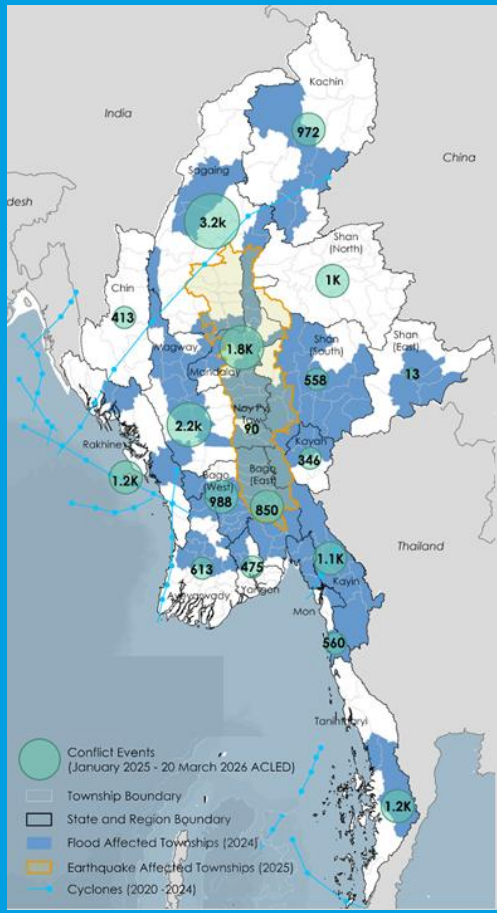


## Risk Events in Myanmar



## Highlights

- **One year on from the devastating earthquake** that hit Sagaing on 28 March 2025, an estimated 285,000 people are left without adequate access to health care, as many health partners have ceased operations in earthquake-affected areas because of funding shortages.
- **The highest number of conflict events** recorded between 1 January 2025 and 31 March 2026 are from **earthquake-affected areas** in Sagaing (3,200 conflict events) and Mandalay (1,800) as per data published by the **Armed Conflict Location & Event Data (ACLED)**.
- Between 28 March 2025 and 31 March 2026, a total of 232 **attacks on health care** were reported by **Insecurity Insight**, as compared to 73 verified attacks on health care recorded by WHO's **Surveillance System for Attacks on Health Care (SSA)**. So far in 2026, 22 verified attacks have been recorded with 19 fatalities.
- Partners are reporting a dramatic surge in preventable **skin infections** in overcrowded temporary settlements in Ayeyarwaddy, Bago, Kayah, Kayin, Magway, Rakhine, and Tanintharyi: highlighting serious shortages in accessible treatment. Most cases are fungal infections and scabies, often complicated by secondary bacterial infections.
- Shortages in essential supplies for treatment of **Acute Watery Diarrhoea (AWD)** are reported from Rakhine IDP camps and Magway, Sagaing, Mandalay, Chin, and Rakhine.
- Jointly with WASH and Nutrition Clusters, the Health Cluster is supporting the annual updating of the **AWD Readiness Action Plans** at sub-national level, using the AWD Risk Index to prioritize townships for trainings and prepositioning of supplies.
- **Fuel shortages and higher fuel prices** as a result of the Middle East Crisis are severely impacting patient referrals for life-saving emergency treatment, potentially leading to increase in preventable disability and mortality.

## Health Cluster Action

### One year on from the Sagaing earthquake

Many people who lost their homes as a result of the earthquake on 28 March 2025 remain in temporary shelters, where overcrowding and unsanitary conditions are increasing the risk of water-borne and water-related diseases. An estimated **285,000 people are left without adequate access to health care** as health partners have ceased operations because of funding cuts.

Although accurate figures are unavailable, over 1,000 people injured as a result of the earthquake have sustained a permanent disability either because of trauma or delayed treatment. This adds to the estimated number of 200,000 people with a disability living in earthquake-affected townships before the earthquake, mostly caused by conflict, exploded ordnances, or disability-causing diseases.

Thanks to **Humanity & Inclusion (HI)**, over 55,000 people affected by the earthquake were reached with **Physical Rehabilitation services** (± 2,750 People with a Disability), **assistive devices** (± 1,500 people), **Mental Health and Psychosocial Support** (± 43,000) and basic support (± 31,000) across Mandalay, Sagaing, Kayin, and Southern Shan.

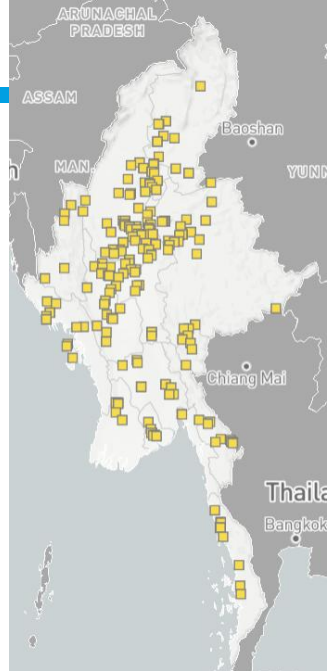


Beneficiary practices using quadripod with support of Physiotherapist in Tada U Township

## Attacks on Health Care

Between 28 March 2025 and 31 March 2026, 232 Attacks on Health Care were reported by **Insecurity Insight**, with a strong concentration in the centre of the country (see map on the right).

Similarly, WHO's **Surveillance System for Attacks on Health Care (SSA)** recorded 73 verified attacks in the same time period, resulting in 125 deaths. 65% of Attacks on Health Care recorded by WHO during 2025 were in Sagaing.



## Landmine and other Explosive Ordnance (EO) Incidents

According to the recently published **Landmine Monitor 2025**, between January and October 2025, 304 landmine and other EO incidents were recorded in Myanmar, resulting in 450 civilian casualties. Shan recorded the highest number of incidents and casualties, followed by Rakhine, and Magway.



## Public Health Emergencies

### Water-borne and water-related diseases

Overcrowded living conditions, poor sanitation and hygiene, insufficient water supply, open defecation and limited access to basic health services are driving a surge in water-borne and water-related diseases since 2024.

Scattered, small-scale **AWD** outbreaks have been reported from Sagaing, Mandalay, Chin, and Rakhine in the first quarter of 2026. Low early-season reporting does not indicate low outbreak risk, as observed during 2024 when a major **cholera** outbreak spread through Myanmar. Access to Rapid Diagnostics Tests, laboratory confirmation and Oral Cholera Vaccines remain challenging in the Myanmar context, implying a strong focus on surveillance for early detection, prevention and preparedness.

Persistent **AWD hotspots** in Rakhine, Sagaing, Kachin, and Chin indicate structural WASH vulnerabilities and dynamic population movements for easy transmission, defining the need to prioritize these areas for WASH and Health preparedness interventions.

**Skin infections** have significantly increased in the first quarter of 2026, both in frequency and geographical spread, with 15 townships reporting outbreaks by early March 2026, mostly in conflict-affected areas. Skin diseases reported are predominantly scabies with secondary bacterial infection including fungal infections (e.g., ringworm), including among newborns.

Public Health Situation Analysis (PHSA) 9 March 2026

### AWD Readiness Action Planning

Joint Health-WASH-Nutrition Cluster efforts are currently ongoing to update sub-national AWD Action Plans to strengthen readiness for response.

## Sexual Reproductive Health (SRH)

In 2026, UNFPA will support the provision of reproductive health commodities valued at USD 2.8 million, with some supplies already pre-positioned in-country. Discussions are ongoing to facilitate distribution to non-UNFPA partners as well.

SRH Coordination Group mapped and assessed the capacity of SRH service providers to deliver healthcare responses to GBV, in line with WHO standards.

**Inter-Agency Reproductive Health (IARH) Kits are available for health partners; interested agencies can contact UNFPA for more information. The IARH Kits manual is available at: [https://www.unfpa.org/sites/default/files/resource-pdf/IARH-Kits-6th-Edition\\_Manual\\_English.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/IARH-Kits-6th-Edition_Manual_English.pdf)**

## Noncommunicable Disease (NCD) kit in emergencies

The Noncommunicable Disease (NCD) kit online training course for emergency managers and technical staff in emergencies developed by WHO is now available in Chin and Karen languages.

For the online training in English: please visit the [website](#)

For the Chin and Karen versions: please reach out to [mmr-healthcluster@who.int](mailto:mmr-healthcluster@who.int)



## Challenges

**Discrepancy between intersectoral severity and health severity for prioritization of funding allocations by donors:** one of the major challenges encountered with recent funding allocations as well as reporting towards the **2026 Humanitarian Needs and Response Plan (HNRP)** is the significant difference in severity categorization of townships as used by OCHA for its 'hyper-prioritization' focusing on 66 townships categorized as intersectoral severity 4 and 5 (5 being the worst affected).

OCHA's 'hyper-prioritized townships' **exclude:**

- 34 townships identified at **very high (9) and high (25) risk of AWD/cholera**
- 20 townships identified as **Extremely Deprived of Health Care** (Severity 4 as identified by the Health Cluster)

For Health and WASH, the above has major implications if donors agree to only fund interventions in the 'hyper-prioritized townships', reducing support in 'better off' townships, preventing these from deteriorating.

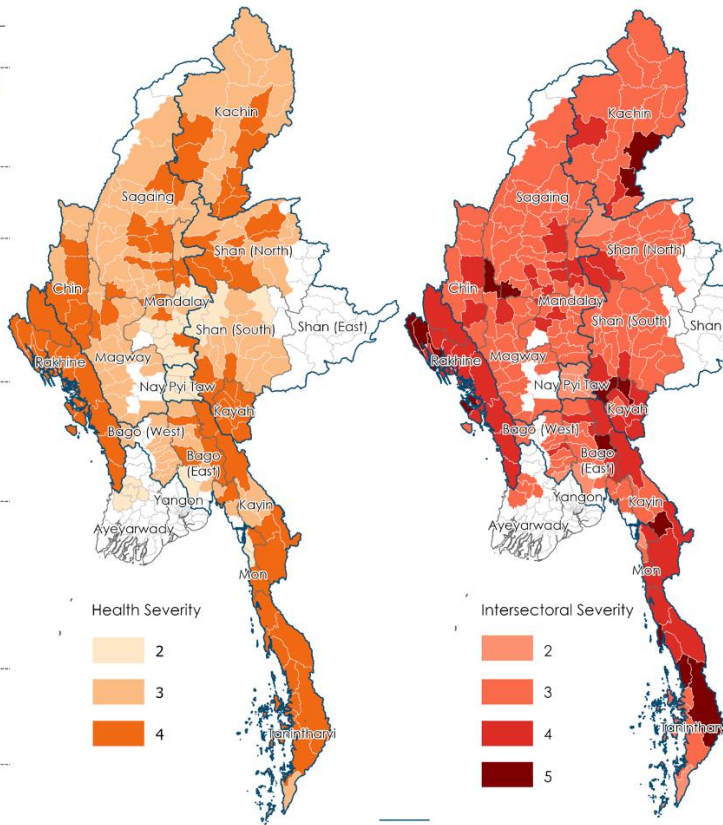


### Township Severity Comparison: Health and Intersectoral Severity

Coverage: 227 Townships Considered under HNRP 2026

#### Health Severity Summary

Myanmar	Severity			
	\$2	\$3	\$4	\$5
<b>Township</b>	<b>35</b>	<b>106</b>	<b>86</b>	<b>-</b>
<b>Northeast</b>				
Kachin	-	11	7	-
<b>Northwest</b>				
Magway	-	18	2	-
Mandalay	15	7	5	-
Sagaing	-	24	10	-
Chin	-	3	5	-
<b>Kayah &amp; All Shans</b>				
Kayah	-	-	7	-
Shan (North)	-	11	7	-
Shan (South)	4	12	3	-
<b>Southeast</b>				
Bago (East)	1	5	5	-
Bago (West)	-	10	-	-
Kayin	-	2	5	-
Mon	3	2	3	-
Tanintharyi	-	1	9	-
<b>Rakhine &amp; Southern Chin</b>				
Rakhine	-	-	17	-
Southern Chin	-	-	1	-
<b>Other States &amp; Regions</b>				
Nay Pyi Taw	8	-	-	-
Ayeyarwady	4	-	-	-



#### Intersectoral Severity Summary

Myanmar	Severity			
	\$2	\$3	\$4	\$5
<b>Township</b>	<b>13</b>	<b>148</b>	<b>50</b>	<b>16</b>
<b>Northeast</b>				
Kachin	-	14	2	2
<b>Northwest</b>				
Magway	-	18	1	1
Mandalay	-	23	4	-
Sagaing	-	26	7	1
Chin	-	6	2	-
<b>Kayah &amp; All Shans</b>				
Kayah	-	1	5	1
Shan (North)	1	15	2	-
Shan (South)	-	16	2	1
<b>Southeast</b>				
Bago (East)	1	6	3	1
Bago (West)	1	8	1	-
Kayin	-	2	4	1
Mon	1	5	2	-
Tanintharyi	1	3	3	3
<b>Rakhine &amp; Southern Chin</b>				
Rakhine	-	1	11	5
Southern Chin	-	-	1	-
<b>Other States &amp; Regions</b>				
Nay Pyi Taw	8	-	-	-
Ayeyarwady	-	4	-	-

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
 Creation Date: 24 March 2026    Data Sources: HNRP 2026, Health Cluster    Feedback: [mmr-healthcluster@who.int](mailto:mmr-healthcluster@who.int)

## Next steps

- **Updating of sub-national AWD Readiness Action Plans and Multisectoral (Health-WASH-Nutrition) AWD Risk Index** to prioritize preparedness and prevention interventions for AWD/cholera. UNICEF is supporting AWD training in Kachin.
- **Health facility survey:** Preparations ongoing for Phase II of the health facility survey using WHO developed tools, thanks to support from UNFPA. Mental Health services will be included in the questionnaire.
- **Market survey:** finalizing recruitment of pharmacist to support the identification of reliable medical suppliers in Myanmar to facilitate local procurement of quality-assured medicines. The market survey is also made possible thanks to UNFPA.



Beneficiary practices using axillary crutches with support of partner's volunteer Amarapura township