

## Myanmar Humanitarian Needs and Response Plan (HNRP)

2025

PEOPLE TARGETED

2.4 M



PEOPLE REACHED

1.8 M \*(76%)



USD REQUIRED

123 M



USD RECEIVED

36.1 M \*\*(29%)



TOTAL HEALTH CLUSTER PARTNERS

148



REPORTING HEALTH CLUSTER PARTNERS

69



## Highlights

- **Health cluster partners reached 1.8M people** with life-saving health services in Myanmar during **2025**: more than double the number reached during 2024. An additional 355K people were provided with life-saving health services in areas affected by the earthquake that struck Sagaing on 28 March 2025.
- New **Acute Watery Diarrhoea (AWD)** cases in Paletwa (Chin) and Rakhine, possibly linked to resurgence of confirmed **cholera** cases reported from crowded temporary settlements in India, close to the Myanmar border. Kaladan river runs from India into Myanmar, potentially spreading AWD/cholera to areas with no access to safe drinking water and open defecation. If root causes are not addressed, AWD/cholera will continue to occur in the area.
- Significant **reduction in new signals** detected from social media platforms due to restricted access resulting from increased conflict and tighter control because of the election with some partners suspending their health services.
- Severe **stock-outs of medicines**, including over-the-counter drugs, have been reported in local markets. Especially in Tanintharyi, supplies are extremely limited.
- Increase in **Acute Respiratory Infection (ARI)** cases in Kayah as a result of overcrowding in IDP settlements.
- Alarming increase in preventable **skin infections**, particularly in Kayah, Tanintharyi, Rakhine and Magway, driven by overcrowding, inadequate hygiene, and worsening humanitarian conditions. Since 2024, skin infection outbreaks are frequently reported in conflict-affected areas. Most outbreaks involve scabies with secondary bacterial infections, including post-streptococcal acute glomerulonephritis (PSGN).
- Increase in **malaria** cases in southern Chin, exceeding alert threshold.

## Health Cluster Action

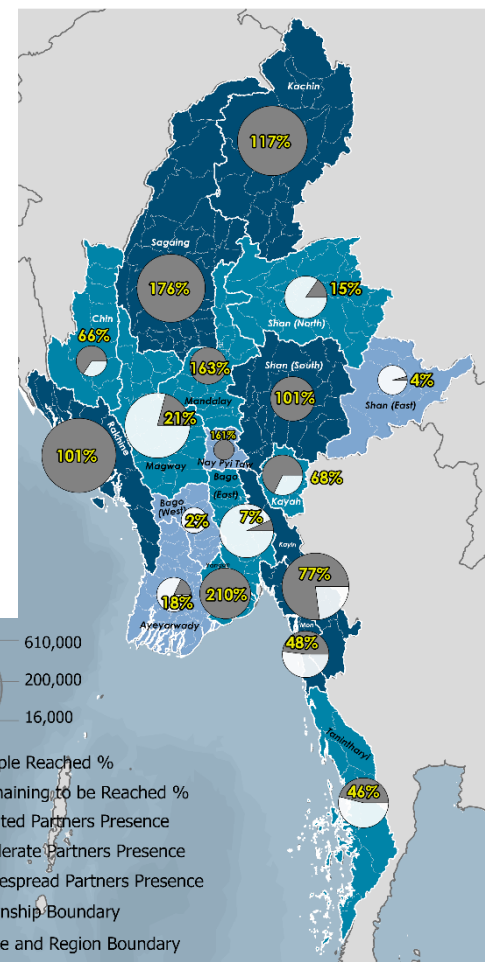
Out of 2.4M People Targeted with humanitarian health services in Myanmar during 2025, health partners reported that they reached 1.8M people, which is significantly higher than the 820K People Reached during 2024. Another 355K earthquake-affected people were supported with life-saving health services between April and December 2025, totalling 2.2M people.

**The increase in People Reached is thanks to improved reporting to the Health Cluster, with 69 health partners reporting during 2025 as compared to 37 during 2024.**

The majority of People Reached, including in earthquake-affected areas, were in Sagaing (16%), followed by Rakhine (15%), Mandalay (14%), Kachin (13%) and Kayah (10%) (see map on the right).

People affected by crisis with humanitarian needs, which includes people that were not displaced but seriously affected by the earthquake, formed the largest group among People Reached (79%), followed by IDPs (19%), Returned, Resettled and Locally Integrated IDPs (2%) and Non-Displaced Stateless People (0.5%).

Out of the target 110K Non-Displaced Stateless People, which mainly contains the Rohingya population, only 9% were reached, while out of the target 832K IDPs, 51% were reached. Access limitations, in particular to Rakhine, Chin, and Sagaing, have impeded health partners' ability to deliver health services to IDP and Rohingya populations, resulting in a lower-than-expected number of people served with life-saving health services.



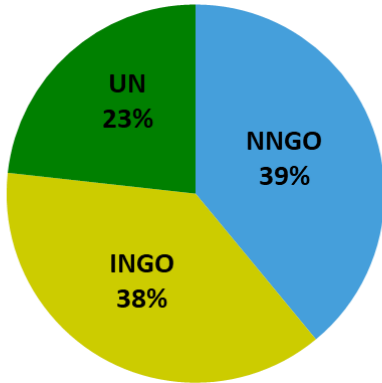
\* Data from 31 December 2025  
 \*\* <https://fts.unocha.org/plans/1275/summary>

## Health Service Delivery

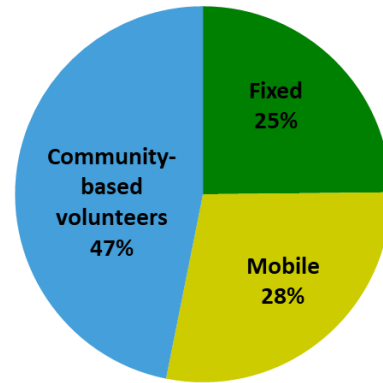
Health services are increasingly being delivered by community-based volunteers, as the only means to reach populations in need as a result of active conflict, road blocks, and other access-impeding obstructions.

Data show that local partners are currently the largest group of health service providers reporting to the Health Cluster, while international NGOs and UN agencies continue to play a crucial role in channelling resources to local partners that are unable to access funds because of continued problems with registration to deliver health services in Myanmar.

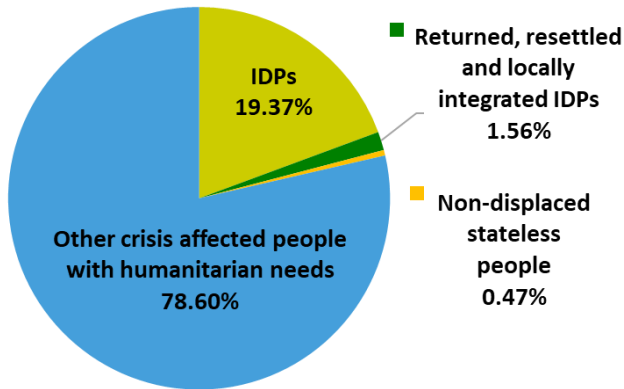
**% of health services delivered by type of organization**  
1 January-31 December 2025



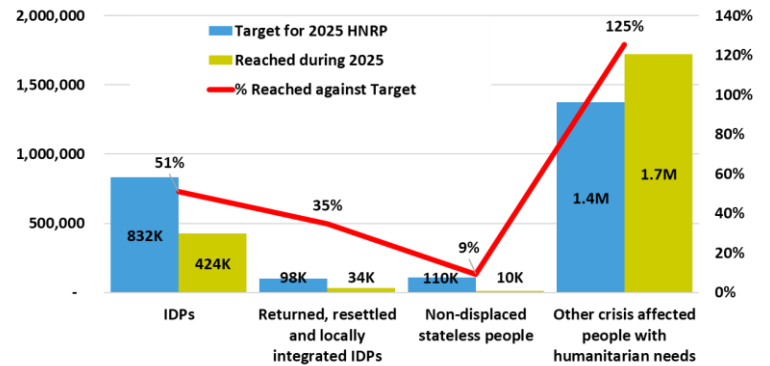
**% of health services delivered by modality of assistance**  
1 January-31 December 2025



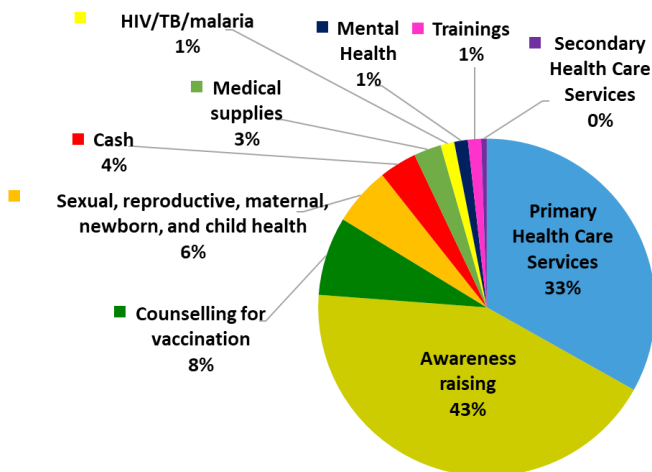
**% of health services delivered by category of target group**  
1 January-31 December 2025



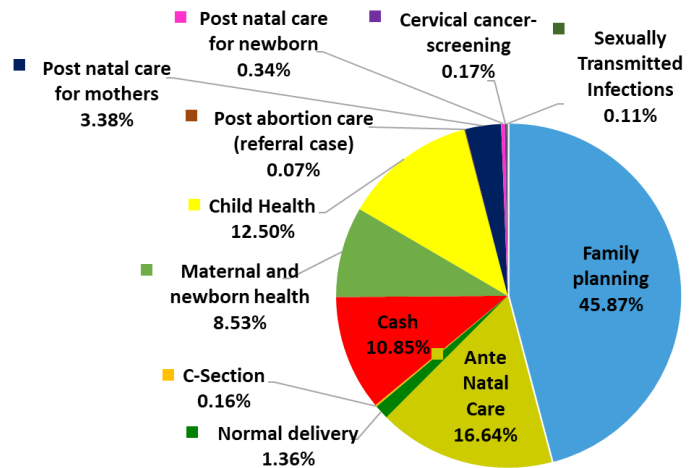
**% of people reached against the target in 2025 HNRP by category**  
1 January-31 December 2025



**% of health services delivered by type of service**  
1 January-31 December 2025



**% of Sexual Reproductive Health services delivered by type of service**  
1 January-31 December 2025

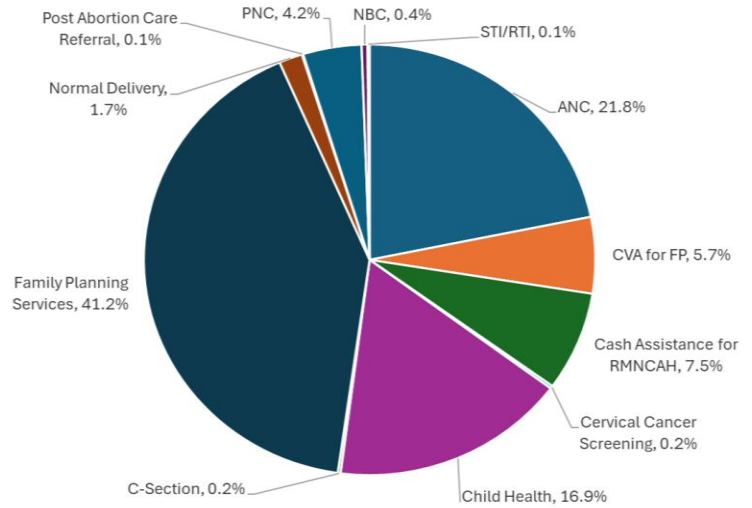


## Sexual Reproductive Health (SRH)

In 2025, investments in modern contraceptives contributed to an estimated 204,104 unintended pregnancies averted, based on standard Couple-Year of Protection (CYP) conversion factors.

**Inter-Agency Reproductive Health (IARH) Kits, including clean delivery kits, midwifery kits, and post-rape treatment kits, are currently available for partners providing SRH services. Partners requiring these commodities are encouraged to contact UNFPA, with support provided based on identified needs and service capacity.**

% of people reached by Sexual, Reproductive, Maternal, Newborn and Child Health Interventions as reported by SRH partners  
1 January-31 December 2025



**Attacks on Health Care in Myanmar recorded in WHO's SSA**  
between 1 January 2024 and 31 January 2026

## Attacks on Health Care

2025 has seen a record number of deadly attacks on health care, as compared to 2024: 70 attacks were recorded during 2025 through WHO's [Surveillance System for Attacks on Health Care \(SSA\)](#) as compared to 31 in 2024. Already in 2026, 6 attacks were verified and recorded, resulting in 7 deaths.

Data published by [Insecurity Insight](#) show 270 attacks on health care occurred between 1 January 2025 and 30 January 2026, with 3 attacks recorded in 2026.

Annual data					
Attacks	Deaths	Injuries			
2026	6	7	2026	6	
2025	70	148	2025	186	
2024	31	51	2024	101	

## Challenges

- **Northwest and Southeast:** Funding constraints have caused health partners to suspend their activities
- **Northern and Southern Shan:** persistent access constraints due to active conflict, amidst a reported surge in drug abuse and crime
- **Rakhine:** Chronic access constraints and a limited partner presence.
- **Rakhine and Sagaing:** heightened conflict
- **Unsafe drinking water, poor sanitation and overcrowded temporary settlements** are resulting in consistent reporting of AWD, skin infections, malaria and ARI cases
- **Restricted transport of medicines and supplies** is delaying case management and outbreak control.

## Next steps

- In line with **recommendations** made via the annual Cluster Coordination Performance Monitoring (CCPM), the Health Cluster will focus on more: capacity-building efforts, in-person meetings, and strengthened coordination in some of the regions. The Health Cluster will also look into establishing NGO-led co-coordination at the subnational level, in line with ongoing restructuring of coordination platforms.
- The Health Cluster will explore better **single-sector funding opportunities** for health partners that do not have the capacity to implement multi-sectoral projects. Many health partners are the sole health provider in certain geographical areas, and without the required funding, more people will remain without access to health.
- A second phase of the **Health Facility Functionality Survey** is planned pending the availability of expert Information Management Officer.
- **Inter-Agency Reproductive Health (IARH) Kits, including clean delivery kits, midwifery kits, and post-rape treatment kits, are currently available for partners providing SRH services. Partners requiring these commodities are encouraged to contact UNFPA, with support provided based on identified needs and service capacity.**

### Health Cluster Donors

Myanmar Humanitarian Fund (MHF), European Civil Protection and Humanitarian Aid Operations (ECHO), European Union (EU), Global Alliance for Vaccines and Immunisation (Gavi), Italian Government, Japan Government, Korea International Cooperation Agency (KOICA), and the United Kingdom's Foreign, Commonwealth and Development Office (FCDO)