Great Expectations:
Analysis of the ASEAN Coordinating Center for Humanitarian Assistance on disaster management
August 2021

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Progressive Voice and the Asian Forum for Human Rights and Development (FORUM-ASIA) 2021

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Progressive Voice is a participatory rights-based policy research and advocacy organization rooted in civil society, that maintains strong networks and relationships with grassroots organizations and community-based organizations throughout Myanmar. It acts as a bridge to the international community and international policymakers by amplifying voices from the ground, and advocating for a rights based policy narrative.

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This briefing paper will summarize the dire humanitarian crises created by the Myanmar military since the attempted coup, outline ASEAN’s response, analyze the role of the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) and discuss some implications for ASEAN and the wider humanitarian sector’s response moving forward. A set of recommendations to expedite response for the Myanmar humanitarian crisis will be outlined at the end of this briefing paper.

Key Messages:

⇒ Six months since the attempted coup, little concrete action has been taken by the UN Security Council to address the unfolding human rights, humanitarian, and COVID-19 crisis in Myanmar. Rather, the UN and governments have defaulted to the regional bloc, ASEAN, to take the lead on a diplomatic and humanitarian response. Yet, 100 days since the Five Point Consensus between ASEAN leaders and Myanmar’s junta leader, Senior General Min Aung Hlaing was reached during the ASEAN Leaders’ Meeting on 24 April, 2021, there has been no swift implementation of the Five Point Consensus – with the selection of Special Envoy to Myanmar at a deadlock.

⇒ The ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) is an inter-governmental ASEAN body established in 2011 and its primary partners are national level, National Disaster Management Organisations (NDMOs) in respective ASEAN states. AHA Centre is funded by ASEAN states and its Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP) allows Myanmar as a receiving party to “exercise the overall direction, control, coordination and supervision of the assistance within its territory.” Myanmar’s role in AHA Centre’s Governing Board also points to a lack of independence, allowing Myanmar to dictate the terms under which AHA Centre operates, including who the AHA Centre works with in provision of humanitarian aid.

⇒ The operations of AHA Centre is deeply problematic in tackling the current humanitarian crisis in Myanmar because those who remain the root causes of the humanitarian crisis funds, approves and is partner in carrying out the assistance.

⇒ Reflecting upon AHA Centre’s previous response in Rakhine State during the Rohingya crisis, and in considering its mandate for disaster response – with little conflict-related experience – the AHA Centre is not geared towards responding to a “man-made” humanitarian crisis caused by conflict and state-sponsored violence.

⇒ There are several risks in channeling aid through AHA Centre. This includes: strengthening junta’s position regionally and internationally; emboldening the junta to present themselves as the protector of the people and further its own political agenda; provision of highly restrictive and controlled aid; people refusing to accept aid due to lack of trust; the military hoarding aid or COVID-19 supplies for themselves and their families.

⇒ Instead of providing humanitarian aid and COVID-19 supplies through AHA Centre, ASEAN and international community can provide assistance through the newly through the newly established COVID-19 Task Force, jointly established by the interim government of Myanmar – the National Unity Government – and Ethnic Health Organizations, as well as through cross-border channels, local humanitarian networks, ethnic service providers, community-based and civil society organizations.
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Humanitarian Crisis

The attempted military coup of 1 February has created a political, human rights, and humanitarian crisis. The people of Myanmar have consistently refused to accept the military junta and months of street protests, strikes, the civil disobedience movement (CDM), actions of self-defense, and various tactics of resistance have undermined any claim that the military has in terms of control and legitimacy. The Spring Revolution is a defiant, leaderless, grassroots response by the people of Myanmar that is forging a new future based on federalism, democracy, and equality. The military junta, faced with this inspirational movement of determined, diverse people of Myanmar, has responded in the only way they know—brutal violence. Furthermore, it has utilized humanitarian aid as a bargaining chip to pressure the democratic movement and ethnic organizations to end their resistance to military rule by blocking or destroying the relief aid being provided to the displaced victims of the war it is waging against the people. Such denial of humanitarian aid as a weapon of war is not a new tactic for the Myanmar military. In ethnic areas, the military has for decades employed a “four cuts” policy, targeting civilians to deprive the ethnic armed organizations (EAOs) of food, funds, recruitment and intelligence.

Added to this campaign of terror by the junta is a catastrophic COVID-19 wave that has hit Myanmar hard and fast. According to documentation by Myanmar Doctors For Human Rights Network, COVID-19 cases began to rapidly increase since 27 May.1 By 10 July, 296 of the 330 townships nationwide were affected by COVID-19,2 which account for 90% of the country’s townships, and on 14 July, 7,083 people tested positive in a single day marking the highest recorded daily COVID-19 cases.3 Of those being tested, an alarming 26 percent reported positive,4 suggesting that the number of infections are far higher. Due to the coup, systematic testing has collapsed, and testing facilities have been limited. In Yangon, bodies are piling up at crematoriums, with 731 cremated on 13 July alone according to local media. Volunteer teams in Yangon are collecting 30-40 bodies per day to send to cemeteries, indicating the gravity of Myanmar’s third wave of COVID-19.5

The COVID-19 treatment centers, without adequate medication, short staffed, and overwhelmed with COVID-19 positive patients, are no longer able to accept new patients. The public has been relying on self-care and private oxygen supplies to keep their loved ones alive. However, the military has restricted the sale of oxygen cylinders, forcing the public to line up for hours to fill their cylinders. While restricting sale of oxygen by private producers, the military has also seized cylinders which are being hoarded for military families or sent to military facilities.6 On 13 July, soldiers on motorbikes opened fire at a crowd of people lining up to refill their oxygen cylinders in Dagon Township in order to disperse them and ensure exclusive supply to junta-run facilities.7 The day after on 14 July, the UN Special Rapporteur on the situation of human rights in Myanmar, Tom Andrews, issued a blistering statement, warning of an impending catastrophe stating, “An explosion of COVID-19 cases, including the Delta variant, the collapse of Myanmar’s healthcare system, and the deep mistrust of the people of Myanmar of anything connected to the military junta, are a perfect storm of factors that could cause a significant loss of life in Myanmar without emergency assistance by the international community.”8

8 Andrews (n 4).
The systematic persecution of some of the most qualified people in Myanmar’s health system has exacerbated the loss of life. There have been 240 documented cases of attacks against medical staff and facilities that has led to 17 deaths of medical workers.\(^9\) Myanmar is now one of the most dangerous places in the world for health care professionals. The former head of Myanmar’s COVID-19 immunization program, Dr. Htar Htar Lin, was arrested in June along with her husband and 7-year-old son, due to her criticism of the junta and false accusations of mismanagement of the procurement of vaccines.\(^10\) This follows the arrest in April of Dr. Maw Maw Oo, the head of Emergency Medicine at the University of Medicine (1) in Yangon, who has contracted COVID-19 while in detention.\(^11\)

With the history of the military weaponizing COVID-19 to crack down on civic space and undermine provision of health services by ethnic organizations even before the attempted coup,\(^12\) the junta is once again weaponizing COVID-19 for its own political gain, hugely exacerbating loss of life. Without immediate international intervention, Myanmar will become a hotspot for regional spread of COVID-19 as well as potential hotspot for new variants. The catastrophic wave of COVID-19 in Myanmar is a major threat to the regional and global health crisis.

Since 1 February, over 900 people have been murdered, as the military uses snipers and heavy weapons on unarmed civilians. Currently, nearly 7,000 people have been arrested since the coup, 5,400 are currently detained or have been sentenced and nearly 2,000 more have a warrant out for their arrest. Protest leaders and other participants have been arrested, tortured and their bodies returned to families with organs missing. Cases of abduction of family members of those evading arrest, including children are also increasing.

In more rural parts of the country, especially in Chin State, southern Shan State, Karenni State, and Sagaing and Magwe Regions, local towns and villages have created their own people’s defense forces and engaged with the military. They have faced extreme retaliation including the use of airstrikes, heavy artillery, and helicopter gunships. For example, in the village of Kinma, Magwe Region, junta soldiers and the police force burned down nearly the whole village, destroying around 80% of the houses and killing livestock.\(^13\)

To add, Mindat, a town of 11,000 people in Chin State, has been under siege due to spirited resistance by local people. It is now almost a ghost town as nearly 10,000 people have taken shelter in nearby villages and mountains, facing a dire humanitarian situation as essential supplies of food, medicine and shelter are blocked from being transported to those in need by the military.\(^14\) In Karenni and southern Shan States, around 125,000\(^15\) people were displaced in the space of just a few weeks, with the military shelling churches that were sheltering IDPs and blocking delivery of relief aid.\(^16\) In addition, the military has targeted as well as intimidated humanitarian aid workers and volunteers, killing, injuring, arbitrarily arresting and torturing those who work on the frontlines.\(^17\)

Regarding humanitarian assistance in Karenni State, UN Myanmar stated that “The United Nations and its partners have humanitarian supplies, including food, shelter materials and other basic relief items ready to be deployed to complement the local response, which has been immediate, but insufficient to address

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\(^{9}\) Myanmar Doctors For Human Rights Network (n 1)


\(^{11}\) Ibid.


all needs, particularly for those persons in remote locations.”\(^{18}\) However, as documented by the Karenni Civil Society Network, junta forces are not allowing this essential aid to be delivered.\(^ {19}\)

Pressure on losing jobs, arrests of key figures in the CDM and the general strikes of the Spring Revolution, as well as the militarization of urban townships has caused many to flee and take sanctuary in ethnic areas, supported by ethnic leaders and communities in border areas. While the emergence of localized people’s defense forces are new dynamics of the Spring Revolution, old patterns of violence also continue in the ethnic areas where many urban protesters have fled to. Junta attacks on EAOs, the Karen National Union (KNU) and the Kachin Independence Organisation (KIO), in retaliation for their support to the democratic forces, are worsening the humanitarian situation. The Kachin Women’s Association – Thailand has documented human rights violations including torture, arrests, arbitrary shooting and shelling of civilian areas, at least 6,000 more people displaced and the blocking of humanitarian aid in Kachin and northern Shan States.\(^ {20}\) Airstrikes and helicopter gunships have also been deployed by the junta against the KIO. The Karen Peace Support Network has also documented the military attacks on civilian populations in Mutraw District, northern Karen State, including heavy artillery and airstrikes, in an effort to weaken the resolve of the KNU’s 5th Brigade. In just one week (24–30 April), the junta launched 68 airstrikes in Karen and Kachin States. Over 70,000 civilians have been displaced in Mutraw. Many attempted to flee over the border to Thailand, yet most were pushed back by local Thai authorities after just two days.\(^ {21}\) In total, the UN’s humanitarian agency has estimated that 230,000 people have been displaced since 1 February.\(^ {22}\) The National Unity Government (NUG), which has been formed according to the outcomes of the November 2020 elections as the legitimate representatives of the people of Myanmar, puts the number of those displaced since the coup at 336,000.\(^ {23}\) According to the NUG, 945,000 people are in need of aid, and at least 6.2 million people have experienced food insecurity.\(^ {24}\)

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24 Ibid.
ASEAN’s Response

While international governments have condemned the coup and subsequent violence, little concrete action has been taken in terms of the world’s most powerful multilateral body – the UN Security Council. Rather, the multilateral mechanism and governments have defaulted to the regional bloc, ASEAN, to take the lead on a diplomatic and humanitarian response. This was reflected in the G7 statement released on 13 June, 2021, which stated that, “Recalling ASEAN’s central role, we welcome its Five Point Consensus and urge swift implementation.” The G7 countries appear to be using ASEAN as a get-out clause to justify a lack of coordinated international pressure, including targeted economic sanctions on military leadership and military affiliated business, a global arms embargo and a referral of Myanmar to the International Criminal Court (ICC) to pursue justice and accountability to victims of the junta’s crimes. The G7’s reliance on ASEAN was swiftly criticized by nearly 400 Myanmar civil society organizations in an open letter, describing the G7’s position as “a serious mistake” and how the bloc “has been woefully inactive thus far due to its own internal disagreements on how to respond to the crisis in Myanmar.”

While the G7 which has no legal standing to coordinate any international response to the humanitarian crisis, other UN bodies that could have real meaningful impact have also defaulted to ASEAN’s leading role to address the situation in Myanmar. For example, the Resolution on Myanmar during the 75th session of the UN General Assembly (UNGA), stressed its strong support for “the central role” of ASEAN. It is worth mentioning that specific language calling for a global arms embargo in the draft resolution was watered down due to pressure from nine member states of ASEAN (excluding Myanmar) in the form of a letter to Liechtenstein, as the drafter of the Resolution. The original draft of the resolution called for “immediate suspension of the direct and indirect supply, sale, or transfer of all weapons, munitions, and other military-related equipment to Myanmar” but was changed to a call for “all member states to prevent the flow of arms into Myanmar.” Furthermore, four ASEAN member states – Brunei, Thailand, Laos and Cambodia, abstained upon the vote of the final Resolution.

The UN Security Council has repeatedly expressed their support for ASEAN’s efforts since the early stages of the coup in February. Similar support has also been expressed in resolutions adopted by the UN Human Rights Council, while the High Commissioner has encouraged the intensification of regional diplomacy, including by ASEAN. In addition, the UN Secretary-General António Guterres, in a statement calling on the international community to respond to the increasing humanitarian needs, encouraged the international community to support regional efforts.

Given that it is becoming increasingly relied upon as an action point by the UN and many countries, it is thus worthwhile revisiting the Five Point Consensus - a product of the ASEAN Leaders’ Meeting on 24 April, 2021 in which a special session was held to discuss the regional situation, including Myanmar. Despite a request from CSOs for ASEAN to invite the interim government, NUG, made up of elected lawmakers, ethnic representatives and other democratic forces, the meeting participants included Commander-in-Chief of the Myanmar military, Senior General Min

25 The White House, ‘Carbis Bay G7 Summit Communique’ (13 June 2021) [https://www.whitehouse.gov/briefing-room/statements-releases/2021/06/13/carbis-bay-g7-summit-communique/]
26 397 Myanmar Civil Society Organizations, ‘Open Letter from Myanmar Civil Society Organizations to the Leaders of the G7 Summit’ (21 June 2021) [https://progressivevoicemyanmar.org/2021/06/21/open-letter-from-myanmar-civil-society-organizations-to-the-leaders-of-the-g7-summ/]
27 UNGA Res 77/287 (25 June 2021) UN Doc A/RES/75/287
28 ‘UN Assembly to vote on resolution condemning Myanmar military’ Aljazeera (18 June 2021) [https://www.aljazeera.com/news/2021/6/18/un-assembly-to-vote-on-resolution-condemning-myanmar-military/]
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Aung Hlaing—a sanctioned war criminal who stands accused of genocide, crimes against humanity and war crimes. The Five Point Consensus is as follows:

• First, there shall be immediate cessation of violence in Myanmar and all parties shall exercise utmost restraint.
• Second, constructive dialogue among all parties concerned shall commence to seek a peaceful solution in the interests of the people.
• Third, a special envoy of the ASEAN Chair shall facilitate mediation of the dialogue process, with the assistance of the Secretary-General of ASEAN.
• Fourth, ASEAN shall provide humanitarian assistance through the AHA Centre.
• Fifth, the special envoy and delegation shall visit Myanmar to meet with all parties concerned.33

Despite this agreed-upon-consensus between ASEAN leaders and junta leader, Min Aung Hlaing, and its ongoing salience in international diplomatic efforts, it did nothing to abate the violence committed by the military junta. There has been no dialogue, and as of yet, there is little transparent information on the selection process and timeline as well as mandate of the ASEAN special envoy to Myanmar. Of what is known, Brunei’s proposed concept paper outlining the duties of the proposed ASEAN envoy to Myanmar has been widely criticized for limiting the envoy’s role to mediating and not basing the position in Myanmar, while retaining a small staff that is funded by the envoy’s country.34 Six months since the coup, ASEAN remains deadlocked on the selection of the envoy, unable to choose between three nominees - Virasakdi Futrakul, a former Thai deputy foreign minister, Hassan Wirajuda, a former Indonesian foreign minister, and Razali Ismail, a Malaysian former U.N. special envoy for Myanmar.35 Brunei as the current chair of ASEAN has submitted the names of the potential envoys for approval from the Myanmar military, while not consulting with the NUG or EAOs.

The violence has in fact escalated significantly since the Five Point Consensus was reached, and it is clear that junta leader Min Aung Hlaing, will not stop in his attempts to crush the democratic opposition. Furthermore, ASEAN’s continued engagement with the junta was heavily criticized by civil society, including the visit of an ASEAN delegation to Myanmar on 3 June, 2021 (comprising of the ASEAN Secretary-General, Dato Lim Jock Hoi and Brunei Darussalam, Minister of Foreign Affairs II, Dato Erywan Pehin Yusof, representing the ASEAN Chair), where the delegation met with the junta leaders.36 Regrettably, the delegation did not meet with the NUG, nor any other representatives of the people of Myanmar such as EAOs and civil society. ASEAN continues to invite the junta to official ASEAN meetings, including the recent Special ASEAN-U.S. Foreign Ministerial Meeting.37

By meeting only with the illegitimate military junta, ASEAN is bestowing legitimacy on a regime that the people of Myanmar have strongly rejected, while reneging on their commitment to “meet with all parties concerned.” There is a palpable anger at ASEAN’s role in cooperating with the military junta. Images of ASEAN flags being burned on the streets of Yangon are testament to the belief that ASEAN is nothing more than a complicit partner in the junta’s unlawful coup and its brutal violence and crimes against Myanmar people.38

However, given that despite its unpopularity, ASEAN will continue to have a presence in diplomatic and humanitarian efforts with Myanmar, it is useful to analyze the potential role of the analyze the potential role fo the AHA Center, which was referred to in point four of the Five Point Consensus as the vehicle through which ASEAN shall provide humanitarian assistance.

33 ASEAN Secretariat, ‘Chairman’s Statement on the ASEAN Leaders’ Meeting’ (24 APRIL 2021) [https://asean.org/storage/Chairmans-Statement-on-ALM-Five-Point-Consensus-24-April-2021-FINAL-a-1.pdf]

34 Evan Laksmana, ‘ASEAN’s Future Will Be Decided in Myanmar’ Foreign Policy (21 June 2021) [https://foreignpolicy.com/2021/06/21/asean-myanmar-brunei-southeast-asia-special-envoy-junta-humanitarian-aid-aha-center/]


36 419 Civil Society Organizations, ‘ASEAN: Failure to Meet with all Parties Neglects ASEAN’s Own Five-Point Consensus’ (7 June 2021) [https://progressivevictimymyanmar.org/2021/06/07/asean-failure-to-meet-with-all-parties-neglects-aseans-own-five-point-consensus/]

37 US Department of State, ‘Secretary Blinken’s Meeting with ASEAN Foreign Ministers and the ASEAN Secretary General’ (13 July 2021) [https://www.state.gov/secretary-blinkens-meeting-with-asean-foreign-ministers-and-the-asean-secretary-general/]

The AHA Centre

The ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) is an inter-governmental ASEAN body established in 2011 with the “aim to facilitate cooperation and coordination of disaster management amongst ASEAN Member States.” Its primary partners are national level, National Disaster Management Organisations (NDMOs) in respective ASEAN states. Examples of disasters in recent years that the AHA Centre has responded to include the Sulawesi Earthquake in Indonesia, and Typhoon Mangkhut in the Philippines, both in 2018. Relief items, assessments and coordination of assistance are the three main activities conducted by AHA Centre when responding to disasters, implemented by its Emergency Response and Assessment Team (ERAT). Funding for the AHA Centre comes from ASEAN member state mandatory contributions, access to the ASEAN secretariat’s ASEAN Disaster Management and Emergency Relief Fund which consists of member states’ voluntary contributions, and funding from international donors. In 2019, the AHA Centre’s total revenue was nearly $4.3 million, of which $3.33 million came from its ‘dialogue partners,’ which includes Australia, Japan, Brunei Darussalam, New Zealand, South Korea, the EU, the UK, USA, Swiss Agency for Cooperation and Development, DHL, Direct Relief, REDR, MSF, the ICRC and IFRC, and the UN. The rest came from the mandatory contributions from member states in the same year amounting to $947,322 and contributions from others amounted to $89,451.

Previous Engagement with Myanmar

The AHA Centre has been involved with Myanmar in the past, most pertinently after the genocidal violence by the Myanmar military against the Rohingya in 2017 which displaced over 700,000 people, who still reside in unsafe and underfunded refugee camps in Bangladesh. Many have also been displaced internally and continue to live in apartheid-like conditions in IDP camps that have been likened to open air prisons. The UN-mandated Independent International Fact-Finding Mission on Myanmar (IIFFMM) concluded that Myanmar’s top leaders including the coup leader, Min Aung Hlaing, be investigated for war crimes, crimes against humanity and genocide. A subsequent case has been ongoing at the International Court of Justice for failing to prevent or punish those responsible for the crime of genocide as required by the Genocide Convention. In light of this violence, the AHA Centre was called into action by the ASEAN chair in September 2017 to provide assistance to affected communities that remained in Rakhine State – the site of the genocide. In the history and context of the AHA Centre itself, the response to Myanmar was significant in that it was the first time that it went outside of its mandate of disaster management to one of conflict and violence response.

The AHA Centre subsequently provided 80 tonnes of relief items in the form of tents, personal hygiene kits, aluminium boats, and generators to the displaced in Rakhine State. This assistance was received through Myanmar’s Ministry of Social Welfare, Relief and Resettlement, which in turn was directed through the Union Enterprise for Humanitarian Assistance, Resettlement and Development (UEHRD). The AHA Centre deployed ERAT on a mission in January 2018 to monitor the distribution of this relief assistance.

In November 2018, Myanmar requested the AHA Centre to dispatch a mission to conduct a preliminary needs assessment (PNA) on the repatriation of Rohingya...
refugees from Bangladesh, a first step towards a comprehensive needs assessment (CNA). The leaked report of this assessment revealed fundamental flaws in its approach and analysis. Not once did it acknowledge the violence and atrocities committed by the Myanmar military. It didn’t use the word Rohingya, thus serving the aim of the erasure of the identity of Rohingya as a distinct people, and the report was not based on consultation with the Rohingya themselves.47 This is despite calls to engage with civil society actors and leaders from the Rohingya community itself. The PNA also includes endorsement of the national verification card (NVC) as part of the repatriation process, yet the NVC document is generally regarded as another tool that denies the identity of the Rohingya, gives them 2nd class status within Myanmar, and is one more instrument of oppression.48 That the assessment simply glossed over the causes of the humanitarian crisis and accepted the government’s propaganda and weak justification of the attacks on Rohingya civilians rendered it complicit in the persecution of the Rohingya.49 Rather than relying on humanitarian and refugee standards and law, it served the political aims of the Myanmar State, and in particular, the military.

While this may reflect a technical concern that the AHA Center-mandated for disaster response and with little conflict-related experience is not geared towards responding to “man-made” humanitarian crises caused by conflict and state-sponsored violence,50 it also reflects a broader political concern. The Myanmar government at the time of the Rohingya genocide, and the junta today, can welcome support from the AHA Centre, and its main implementing body – ERAT – safe in the knowledge that it is toothless in terms of independence, and its activities will always be controlled by the Myanmar State, which in the post-2021 context, is the military junta. This is outlined in the AHA Centre’s Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP), paragraph 42, which states that, “the Requesting or Receiving Party shall exercise the overall direction, control, coordination and supervision of the assistance within its territory.”51 This corresponds to the AHA Centre’s mandate in which its primary partner in relief operations is the national-level, NDMO. Myanmar’s role in the AHA Centre’s Governing Board - represented by the Ministry of Social Welfare, Relief and Resettlement52 which the junta took control of - also points to its’ lack of independence as it can dictate terms under which the AHA Centre is to operate, including who the AHA Centre works with in provision of humanitarian aid.53 This inclusion of a junta run military and appointee severely undermines the humanitarian principles of independence and impartiality. The lack of independence contributes to the AHA’s centre operational ability, not just in Myanmar but throughout ASEAN where the AHA Centre operates, and thus its effectiveness to engage in tasks beyond its remit.

The relief assistance that was sent to Rakhine State in 2017/2018 is thus reflective of this political constraint of the AHA Centre, mainly that its primary partner is the receiving or requesting state. This becomes a major problem when it is the state that is creating the disaster through genocidal violence. The Minister of Social Welfare, Relief and Resettlement at the time was on record stating that the Rohingya burned down their own homes and denied that the violence took place. This ministry refused to recognize the identity of the Rohingya, regarding them as Bengali, implying that the Rohingya were illegal immigrants from neighboring Bangladesh and did not have the right to live and have citizenship in Myanmar. The ministry was thus complicit in the genocide of the Rohingya, yet the AHA Centre, through ERAT, was mandated to work through them.

50 ASEAN Parliamentarians (n 48)
52 AHA Centre, ‘Governing Board of the AHA Centre’ (ahacentre.org) <https://ahacentre.org/governing-board-of-the-aha-centre/>
53 ASEAN Parliamentarians (n 48)
Furthermore, the Myanmar public-private agency established to distribute and coordinate humanitarian assistance to the region, as well as conduct development activities, the UEHRD, was also very problematic. The IIFFMM, in their 2019 report on the economic interests of the Myanmar military and how it funds its campaigns of violence, “found that private companies with enduring links to the Tatmadaw are financing development projects in northern Rakhine in furtherance of the Tatmadaw’s objective of re-engineering the region in a way that erases evidence of Rohingya belonging in Myanmar, and preventing their return to access their homeland and communities. These projects, carried out under the UEHRD consolidate the consequences of war crimes, crimes against humanity and acts of genocide.”

Thus, both the Ministry responsible for receiving the assistance and the body tasked with its delivery were both active partners in the continuing persecution of the Rohingya, yet the AHA Centre had no other option but to work through them.

Developments since the PNA have been slow. Since at least January 2020, there is an Ad-hoc Support Team operating under the ASEAN Secretary-General tasked with “supporting the implementation of the recommendations of the PNA.” The AHA Centre is also part of a technical working group that also includes the Myanmar government and its counterpart ministries, the UEHRD, and the ASEAN secretariat, and is responsible for implementing PNA recommendations and working on the execution of the CNA.

The operational setup of the AHA Centre is deeply problematic in tackling the current humanitarian crisis in Myanmar because the institution that is the root cause of the crisis funds, approves, and is the partner in implementing assistance.

54 Independent International Fact-Finding Mission on Myanmar (n 43)
56 ASEAN Parliamentarians (n 48)
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Risks of Channeling Humanitarian Aid Through the AHA Centre

The 3 June ASEAN delegation visit to Naypyidaw to meet with junta leader, Min Aung Hlaing, highlights the problematic approach by ASEAN, and speaks to wider issues in terms of humanitarian aid. One of the main areas of focus during the ASEAN visit was supposedly on ‘humanitarian issues,’ and thus reflective of point four of the Five Point Consensus that is part of ASEAN’s approach. It should also be noted that the AHA Centre has yet to visit Myanmar since the Consensus was agreed upon.

If the AHA Centre is to deliver aid, it will be done through the junta which:

- **Would strengthen the junta’s position regionally and internationally**, and is an insult to the millions of Myanmar people who are risking their lives and freedoms for a future free from the tyranny of military rule.\(^57\) The AHA Centre’s inherently ‘apolitical’ mandate to provide humanitarian assistance, yet still directed and controlled by the requesting state, means that it bolsters the political aims of the junta, as it can point to AHA Centre humanitarianism as ‘proof’ that it is allowing for aid delivery. What must not be forgotten is that it is the military that is causing the human rights and humanitarian crisis. It is not a freak natural disaster, poor planning, or a state trying to contain sectarian conflict. It is a war by the military against the entire nation’s people. To then propose cooperation with the junta that is waging a campaign of terror against the people of Myanmar to provide assistance to its victims is absurd.

- **Be highly restrictive and controlled.** One pre-coup example is during the conflict with the KIO, when the military, and the NLD government, placed restrictions on aid going to displaced populations in KIO-controlled territory, endangering the lives of those who had already fled military operations. Given the escalation of violence throughout the country and the tightening of any democratic, civil society and humanitarian space since the attempted coup of 1 February, this situation will inevitably get worse under the junta. Examples are already being reported. In early June, in Pekon, southern Shan State, which has seen fierce fighting between the Myanmar military and the people’s defense force, junta troops seized and burned supplies of food, cooking oil and medicine that were being stored before distribution to around 3,000 internally displaced persons, weaponizing relief aid to punish populations who are in the proximity of those who dare to resist.\(^58\)

In Chin State, the junta has blocked transportation of aid and assistance to those displaced by fighting between local Chin self-defense groups and the junta.\(^59\) For the AHA Centre, its mandate and standard operating procedure elides the possibility of it working with these non-state humanitarian organizations, local service providers, and civil society organizations unless it goes through the Myanmar State. This risks leaving out assistance for hundreds of thousands who reside in EAO controlled areas.

Amid the catastrophic COVID-19 wave, the UN High Commissioner for Refugees (UNHCR) arrived in Mindat, Chin State on 20 July in an attempt to deliver aid, including COVID-19 prevention materials, to those who had been displaced due to recent attacks by the Myanmar military. The UNHCR was only able to provide assistance to those residing under the control of the military.\(^60\) Reports indicate that approximately only 50 families staying in a church and a monastery in Mindat was able to receive assistance. Local relief teams have estimated that approximately 9,000 people are still in need of assistance but are residing in rural areas or hiding in forests that were being stored before distribution to around 3,000 internally displaced persons, weaponizing relief aid to punish populations who are in the proximity of those who dare to resist. "Many in Mindat still in need as junta imposes restrictions on distribution of UNHCR aid’ Myanmar Now [20 June 2021] <https://myanmar-now.org/en/news/many-in-mindat-still-in-need-as-junta-imposes-restrictions-on-distribution-of-unhcr-aid>.

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taking refuge in areas controlled by EAOs, and have weaponized the denial of humanitarian aid as part of its “four cuts” policy.

- **Could risk the security of the most vulnerable people.** Provision of assistance through the junta could risk the security of the most vulnerable people, in particular the IDPs and those who have fled the brutality of the Myanmar military. Delivery of assistance can also potentially provide cover for junta soldiers to enter previously difficult-to-access territory, allowing them to militarize these areas, sending spies and informants into resistance movements, gather information about those it suspects of being part of the resistance and inflict violent reprisals, thus facilitating the crimes against humanity that it has been committing with impunity over the past few months.

- **Embolden the junta to present themselves as the protector of the people and further its own political agenda.** Not only will the junta withhold, restrict, or even destroy the delivery of aid to certain parts of the country or communities, the junta will instrumentalize assistance to further its own political agenda and narrative of protector of the people. Delivery of assistance could be accompanied by junta troops, with people acquiescing into accepting through fear, and allowing the junta to promote a narrative that it is helping to provide essential aid.

- **Could lead to people refusing to accept aid due to lack of trust.** Many medical workers that are part of the CDM who were vaccinated with the first dose of vaccine prior to the coup have rejected the second dose being offered to them by the junta in protest. Similar refusal to accept aid that is offered by the junta could be seen throughout the country.

- **Allow the military to hoard aid or COVID-19 supplies for themselves and their families.** Amid a shortage in oxygen cylinders, on 13 July, soldiers on motorbikes arrived at a factory on Loikaw Road, Industrial Zone 1 in Dagon Township that was providing refills of oxygen and opened fire at a crowd of people lining up to refill oxygen cylinders. Reports indicate that the soldiers had been ordered to disperse the crowds and ensure that the oxygen cylinders are provided exclusively to junta-run medical facilities. As soldiers, officers and their families become infected with COVID-19, with generals and commanders also among the sick, there is a real risk of the military hoarding COVID-19 supplies, such as oxygen and medication for themselves and their families.

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62 Coconuts Yangon (n 7)

Alternative to AHA Centre and the Way Forward

Crucially, however, there is an alternative to cooperating with and legitimizing the junta. For decades, ethnic service providers, operating under the jurisdiction of EAOs such as the KNU, the New Mon State Party (NMSP), the KIO, among others, have provided essential health and education to conflict-affected populations. Local community-based organizations also provide services independently of these groups. Most recently, the NUG’s Ministry of Health and Ethnic Health Organizations have formed a COVID-19 Task Force to prevent, mitigate and control the spread of COVID-19.64 The COVID-19 Task Force is headed by the Chairperson of the Ethnic Health Committee, Dr. Cynthia Maung, who has provided crucial health services for IDPs, refugees and migrant workers from along the Thailand-Myanmar border for over three decades.

This alternative solution of provision of aid and support through local community-based and ethnic health services has several key advantages:

- **Localization of humanitarian aid.** Prioritizing the local community-based and ethnic health providers would ensure that humanitarian aid and COVID-19 assistance is localized, in line with recent global moves to change the way that aid is being delivered.65 International humanitarian organizations have already begun to make commitments to increase direct funding to local organizations for humanitarian action and to stop undermining their capacity.66

- **Local expertise, agency and legitimacy.** Local community-based and ethnic health organizations have operated under the most difficult circumstances and can access the most difficult to reach populations. For many years they have been supported by cross-border assistance from international donors. In the past decade, however, misplaced trust in the transition and faith in the sincerity of the military to share power resulted in significant cuts to this cross-border assistance, and significant amounts of funding and operations were routed through the central government. While this undermined essential local networks and organizations, it also strengthened central government control in more remote, previously inaccessible, or contested, ethnic, conflict-affected areas. Today, many members of the CDM, the general strike committees, the NUG, and other forces for democratic change are receiving sanctuary in these ethnic areas and the reliance on these local humanitarian networks and ethnic service providers is stretching limited resources to breaking point.

- **Efficient and effective delivery of aid.** Local networks of humanitarian aid specific to this recent crisis have also been established, allowing for the most efficient and effective delivery of aid to populations in hiding from the junta. In urban areas as well as central Myanmar, charity groups, local people’s administration teams, and self-organizing networks and organizations, comprising of people from the very communities that they serve have the resolve, local knowledge, and specific skills and expertise to support those in need. They know the situation, the context, needs, the threats to the people and the most appropriate channels to deliver assistance in a timely effective way.

Thus, for ASEAN and other international actors who have the resources to provide support to local, non-state humanitarian actors, it is of prime importance to bolster these efforts. As argued elsewhere, it is possible to take “a stance of humanitarian resistance which takes sides against repression, actively supports the democratic movement and tries to save as many lives as possible through the non-state networks that will develop in the months and years ahead.”67 The foundations for this “humanitarian resistance” already exist in the networks of local, community-based, ethnic minority service providers highlighted above that have been providing essential education, health, and humanitarian relief for years. They are also in the networks of charity and relief groups established in response to the coup in both urban and rural areas of central Myanmar. They have the capacity, expertise and legitimacy. They just need adequate resources.

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and support. In addition, ASEAN must work to ensure that access to cross-border aid is available through neighboring countries and facilitate the flow of aid into Myanmar, particularly through Thailand.

As with the Rohingya crisis, and as proved by the international community’s regular reference to the ASEAN Five Point Consensus, the AHA Centre will be a convenient shield for the junta to hide behind and avoid accountability for the crimes it has committed and is continuing to commit, and to deflect some of the criticism of the humanitarian crisis that the junta itself has created. AHA Center is primarily a humanitarian agency with a mandate to facilitate cooperation and coordination of disaster management and is ill-equipped to handle a so-called “man-made” disaster in Myanmar.

Their role should not be expanded beyond its remit. Instead, ASEAN and the international community must look beyond the AHA Centre in addressing the current humanitarian crisis in Myanmar. Further recommendations to this end are provided in the following section.

In addition, it is of vital importance that ASEAN as a bloc immediately recognizes the NUG and EAOs as the legitimate governing bodies of Myanmar. Otherwise, cooperation with the illegitimate military junta on humanitarian assistance will only provide legitimacy to the junta and undermine the Myanmar people’s fight for federal democracy and prolong the dire human rights and humanitarian crisis in Myanmar.
Recommendations

To ASEAN:

- Recognize and engage with the National Unity Government and EAOs as the legitimate governing bodies of Myanmar;
- Disengage from working relations with the junta in the provision of humanitarian assistance, preventing them from weaponizing humanitarian aid in their nationwide campaign of terror;
- Redirect humanitarian aid through cross-border channels, local humanitarian networks, ethnic service providers, community-based and civil society organizations, including for those fleeing the junta’s brutal crackdown and sheltering in ethnic-controlled areas to provide protection and assistance;
- Ensure that independent humanitarian organizations and agencies, in Myanmar and through neighboring countries, can deliver humanitarian assistance to all those in need;
- Work with the UN and international community to ensure that independent humanitarian organizations and agencies can deliver medical and humanitarian assistance, in particular much needed COVID-19-related health services and assistance, including personal protective equipment, ventilators, oxygen concentrators, and vaccines doses;
- Explore innovative ways of providing financial support, collaborating and working in partnership with civil society organizations, grassroots organizations, and ethnic service providers, operating cross-border and on the ground in Myanmar to deliver medical and humanitarian assistance;
- Ensure the development of a holistic strategy in addressing the human rights and humanitarian crisis guided by the principles of “do no harm” and non-discrimination and take effective measures to ensure that all engagement in in Myanmar is subject to rigorous and ongoing human rights risk and mitigation assessments.

To International Donors and Humanitarian Organizations:

- Ensure that there is no working relations with the junta in the provision of humanitarian assistance, preventing them from weaponizing humanitarian aid in their campaign of terror;
- Conduct stringent human rights risk assessment of humanitarian and technical assistance to ensure funds and goods are not diverted to the military;
- Redirect humanitarian aid through cross-border channels, local humanitarian networks, ethnic service providers, community-based and civil society organizations, including for those fleeing the junta’s crackdown and sheltering in ethnic-controlled areas to provide protection and assistance;
- Increase funds committed to Myanmar;
- Reduce restrictions and complex requirements for CBOs and CSOs, and ensure flexibility in working in conflict-related humanitarian service provision;
- Consult and sign an MoU with the NUG and EAOs to address the unfolding humanitarian crisis across the country;
- Explore innovative ways of providing financial support, collaborating and working in partnership with civil society organizations, grassroots organizations, and ethnic service providers, operating cross-border and on the ground in Myanmar to deliver medical and humanitarian assistance;
• Urge the governments of Thailand and India to ensure that the Thai and Indian authorities do not deny anyone crossing the border seeking refuge. Security agencies must facilitate the entry of refugees fleeing from danger based on the grounds of humanitarian and human rights principles. No one should be persecuted, arrested, deported or extradited;
• Engage with the Thai and Indian authorities to ensure that aid organizations and local civil society organizations are allowed to access areas where IDPs are on both sides of the Thai/Myanmar and India/Myanmar border. This access is currently being restricted for aid organizations, including the UN and the Red Cross;
• Provide neighboring countries with necessary resources and technical assistance to provide humanitarian aid, including for COVID-19, for the people from Myanmar who are fleeing the military violence.

On COVID-19

• Call for the UN Security Council to urgently intervene to ensure that independent humanitarian organizations and agencies, in Myanmar and through neighboring countries, can deliver medical and humanitarian assistance, in particular much needed COVID-19-related health services and assistance, including personal protective equipment, ventilators, oxygen concentrators, and vaccines doses;
• Maintain close and regular communication and collaboration with the NUG and EAOs to address the spread of COVID-19 infections and other diseases, including to provide technical support, financial assistance, and humanitarian aid;
• Pressure the Myanmar military to:
  • Immediately end its deliberate attacks against health workers and health facilities and to immediately and unconditionally release all medical and technical personnel currently arbitrarily detained; and
  • Ensure the right of access to health facilities, goods, and services without discrimination and in total impartiality to all people in Myanmar.
• Urgently scale up commitments to support the provision of medical and humanitarian assistance to Myanmar, in particular much needed COVID-19-related health services and assistance including personal protective equipment, ventilators, oxygen concentrators, and vaccines doses.