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Study on Access to Information in Myanmar: Changes in How Health CSOs Access Information

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Introduction¹

The advent of the COVID-19 pandemic brought about significant changes in how people, including those working in the health sector, communicate, in Myanmar as around the world. Social distancing requirements and lockdowns led to an increase in the use of digital communications tools such as virtual meeting apps, social media and direct digital communications tools. Thus, even before the 1 February 2021 military coup in Myanmar, individuals and organisations tended to use a wide variety of digital applications to sustain their work.

The military coup brought significant additional changes to the information environment in Myanmar. Most independent media have had their legal status revoked and now operate only online – with their broadcasting or physical print operations having been shuttered – while their work is mostly directed from outside the country, albeit with networks of journalists inside the country. Two major telecommunication companies have left the country and their business operations have been taken over by military backed business groups, raising concerns about increased surveillance of individual communications.² This concern is increased by the fact that, as a matter of practice, security forces frequently conduct arbitrary and forcible checks of the mobile phones of civilians to investigate whether they contain so-called “anti-coup” applications or content (posting, sharing or otherwise giving a positive reaction to messages deemed to be hostile to the coup).

The health sector has also been significantly impacted by the coup and, due to both the COVID-19 pandemic and the coup, Myanmar’s health system is collapsing. The healthcare sector is one of the largest sectors participating in the civil disobedience movement (CDM) against the military coup, with an estimated 60,000 healthcare workers from public sector participating in CDM activities immediately following the coup and about 45,000 still

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² See Reuters, “Telenor completes Myanmar business sale, to be paid over 5 years”, 25 March 2022, <https://www.reuters.com/business/media-telecom/telenor-completes-myanmar-business-sale-be-paid-over-5-years-2022-03-25> and Access Now, “Ooredoo’s plans to leave Myanmar hands military full control of nation’s telco sector – it must mitigate the human rights risks,” 15 September 2022, <https://www.accessnow.org/ooredoo-myanmar-sale/>.

participating as of a year and a half later.³ Healthcare workers have also been a primary target of the crackdown by the governing military junta body, the State Administrative Council (SAC), since the early stages of anti-coup campaigns. According to Free Expression Myanmar, of the total number of people who were detained, charged or sentenced under Articles 505 or 505(A) of the Penal Code between February 2021 and January 2022 for whom background information was available, the largest number, 25%, were healthcare workers.⁴

The community health care system, which has long history of contributing to health services in Myanmar, is also facing multiple threats, alongside challenges for the public health care system. Civil society organisations (CSOs) have been targeted by the military junta through increased legal and practical restrictions introduced by the SAC, as well as security and safety challenges at the local community level. As a result, many CSOs, including health-focused CSOs, have had to alter their operations while some CSOs have even stopped operating altogether.

This Study aims to assess the state of access to information, especially health information, by health-sector CSOs, since the 2021 coup. It is based on a survey involving 12 closed-ended questions, some of which were followed by open-ended questions, completed by 60 health-sector CSOs working inside Myanmar in October and November 2022, nearly two years after the coup took place (the survey is attached in Appendix I). The survey was divided into three main sections looking, respectively, at “access to information in general”, “access to health-related information” and “safety when accessing information”. Broadly speaking, it sought to provide a baseline assessment of whether health-related CSOs could access the information they needed, both in general and specifically for their health-related work, whether this had become more difficult since the coup and, if so, in what ways and how they were seeking to mitigate that impact.

Social media platforms and civil society networks are the two dominant sources of information for survey respondents, with media being a distant third, and they access this information primarily via mobile phone Internet, other forms of Internet access and text messages. The vast majority of respondents felt that information was only partially reliable, with a dominant majority indicating they had the means to verify information, largely

³ Radio Free Asia Burmese, “Despite the risks, many doctors in Myanmar stand firm against the junta,” 15 July 2022, <https://www.rfa.org/english/news/myanmar/cdm-doctors-07152022180300.html>.

⁴ Free Expression Myanmar, *505A Act of Revenge: Review of Myanmar Coup Speech ‘Crimes’*, 31 January 2022, <https://freexpressionmyanmar.org/wp-content/uploads/2022/01/505a-act-of-revenge-1.pdf>.

through local sources and CSO networks. All respondents felt that access to information was somewhat or very important for their work, but fully 60% were not able to access the information they needed in this regard (as compared to 70% who indicated that they could only partially access the general information they needed). The vast majority of respondents indicated that accessing health-related information had become somewhat or much more difficult over the last two years. This would explain the 75% of respondents who reported changes in how they access information, again over the last two years. Very significantly, fully 91% of all respondents indicated that accessing information had become less or much less safe over the last two years, a disturbing figure.

These are just some of the many survey results which are reviewed in this Study. It starts with a section outlining the methodology used to conduct the survey, followed by one presenting the findings and then another analysing those findings. The Study ends with a conclusion, which includes a small number of recommendations to the international community, and international and local civil society groups on how to try to mitigate some of the worst impacts the military coup in Myanmar has had on access to information.

1. Methodology

This section of the Study outlines the key methodological approach used to conduct the survey.

Respondents

The respondents to the survey were representatives from 60 different CSOs providing humanitarian assistance, mainly in health-related sectors. Respondents were only interviewed after giving informed consent and where safety could be reasonably assured. To mitigate the risks and protect the safety of respondents and data collectors, the organisers consulted internally and with data collectors to select the participating organisations. These were organisations which worked health-related and/or right to information issues before the coup. To protect the safety of respondents, the survey did not collect personal information such as gender, age and contact information and, as a result, this is not reflected in the Study. The organisations are also not identified by name or type of organisation in the Study. However, overall statistics on this and the gender of respondents are provided in tables below.

Services other than Health	N
Gender	22
Education	3
Peace	1
Agriculture	1
Ambulance	3
Blood donors and other social supports	5

Respondents by Gender	N
Male	34
Female	26
Total	60

Data collectors

The data collectors were trusted, local NGOs which have extensive knowledge about and experience with the collection of survey information as part of their ongoing work. They also have good relationships with the respondent organisations, and were and are able to ensure the security and safety of both the respondents and themselves.

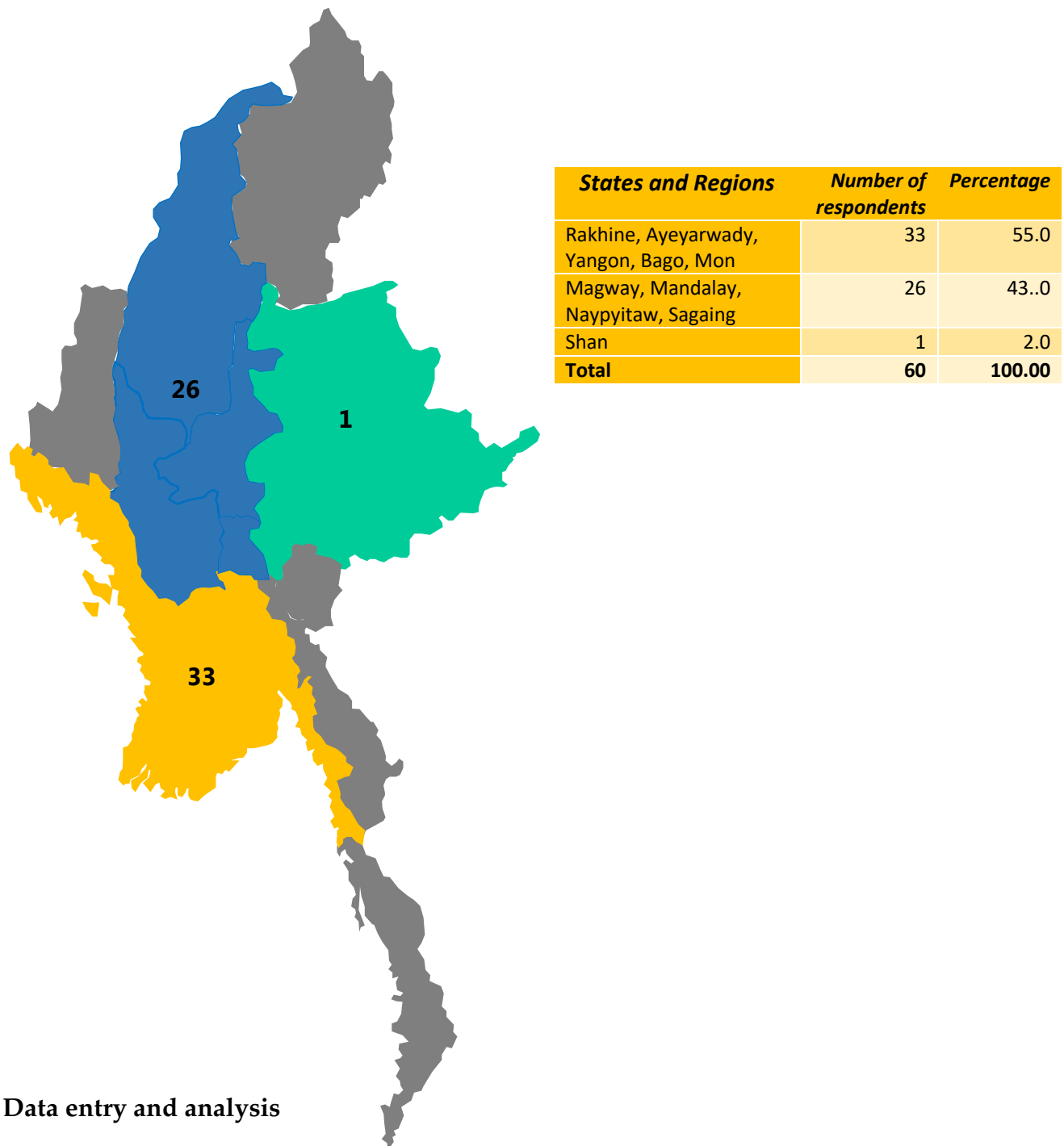
Data collection method

The surveys were applied through one-on-one interviews by phone or in-person, depending on what was convenient for the data collectors and respondents. The survey itself is based on predefined questions, always starting with a closed-ended question and sometimes also following-up with an open-ended question. The survey is attached in Appendix I. The data collection was carried out in October and November 2022, nearly two years after the coup took place on 1 February 2021.



Geographical coverage

The respondent CSOs are based in Myanmar as shown in the table and image below.



Data entry and analysis

The answers were entered electronically to facilitate the analysis. This was done either offline or online, depending on the preference of the data collector. In the case of offline entry, the

answers were scanned or photographed and sent to data analysis staff located outside of Myanmar.

Confidentiality and security

The confidentiality and security of the data collectors and the respondents were of the highest priority when conducting this survey. Before each interview, respondents were clearly informed about the measures taken to ensure data protection and confidentiality of individual and organisational identities, as well as the fact of their participation in the survey.

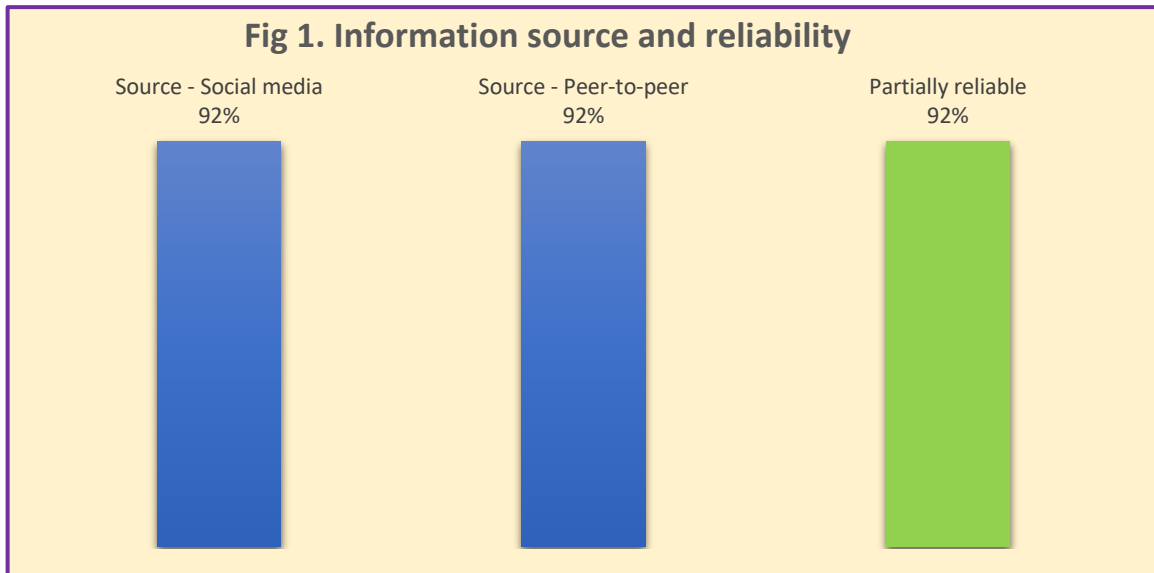
2. Findings

2.1. Social media and peer-to-peer networks are the main sources

Despite the risks and challenges of using social media, including due to Internet access restrictions and banning of key social media platforms, social media remains a dominant source of information for civil society organisations in Myanmar, with 92% identifying it as a “main source” of information (see Figure 1). Note that using social media to access any type of information, including information disseminated over social media by media organisations, many of which have moved exclusively online since the coup, is counted under social media as a source of information. Myanmar’s most popular social media platforms – namely Facebook and Twitter – have been banned since February 2021 so people either use virtual private networks (VPNs) to bypass the ban or use different social media, such as Telegram. The survey also shows that seeking information through civil society peer-to-peer networks is equally popular as a means of accessing information. Far less popular but still in third place as a source of information was the news media (meaning directly from the media and not via social media), at 47%, government sources, at 32%, and other sources (such as trusted individuals), at 22%.



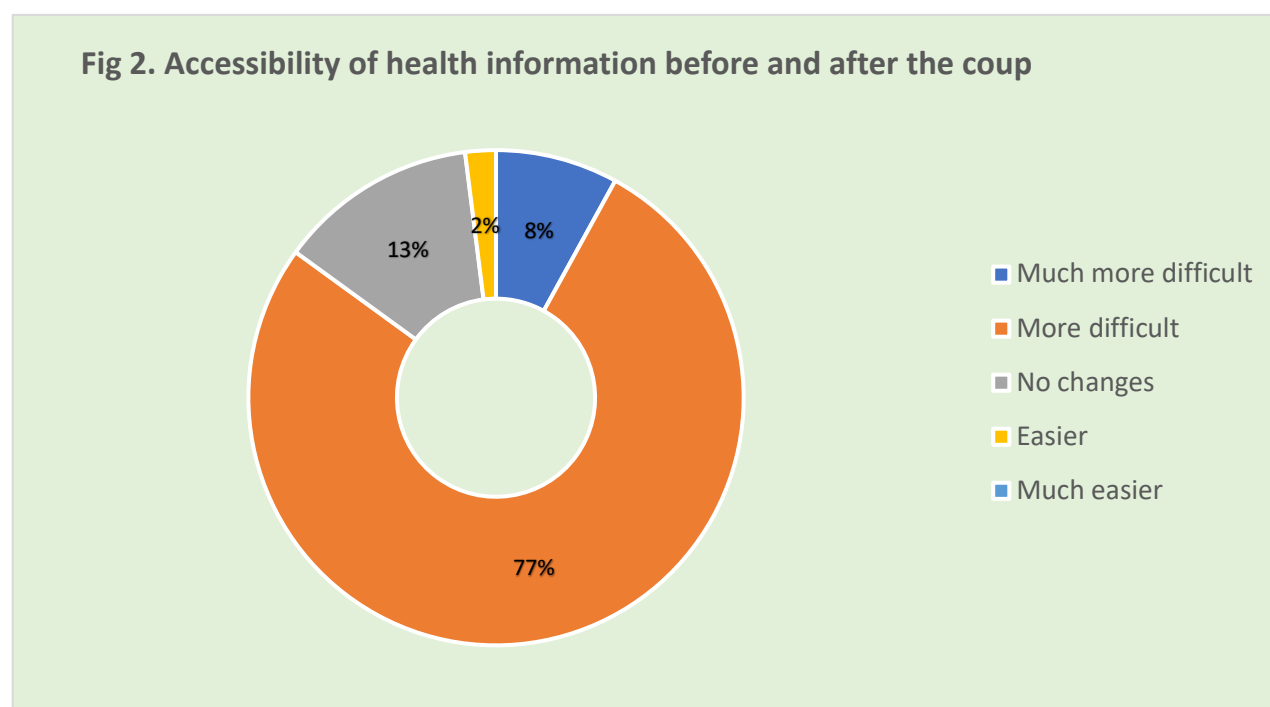
77% of respondents indicated they had the means to validate information, with 23% reporting they lacked such means, while open-ended responses to this question suggest that while information may originally be acquired through social media, the growth in misinformation and disinformation leads groups to seek validation via other civil society groups and local sources. Figure 1 also shows that the vast majority of respondents (again 92%) felt that the information they were accessing was only partially reliable, with the remaining 8% saying that it was reliable.



In terms of the tools or methods used to access information, accessing the Internet via a mobile phone (i.e. using mobile data) remains overwhelmingly popular, at 95% of all respondents, followed by other means of accessing the Internet, at 83%, and text messages, at 63%. There is then a long drop to television, at 25%, print media and radio, each at 10%, and other sources (such as direct person-to-person conversations), at 8%.

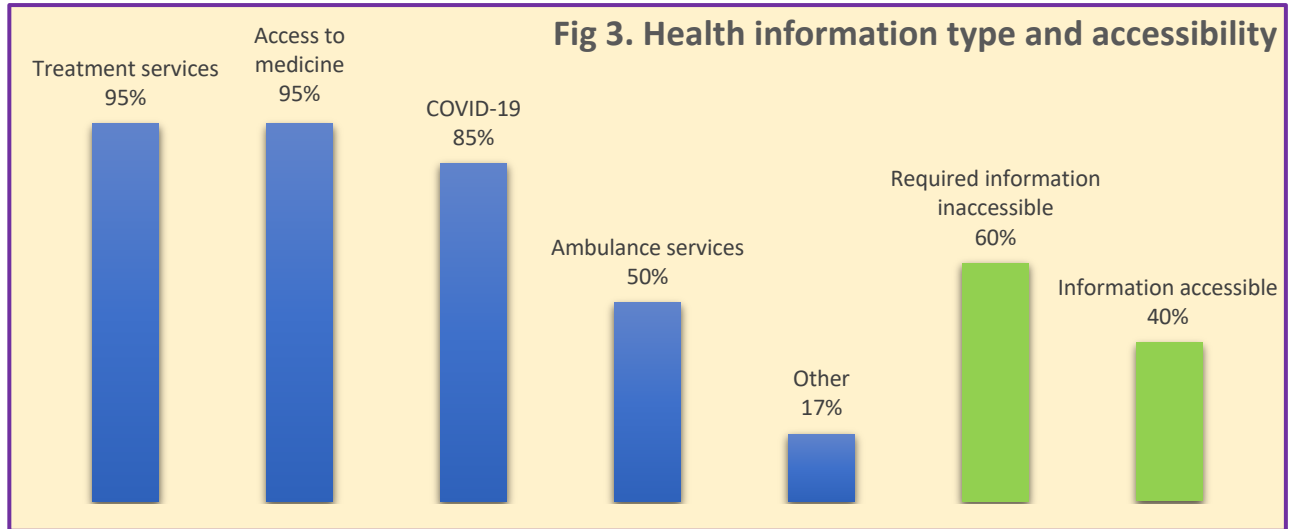
2.2. Accessing health information becomes more difficult

With the crumbling state of Myanmar’s public health sector, CSOs contribution to health services is more important than ever. At the same time, the survey shows that accessing health-related information is far more difficult now as compared to before the coup, with fully 85% saying this had become “more difficult” or “much more difficult” over the last two years, and only 13% saying there had been “no change” (see Figure 2). The causes for this include a lack of trusted information sources, outdated information due to a breakdown in the ongoing collection of information, challenges in communications between local CSOs due to strict regulations which make it more difficult to gather, organise events and communicate freely, and communication infrastructure issues such as power outages and Internet shutdowns and other connection problems.



When answering a general question about whether they could access the information they needed in their daily lives, 70% of respondents answered “partially” while 30% answered “yes”. However, when asked for a yes-no response to a question about whether there were types of health-related information which they needed for their work which they could not access, 60% of respondents indicated “yes” (i.e. that they could not access needed information), while 40% indicated “no” (see Figure 3). Some negative responses on a question like this are to be expected but 60% is a very high number.





The survey responses show that information on treatment services and access to medicines (both at 95%) are the information most needed by CSOs, followed by COVID-19 related information (85%), information about ambulance services (50%) and other types of information (17%). Open-ended responses on the last category highlight information about the following types of other areas as being needed: public health, health demography, other CSOs and networks, association registration law, services for persons with audio and/or visual impairment, and local situations.

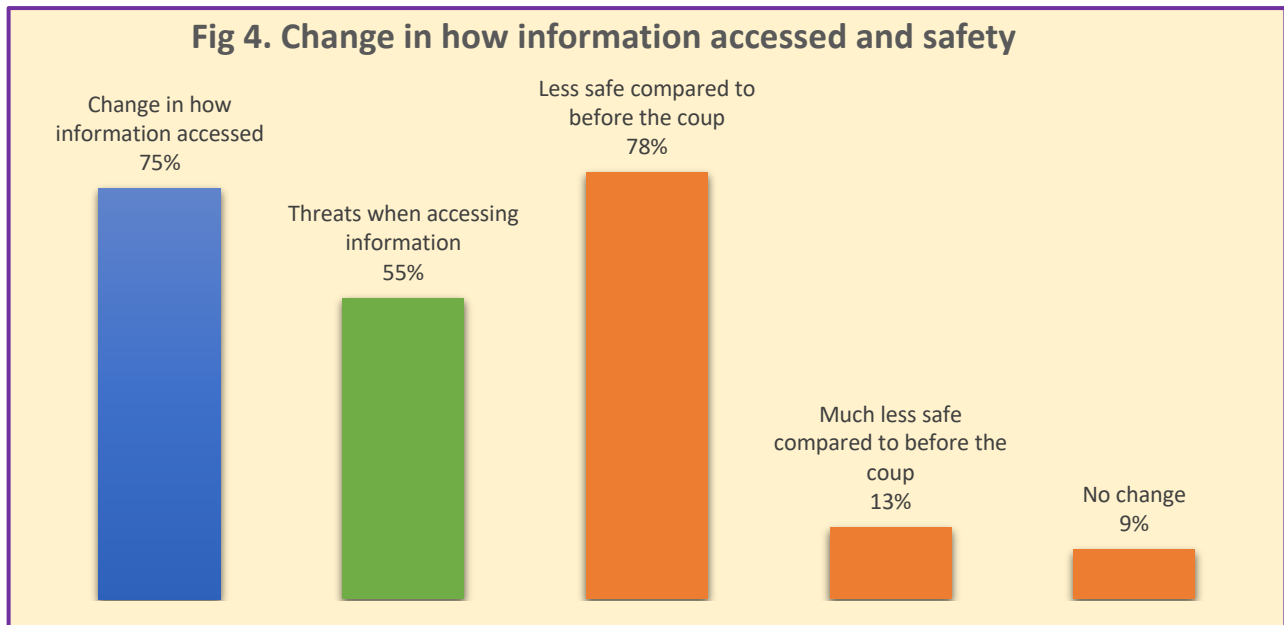
When asked whether accessing health-related information was vital for their work, 65% of respondents answered “very important”, 35% “somewhat important” and none “not important”.

2.3. Ability to access information safely is declining

The survey results also highlight that 75% of respondents report that changes have taken place over the last two years in how organisations access information (see Figure 4). While part of this may be due to the pandemic, the timeframe of the question, which asks about the last two years, suggests that these changes are more closely related to the coup. The major changes are using virtual platform meetings, and increasing dependency on social media and other sources due to lack of trust in government media and sources. The key factors driving these changes are a lack of trusted information sources because of misinformation and disinformation, restrictions by the military regime, frequent Internet shutdowns and

electricity outages, challenges in conducting in-person meetings/events and safety concerns when accessing information.

Interestingly, only 55% of respondents indicated that they faced “major” risks or threats when accessing information, while 45% said they did not (see Figure 4). This may appear incongruous in view of some of the other survey results, such as the much higher percentage that instituted changes in how they access information, but could be explained by the rather strong qualifier of “major” risks or threats used in the question.



Other survey responses suggest that the percentage of respondents who feel some degree of security risk when accessing information is far higher than 55%. In answers to the following question, on whether they feel more or less safe when accessing information, a massive 91% answered “less safe” or “much less safe”, while only 9% felt that there had been “no change” (see Figure 4). A number of responses were provided to the open-ended question of how respondents avoided the potential threats. The most common measure cited was to keep a spare mobile phone without sensitive information and applications on it and use that one whenever they leave their homes. Other strategies included avoiding sharing politically sensitive content on social media, self-censoring when posting contents, switching subscriber identification module (SIM) cards and hiding or uninstalling/reinstalling mobile phone applications, mostly with the aim of avoiding detection and inspection by the security forces. To avoid threats to their organisations, some CSOs proactively informed relevant

authorities, such as a health department, about their activities so as to get approval in advance, while some organisations redesigned their programme activities, for example to exclude human rights activities, so as to avoid being targeted by the authorities.

3. Analysis

Perhaps the most disturbing figure revealed by the survey results was that fully 91% of all respondents felt less (78%) or much less safe (13%) when accessing information as compared to two years ago. Not feeling safe when accessing information is itself a fairly extreme situation, which should not apply to anyone working for a health-related organisation, or indeed anyone at all. For 91% of those working for such organisations to have experienced an increase in this feeling represents a fundamental breakdown of the normal information order.

There was no open-ended follow-on question to this survey question, in part because the organisers felt that it might create unnecessary additional risks for respondents. However, one does not have to investigate deeply to come up with plausible theories as to why this is. The simple fact that the military regime has blocked access to Facebook and Twitter⁵ – while these remain very important sources of information for those working in the health sector – illustrates why many citizens might feel insecure when accessing information. The continued importance of these platforms as a means of accessing information is evidenced by the proliferation in the use of VPNs, which are used to access them and which the draft Cybersecurity Law would essentially ban. The massive escalation of random mobile phone searches, reflected in the open-ended responses to some of the survey questions (see below), and the fact that thousands of citizens have been imprisoned simply for expressing peaceful opposition to the military regime,⁶ further illustrate why healthcare workers might feel insecure while accessing information.

⁵ The Verge, “Myanmar orders internet providers to block Twitter and Instagram in the country”, 6 February 2021, <https://www.theverge.com/2021/2/6/22269831/myanmar-orders-block-twitter-facebook-instagram-military-coup>.

⁶ Antony J. Blinken, Secretary of State, Press Statement, “United States and Allies Impose Additional Sanctions on the Burmese Military Regime” 25 March 2022, <https://www.state.gov/united-states-and-allies-impose-additional-sanctions-on-the-burmese-military-regime/#:~:text=Regime%20security%20forces%20have%20detained%20more%20than%2013%2C000,leaders%20and%20dispersed%20peaceful%20demonstrations%20with%20lethal%20force>.

Regardless, this situation represents a huge threat not only to citizens' basic right to freedom of expression, which includes the right to seek, receive and impart information and ideas,⁷ but also the ability of healthcare workers to do their jobs properly. The latter is reflected in the fact that 65% of all respondents indicated that accessing information was "very important" to their work, while the remaining 35% indicated it was "somewhat important".

Another very disturbing figure among the survey results was that 85% of all respondents, again a vast majority, found it either more (77%) or much more difficult (8%) to access information than two years ago, while 13% indicated there was "no change" and 2% (one respondent) felt that it was "easier" to access information. Although countries around the world are experiencing challenges in the information space due to the rapid proliferation of mis- and disinformation, as well as hate speech, the strong trend in most countries has been that it is still getting easier and easier to access information, albeit not necessarily reliable information. As such, this statistic is again fundamentally at odds with how a free and open information environment operates.

Here, again, notorious facts can help explain this result. As noted above, most independent media have had their legal status revoked⁸ and now operate only online, and are mainly being run from outside of the country, while all of the media which have retained their legal status inside of the country need to conform to strict content controls set by the military regime. This has made it vastly more difficult for independent media to access and report on news, while there are risks for media consumers, including healthcare workers, associated with merely accessing the content those media disseminate online. These factors are compounded by the frequent Internet shutdowns in Myanmar post-coup,⁹ along with electricity shortages.

A perhaps closely related survey result is that 75% of respondents indicated that they had changed the way that they access information over the last two years, with the other 25% indicating that they had not. The open-ended responses here suggest some interesting trends. On the one hand, some respondents indicated that they no longer relied on government

⁷ As guaranteed by Article 19 of the *Universal Declaration of Human Rights*, UN General Assembly Resolution 217A(III), 10 December 1948, <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.

⁸ See Reporters Without Borders, Myanmar, <https://rsf.org/en/country/myanmar>.

⁹ See AccessNow, "Internet shutdowns in Myanmar: facilitating brutal human rights violations in 2022", 28 February 2023 (updated 19 March 2023), <https://www.accessnow.org/press-release/keepiton-internet-shutdowns-2022-myanmar-en/>.

media sources or that they relied on them only because other sources of information had dried up. On the other hand, a significant number of respondents indicated that getting information from official sources had become much more difficult. One, for example, stated that although they could get information from government departments in the past, “now we need to submit official letters or indirectly acquire information from them”. Others indicated that information from official channels had generally dried up or become incomplete. This confirms reports that the government media have become subject to even more government control since the coup¹⁰ and also suggests that government openness, even in the relatively less sensitive area of providing health-related information to healthcare workers, has significantly declined. Other responses here referred to the fact that it was no longer possible to get information through workshops and other events, indicated that relations between CSOs had weakened in the face of government repression, highlighted challenges based on Internet shutdowns and electricity shortages, and suggested that self-censorship, particularly on social media, had become more prevalent.

Another dramatic survey result was the 92% of all respondents who indicated that they felt that the information they could access was only “partially” reliable, with only 8% indicating it was reliable. We do not have comparator information here to indicate what the situation was prior to the coup or indeed how respondents in other countries might answer such a question. There is no question that, globally, people are feeling less confident about the reliability of the information they receive. And a number of the follow-on, open-ended responses here referred generally to global phenomena like mis- and disinformation and general notions of information unreliability.

At the same time, quite a few of these responses were more directly linked to the current post-coup conflict situation. One respondent stated, “There are many psywar (propaganda) news and information”, and another said: “Nowadays, all the information is mixed with propaganda messages and hard to trust”. Several others referred to misinformation based on the political situation, government repression and the deliberate spreading of false information by official sources. Several others referred to the fact that the repressive political situation had made access to reliable information sources more difficult.

¹⁰ See, for example, International Media Support (IMS), “Myanmar: 15 years of media development from democratic reforms to the military coup and beyond”, 31 January 2023, <https://www.mediasupport.org/blogpost/myanmar-15-years-of-media-development-from-democratic-reforms-to-the-military-coup-and-beyond/>.

For example, one respondent stated: “In our township, the operation and networking of organisations is lessening so that it is hard to get and validate the information”.

Perhaps interestingly, 77% of respondents indicated that they were able to validate the reliability of the information they accessed, with only 23% saying they could not. Given that 92% of respondents felt that the information they accessed was only partially reliable, this still leaves a big gap. But 77% still indicates that quite a good number of respondents felt they had alternative means to assess information. A dominant number of open-ended follow-on responses here referred to some sort of cross-checking, mostly with other CSOs but sometimes also with trusted local contacts, peer-to-peer networks and/or media outlets. A small number indicated that only some information could be validated in this way, although this seems intuitively likely since none of these sources could be expected to be in a position to validate all information, especially information which was not local in nature.

Fully 70% of respondents indicated that they could only partially access the general information they needed in their daily lives, while 30% indicated that they could access this information and none said that they could not access this information. This may be contrasted with the responses to a yes-no question on whether there were types of health-related information which respondents needed for their work and which they could not access. 60% of all respondents answered “yes” to this question (i.e. indicating that they could not access the information they needed), while 40% answered “no”. Despite the small variation in these responses, they are in fact not inconsistent. First, the first question allowed a “partially” response while the second did not. Second, the first question was about general information while the second was about health-related information. This is an important difference given that most respondents are working in the health or closely related fields.

Analysing these results a bit more closely, the responses to the first question do not seem particularly problematical. Many people living even in robust information environments might feel that they cannot access all of the information they need for their general lives, even given the vastly expanded scope of access to information brought about by digital communications. However, the responses to the second question raise more serious concerns. It is of the greatest importance that those working in the healthcare sector can access the information they need to do their jobs, absent which the provision of appropriate healthcare would necessarily be at risk. While perfection in this regard is likely not attainable even in robust information environments, a 60% failure rate here is dramatic. This lines up

with other responses, for example regarding safety in accessing information and increasing challenges in accessing information, and represents a very negative outlook on the overall information environment, at least in relation to health-related information, in Myanmar.

The open-ended follow-on responses here focused on a few key areas. A few respondents mentioned problems accessing COVID-19-related information while others mentioned information about HIV cases, patient referral services and information about female sex workers. One response which gives rise to serious concerns was: “We learned that the clients (patients) cannot receive necessary information due to the information link among health staffs at public hospitals has been severed”. While this was just one opinion, to the extent it is correct it is clearly of great concern.

Finally, in this section, 55% of all respondents indicated, in response to a yes-no question, that they faced “major risks/threats” when accessing information while 45% indicated that they did not. The less heavily skewed result here may be due to both the fact that the question was qualified by the idea of a “major” threat and the yes-no response options (i.e. if a “partially” result had been available, it might have attracted quite a few responses). At the same time, it is clearly very problematical to have 55% of healthcare workers saying that they face major threats when accessing information, given how important it is for them to be able to access information freely and without fear.

The open-ended responses to the first follow-on question here, about describing the risks, made it clear that many respondents are generally feeling insecure or under scrutiny. Many responses reflected fears of being monitored, harassed or even arrested. For example, one respondent stated, “CSOs are being closely monitored”. A number expressed concerns about asking the authorities for information. For example, one respondent suggested that requests for information would elicit questions such as about their registration. Another indicated that there was a risk of investigation if a patient had an “external injury with bleeding”, presumably because this might suggest that the patient had been involved in a protest or conflict situation. Numerous responses reflected concerns about using social media, including what language they could use on it, having their mobile phones examined and related general concerns about expressing themselves and using communication tools.

A second open-ended follow-on question here asked about measures taken to avoid the threats. An important theme here was the idea of stressing to the authorities that they were simply providing health services, including by proactively reaching out to do this,

presumably as distinguished from engaging in resistance-type activities. Other responses related to digital security measures, such as upgrading security on devices, avoiding using devices like before, using different devices when leaving the home, changing SIM cards and social media accounts, clearing browsing history, and hiding and uninstalling applications. Yet a third set of responses were more about closing down activities, such as avoiding travelling as much as possible, keeping a low profile, only engaging with trusted individuals, “using the Internet cautiously”, and even avoiding accessing information altogether.

Taken together, these responses clearly demonstrate a high level of fear and risk for those working in the area of healthcare and related areas, as well as significantly impactful mitigation measures being taken to respond to this situation. As such, they clearly reflect an overall information environment which is very far from free and open and which is, instead, characterised by repression and fear.

4. Conclusion

Despite the crisis situation in Myanmar, CSOs working in the area of health have shown commitment and resilience in continuing to do their best to deliver health services and support to people who need them. In areas experiencing more intense conflict, healthcare CSOs workers have even put their lives on the line to ensure that their clients receive the services they require.

Healthcare CSOs and the individuals working for them have a lot of needs, many of which have been severely impacted by the military coup that took place on 1 February 2021 in Myanmar. One of those needs is for information, always essential for the effective provision of health services, whether about where to obtain medicines, the status of the COVID-19 pandemic or how and where to get different sorts of treatment. Lack of access to health information affects not only those individuals who are seeking healthcare services but also the CSOs which are trying to provide those services.

The results of this survey highlight a number of serious challenges in terms of access to information in Myanmar under the current military regime. These include the fact that the vast majority of respondents indicated that they feel less safe accessing information than two years ago, that it was more difficult to get information and that the information they could access was only partially reliable. A significant majority of respondents indicated both that

they could only partially access the general information they needed and that they could not access information they needed for their work.

These results, along with the deeper illustrations of what was behind them which were reflected in individual responses to open-ended follow-on questions, present a clear picture of a broken information environment in Myanmar, even in the relatively non-contentious area of health-related information. This is a serious human rights concern in terms of both the attack it represents on freedom of expression and the threat it represents for providing Myanmar citizens with needed health care services, which depend on access to information. It is notable that survey respondents unanimously indicated that accessing information was important for their work.

Some of the clear reasons behind this stifling of access to information – as reflected in the survey results and individual responses, as well as information about measures introduced by the regime that are well-known – include the banning and subsequent exile of most independent media, the blocking of access to key social media platforms, refusals or failures of the authorities to provide information to citizens, and measures of repression directed at both civil society organisations and individuals living in Myanmar, in both cases including those working in the health sector.

Although the picture is very bleak, the survey results did also show that health sector workers are responding as best they can. A significant majority of all respondents have both changed the way they access information, which will hopefully at least in part help mitigate access problems. A similar majority also indicated that they have means by which to verify the accuracy of the information they are receiving, mostly through checking it against reliable sources.

There are no easy ways to address this information crisis in Myanmar. But we do have three recommendations going forward:

1. Monitor and report on legal rules which violate information access rights

The military regime has adopted and proposed a number of legal measures to strengthen its control over information and to further limit the ability of citizens to access information freely. International and local CSOs should continue to monitor and report on these developments closely so as to expose them, and to help the people of Myanmar understand



how their human rights are being abused and try to protect themselves against legal repression.

2. Improve awareness about digital security and safety

Digital security measures can help protect local actors against repression on the part of the regime. International actors and local CSOs should continue to support awareness raising and capacity building in this area, as well as the provision of digital security tools and software.

3. Monitor and report on wider information rights issues

The situation in Myanmar, including in relation to information, is changing rapidly, often to the detriment of respect for human rights. International and local CSOs should continue to collaborate so as to monitor and report on these changes, much as this Study has done. This will help the international community understand what is happening and enhance the capacity of those operating inside the country to understand and respond to the repressive measures.



APPENDIX I: STUDY QUESTIONS

General Information

Respondent code:	
Respondent's Organization:	
Main sector (Health, Education etc.):	
Location (Township, State/Region):	
Operating Area (if different from organization's location):	

Questions

1 Access to information in general

1.1 Sources of information

1.1.1 Which are the main sources of information that you use to get the information that you require in general? Check all that apply. Social media Civil society Government media Other (please list)

1.1.2 Which are the primary means you use to access this information? Check all that apply. Internet Mobile internet Text messages Radio Television Paper-based Other (please list)

1.2 Quality of information

1.2.1 In general, are you able to access the information you need in your daily life? Yes Partially No

1.2.2 To what extent do you feel that the information you access is reliable? Yes Partially No If you answered Partially or No, please explain briefly why not.

1.2.3 Do you have any means to validate the authenticity of the information you access? Yes No If Yes, how?

2 Access to health-related information

2.1 To what extent accessing information is vital for your work? Not important at all Somewhat important Very Important



- 2.2 For which health-related areas can you access most of the information you need for your work? Check all that apply. COVID-19 Access to medicines Treatment services Ambulance services Other
- 2.3 Are there types of health-related information which you need for our work which you cannot access? Yes No If Yes, please give some key examples?
- 2.4 As compared to two years ago, are you finding it easier or more difficult to access the health-related information you need for your work? Much Easier Easier About the same More Difficult Much More Difficult

3 Safety when accessing information

- 3.1 As compared to two years ago, are you using the same or different means to access information? Same Different If Different, can you explain briefly how the means have changed?
- 3.2 Do you face any major risks/threats when accessing information? Yes No
If Yes:
- 3.2.1 Please describe those risks/threats briefly?
- 3.2.2 Please describe the main measures you take to avoid those risks/threats?
- 3.3 As compared to two years ago, do you feel more or less safe when accessing information? Much Safer Safer About the same Less Safe Much Less Safe



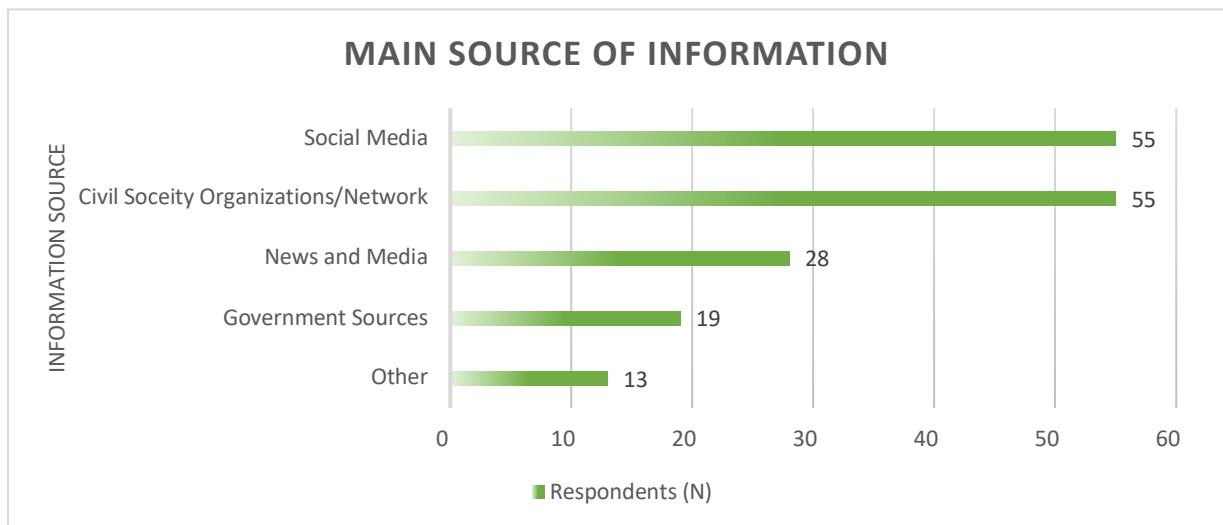
APPENDIX II: QUANTITATIVE RESULTS

PART I. ACCESS TO INFORMATION IN GENERAL

This part studies on the two main areas of access to information in general to identify the current information seeking behaviour of the respondents' daily life information needed.

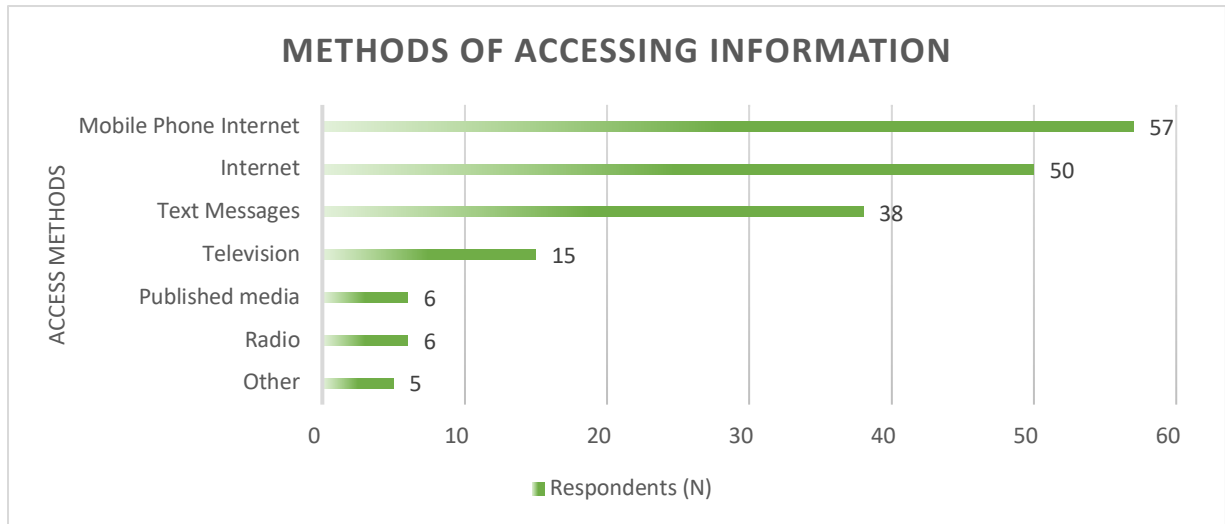
1.1) Sources of information

Notes: *Social media includes accessing news and media pages posted and/or broadcast on social media and News and Media means to access information through official websites of media and physical materials. Government sources includes all sources of information produced by the government including social media pages, websites and/or physically published newspapers and journals.*

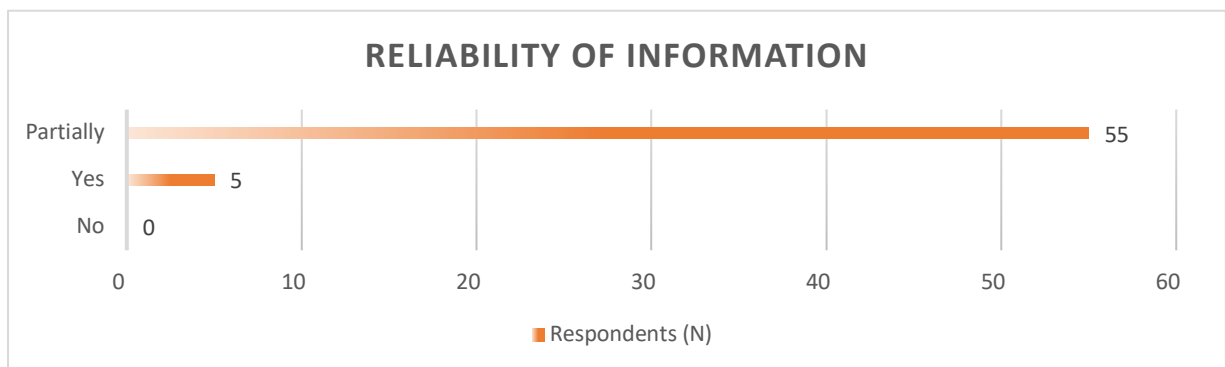
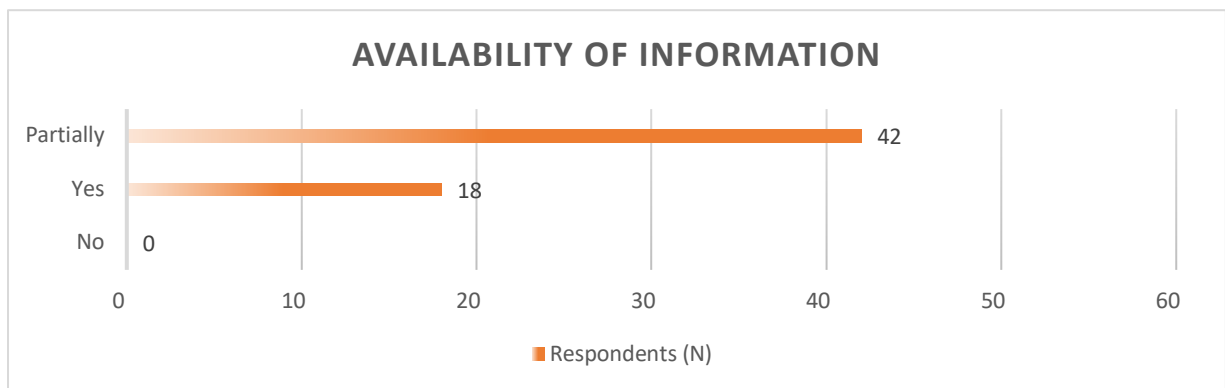


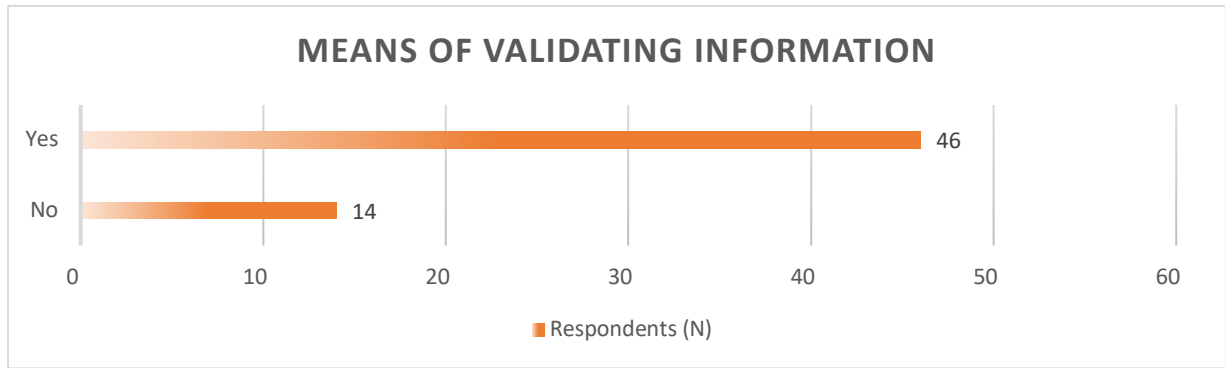
Note: *Mobile phone internet refers to the internet using mobile data while internet describe here as the other source of internet access beside mobile phone internet.*



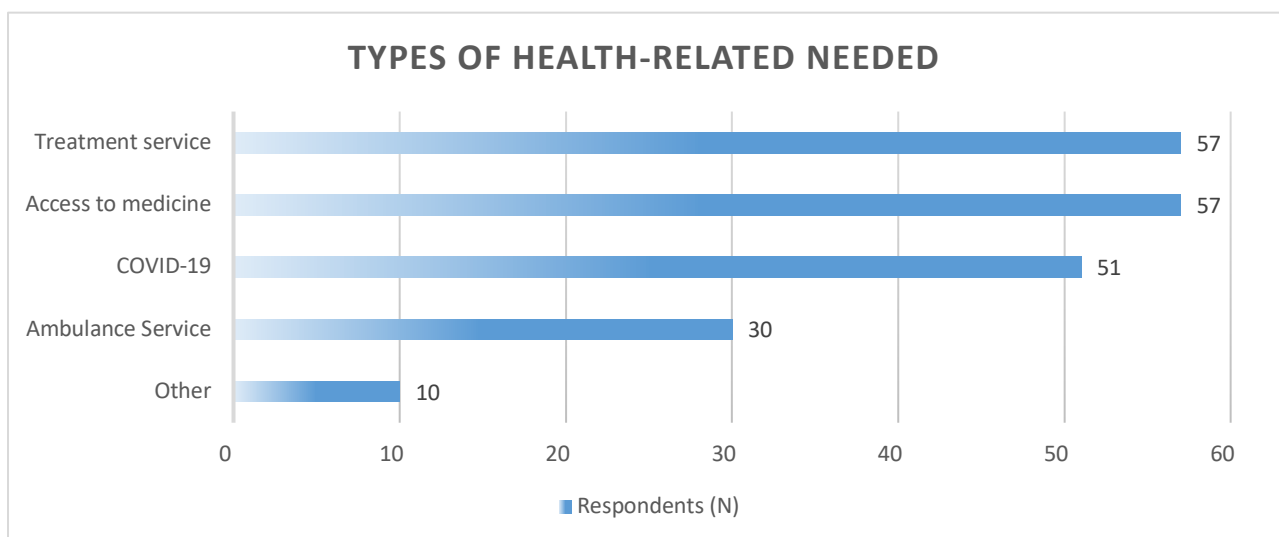
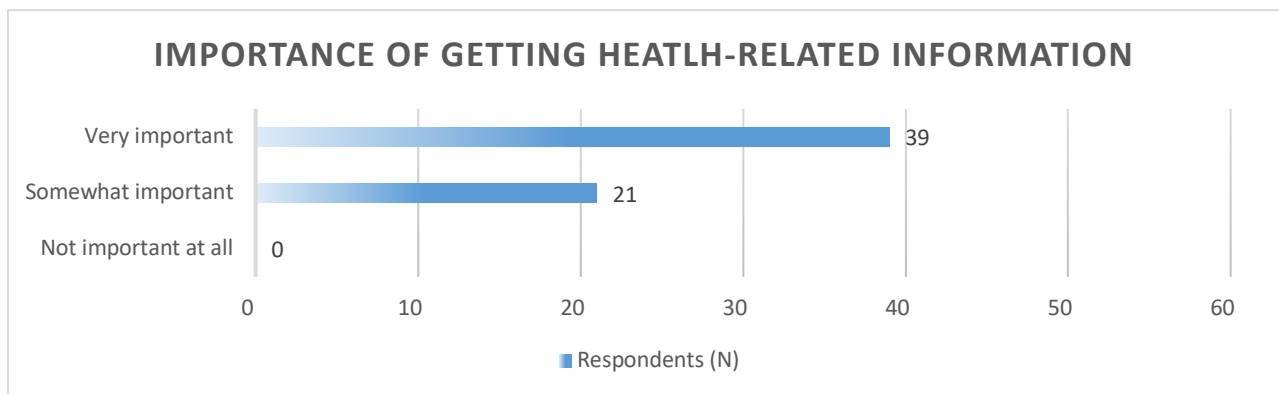


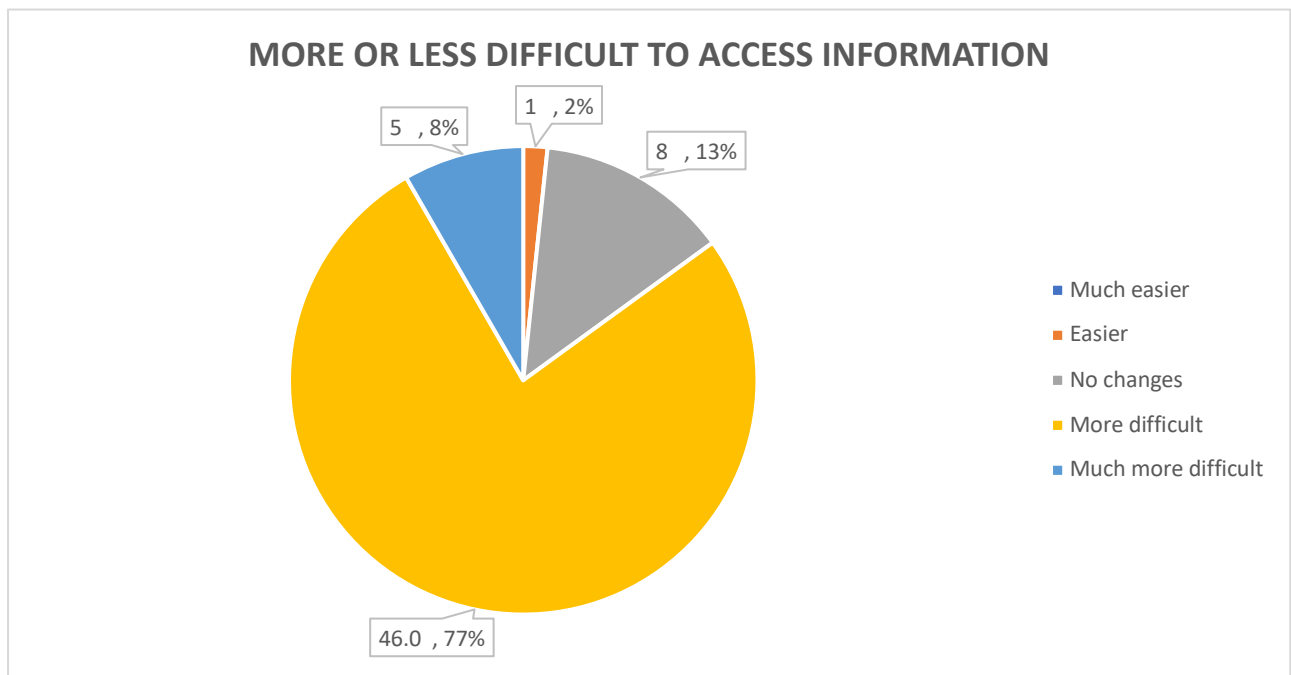
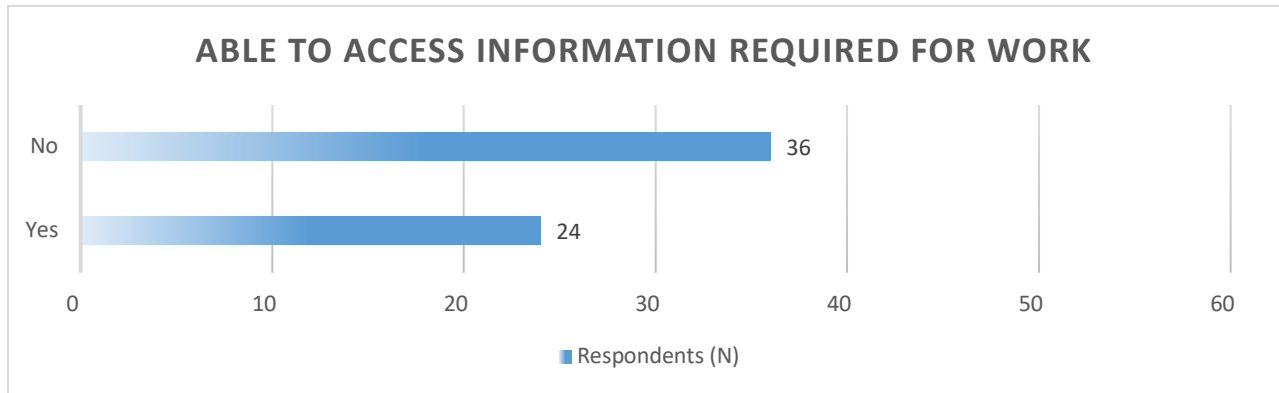
1.2) Quality of information





PART II. ACCESS TO HEALTH-RELATED INFORMATION





PART III. SAFETY ON ACCESSING INFORMATION

