

Myanmar Humanitarian Needs and Response Plan (HNRP)

2026

PEOPLE TARGETED

2 M



PEOPLE REACHED

323 K* (16%)



USD REQUIRED

92 M



USD RECEIVED

33 M ** (36%)



TOTAL HEALTH CLUSTER PARTNERS

148



REPORTING HEALTH CLUSTER PARTNERS

31



Highlights

- **Health cluster partners reached 322,584 people** with life-saving health services in Myanmar during the first 3 months of 2026: 16% of the people targeted during 2026, which is double the figure as compared to the same time period in 2025.
- **Acute Watery Diarrhoea (AWD)** cases in IDP camps in Myitkyina, Kachin have been successfully responded to thanks to joint collaboration between WASH, Nutrition and Health Cluster partners. Additional **AWD** cases are reported from various locations in Rakhine. **AWD** cases are expected to significantly rise once the rains start.
- **Measles** preparedness efforts are ongoing in Rakhine and Chin, due to a large-scale **measles** outbreak in neighbouring Bangladesh. Dynamic population movements and absence of immunization efforts in the past 5 years are significantly increasing the risk of transmission.
- Surge in **skin infections** reported from an increasing number of locations throughout Myanmar: Ayeyarwady, Bago, Karen, Karenni, Magway, Rakhine, Sagaing, and Tanintharyi. Medicines for skin treatment are available and can be requested via the Health Cluster.
- Increase in **malaria** cases in Tanintharyi and Southern Chin, exceeding alert threshold. Shortages in **malaria** supplies are reported by partners.
- **Arsenic contamination** resulting from unregulated mining in Myanmar reaching Mekong River Basin from the Salween River, is raising the alarm in Thailand and other neighbouring countries.

* Data from 31 March 2026

** <https://fts.unocha.org/plans/1505/summary>

Health Cluster Action

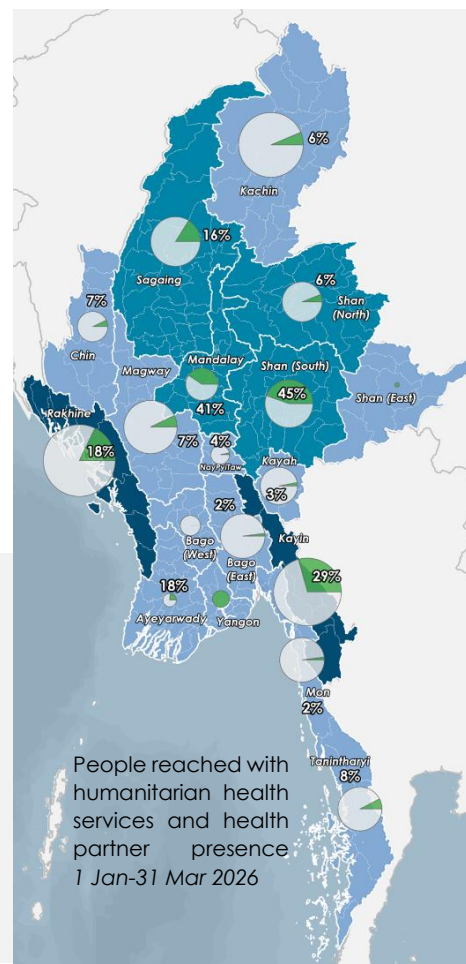
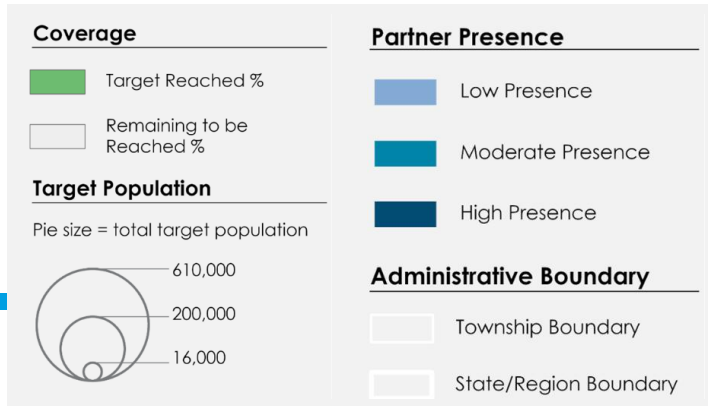
Health Service Delivery

As per data shared by 31 health partners 322,584 people were reached with humanitarian health services during the 1st quarter of 2026, the majority of which were female (62%) and between the ages of 18 and 60 (77%).

Out of the total, 31% were internally displaced, and only 1.2% categorized as non-displaced stateless people, as a result of difficult access to this particular group. The great majority of people reached are those affected by ongoing conflict and last year's earthquake (68%), but not displaced.

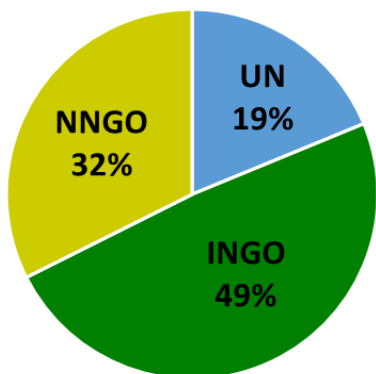
Only 3,584 people with a disability (PWD) were among the people benefiting from health services. Among the population targeted by the Health Cluster, on average 12% are considered as PWD.

This implies that the number of PWD supported with health services is significantly underreported.

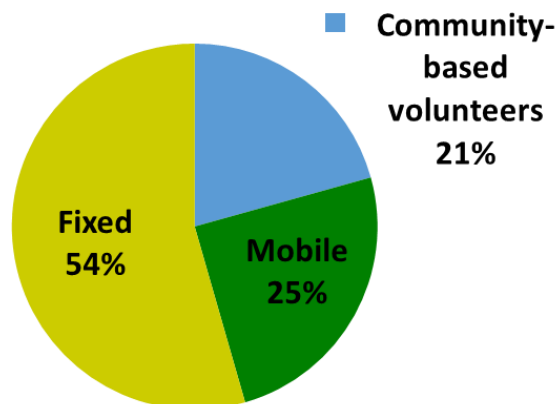


All data collected between 1 January and 31 March 2026

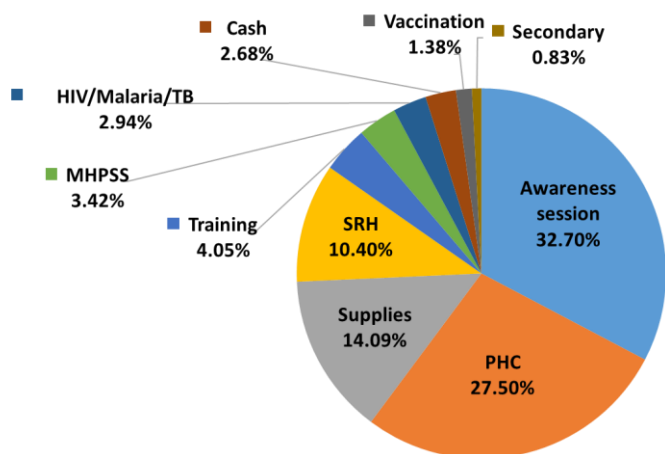
Type of reporting health partner in %



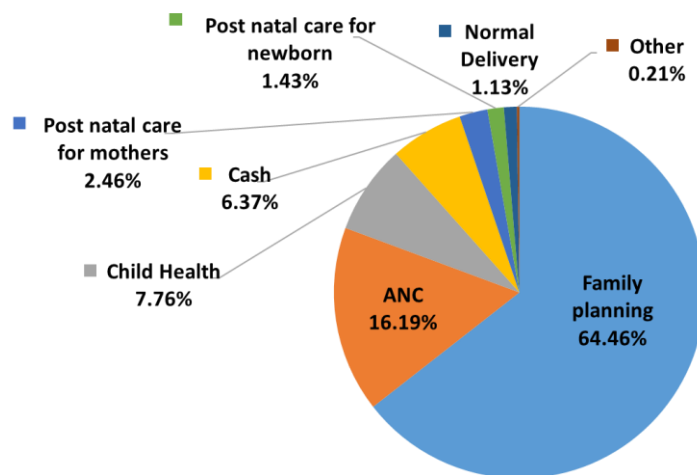
Modality of health service delivery in %



Types of health services delivered in %



Types of Sexual Reproductive Health services delivered in %



Public Health Emergencies

Water-borne and water-related diseases

Thanks to swift action and close collaboration between Health and WASH Clusters, an **AWD** outbreak was quickly averted in 2 IDP camps in Myitkyina, Kachin. Other small-scale AWD outbreaks have been reported from different locations in Rakhine, where local partners are responding in spite of limited supplies as a result of severe access restrictions.

Overall, **AWD** cases reported during the first quarter of 2026 have been lower than in the same time period in 2025. However, Rota-positive and cholera-positive cases by RDT were detected in some areas, indicating ongoing transmission risk.

Despite low early-season **AWD** reporting, experience from 2024 shows that a major cholera outbreak can still occur later in the year, affecting multiple villages and large populations.

This underscores that low early-year case counts do not equate to low annual risk, and highlights the importance of early preparedness, pre-positioning, and readiness for rapid scale-up ahead of the peak **AWD** season.

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

AWD Readiness Action Planning

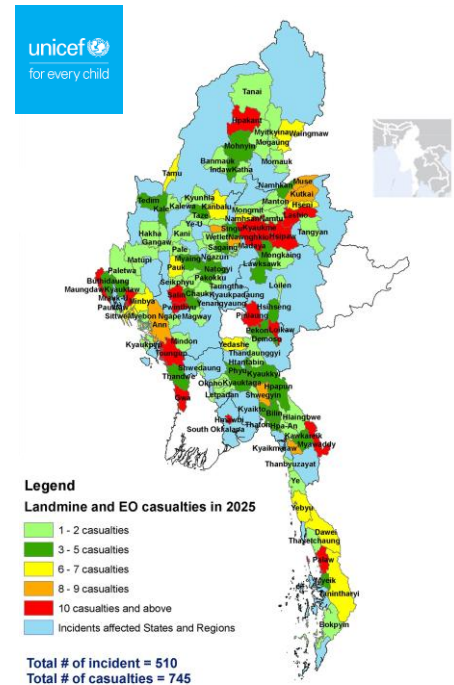
Updating of sub-national multisectoral AWD Action Plans to strengthen readiness for response is ongoing. UNICEF is supporting a joint Health-WASH-Nutrition Cluster AWD preparedness training in Kachin early May.

Measles preparedness

Due to the large-scale **measles** outbreak in neighbouring Bangladesh reporting over 1,000 cases of **measles** per day, joint preparedness efforts are ongoing in Rakhine and Chin between Health and Nutrition Clusters. There has been no immunization in these areas in the past 5 years, and with dynamic population movements from and to Bangladesh, the risk of transmission is assessed as high.

Landmine and other Explosive Ordnance (EO) Incidents

As per data shared by **UNICEF**, a total of 510 incidents with landmines and other Explosive Ordnance (EO) were recorded throughout Myanmar during 2025, resulting in 745 casualties, the majority in Shan (33%), followed by Rakhine (16%), and Magway (11%).



Landmine / EO incidents in Myanmar by month (2025)



Attacks on Health Care

Between 1 January and 31 March 2026, 62 Attacks on Health Care were reported by **Insecurity Insight**, with most attacks recorded from Sagaing, Magway, Karen and Rakhine states (see map on the left).

WHO's **Surveillance System for Attacks on Health Care (SSA)** recorded 35 verified attacks in the same time period.

Myanmar x
01/01/2026 - 30/04/2026

All categories

62
incidents

34 Attacks

5 Killed
4 Kidnapped
4 Arrested

Sexual Reproductive Health (SRH)

Partners continue to deliver SRH services through multiple modalities, despite movement restrictions and ongoing security challenges.

UNFPA prepositioned essential SRH commodities to support preparedness and continuity of services during the monsoon season.

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



Challenges

- Ongoing issues with registration of NGOs by de facto authorities, forcing some partners to cease activities.
- Intensifying conflict is severely impeding access to health care for health workers, patients and supplies.

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.
- Updating of questionnaire for Phase II of the **Health Facility Survey** and secondary data collection are ongoing.
- Pharmacist for the **Market Survey** is on-board with UNFPA, to support the identification of reliable medical suppliers in Myanmar to facilitate local procurement of quality-assured medicines.
- Ongoing **Measles preparedness** in Rakhine and Chin jointly with Health and Nutrition Clusters.
- Hybrid workshop on Noncommunicable diseases (NCD) in emergencies workshops to be organized at sub-national level during May-June.