency" that is with few international parallels during the global struggle against the pandemic (see "Overview").

In terms of conflict and repression, the country has suffered the greatest loss of life and displacement since the military State Law and Order Restoration Council assumed power, ending the short-lived "democracy summer" in 1988. As of mid-November, over 1,280 civilians were reported to have been killed by the security forces and, despite periodic releases, over 7,000 had been arrested, charged or sentenced amidst reports of systemic human rights violations around the country.[172]

At the same time, the violence has not only been committed by the Tatmadaw and police. Initially, the protests were peaceful as strike committees and a mass Civil Disobedience Movement of public workers took to the streets around the country.[173] But, with the SAC resorting to extrajudicial killings and the use of live ammunition against demonstrators and other civilians, local resistance groups sprang up to fight back. All statistics need to be treated with caution. But, according to the NUG, the Tatmadaw suffered at least 2,478 casualties in more than 1,800 clashes during June and July with different EAOs and opposition forces around the country.[174] There are no figures for the deaths of civilians caught in the crossfire. Only the Rakhine State – previously the most active conflict-zone – witnessed no increase in violence following the coup. This, however, did not mark a political breakthrough: rather, a change in tactics by the different sides (see "Health care in a divided landscape").

Statistics, however, do not begin to explain the complexity of the humanitarian tragedy now underway. In media reporting, much of the focus has been on the struggle between the SAC and NUG. This, in turn, is characterised by armed conflict between newly-formed People's Defence Forces against the SAC and diverse pyithusit militia, Pyu Saw Hti vigilantes and BGF formations organised on the Tatmadaw side.[175] But, in reality, a seismic breakdown and realignment in political relationships has been taking place (see box: "A Peace Process in Confusion").

As repression intensified in the towns, a much broader escalation in violence began. Attacks and assassinations became rife in urban areas. Pro-democracy activists were targeted by the SAC and pro-Tatmadaw supporters, while anti-SAC groups struck back at government buildings, ward offices, alleged informers and USDP members. In the ethnic conflict-zones, meanwhile, several of the EAO ceasefires broke down (the CNF, KNU and KNPP), while fighting intensified in others (the KIO, MNDAA and TNLA). In Chin, Kachin, Karen and Kayah States, in particular, battle-experienced EAOs gave support, and sometimes military training, to the new PDF, NUG and pro-democracy supporters who had taken sanctuary in their territories.

Complicating the picture further, existing governmental processes and political understandings were now shattered. Just as the coup had brought an end to the country's tentative political transition, the 2015 NCA – on which such hopes had been invested – became effectively moribund. There was no longer any attempt at an inclusive peace architecture in the country. At the same time, tensions reignited in a number of areas between rival armed opposition groups, notably in Shan State where fighting broke out between the RCSS, an NCA signatory, and the SSPP and TNLA, both of which are FPNCC members.[176]

In terms of Myanmar's Covid-19 response, the impact could not have been more devastating. Towards the end of 2021, civil war still appeared to be deepening across the country. The SAC showed no sign of change or retreat, while the NUG's policy of "people's defensive warfare", declared in September, appeared to be gaining in popular support. In the midst of breakdown, health workers continued to find themselves in the front-line of emergency responses and the demand for socio-political change (see "Health care in a divided landscape").

The spread in conflict and repression then leads to the second key consequence of the SAC coup: the breakdown in national health systems. Health workers, like teachers and other civil servants,

were key supporters of the CDM protests, quickly becoming victims of what analysts described as the SAC's "war on medics".[177] By the end of September, it was reported that 87 hospitals had been raided, 56 occupied, 210 health workers arrested, 29 killed and over 500 doctors and nurses targeted with arrest warrants.[178] According to the NUG, over 43,000 MoHS staff joined the CDM, essentially quitting the public health system.[179] Although many continued to provide health care through charity services and home visits, as many more simply left their jobs.

The repercussions from this collapse are still unfolding. Since the SAC coup, health structures across the country have become ever more weakened and divided; many health workers have left – or been forced to leave – from public employment; and many health personnel are unwilling to work with the military authorities. Much of medical analysis centred on Yangon and Mandalay. But health care and coordination in all parts of the country have been deeply affected;[180] 64,000 hospital beds were closed down at the height of the CDM strike; and health workers in the conflict-zones have faced arrest, harassment and sometimes violence.[181]

Inevitably, such breakdown has spilt over into every field of public health, from maternal and child welfare to such preventable and treatable diseases as malaria, TB and HIV. Valuable gains made during the past decade have come to a halt, leading to imminent threats to human security and life. For the present, there is little impact data from around the country. But, with many health facilities closed or disrupted, life expectancy is predicted to fall.[182] During 2021, Myanmar's patchwork of health systems has continued to fragment.

Nowhere has the collapse in public health been more evident than in the failure to address Covid-19. This was not only political but personal. The community-based response system collapsed after the NLD-appointed Minister for Health and Sports, Dr. Myint Htwe, was forced to resign on the day of the coup. In the following weeks, Covid-19 treatment and prevention were undermined further by the arrest of such prominent health specialists as Dr Htar Htar Lin, former Director of Myanmar's Expanded Programme on Immunization, who led the country's Covid-19 vaccine rollout, and Prof. Maw Maw Oo, Head of Emergency Medicine at the University of Medicine (1) Yangon and emergency clinical lead for the country's Covid-19 response. As the NUG Human Rights Minister Aung Myo Min warned, "humanitarian" concerns have taken second place to "political" affairs due to the "turmoil" in the country.[183]

The collapse in public health systems then leads to the third damaging impact of the coup: the social and economic consequences. In every country, Covid-19 has had regressive effects, but in Myanmar the coup greatly compounded the worsening crisis, precipitating the third wave. On-the-ground data is difficult to access and correlate. But the overall trends in reporting and analysis have been consistently disturbing.[184] As the UN World Food Programme warned in September, the country is set for "extreme deprivation" (see box: "The Health and Human Cost").[185]

Negative humanitarian impacts have been felt in every sector in society since the SAC coup. A business survey by the World Bank in August reported that the military coup was "more detrimental" to the economy than Covid-19;[186] the unofficial kyat rate has fallen, at some stages dramatically, in relation to other currencies;[187] banks have frequently been closed due to government restrictions and the CDM; prices for essential goods including food and medicines are spiralling;[188] predicted job losses for 2021 are around one million;[189] schools and universities, which were closed during much of 2020, have barely opened;[190] UN agencies calculate that up to 3.4 million people require urgent humanitarian assistance;[191] and the number of displaced persons has risen by more than 230,000 to an estimated 1.6 million refugees and IDPs in total (see box: Box: "A Country on the Move: IDPs, refugees and migrants").

Looking to the future, however, does not provide any reason to hope for improvement, unless there is a major transformation in the political landscape. According to the International Food Policy Research Institute, household poverty rates in the country will rise to between 40 and 50 percent during 2021 compared to under 25 percent in 2017.[192] This, in turn, is reflected by the World Bank's calculation that the economy

will contract by a further 18 per cent during the 2021 fiscal year, resulting in an economy that will be 30 per cent smaller than "in the absence of Covid and the military takeover".[193] This will be the largest contraction of any country in the region.[194] Concerns were expressed around the world. According to Andrew Kirkwood, acting UN Humanitarian Coordinator in Myanmar: "What we have here is a crisis, on top of a crisis with yet another crisis on top of that."[195]

Such factors explain why the fourth key area of concern – the third Covid-19 wave – had such serious impact in Myanmar when it began in June. With health systems in collapse, it was not difficult for epidemiologists to provide reasons why. Public immunity was minimal; the percentage of vaccinated people was very low (less than five per cent); the new Delta variant spread much faster than previous strains; vital health care services were paralyzed; national testing rates fell to less than 2,000 a day from as many as 25,000 before the coup;[196] conflict was deepening; many people were on the move; there was little collaboration between health actors and systems within the country; and, as severe cases escalated, neither public nor private health facilities were able to cope. On every level – epidemiology, Covid-19 preparation and health capacity – it was a perfect storm.

The human cost will never be known. Rumours and anecdotes ran far ahead of official reporting as different health actors struggled to cope.[197] By mid-November, recorded cases had passed 19,000 deaths and 500,000 infections since the first reported case in March 2020. But, unofficially, independent health officials believed the real figures could be two to at least ten times as high in mortality rates and even higher in infection.[198] There is no reliable way to know in a country divided by coup and conflict. As Dr Sasa, NUG Minister of International Cooperation, commented, the number of fatalities could be "from 40,000 to 400,000". "It's impossible for us to understand the level of death," he said.[199]

Certainly, Covid killed many more people than conflict at the peak of the third wave. Across the country, it was a time of national trauma, with funeral societies reporting the numbers cremated as exponentially higher than those in official figures.[200] Initial epicentres appeared in Chin State and Sagaing Region, near the border with India. But in subsequent months, similar stories emerged in every state and region: desperate searches for treatment; hospitals turning away patients; sufferers dying at home; deaths in prisons; crematoriums full; oxygen shortages; and panic buying of medicines, food and other essential supplies.

As elsewhere in the world, the elderly and those with existing health conditions were most seriously affected. But in Myanmar there were also pockets of emergency and high-risk spread, including prisons, monasteries, military forces and IDP camps. Health specialists also questioned what the health impact would have been if CDM supporters had not been on hospital strike, an issue opposition groups generally ignored. But although publicity campaigns showed vaccinations starting in such places as prisons, none of the national health failings were effectively faced up to or addressed (see "Health care in a divided landscape").

It was also an epidemic that transcended social and political barriers. Many prominent people died. Well-known figures included the NLD central executive committee member U Nyan Win and medical lecturer Dr. Maung Maung Nyein Tun, both of whom died in prison; the economist and former auditor-general U Maw Than; the "88 Generation" lawyer U Nay Min; the architect U Bo Gyi; Bishop John Hsane Hgyi of Pathein; the prominent surgeon Dr Thein Hlaing in the Naga Hills; and senior leaders in three Karen EAOs: KNU adjutant-general, Saw Peela Sein, DKBA commander-in-chief, Saw Mo Shay, and KNU/KNLA Peace Council adjutant-general, Saw Nay Soe Mya, the last of whom had signed the 2015 NCA.[201]

Nor did the Tatmadaw escape unscathed. With troops constantly on the move, high levels of infection and virus spread were reported in several parts of the country.[202] Among those hospitalized were Snr-Gen. Than Shwe, former head of the SLORC-SPDC, and his wife, both of whom are thought to have recovered. But, whether through vaccines or priority health care, the preferential treatment Tatmadaw members and their families were believed to receive only deepened anti-SAC grievance further. Covid-19 became another source of division and conflict within the country.

The Health and Human Cost*

Covid mortality estimates from 20,000 to over 200,000
1,280 deaths and the arrest of over 7,000 civilians by the security forces
More than 1,000 deaths and other unknown casualties in armed conflict
230,000 new internally displaced persons (including more than 75,000 children)
1.6 million refugees and IDPs in total
210 health workers arrested, 29 killed and over 500 issued with arrest warrants
Over 43,000 MoHS personnel joined the CDM
More than 200,000 staff (over 50 per cent) fired or quit in the education sector
One million job losses in 2021
40 per cent of population living in poverty
18 per cent economic contraction during 2021 fiscal year
Fluctuating and steep falls in value of Myanmar kyat against US dollar
Three million people in need of urgent humanitarian assistance

* All figures approximate: November 2021

Every family has friends and relatives who have suffered loss during the volatility and political breakdown that followed the SAC coup. But, tragically, Covid-19 did not prove to be a shared experience of humanitarian emergency that brought the country together. Repeated calls for national reconciliation and an end to the contested political discourse were ignored.

On 19 July Cardinal Charles Maung Bo, Patron of Religions for Peace Myanmar, issued an urgent appeal. Speaking on the occasion of Martyr's Day, it was, he said, "time to save lives":

> "Myanmar has seen too many tears. Please, please stop all the conflicts. The only war we need to wage is against the lethal invisible virus…Can we afford war and conflict and displacement now? It is time to raise an army of volunteers, armed with medical kits to reach out to our much suffering people.[203]

7. Health care in a divided landscape

With Covid-19 now past its third wave peak, there are presently few indications that the gravity of the crisis will produce a nationwide response.

Since the February coup, different conflict actors and health organisations have stepped up efforts to address different aspects of the pandemic. But, all too often, initiatives have been merely rhetorical or policy reiterations rather than substantive steps that reach to the most needy and provide sustainable solutions on the ground.

At present, Covid-19 initiatives can largely be separated into three groupings: those that come under the SAC; those supported or promoted by the NUG; and a diversity of programmes variously run by EAOs, EHOs, CBOs, CSOs and charitable groups in different parts of the country which do not necessarily come under any national framework or structure. In essence, there are no rights to the highest attainable standard of health or access to health care for the peoples of Myanmar.

On the surface, programmes administered under the SAC appeared to be making progress by September. During that month, testing positivity rates fell to around 10 per cent a day from a high of 37 per cent at the third wave peak.[204] Deaths, meanwhile, were officially recorded as falling from about 100 per day to 60 in the same period. Further drops were reported during October and November.

Such figures, however, are without context, can be very misleading and do not indicate the real Covid-19 impact. The fall had little to do with SAC actions but merely repeat epidemic trends in such countries as India and Nepal where similar declines occurred after high infection levels had been reached in urban areas.[205] In Myanmar's case, by September the third wave was also on the wane, and the statistical fall in positivity was further emphasized due to increased rates of testing bringing a wider diversity of people into the monitoring range (up to 35,000 tests a day). Equally important, official figures take no cognizance of unrecorded deaths still occurring in many communities nor the efforts to address the pandemic by non-governmental health organisations in different parts of the country.

Certainly, as of November, health evidence confirms that overall virus trends are generally down. But Covid-19 is continuing to have a deep impact; there are still many pockets of emergency; and many families are struggling to find essential medical care amidst conflict and health system collapse. Throughout the country, the Tatmadaw has continued to launch attacks and arrest opponents, disrupting many health programmes and any potential for a nationwide response. According to Christine Schraner Burgener, UN Special Envoy on Myanmar, as the third wave spread, Snr-Gen. Min Aung Hlaing appeared "determined to solidify his grip on power".[206]

The impasse over vaccines

The same ambiguities exist over the rollout of vaccines, the main pillar in Covid-19 control in countries around the world. The national vaccination plan, initiated on 27 January, was immediately thrown off-track by the SAC coup. Coordination mechanisms for monitoring the supply of testing kits and vaccines became inactive. The MoHS no longer followed the vaccine prioritization plan for targeted population groups, which had previously been developed with the WHO, UNICEF and other health expert partners. And vaccines were instead administered around the country on a "first-come-first-served" basis, with Tatmadaw members and their families widely accused of receiving preferential treatment (see "The SAC coup and pandemic third wave").

Equally serious, vaccine procurement was also put into confusion. It becomes difficult to tally figures of vaccines received and who has been vaccinated and with what. On the eve of the coup, the MoHS pledged to vaccinate 40 per cent of the estimated 54 million population by the end of 2021, with vaccines variously procured from India (AstraZeneca Covishield), China (Sinovac and Sinopharm), Russia (Sputnik V) and through the COVAX programme of the WHO and Global Alliance for Vaccines and Immunization (GAVI) designated for poor countries.[207] Subsequently, it was reported that only 3.5 million of the 30 million AstraZeneca Covishield vaccines ordered from India by the NLD administration arrived due to the mass Covid-19 outbreak in India.[208] At the same time, the delivery of vaccines from other international sources was intermittent and, with the collapse of the Myanmar health system, it was estimated that just 2.75 million people had been fully vaccinated when the NLD's vaccination plan was suspended in the weeks following the coup.[209]

On the SAC's part, Snr-Gen. Min Aung Hlaing vowed several times that half the population will be vaccinated by the end of 2021. To boost rollout, factories would be set up to promote the production of vaccines made under licence by China and Russia.[210] At the beginning of September, the MoHS also claimed that 4,767,298 people had received at least one dose of a vaccine, of whom 2,104,934 were fully vaccinated.[211] But such numbers did not include vaccines supplied by China to EAO health authorities in the Kachin and Shan States; they did not correlate with earlier figures; and there was little indication of an integrated approach that is essential for the efficacy of virus control.

Adding to the crisis, international support broke down after the coup. Since this time, the majority of international aid programmes have been halted or run down within the country, and such bodies as the World Bank suspended assistance. The coup also brought an end to negotiations with international financial institutions, including the World Bank, Asia Development Bank, IMF and Japan, for a loan of US$ 1 billion to secure vaccines for the country. Aid funds were also deemed to have gone "missing", presumed taken over by the SAC following the coup.[212] As a study for the ISEAS-Yusof Institute warned:

> "Neither COVID-19 prevention nor treatment are neutral avenues for humanitarian action in Myanmar. External actors need to carefully consider the potential political impact of medical aid before committing monetary or logistical support, especially if such assistance is to be channelled through the military government."[213]

For these reasons, few international bodies would consider loans to the Myanmar authorities. In a world where states were also in breakdown in Ethiopia, and most notably Afghanistan, there was little enthusiasm for invoking the Right to Protect (R2P).[214] But, to the alarm of foreign diplomats and international health officials, from mid-year the third Covid-19 wave emerged in Myanmar and southeast Asia more broadly. Concerted action was needed.

In a bid to break the deadlock, Linda Thomas-Greenfield, U.S. ambassador to the UN, announced during a visit to Thailand in August that US$ 50 million would be provided to "flow directly through international and nongovernmental organization partners" to provide aid for "vulnerable people", including IDPs and refugees.[215] Not all of this was new money; some was repurposed since the coup. At the same time, efforts were made to deliver support to Covid-19 vaccination programmes in different parts of Myanmar, with the Global Fund as the focal point for a COVAX initiative working through GAVI and UNICEF as implementing partners.

For a brief moment, it appeared that international diplomacy might offer an alternative path to addressing the pandemic – as well as, potentially, bring the conflict actors together.

Problems, however, quickly occurred when discussions with international health officials moved to Nay Pyi Taw. Here the SAC generals revealed that, while in principle they were willing to accept the new programme, there would be four conditions: government line ministries must approve of any project and be involved; no assistance should be provided through strike committees, the NUG, EAOs and other anti-SAC groups; no health workers from the CDM can take part; and only citizens will be vaccinated. Such restrictions immediately caused warning lights to flash up over national inclusion and vaccine equity in all four areas – not least over the Rohingya people, who are denied full citizenship or are in fact stateless. The SAC's proposals would sustain, not resolve, national divisions.

In the following weeks, various avenues were explored. Plans were put in place to try and supply vaccines – partially through NUG, EAO and CSO networks – across neighbouring borders, especially China and Thailand. Recognising the international criticism, the SAC also appeared to backtrack on the Rohingya exclusion, saying that "Bengalis" would be included.[216] But this did not address the fundamental challenge of health coordination and cooperation in a country where SAC officials began to echo the NLD promise not to "leave anyone behind".[217] In particular, U.S. officials lobbied the Thai government to open up a flexible "vaccine corridor" to Myanmar, but the authorities were slow in coming to a decision. In addition, international analysts recognised that it was increasingly difficult to separate Covid-19 from the broader humanitarian crises within the country (see "The SAC coup and pandemic third wave").[218]

In the Rohingya case, there was no movement by the SAC on addressing the plight of IDP populations in Rakhine State nor refugees in Bangladesh. Paradoxically, Rakhine State was one part of the country where armed conflict subsided following the SAC coup (see "The Anomaly of Rakhine State"). The Rohingya people in Myanmar, however, are "starving", the Irrawaddy magazine reported in August.[219] In Bangladesh, in contrast, the government authorities started a vaccination programme for refugees living in camps.[220] But here, too, inhabitants have continued to live in conditions of real danger and fear (see below).

Similar health concerns have been shown by the authorities in Mizoram, northeast India, who have provided Covid-19 testing and humanitarian support to the growing numbers of displaced persons from Chin State. The Chin and Mizo peoples are closely related.[221] As conflict continues, humanitarian agencies fear that the exodus of refugees into India from both Chin State and adjoining Sagaing Region will escalate in the coming year.[222]

In Thailand, too, discussions have continued as to how vaccines and other Covid-19 support can

be delivered in the complex border world. There are many legal and logistical issues involved, and increasing hardships have been reported in Karen and Karenni refugee camps due to Covid-19 lockdowns and restrictions on movement.[223] More recently, migrant workers have been receiving vaccines in some parts of the country, and initial inoculations started in Mae La refugee camp. But, as yet, there is no systematic programme nor agreement on cross-border delivery (see box: "A Country on the Move: IDPs, refugees and migrants").

Along the Yunnan frontier, meanwhile, Chinese health officials have become ever more concerned about both conflict and the high infection rates recorded among returnees from Myanmar, threatening the country's "dynamic zero-tolerance" response.[224] Anti-epidemic "buffer zones" are being considered on the Myanmar border, with the Chinese media reporting the construction of "iron wire walls" at all the major crossing points.[225] In the Kokang region, new IDPs fleeing fighting even set up camps alongside the Yunnan border wire.[226]

Against this backdrop, the issue of Covid-19 aid has become highly politicised. Both Chinese and American actors promoted their own pharmaceutical companies in vaccine diplomacy. But in actual delivery terms it is a battle that, to date, China is perceived to be winning. In late September, the Chinese media reported that 16.6 million doses of Covid-19 vaccines had been supplied by China to Myanmar, of which 3.9 million doses were donated.[227] And in mid-November it was claimed that 9.3 million people in Myanmar had been "fully" vaccinated with China's aid.[228] There has been no mention, however, whether Chinese figures include vaccines delivered to EAOs or other health authorities in the Yunnan borderlands, nor a breakdown of the types of vaccines so far supplied. And, for the moment, there is no indication how these vaccines are being rolled out within Myanmar.

As the impasse continues, the question of vaccine equity is deeply troubling to Western governments and international donors who have faced difficulties getting the COVAX programme started. In October, a small breakthrough appeared to be made when it was reported that six million Covid-19 vaccines (4 million Pfizer, 2.2 million Sinovac) would be delivered through the GAVI alliance.[229] Distribution will be through INGOs and NGOs that are partners with the Global Fund and via UNICEF and the multi-donor Access to Health Fund. The Global Fund also made funds available to health NGOs for treatment centres in Yangon and the Thai border area. But, in reality, this is a beginning – not an end point in addressing the crisis. To date, there is little clarity as to how this programme will be sustained and how to manage the competing claims of the SAC, NUG, EAOs and others in vaccine distribution.

In many respects, the international dilemmas came to a head during the annual meeting of the UN General Assembly in New York during September. Here, rather than allowing Myanmar to become the focus of international contention, it was agreed by the USA and China to allow the existing ambassador Kyaw Moe Tun, appointed by the previous NLD administration, to continue rather than decide between recognition for the SAC or NUG. Kyaw Moe Tun declared his support for the NUG.[230]

On the surface, this appeared a ground-breaking moment. Certainly, it was a blow to Snr-Gen. Min Aung Hlaing and the Tatmadaw leaders. But the UNGA's decision did not signify recognition of the NUG. Rather, the compromise reflected two reconciled elements: acknowledgement of the political divisions within Myanmar but also international uncertainty as to how to proceed. For while many Western governments did not want to afford diplomatic acceptance to the SAC, they were also privately reluctant to extend open recognition, as well as aid initiatives, to the NUG after it declared a policy of "people's defensive warfare" in early September.[231] At the same time, the SAC's continuing crackdown, and its general refusal of international efforts to help,[232] did little to gain the military council support in the diplomatic community.

The consequence was that, at the height of the pandemic's third wave, both international relationships and humanitarian aid became hostage to conflict divisions and perceptions of the political struggle within Myanmar. As 2021 headed towards a close, there was no sign of any evident breakthroughs. For the present, both

Asian and Western governments have continued to support an agreement, made in April, that ASEAN should take the lead in "go-between" diplomacy around a "five-point consensus": the cessation of violence, dialogue among concerned parties, mediation by ASEAN, provision of humanitarian aid through ASEAN channels, and a visit by an ASEAN special envoy to meet all the concerned parties.

Six months later, however, patience is visibly wearing thin. In October, this led both the French Senate and European Parliament to take the extraordinary step of passing motions in support of the NUG, condemning the Tatmadaw's human rights violations against the people.[233] The 10-member ASEAN bloc also barred Snr-Gen. Min Aung Hlaing from attending its regional summit in Jakarta due to obstacles the SAC was perceived to be putting in conflict resolution's way.[234] Pro-NUG parties lauded these decisions as further diplomatic victories and, belatedly, the SAC attempted to ameliorate international criticisms by announcing a new release of prisoners.[235] But this does not mean that the NUG is winning the war against SAC rule.

In early November U.S. Governor Bill Richardson, a controversial figure in Myanmar politics,[236] undertook a "private humanitarian mission" to the country to discuss with the SAC the possibility of a test run of two million Covid-19 vaccines through COVAX.[237] The programme would be supported by "joint and embedded teams" that would allow the UN to monitor administration and delivery.[238] News also emerged that Dr Thet Khaing Win, SAC Minister of Health, has become a signatory to the GAVI-UNICEF vaccine plan. Details were scant, however, and there did not appear to be any imminent health or political breakthrough.[239]

Non-SAC responses: the NUG, EAOs and EHOs

While the international impasse continues, the issues of health outreach and delivery have become highly politicised. Independent and non-governmental programmes have not come to an end. Rather, divisions have widened, fuelled by a list of anti-SAC grievances that have polarised health systems and political opinion even further.

Against the backdrop of Covid-19, the SAC-CDM-NUG conflict has underpinned state breakdown and brought the challenges of health reform to the centre of the political stage.

The provocative, and often partisan, role of health in the national divide was highlighted in early November when Aung San Suu Kyi faced two charges in court of breaking Article 25 of the Natural Disaster Management Law, used in the case of Covid-19, when she reportedly waved at NLD supporters passing her residence during the 2020 election campaign.[240] The subject has been little investigated. But the available evidence indicates that such charges are not used against Tatmadaw or USDP members, even though pro-military groups have been seen breaking distancing restrictions throughout the pandemic.[241]

Since the SAC coup, resentment and response have been demonstrated in health sectors in all parts of the country. These criticisms intensified as the third wave spread. In Yangon, Mandalay and other urban areas, especial bitterness was expressed over the arrest and ill-treatment of health workers; the military's monopolisation of oxygen and medicines; the takeover of pharmaceutical warehouses; the use of live ammunition by police and soldiers against health workers helping injured protestors; and the detention of volunteers and doctors supporting the CDM movement by security force personnel posing as Covid-19 patients.[242]

Anger, meanwhile, has grown in many of the ethnic states and regions as familiar patterns of human rights violations have been repeated. Amidst an escalation in military operations, Tatmadaw commanders have been accused of blocking humanitarian aid to affected communities.[243] Indeed, in the Kokang region, it has been reported that fighting was reignited after an MNDAA Covid-19 information unit was attacked and the SAC rejected a pandemic ceasefire.[244] And in November, 521 Myanmar, regional and international CSOs petitioned the UN Security Council to urgently address the escalating conflict and worsening humanitarian situation in Chin State.[245] Although the state is technically an NCA-signatory area (with the CNF), the Tatmadaw's ceasefire policies have always been selectively applied (see box: "A Peace Process in Confusion").

Inevitably, such a climate of instability has far-reaching consequences in undermining communication and trust-building that are essential in delivering effective health care. The impact has been deeply felt in the case of Covid-19, deepening political and, in some cases, ethnic polarisation across the country.

First, the dissemination of health information has been completely disrupted by censorship and political division, bringing media to the forefront of the struggle.[246] Not only have dozens of journalists been arrested and the Internet suspended by the SAC in the resistance front-lines,[247] but People's Defence Forces have attacked the towers of the Tatmadaw-owned Mytel telecommunications company in retaliation.[248] Although few in number, there have also been reports of attacks by "non-state actors" on health care facilities considered to be linked to the SAC and Tatmadaw.[249] In such a crisis, Covid-19 has not been the main priority among the leading protagonists.

Second, and related to this, mistrust has deepened in many communities over any engagement with the government authorities since the SAC coup. Scepticism is high over the quality of public health services, and programmes to address Covid-19 have been badly affected. Many activists reject vaccines provided under SAC auspices; [250] vaccine rollout has been interrupted by the public health collapse; there have been long delays or lack of follow-up in administering second shots; and many people remain cautious over Chinese vaccines, with clinical trials showing both Sinovac and Sinopharm to be less effective.[251] Indeed opinion is widespread in many parts of the country that, with national health care collapse, public hospitals and clinics have become prime centres for the spread of the virus, infecting both patients and visitors.

This leads then to actions taken by non-governmental and non-state actors to address Covid-19 and health care more generally in the midst of the civil war and political breakdown. In media terms, although not delivery terms, the main focus has been on the NUG. In the months following its April formation, the delineations between the NUG, NLD, CDM, PDFs, EAOs, CSOs and others included within its discussions have remained controversial, especially in political and military affairs. Not only are there difficult issues of access by NUG representatives to different parts of the country but the NUG is itself seeking to establish a distinctive identity while expanding its political mandate as a rival government to the SAC.

The collective vision of the new movement is embodied in a draft Federal Democracy Charter, initialled on 27 March by two precursor bodies: the Committee Representing Pyidaungsu Hluttaw (CRPH: of MPs-elect); and the National Unity Consultative Committee (NUCC: including EAOs, CSOs and other pro-democracy groups). The three bodies, spearheaded by the NUG, have since remained active. But in the midst of civil war, it is a challenge of historic proportions for the NUG to prove itself as a force capable of deposing the SAC and establishing a new government.

There is no doubt that the NUG initially found popular support in many parts of the country. But there are also areas, notably Mon, Rakhine and Shan States, where local EAOs, CSOs and political parties are more cautious.[252] Equally important, while the international community has shown reluctance to accept the SAC, there is still some way to go before the NUG is likely to receive any full diplomatic backing. In the context of Covid-19, NUG leaders are having to operate in very constrained circumstances.

Amidst these upheavals, health care is one area in which the NUG is considered to have made progress. Dr Zaw Wai Soe, former vice-chair of the Yangon Covid-19 Prevention, Control and Treatment Committee, is both Minister of Health and Minister of Education in the NUG. Together with the CRPH, NUCC and other pro-democracy supporters, health practitioners in different parts of the country have sought to roll out policies similar to those adopted when the NLD was in office. In the case of Covid-19, the leading body intended to bring the NUG and different health actors together is a 11-member Covid Task Force, led by Dr Cynthia Maung, founder of the Mae Tao Clinic on the Thailand border and chair of the Ethnic Health Committee that brings EAOs, EHOs and CSOs together.[253] Awareness, monitoring, treatment, vaccine procurement, financial support and international liaison are promoted as the prime Task Force aims.[254]

Subsequently, a 33-strong National Health Committee, chaired by Padoh Mahn Mahn, was formed in August by the NUG's Ministry of Health and EHOs to develop health coordination in the country more broadly.[255] Questions have remained about territories covered by the NHC. But Zaw Wai Soe believes that the NUG, NUCC, NHC and supporting humanitarian agencies could reach 20 per cent of the adult population with vaccines by the end of 2021 through concentrating on working with health workers at the township levels where EAOs, EHOs, CSOs and PDFs are well organised. Authorities at the state and region levels, in contrast, are considered by opposition groups to be under SAC control.[256]

For the moment, though, it remains unclear how vaccines might be acquired or delivered in the country's contested landscape.[257] There are many supply challenges to be addressed. In addition to the SAC, a number of EAOs are also running their own vaccine programmes in the northeast of the country. In southeast Myanmar, the NMSP has also accepted Sinopharm vaccines received via the SAC. Thus diverse approaches are advocated by NUG officials, including the cross-border delivery of vaccines via China, India and Thailand. In this context, the biggest obstacle may well be the lack of international cooperation and will to support such a complexity of approaches.

In the meantime, the NUG, NUCC and NHC are proposing a vision that is historically new: an integrated health approach that goes beyond humanitarian delivery to policies which address ethnic, social and political inequalities in the country. In the case of Covid-19, the NUG is pledging a three-fold strategy, based upon "people first" assistance, to combat the pandemic: to stop the SAC weaponising "COVID-19 and humanitarian aid for its own political gain"; to work with the UN and international development partners to bring "equitable access to healthcare and COVID-19 vaccination for all people"; and the devolution of health care to local organisations and authorities.[258]

Providing aid is not co-opted by the SAC, it is accepted among NUG and NUCC members that humanitarian access is possible via urban areas. The three vaccine principles of the NUG are described as "service to the people, equivalence in inclusion, and transparency in administration and delivery".[259] It is also recognised that health programmes have too often been a source of division rather than peace-building in the past.[260] But in the present crisis, cross-border assistance in the conflict-zones is considered a priority. In essence, a new political language of interaction is required in which there is common discussion on everything from fund-raising to health care delivery. Aung Myo Min, NUG Minister for Human Rights, explained further: "Decentralized and localized aid is reflective of the emerging federal democratic union that we aspire to build."[261]

It is this devolved – and often marginalised – element in delivering health care that is a connecting thread in the third circle of actors seeking to support Covid-19 programmes in the country. There is no overarching framework, but there are a plethora of networks involved in different health endeavours. These can be loosely characterised as EAOs, EHOs, CSOs, private and charitable clinics, and community-level "parahita" or self-help groups.[262] Many are under-resourced and lacking in capacity. But they have become key front-line actors in the struggle against the pandemic, a role enhanced by the collapse in public health systems following the coup (see "Community-based organisations: the forgotten voices").

Generally the largest and most-established health programmes are those run by EAOs, some of which are able to use political experiences and long-standing relationships to gain broader health support.[263] This is most apparent among FPNCC members in the northeast of the country which set up Covid-19 Protection and Prevention Committees at the start of the pandemic that have been active in monitoring and quarantine measures. In these endeavours, they have gained support from Chinese authorities who have been variously seeking to build a "Southern Great Wall" and "Health Silk Road" to prevent the spread of the virus. As the Global Times acknowledged, there is a need to address "blind spots and complexity of border epidemic control".[264]

Through cross-border supply, several of the FPNCC EAOs have been able to introduce vaccination programmes with the assistance of Red Cross volunteers from China. By August, for example, the KIO had inoculated 20,000 people with Sinovac vaccines in Kachin State, with orders

for 100,000 doses more;[265] the SSPP had launched an ambitious plan to vaccinate 500,000 people in northern and central Shan State;[266] and the UWSP claimed to have vaccinated most of the 550,000 population in the six townships it controls along the Yunnan border.[267]

These programmes did not stop Myanmar's third wave, but they do appear to have forestalled a larger-scale incidence in their administered areas. Meanwhile in late October the Ruili government donated 400,000 vaccines to their cross-border counterparts in the conflict-zone of Muse, northern Shan State, to minimise the risk of a new wave.[268] In effect, the Chinese health authorities have reached out to all sides – both SAC and EAO – in their bid to mitigate the spread of Covid-19.

Similar cooperation among EAOs has been pursued in other parts of the country, principally through the Ethnic Health Committee which has worked with the NUG since its April formation. The EHC is largely based among EAOs and ethnic nationality communities in the southeast of the country (see "Alternative networks and opportunities not taken").

Key EHC policies since the SAC coup have been the encouragement of networking between border and urban areas in Covid-19 prevention; lobbying against SAC obstructions and attacks on NGO programmes; promotion of support for CDM health workers; provision of health care to IDPs and other at-risk communities by requesting neighbouring countries to allow vaccines into EAO areas; and soliciting direct international assistance.[269] In practical terms, the EHC and NUG have been seeking to develop policies in tandem through the 33-member NHC which brings the different health actors together. In early November, it was also reported that the Karenni Health Department, which is working with the Covid Task Force and NUG, would begin rolling out Sinopharm vaccines to an initial 8,000 people in KNPP-administered territories.[270]

Less noticed, another initiative following the SAC coup was the formation of a Covid-19 Situation Management Committee by the Peace Process Steering Team of the ten EAO NCA-signatories.[271] However, with the NCA barely functioning, it is doubtful how much the EAO signatories will be able to achieve. Smaller EAO signatories are now marginalised; the CNF has become an NUG member and key supporter of the PDF resistance in Chin State; and the KNU ceasefire exists in name only, with fighting continuing in several of its brigade areas. Meanwhile conflict has continued in northern and central Shan State between two FPNCC members, the SSPP and TNLA, and the RCSS, an NCA signatory. "This country cannot be built on an unstable foundation like this," said KNU General Secretary Saw Ta Doh Moo. "The military coup has violated all the principles of the NCA."[272]

Equally complex, a rather different trend has been taking place in Rakhine State since the informal ceasefire by the ULA-AA, another FPNCC member, following the general election last year. Since this time, the restoration of the Internet has improved the dissemination of news and information, while the SAC's ending of the ULA-AA designation as a "terrorist" organisation has improved freedom of movement. But any new stability has not been due to a policy agreement between the SAC, the ULA-AA and other local parties. Rakhine State is one territory where support for Bamar-majority parties and movements – whether the Tatmadaw-USDP or NLD-NUG – remains tenuous. Rather, since its ceasefire, the ULA-AA has continued to expand its administration and influence across the territory.[273]

For this reason, a high level of compliance was reported in response to two ULA-AA directives to combat the third Covid-19 wave: a "Stay at Home" order until 4 August and a 24-point regulation on how to protect against the virus.[274] Supported by community-based organisations, Rakhine IDPs have also begun to return home in several parts of the state. But tensions have remained, and members of the Arakan Humanitarian Coordination Team complained over the lack of cooperation by the SAC at the peak of the Covid-19 third wave, when many sick people were unable to afford hospital treatment or secure urgently-needed oxygen and medicines.[275]

For its part, the ULA-AA is also considered to be developing better relations with the Rohingya community.[276] The public health authorities also began a vaccination programme in Rakhine State during late July. Uncertainty, however, has

continued as to whether the Rohingya population will be vaccinated. In the meantime, whether living as IDPs in Rakhine State or as refugees in Bangladesh, the humanitarian situation for the Rohingya people remains grim.[277] And the perilous plight of Rohingya civil society activists was highlighted by the September assassination of Muhib Ullah, chair of the Arakan Rohingya Society for Peace and Human Rights, at the Kutupalong refugee camp, reportedly by ARSA members.[278] Other Rohingya militants are also reported to be moving in the border area, and a further seven refugees were killed in October.[279]

The future course of Rakhine State therefore remains volatile and unpredictable. For the present, the ULA-AA ceasefire is informally agreed, and both community and political leaders are watching the situation closely.[280] In October Nyi Pu, the NLD's former chief minister of Rakhine State, was sentenced to two years in prison under Section 505b of the Penal Code. As covid and the coup have shown, the social and political challenges of Rakhine State can by no means be divorced from instability in the country at large.

Community-based organisations: the forgotten voices

In general, EAOs and EHOs constitute a third element, alongside the SAC and NUG, in health care and in seeking to roll out programmes to address the Covid-19 pandemic. But, as the third wave spread, the loss of life and dramatic increase in infections told another story about the severity of health failings in the country. With health systems in collapse, much of the impact was felt by volunteers, charities and community-based organisations working among the poorest and otherwise most vulnerable people in society.

Many local community actors had played a vital role in boosting the capacity of the country's Covid-19 response during the first year of the pandemic. Acting as first responders, they often provided food or transported patients to hospital and, when discharged, delivered them to assigned quarantine centres, hotels or back to their families at home. As such, community-based groups are a vital, although often-unacknowledged, keystone in humanitarian outreach and conflict sensitivity in the country (see "Alternative networks and opportunities not taken").

Initially, CBOs, CSOs, faith-based groups and other community actors continued these coordination activities following the February coup. They also facilitated emergency health care at many of the protest sites. But, as the standoff between the SAC and CDM deepened, their role as first responders and auxiliary health workers came under pressure and, on occasion, attack, whether in urban areas or the rural conflict-zones. Since the SAC coup, unknown numbers of volunteers, charity and CSO workers have been arrested or died.[281] Such threats to local health supporters were highly damaging, disrupting Covid-19 response networks in communities across the country as the third wave approached.

At the community level, too, a number of non-governmental health organisations, both local and international, have tried to fill the gaps in national health care. In Shan and Kachin States, for example, Médecins Sans Frontières took on more than 3,000 patients needing life-saving HIV/AIDS medicines who had been previously treated under the government programme. Meanwhile Medical Action Myanmar has set up over 20 Covid-19 treatment centres around the country. But, with eighty per cent of hospitals coming under the public health system, this is a drop in the ocean of needs. With travel permissions denied and health workers facing a range of human rights violations, many internationally-supported aid programmes collapsed.[282]

Generalisations are difficult, but the ability of most groups to operate depends on whether or not they are regarded as having political functions in the context of the national unrest. The Free Funeral Service Society, for instance, has historically been perceived as non-political. But after the society decided not to serve Tatmadaw troops and other security forces following the coup, a number of members were arrested and had their assets expropriated by the SAC.[283] Such a response fitted into a broader pattern of arrests, harassment and other forms of pressure on journalists, artists, students and different sectors of civil society as anti-SAC protests spread.

Against this backdrop, many community-based

health providers have been struggling to survive, with conflict, food shortages and security restrictions all impacting on their ability to address Covid-19. In urban areas, neighbourhood networks have continued to co-operate, and health treatments – including oxygen and medicines – can still be found, providing families have the financial resources. But many CSO actors, like their public health counterparts, continue to keep a low profile; some remain in prison, while others have gone into the borderlands – and sometimes abroad – to seek sanctuary.

In rural areas, meanwhile, the humanitarian situation has continued to deteriorate. Even before the SAC takeover, rural health centres were at the bottom of the public health structures, receiving insufficient supplies of personal protective equipment even though they are in the front line of contact with the public. Masks, antiseptic gels and financial support mostly went to district and township-level hospitals. And yet, without additional support, rural health workers were expected to provide administration and monitoring at quarantine centres; provide Covid-19 health education in the local communities; check on compliance with rules and guidelines issued by the MoHS; deal with migrant returnees in the border territories; and – at the same time – continue to provide regular primary health care.

Even these systems, however, collapsed in many areas following the coup. Despite the SAC's declaration of unilateral ceasefires, military operations continued, with conflict renewing or spreading into many parts of the country. Rural health and community-based workers are exhausted; many joined the CDM and subsequently faced arrest or took flight; and large numbers were infected in the Covid front-line. Most famously, the Catholic Sister Ann Rose Nu Tawng, who attempted to stop soldiers firing on civilian demonstrators during CDM protests in Myitkyina, put her efforts into helping Covid-19 patients as the third wave took hold.[284] Many other volunteers took the same risky path.

This has left many communities in a no-man's land where access to health care is precarious and frequently inadequate.[285] New IDP populations have joined those already displaced, with the SAC attempting to interdict humanitarian assistance in the conflict-zones.[286] There is no protection for civilians in many parts of the country; there are severe limitations in accessing assistance for livelihood recovery and resettlement; and very often it is local CSOs, CBOs and EHOs that are providing humanitarian support. They face a long list of challenges. These include banking system difficulties, transportation risks, restrictions on movement, and the daily threat of interrogations, beatings and arrest. Shockingly, this happened at the very moment when Covid-19 was spreading and health care resources became more limited.

In September, the Joint Strategy Team (JST), comprising ten humanitarian CSOs in Kachin and northern Shan States, sent out a stark warning. The political turmoil, the JST said, is creating:

> "immense suffering and deprivation of fundamental rights in terms of livelihoods, education, living conditions, social lives, access to health care and terrible land abuses…currently civilians, including IDP communities, are facing the worst impacts of Covid-19, increased militarization and intensified conflicts."[287]

In the meantime, outbreaks of Covid-19 are still being reported.[288]

Three reflections from different parts of the country reflect a similar plight. During the first and second waves, a Kayan community worker in the Kayah-Shan State borders noted that there had been coordination and preparations, including the organisation of quarantine centres, between local EHOs and CSOs working with the government. All of this collapsed following the February coup:

> "In the last wave of Covid-19 in June and July, people had no preparation, and there is no longer contact with the government. People do not care about Covid-19 because they are on the run. Still, the government forced the schools to re-open in June, which was very dangerous during the pandemic. There are no health services here. There is not even a community funeral service any more. In Pekhon township we do not know what to do because everyone is on the run."[289]

With displacement and fighting continuing, the spread of Covid-19 was still being reported in Kayah State and adjoining territories in Shan State during October and November amongst villagers and IDPs caught in the conflict.[290]

The same crisis in health provision and Covid-19 spread has been observed in northern Shan State where there are multiple conflict actors in the field. Whether staying in displacement camps, local villages or moving into new areas, there are many risks of infection.[291] Said an IDP from a camp in Kutkai township.

> "No one has been vaccinated in the IDP camps. Initially, some inoculations were provided at Lashio hospital, but no one came to the IDP camp to inform people. Also people do not trust the government. Now no INGOs come here and the government is not functioning. So we try to rely on traditional herbal medicines. COVID-19 and armed conflict bring double challenges for us, for all communities, but especially for IDPs. We tried to set up a quarantine centre in our camp, but we lack resources."[292]

And the third wave was especially devastating in Chin State and adjoining territories in Magway and Sagaing Regions, which became main epicentres of both covid and conflict following the SAC coup. According to a Chin CSO representative:

> "Government hospitals have stopped running. Some private hospitals are open, but they only accept outpatients. In Kalay there is a shortage of oxygen, and small pharmacies were forced to close down as they became super spreaders. All masks and PPE are unavailable, and there is no way you can buy them. Every day the town buries over 30 people. But the government tells lies in official media reports, saying – for example – only two people die each day. People are also afraid to go out at night to seek help in fear of getting shot by army troops. This is another reason for the high death rate."[293]

As long as conflict and political deadlock continue, the humanitarian future looks very bleak. Although Myanmar is considered a food sufficient country, it has become more and more difficult for many communities to meet basic needs such as food and water, an imperative that is especially urgent in the conflict-zones where many IDPs also lack shelter. In many parts of the country, agricultural activities have been suspended due to instability and the shortage of seeds and fertilizers, and local health workers report that solving the "hunger problem" is more important in vulnerable communities than "combating Covid-19".[294]

As a result, non-governmental organisations – including CBOs, CSOs and EHOs – are calling for a very different form of aid response, one that is designed and based at the grass-roots in local communities rather than structured and rolled out by international agencies working in conjunction with the state authorities. As a CSO coalition pointed out in September:

> "The orthodox humanitarian aid model of distributing aid through a central state authority, placing importance on state sovereignty, neutrality and independence, cannot function to adequately address the crisis in Myanmar. The military junta has attempted to destroy structures of the state and weaponized aid for political means and blocked it from reaching ethnic areas."[295]

Leading challenges include a lack of conflict understanding, donor regulations that make it difficult for CSOs to access emergency funds, and a continued reliance on governmental administrative practices and structures that are unrepresentative and that many see as the source of the problems. Insufficient attention is being paid to the activities of community groups on the ground. According to Saw Alex of the Karen Peace Support Network:

> "We built local community structures that have supported local people for decades through civil war and previous dictatorships. Donors and INGOs must ensure conflict sensitivity and support existing local community structures that are driving solutions to the current humanitarian crisis."[296]

There is also concern that, by focusing on notions of neutrality and seeking to revive past programmes through the SAC, UN agencies,

foreign governments and other international aid actors are under-estimating the nature of the coup, the impact of humanitarian crisis in local communities, and the need for far-reaching reform. Tun Tun, a staff member at a UN field office, said: "It's easy to remain neutral when the act of injustice doesn't affect you."[297]

The unwillingness of leading actors in the international aid community to take a public stand has also attracted comment. There has been a major departure of international aid workers from Myanmar since the first outbreak of Covid-19, an exodus further accelerated by the coup. "International organisations talk about human rights, democracy, humanitarianism, but they are silent in this crisis," said Hnin Thet Hmu Khin, a former aid worker in Rakhine State. "If an organisation cannot help a country in its worst times, what is the point of them being in the country?"[298]

At the same time, it is important to acknowledge that sympathy for these views is also expressed in the international aid community. In many respects, the present aid failures in Myanmar are not simply a repetition of errors from the past but a reflection of international failures in other states in conflict around the world. Too much policy focus is on discussions among government-level elites rather than understanding the imperatives and needs from the viewpoint of the people.

The UN, for example, may have a full gamut of agencies, envoys and special initiatives on Myanmar. Western governmental agencies have also heavily invested in such multi-donor programmes as the Joint Peace Fund and the Livelihoods and Security Fund (LIFT), both of which are managed by the UN Office for Project Services (UNOPS). But it has to be questioned whether such initiatives are fit for purpose in the light of Covid-19 and a military coup that have caused such suffering, exposing many of the international weaknesses and assumptions about the country. The post-coup response has only emphasized such flaws. As a recent study for the International Peace Institute pointed out:

> "In general, the siloed structures of the UN have not lent themselves to dealing with the post-coup crisis, which has simultaneously had political, human rights, humanitarian, and development consequences. There has not been leadership to bring together these different work streams into a coherent strategy."[299]

Certainly, two years ago, neither a global pandemic nor military coup were predicted in Myanmar. But, even then, communities were warning that there were many reasons for concern. The question is whether, even at this late moment, lessons can be learned from the tragedy that has befallen the country. At some stage, a process of national healing must begin and, for the sake of future generations, it is essential that this soon begins. The threat of Covid-19 remains and, tragically, it is not the only grave crisis that continues to face the country.

8. Conclusions and recommendations

The peoples of Myanmar are presently suffering one of the most serious times of political and humanitarian emergency in the country's history. The need for collective health action is urgent. But the glimmers of hope for sustainable coordination in political reform, peace-building and health delivery have become inescapably dimmer since the SAC coup and return to a military-management style of government. The Covid-19 third wave has had grave impact, conflict is deepening, and a civilian resistance movement against military rule has appeared in every corner of the country.

If Myanmar's cycles of state failure are to be addressed, it is vital that lessons from history are learned. The establishment of peace and justice for all peoples is integral to future stability and socio-political progress in the country. Tragically, many opportunities for conflict resolution, virus prevention and health progress were missed during 2020 as the first Covid-19 wave began to spread. Rather than being a cause for reconciliation, the pandemic witnessed political competition between the leading national actors, the neglect of ethnic peace and, within a year, regression to another incarnation of military rule. Such a fateful spiral has created a landscape of "complex emergency" where one humanitarian

crisis leads into another. This now needs to be brought to an end.

Myanmar is presently one of the most conflict-torn countries in the world. Communities are divided among the military SAC, pro-democracy NUG and ethnic nationality organisations that pursue contested models of political reform. Federalism is widely promoted – and ostensibly agreed – as the appropriate solution for all the health and national needs. But, for the moment, there are no pathways or "theories of change" that seem likely to bring the different protagonists together. While conflict and humanitarian emergency continue, polarisation is deepening – not diminishing – within the country.

Many recommendations can be made, but imminent solutions appear to be few. On a positive note, Covid-19 has shown that there is no shortage of actors in the country seeking to alleviate the health needs of the people, often in dangerous and demanding circumstances. The public is very willing to find such solutions, and the setbacks of the past two years have encouraged deeper examination of social and political challenges that have always needed to be addressed. This is an important first step, providing avenues to longer-term solutions.

In the case of Covid-19, the health situation remains disturbing. Critical issues of health capacity, technical knowledge, resources, infrastructure, equity and outreach must be faced. Conflict, displacement and worsening poverty are only adding to the gravity of these tasks. And there has already been considerable suffering and loss which, for the moment, is inestimable in many communities. Nevertheless opinion remains widespread in political and civil society circles within the country that, with the establishment of peace and justice, this heavy burden of challenges can be redressed. As the young people of Generation Z seek to demonstrate, the future is not set in military stone. It is important not to lose sight of hope and forward-looking potential.

Many difficulties, though, remain in both health and political terms. The epidemiology of Covid-19 is difficult to predict. The third wave is subsiding in urban areas. But, with the country locked into wider regional patterns of transmission, fourth and other future waves cannot be ruled out. As is happening in other parts of the world, the threats to lives and livelihoods will continue and, in Myanmar's case, the humanitarian crisis looks set to deepen. Shortages in food, shelter and medicines are increasing, while armed conflict, displacement and political violence are spreading into new areas. The conditions for a perfect storm still continue.

As a result, Myanmar will remain one of the most at-risk countries in the world. At this critical moment in pandemic control, Myanmar is without a functioning or politically-accepted government: rather, administrative breakdown and national fragmentation have been increasing. A cautionary list of health warning signs can be seen. Covid-19 is not a priority for SAC or Tatmadaw leaders; a systematic rollout of vaccines is presently impossible; public health care remains uncoordinated and inadequate; pockets of emergency are likely to continue; and, with low and unsystematic rates of inoculation, the country will be especially vulnerable to new variants and high levels of infection.

It is important to note then that, although the health sector has been at the centre of pro-democracy protests, there has also been ambivalence about the realities of Covid-19 sometimes apparent in non-SAC circles. Covid-19 is not the lead – or even key – issue for national change among the leading conflict actors in the country today.

The reasons are complex. But, as with Cyclone Nargis that wrought terrible devastation in 2008, health care in the country is overshadowed by political events. As conflict and impasse continue, many people are more fearful of the SAC than the pandemic; Covid-19 cannot be separated from the broader humanitarian challenges at large; and opposition activists – including supporters of the CDM, NUG, PDFs and many EAOs – do not want to engage in any activities that are perceived to lend credibility or recognition to the SAC. For this reason, the CDM strikes continued as the third wave emerged. A common refrain is that, rather than promoting equitable access to health care, the international community should push the SAC towards ending human rights violations and stepping down

from power. Only through political change, it is argued, will sustainable solutions be found.

The outcome is a quagmire of ethical dilemmas in aid policies and engagement, facing local health practitioners as much as international bodies in the struggle against the pandemic. As in any country, the success of programmes in prevention, vaccinations and treatment requires holistic public health mechanisms to communicate effectively with the people, coordinate with different health organisations, and support equitable access to health care. In Myanmar, however, the stage is politically deadlocked, with the SAC and NUG promoting contested visions of health care delivery. In many parts of the country, meanwhile, there are EAOs that continue to implement their own health programmes and policies. Through this impasse, Covid-19 has exposed the fragility of health rights and national health systems.

This does not mean that health initiatives have come to an end. As the experiences of the last two years have shown, there are a diversity of ways by which health assistance can be supported, including the public sector, private and volunteer groups, and programmes run by EAOs, EHOs, CBOs and CSOs. In a contested landscape, notions of neutrality are difficult. Civil society networks also believe that, all too often, a deaf ear has been turned to their voices and the causes of conflict in the past. This, they argue, undermines the efficacy of aid responses, widens political and ethnic divisions, and weakens the capacity of local communities to address the multiple crises facing the country.

In 2021 the problems of state failure in Myanmar are once again outstanding. But civil society organisations believe that there are pragmatic ways to address many of the country's humanitarian challenges in the meantime. Health and political deficiencies have become closely inter-linked. Five key principles should be born in mind.

- First, "do no harm" practices that are sensitive to human rights protections should be developed in which all actors involved in humanitarian responses avoid partisan programmes or actions that strengthen militarised rule. To achieve this, health initiatives should be developed in local communities, together with local health and civil society organisations, rather than set out and implemented by international agencies that focus on working through government authorities.

- Second, different health avenues should be explored and utilised that reach to – and are supported by – local communities. Whether in urban or rural areas, these include public health workers and volunteers, local medical and humanitarian networks, ethnic health providers, and both community-based and civil society organisations. Pragmatism and understanding will be essential, and this means acceptance that, under appropriate "do no harm" conditions, aid can be delivered through both urban and cross-border channels.

- Third, the political roots of state failure need to be recognised, and attention must be paid to the reasons for conflict, inequality and other bitter experiences from the past. In essence, mitigating the negative impact of the current health emergency necessitates looking beyond addressing medical and humanitarian needs of the affected populations. While humanitarian emergencies must be addressed, aid policy measures must also consider the long-term implications for democratization and sustainable peace in the country.

- Fourth, rather than being a casualty of conflict, health care should be brought to the centre of national reconciliation in the country. Realism, though, is needed in the present crisis. As a beginning, national breakthroughs will require the release of political prisoners, an end to the repression of health workers, a meaningful ethnic peace process, health cooperation and coordination, and political dialogue towards government transition in which all representative parties are able to take part. These are common aspirations and demands across the country, and will one day prove essential if peace and stability are to be achieved.

- And fifth, amidst the current humanitarian crisis, priority needs to be given to health

rights and access to health care for all, including the most at-risk and needy communities; decentralisation to support local self-sufficiency and inclusion; and focus on Covid-19, TB, HIV and other life-threatening diseases that perpetuate some of the worst social and health indicators in Asia. In the case of Covid-19, this will mean vaccine equity and agreed principles on health rights, responsibilities and delivery. Health care must heal – not exacerbate – social and political divisions.

These exigencies place a powerful responsibility on the international community. In the face of Covid-19, international agencies and donors can ill afford to continue a "wait-and-see approach" towards the political crisis in order to decide on how to deliver humanitarian aid. Unless there is a dramatic change in political course, Myanmar's humanitarian emergency looks set to deepen. It is thus imperative for concerned actors in the international community to support ways to help stop preventable infections and deaths from the pandemic as well as the suffering from civil war. Since the SAC coup, Myanmar has been a daily matter for UN Security Council concern.

A coherent international response in which the UN, international aid donors and different governmental agencies seek to operate on the same page would be an important start. At present, there are diversity of international actions on the country, including the UN Special Envoy, the UN Special Rapporteur and statements of concern from governments, ASEAN and other bodies. There are also ongoing human rights investigations by the International Criminal Court and International Court of Justice, while the UN General Assembly recently decided to continue recognition of the existing NLD-appointed Permanent Representative. Certainly, there is no shortage of international anxiety and activity. But, as yet, there is no cohesion.

It is therefore vital that the present crisis is taken as a pivotal moment to reconsider and recalibrate the international response. Myanmar should not become a source of competition and division but cooperation and consensus. It is also essential that international policies are not decided at top-table discussions, involving only elite actors in Myanmar and abroad, but draw from the participation, needs and experiences of people on the ground. Already, the international community has been compelled to embark on radical actions in response to the political breakdown, and mistakes from the past should not now be repeated.

To develop an effective path, there are many steps that can be taken. The first is the question of cooperation and leadership. In international engagement, the UN should establish a "whole-of-system" approach, develop focus and strategy, and increase both human rights monitoring and diplomacy.[300] In recent years, there has been a campaign within the UN, Human Rights up Front, promoting these very values in recognition of failures to protect civilians and prevent grave violations in states in conflict.[301] To back this up, innovation and networking are essential, and the aversion to any risk that permeates many agencies should be reconsidered. Although diverse approaches will be needed, much greater synergy in networking and understanding should be supported.

It also needs to be recognised that the present crisis is hardly new. Since independence, Myanmar has remained one of the most isolated – and often contentious – countries in international diplomacy. Indeed in 2005, the Global Fund to Fight Aids, Tuberculosis and Malaria took the unprecedented step of leaving the country due to concerns about military-imposed restrictions. It is salutary then to remember that aid donors found ways to address many of these humanitarian shortfalls through stepping up support to health INGOs and NGOs in the country as well as establishing the multi-donor Three Diseases Fund that operated independently under human rights principles. Meanwhile aid funding was maintained to refugee and border-based organisations, notably in Thailand and Bangladesh, a need that still continues today.

Equally resonant, in the aftermath of Cyclone Nargis in 2008 it was ASEAN which, together with the UN, took the lead in formulating an international response through the establishment of a Tripartite Core Group by which humanitarian aid, using responsible methods, was delivered to the country. The parallels are not exact. But, in all cases, imagination and innovation were

keys to dealing with a fragile health care system and divided ethno-political landscape in which many communities were overwhelmed by the challenges they faced. Today the latest cycle of repression and violence under SAC rule is only adding to the scale of humanitarian crisis that Covid-19 has brought.

For this reason, there is general agreement that ASEAN's 5-point consensus for Myanmar could mark a useful starting-point for international cooperation and coordination that can lend support to UN and other international initiatives. In health terms, the ASEAN Coordinating Center for Humanitarian Assistance on disaster management needs to be activated, while COVAX could play a greater role in scaling up and rolling out Covid-19 vaccines. And as China has shown, vaccines can be delivered through EAO-administered areas where there are existing ethnic health organisations capable of carrying out inoculation programmes. Even when the public health care system is paralysed, there are many ways in which health delivery can be considered and accelerated.

At the same time, a number of caveats must be kept in view. Under a "do no harm" approach, independent mechanisms – which can be UN-led – need to be established to deliver vaccinations equitably within the country. Donors should work closely with civil society networks in their assessments of risk and operating circumstances on the ground. It also needs to be recognised that acceptance of politicized health care services undermines human rights protections and threatens democratic institutions. And humanitarian approaches should not be exploited as a device for the political legitimisation of the SAC or any other organisation bearing responsibility for the present crisis.

These imperatives place especial responsibility on the SAC, NUG, EAOs, PDFs and those claiming legitimacy and leadership in the country today. In particular, the SAC must immediately stop the harassment and arrest of health workers as well as blocking the transportation of essential medical and food supplies in the conflict-zones. And NUG representatives should increase engagement with the WHO, COVAX and other international health bodies. In doing this, the NUG must show responsibility to reflect and protect the health interests of peoples and communities in all parts of the country. Whether the SAC, NUG or other conflict actors, there can be no partisan approaches in health or human rights affairs. Pathways to addressing Covid-19 need to be stepped up now.

The stage is precariously set. But, despite the scale of the current crisis, it is never too late to hope that the rollout of essential programmes in health care could play an integral role in supporting national reconciliation in the country. The crises in politics and health are inextricably interlinked. The struggle against Covid-19 will not succeed without a vision for fundamental change.

Trust in vaccines and the Covid-19 response system can be supported by the ending of the repression within the health sector and with the help of independent communication channels in which local media and civil society organisations play key roles. New vaccination and humanitarian delivery programmes can foster confidence by being inclusive and supporting peace rather than perpetuating division. And participatory approaches in which all stakeholders are engaged and a fair share of resources are realised in every part of the country can be a model for reform across all sectors of governance.

These prospects may currently appear dim. But, one day, the spirit of cooperation and understanding must be galvanized. Health is a human right for everyone, and this primacy must not be lost sight of amidst political breakdown within the country.

Endnotes

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4. This briefing does not intend to be a detailed statistical analysis. As in any country, there are different calculation methods, including case fatality rate (CFR), crude morality rate (CMR) and infection fatality rate (IFR). For an explanation and summary of global figures and trends, see, World in Data: https://ourworldindata.org/mortality-risk-covid. In Myanmar's case, there is insufficient data from every state and region to calculate national figures. Behind any numbers, there are questions of social and political circumstances, location and security situations, the availability and use of personal protection measures, and access to testing and health care. In general, though, fatality rates from infection have appeared lower than in many Western countries, fitting into a regional trend in Southeast Asia.

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