Myanmar Health Cluster Bulletin

31 July 2026

July 2026

Myanmar Humanitarian Needs and Response Plan (HNRP)

2026

People Targeted	People Reached
2 M	741 K* (37%)
USD Required	**USD Received**
92 M	43 M ** (46%)
Total Health Cluster Partners	**Reporting Health Cluster partners**
148	34

* Partial data submitted to the Health Cluster by 31 July 2026, representing health services delivered between 1 January and 30 June 2026

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

Highlights

- **Preliminary data collected from 34 health partners** delivering life-saving health services in 227 townships in Myanmar, shows **740,968 people have been reached** during the first 6 months of 2026. This excludes data submitted by partners using the new online ActivityInfo system before the extended deadline of 4 August 2026. *In addition, the Health Cluster received reports from health partners operating in all 330 townships reaching **824,312 people in need of humanitarian health services**.*
- Between 1 January and 31 July 2026, 99 **attacks on health care** were reported by **Insecurity Insight**, as compared to 45 verified incidents by WHO's **Surveillance System for Attacks on Health Care (SSA)**.
- **Floods** affecting over 100,000 people in Rakhine, and 20,000 in Hpakant, Kachin. In Rakhine severe shortages of medical supplies are reported.
- **Conflict** displacing over 200,000 people in Magway. Thanks to prepositioning by UNICEF, lifesaving medical supplies were distributed to health partners delivering mobile health services to displaced population. WHO provided 100 First Aid Kits.
- Increase in requests for **malaria and dengue** supplies shows a surge in vector-borne diseases from various parts of the country, combined with a chronic shortage of malaria supplies, in particular Long-lasting Insecticide Treated Nets (LLIN), but also diagnostic tools and treatment.
- **Noncommunicable Diseases (NCDs) in Emergencies** workshops conducted throughout Myanmar for almost 100 participants shows urgent need for further integration of NCDs in health services delivered to conflict-affected populations.

Health Cluster Action

Public Health Emergencies

Malaria

Rising malaria trends are observed in Chin, Kachin, Karen, Karenni, Magway, Rakhine, Sagaing, and Tanintharyi amidst ongoing restrictions on importation of malaria commodities. Very limited access to Rapid Diagnostics Tests (RDT) and LLINs are jeopardizing efforts to prevent and control malaria. In addition, the types of infections are showing a concerning shift from Plasmodium vivax to Plasmodium falciparum, which significantly increases the risk of severe malaria, including cerebral malaria. The situation is further complicated by limited availability in local markets of Artemisinin-based combination therapies (ACTs) for treatment of P. falciparum.

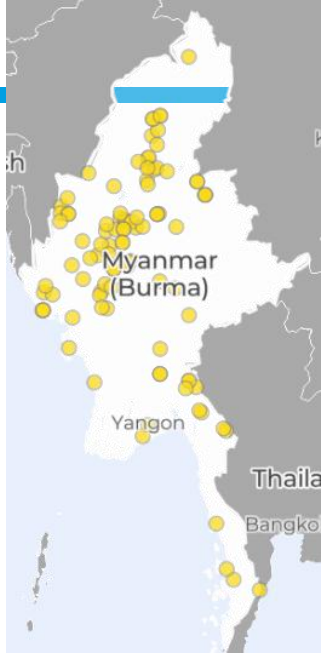
Ongoing conflict is causing frequent displacement to hard-to-reach areas without adequate access to health care, impeding early detection and rapid response to malaria and other public health threats. Limited information sharing among partners due to security and confidentiality concerns is resulting in missed community voices and early signals, delaying adequate response to community needs.

Acute Watery Diarrhoea (AWD)

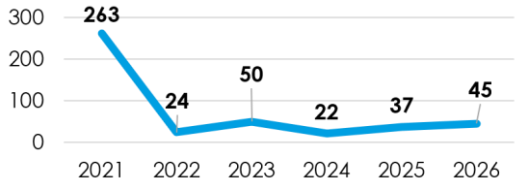
AWD prioritization exercise for monsoon preparedness in Kachin, Southeast and Rakhine shows interesting shift in townships assessed at elevated risk of AWD based on local expertise. High risk townships will be prioritized with prepositioning of supplies, training, and monitoring of disease trends.

Attacks on Health Care

Between 1 January and 31 July 2026, 99 attacks on health care were reported by **Insecurity Insight**, with the majority from Northwest Myanmar (*see map on the right*). Comparatively, 45 verified incidents were recorded by WHO's **Surveillance System for Attacks on Health Care** (SSA), which is higher than the same time period in 2025 and 2024.



Number of Attacks on Health Care in Myanmar between 1 January and 31 July each year from 2021 to 2026 (Source: WHO SSA)



A mother during her postnatal stay at a UNFPA-supported facility. Picture: UNFPA

Sexual Reproductive Health (SRH)

Capacity building: UNFPA conducted MISP for SRH training and, together with WHO, supported malaria management training for SRH partners to strengthen integrated service delivery.

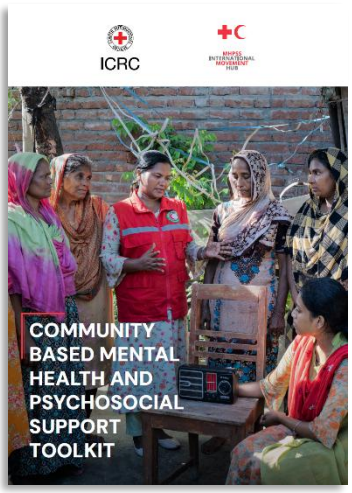
Service delivery: SRH partners continued expanding integrated lifesaving SRH services in 31 high humanitarian severity townships across 7 States and 4 Regions, with support from CERF.

Cash and Voucher Assistance (CVA): Expanded the use of CVA in hard-to-reach areas to improve access to essential SRH services, particularly long-acting reversible contraception, facility-based delivery and emergency obstetric care.

Mental Health

Community-based Mental Health and Psychosocial Support (CB MHPSS) toolkit, developed by the Red Cross Red Crescent Movement MHPSS Hub and the International Committee of the Red Cross (ICRC). This toolkit offers guidance and practical examples to help practitioners design, implement, and evaluate effective psychosocial support activities.

Please see: **https://mhpsshub.org/resource/community-based-mental-health-and-psychosocial-support-toolkit/**



Reclaiming Strength: Psychological Rehabilitation and Hope After Conflict-Related Limb Loss in Myanmar *(Hmwu & See, Tea Circle, June 2026)* article on ReSPEK program (Reclaiming Strength: Psychoeducational Engagement and Knowledge) for combat-injured veterans living with limb loss in Myanmar and Thailand. ReSPEK is not a trauma-processing intervention, but emphasizes on safety, choice, empowerment, and practical skills that participants can apply in their daily lives.

Published in Tea Circle, an online magazine housed within the Asian Institute at the Munk School of Global Affairs & Public Policy, University of Toronto, Canada. Please read: **https://teacirclemyanmar.com/reclaiming-strength-psychological-rehabilitation-and-hope-after-conflict-related-limb-loss-in-myanmar/**

Challenges

- After a series of meetings with pharmaceutical suppliers for the ongoing **Market Assessment**, verification of product qualification documents is proving challenging.
- Reporting towards the **2026 Humanitarian Needs and Response Plan (HNRP)** for Quarter 2 is still ongoing as OCHA rolls out its online ActivityInfo system. The new system introduces differences in reporting on type of organization and modality of service provision. Detailed analysis to follow once complete dataset is available.
- According to the **Myanmar Department of Meteorology and Hydrology** *(DMH)* **strong** El Niño conditions are possible in August 2026 with **very strong** El Niño conditions possible by end 2026, leading to drought and abnormal storm activity resulting from irregular and below-normal rainfall, increased daytime temperatures and prolonged heat.
- Serious gaps in funding for **Noncommunicable Diseases (NCDs)** interventions as one of the major findings from a series of **NCDs in Emergencies Workshops** conducted by WHO and the Health Cluster throughout Myanmar. There is an urgent need to better integrate NCDs into humanitarian response plans and funding proposals, as well as inclusion of essential NCD medicines in the essential medicine lists.

Next steps

- **Joint Health-Nutrition-WASH sub-national AWD Action Planning** for Monsoon Preparedness: After finalizing actions plans in Kachin, Southeast and Rakhine, Northwest planning workshop to be held in the 1st week of August, and for Shan and Karenni on 7 August 2026.
- **Market Assessment** ongoing with meetings with partners and suppliers. Verification of supplier qualification documents is challenging. A risk-based evaluation will be developed using quality information from the initial three suppliers, alongside a reliable supplier assessment using the GSDP checklist. verification of product qualification documents is challenging"
- **Health facility functionality survey** already seeing good number of submissions, with partners encouraged to share their data before the deadline 31 July 2026
- **Surveillance System for Attacks on Health Care (SSA) awareness sessions** to encourage partners to report any attack on health care directly in the online system