Myanmar’s coup d’état and its impact on COVID-19 response: a collapsing healthcare system in a state of turmoil

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Myanmar, a country in Southeast Asia, is currently in a state of turmoil after the military took control of all operations. With the added COVID-19 pandemic, the country’s situation has totally become a chaos. As a former pariah state under an almost 50-year rule of an oppressive military junta, known as the Tatmadaw, Myanmar seemingly had a déjà vu of military dictatorship since the country returned into a military state from a quasi-democratic political system on 1 February 2021, in the midst of an ongoing public health emergency, after 10 years of a series of political reforms and civilian rule.

Due to the increasing friction between the civilian government and the Tatmadaw over alleged election irregularities, Aung San Suu Kyi, the re-elected state counsellor of Myanmar, was arrested, along with other key officials, in a morning raid. Despite the ongoing pandemic, the military declared a coup, putting Myanmar under a 1-year state of emergency. Subsequently, the state power was transferred to the commander-in-chief of the Armed Forces, Min Aung Hlaing.

The coup d’état in Myanmar has caused severe damage on the COVID-19 response of the country, and the action has been condemned by various world leaders due to the continuing escalation of violence among its people. Despite several mass protests, the country has failed to achieve solidarity in a time where health and safety should have been given greater focus. This has therefore hampered the ability of the country and its people to tackle the issues brought about by the COVID-19 pandemic, especially with the infection rates being underestimated since the start of the coup.

As of 23 April 2021, there have been 142,687 total cases of COVID-19 in the country with 3,206 deaths. Among the total cases, only 7,560 are active cases with a very few and almost unchanging daily new cases since the coup started. Before the coup, there were thousands and hundreds of daily new cases registered every day. Surprisingly, a few days after the coup, the daily new cases abruptly dropped to one or two digits every day. The strange epidemiological report is attributed to the hampered COVID-19 testing in the country as a result of the turmoil. Due to the coup and the collapsed healthcare system, the real COVID-19 situation in the country is thought to be unreliably reported.

The coup has indeed significantly affected the country’s healthcare system. For instance, at least 19 government doctors from Naypyitaw, Yangon, Mandalay and other areas in Myanmar have been charged by the junta for their support in the civil disobedience movement, along with a committee of ousted lawmakers. In fact, there have been reports of doctors being dismissed from their posts, being arrested and hiding in fear for their lives—signifying a grave breach of humanitarian law. Moreover, health infrastructures have also been affected. The Grand Hantha International Hospital, for example, which is situated near a police station in Yangon, exploded last 17 April 2021.

In addition to the collapsed COVID-19 testing and response, the COVID-19 vaccination progress in Myanmar has trickled down since the ousting of Aung San Suu Kyi’s government, as frontline health workers refused to get vaccinated unless there is no involvement from the military junta. The healthcare system has been disorganised as some health sectors in Myanmar continue to strike along with the uneven boycott system from the public. Consequently, the trust in the vaccination process has also declined as a result of the widespread anger at the Myanmar regime, with more of its people refusing to get vaccinated.

Nonetheless, Min Aung Hlaing, the new de facto head of the government, reported that Myanmar has permitted the import of COVID-19 vaccines from Russia, China and India for both public and private health institutions as approved by the Food and Drug Administration, with the goal of inoculating everyone.

Just when the people needed their government to address the COVID-19 situation in the country, this very unfortunate scenario happened. Aside from the documented and undocumented COVID-19-related deaths, hundreds of civilians were also killed, making the military coup a disruption to the country’s COVID-19 response. This devastating situation in the country has alarmed the international community, including the United Nations (UN) and the Association of Southeast Asian Nations (ASEAN). The UN Security Council convened an emergency meeting in reaction to the coup, at which a draft resolution calls for the restoration of democracy in Myanmar, thereby condemning the country’s military actions and calling for the release of its detainees.

However, Russia and China are impeding a unified international response.

The ASEAN has also condemned this situation and called out for an emergency summit among all leaders of the member states, including the new de facto leader of Myanmar on 24 April 2021 to discuss a dialogue with the military junta. However, protesters have been calling out ASEAN to not meet Min Aung Hlaing as this might mean that they have recognised his junta’s rule in Myanmar. Despite the protests, the recent ASEAN Summit 2021 pushed through. The ASEAN leaders agreed that the violence in Myanmar should stop immediately, that all parties should engage in meaningful dialogue to find a peaceful solution that benefits the people, that humanitarian aid will be provided in Myanmar and that the COVID-19 ASEAN response fund will be used in procuring vaccines for all member states including Myanmar.

Faced with the double threat of global health crisis and military coup, not only is Myanmar’s healthcare system facing collapse but also, more importantly, its pursuit of a more democratic government has been shattered. It is a grave human rights violation to jeopardise people’s lives in their fight for survival against COVID-19 while continuing to repress them through military bloodshed. There is indeed a pressing concern in the international community as to whether there is a need for foreign intervention in Myanmar. Under international law, a state has a duty...
to refrain from intervening in the internal and external affairs of any other state or, for that matter, the relations between other states. Nonetheless, in the case of Myanmar, instead of the term humanitarian intervention, it is more apt to use ‘responsibility to protect’. This implies that when a state fails to discharge its responsibility to protect’. This implies the country.16

With the current military atrocities in Myanmar amidst the COVID-19 pandemic and the unwillingness or inability of the current military rule to halt its violations, the principle of non-intervention yields to the principle of international responsibility to protect. This means that the international community can safeguard the lives of the people of Myanmar especially from the military’s exploitation of the COVID-19 crisis. Hence, the UN Human Rights Council called for influential states to have an immediate concerted pressure towards the military of Myanmar in order to halt the gross human rights violations in the country.16

The violations include the pitiless violence against the people using military-grade weaponry; indiscriminate killing, including that of women and children; and the way too obvious power grabbing through leveraging COVID-19 pandemic towards their personal interests. The global community, therefore, needs to take decisive action to curb military manslaughter and to restore the collapse of democracy and COVID-19 response in Myanmar. Without this commitment to uphold the rights of the citizens and to protect them from both the domestic strife and the global health warfare, the very fabric of human rights is relentlessly shaken. Until then, Myanmar remains at the crossroads of surviving both the civil unrest and the health danger that is COVID-19.

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REFERENCES