Myanmar Health Cluster Bulletin

30 October 2026

September-October 2026

Myanmar Humanitarian Needs and Response Plan (HNRP)

2026

PEOPLE TARGETED	PEOPLE REACHED
2 M	1.5 M* (73%)
USD REQUIRED	**USD RECEIVED**
92 M	50 M ** (54%)
TOTAL HEALTH CLUSTER PARTNERS	**REPORTING HEALTH CLUSTER PARTNERS**
156	57

* Data from 1 January to 30 September 2026
** https://fts.unocha.org/plans/1505/summary

Highlights

- Almost **690K** people have been reached with **life-saving health services** in **227 townships** in Myanmar between 1 July and 30 September 2026**.** An additional 126K people were reached in townships that are excluded from the 2026 HNRP.
- In spite of ongoing rains, **cholera/Acute Watery Diarrhoea (AWD)** cases show a decreasing trend. Continued monitoring is needed to avoid resurgence of cases. 1.4M doses of **Oral Cholera Vaccines** (OCV) were administered in downtown townships in Yangon, while the OCV campaign in Sittwe township is severely hampered by intensified fighting, with 74% of the 300K doses of OCV administered.
- **Widespread flooding and landslides** in Ayeyarwady, Tanintharyi, and Yangon caused displacement and damage, increasing the risk of landmine incidents due to moving Explosive Ordnances (EO).
- **Floods** also resulting in increase in **malaria and dengue** cases, especially in endemic areas in Karenni, Tanintharyi, Kachin, Chin and Sagaing. Partners continue to report severe shortages in supplies, especially bednets
- Between 1 January and 30 October 2026, 118 **attacks on health care** were reported by **Insecurity Insight**, compared to 62 verified incidents by WHO's **Surveillance System for Attacks on Health Care (SSA)**. The majority of attacks are recorded from Sagaing, followed by Rakhine.

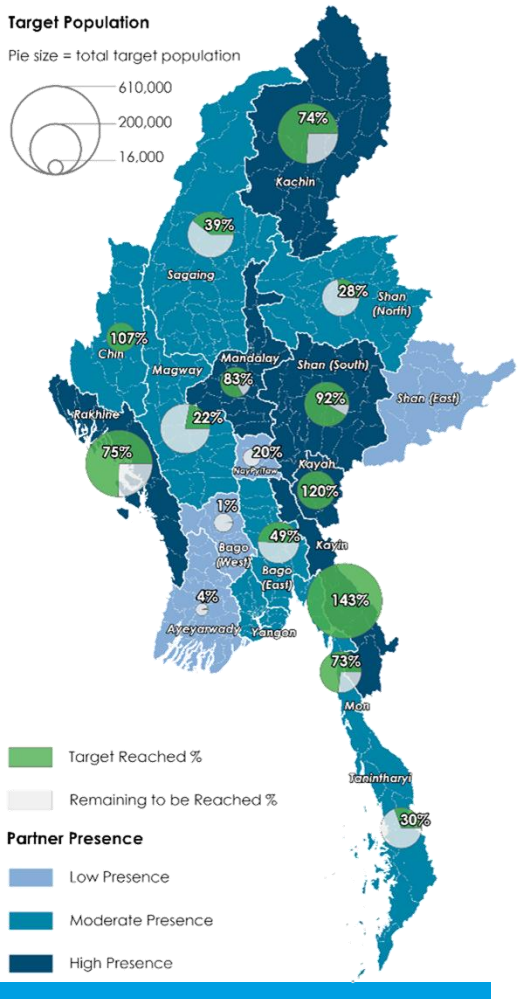
Health Cluster Action

Health Service Delivery

Data shared by 57 health partners between 1 January and 30 September 2026, show **1.6M people have been reached with health services** throughout all of Myanmar's 330 townships. The majority of people reached (1.5M) are located in the 227 prioritized townships as per the 2026 Myanmar Humanitarian Needs and Response Plan (HNRP).

In spite of ongoing challenges, including **intensified conflict, bombing of health facilities, roadblocks, confiscation of medical supplies, arrests of health workers, and impassable roads because of the rains**, health partners are able to effectively deliver quality health services, thanks to remarkable determination and innovativeness. Despite the existing threat of drone attacks, health partners deliver health services mostly through **fixed health centres including hospitals (36%)** and to a lesser extent via **mobile clinics (12%)**, whereas **community-based volunteers (19%)** play an increasingly important role in health service delivery in difficult-to-reach areas.

Health partners have stepped up their reporting to the Health Cluster, with **57 partners reporting during 2026**, compared to **47 in 2025**, and **37 in 2024**. A total of **156 health partners** now regularly engage with the Health Cluster, compared to **148 in 2025**, and **84 in 2024**. The Health Cluster will continue to collect relevant health data via excel, as many local health partners are not able to report in the newly introduced online reporting platform ActivityInfo, because of unreliable internet access and lack of data managers.

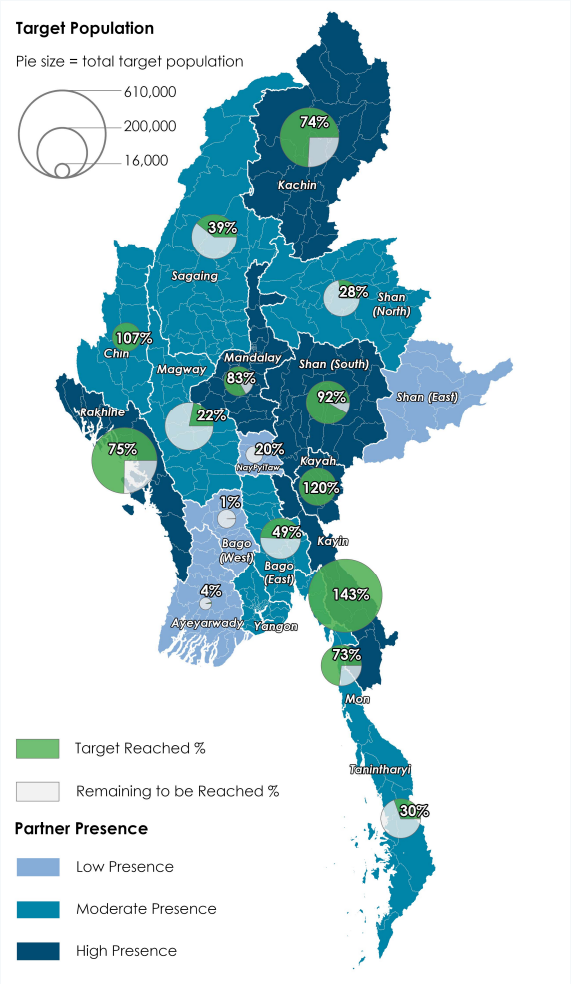


MYANMAR HEALTH CLUSTER | RESPONSE SNAPSHOT

JAN–SEP 2026 • HNRP 2026 • Reported 5W data

PEOPLE REACHED	REPORTING PARTNERS	TARGET ACHIEVED
1,458,942	57	73%

GEOGRAPHIC REACH & PARTNER PRESENCE



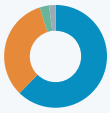
PEOPLE REACHED BY GENDER

- Female 62%
- Male 38%

PEOPLE REACHED BY AGE

- Adults 59%
- Elderly 16%
- Children 21%

POPULATION GROUP



- Other crisis affected 63%
- IDPs 32%
- Returnees 3%
- Stateless 1%

SERVICE DELIVERY MODALITY

- Fixed 36%
- Volunteers 19%
- Mobile 12%
- Unspecified 32%

RESPONSE DELIVERY / PARTNERS & SERVICES

REPORTING PARTNER TYPE

International NGO	44%
National NGO	18%
Civil society org.	18%
Community based org.	7%
Other	5%
United Nations	4%
Border based org.	2%
Red Cross	2%

HEALTH SERVICES

Primary health care	41%
Awareness	19%
RMNCAH	11%
Secondary	10%
HIV / Malaria / TB	6%
Supplies	4%
Vaccination counselling	3%
Cash	3%
Mental health	2%
Training	1%

SRH / RMNCAH

63% Family planning

18% ANC

Child health	6%
Cash	4%
Postnatal newborn	2%
Postnatal mothers	2%
Normal delivery	2%
CVA family planning	1%
Cervical screening	1%
RTI / STI	0.3%
C-Section	0.1%
Post abortion care (referral case)	0.02%

SOURCE: HEALTH CLUSTER 5W REPORTING • JAN–SEP 2026

Public Health Emergencies

Cholera/AWD

Amidst an overall decline in **cholera/AWD** cases in Mon, Sagaing, Sittwe, and Yangon, sporadic cases with severe dehydration requiring hospitalization are being detected across a wider geographic area, including Bago, Kayin, Magway, and Mandalay. Without adequate testing capacity, it is difficult to confirm whether AWD cases are in fact cholera cases.

Response to the **cholera/AWD** outbreaks in Mon, Sagaing, Sittwe, and Yangon during July-August has been swift and effective. With support from UNICEF and WHO, local partners distributed hygiene kits, water containers, and water purification chemicals to high-risk populations. Dissemination of **cholera/AWD** prevention messages through radio with UNICEF support helped strengthen community preparedness.

Child Friendly AWD messages

English

Burmese

Out of the total of 1.8M **Oral Cholera Vaccines (OCV)** received, 1.4M doses were administered in Yangon and 214K in Sittwe township, Rakhine. Heavy fighting is impeding completion of the vaccination interventions in Sittwe. Response to the **cholera** outbreak in Sittwe has also been challenged by delays in the transport of medical and WASH supplies from Yangon to Sittwe. During the early stages of the outbreak, access to IDP camps was impeded by checkpoints, allowing the disease to further spread. In addition, response was challenged by the IDP population's hesitance to use latrines and drink chlorinated water.

Overall, there is an urgent need to strengthen adherence to **cholera** control measures instead of heavy reliance on chemoprophylaxis. Ongoing rains may increase the risk of renewed transmission. Sustained vigilance and response efforts are needed to interrupt transmission and prevent further spread.

Health Impact of Climate Change and El Niño

Although rains continue to affect large parts of Myanmar, El Niño predictions for Myanmar warn for high temperatures and water scarcity in the last months of the year, and the early months of 2027.

Online RCCE materials

Heat impact on pregnancy

Online RCCE materials

Health impact of Climate Change and El Nino

Potential low water levels may lead to shortages in drinking and irrigation water, as well as reduced hydroelectric power generation. Health impacts include heatstroke, dehydration, and diarrhoea.

During September-October, widespread flooding impacted Ayeyarwady, Magway, Sagaing, and Tanintharyi. In spite of access challenges, health partners were able to provide essential health services to the affected population.

Landslides occurred in several landmine-infested areas in Tanintharyi, shifting the known location of landmines and other Explosive Ordnances (EO), increasing the risk of potentially deadly mine incidents.

Victim Assistance

Explosive Ordnance (EO) Risk Awareness IEC Materials were developed in consultation with conflict-affected communities, local organisations, Disabled Persons Organisations (DPOs), civil society organisations (CSOs), and humanitarian mine action partners.

To support wider dissemination and use, the materials do not carry organisational branding. Instead, they use the standalone identity **"နိုးနိုးကြားကြား (Noe Noe Kyar Kyar) / Watch Out Myanmar"**.

EO Risk Awareness Materials

Overview

Posters and brochures *(in Myanmar, Shan, Kachin, Chin, and Rakhine languages)*

Sexual Reproductive Health (SRH)

SRH and family planning commodities: Distribution of remaining 2025 RH/FP commodity allocations to partners is ongoing.

Capacity building: Two batches of post-abortion care (PAC) training were conducted for SRH service providers to strengthen capacity to deliver a broader range of essential SRH services.

Midwife-led SRH service delivery: A technical guidance note on Midwife-Led SRH Service Delivery was finalized to support partners in strengthening decentralized and community-based SRH services. The guidance note is available **here.**

Maternity Waiting Homes: An assessment of MWH effectiveness and service utilization is ongoing to inform further strengthening of the MWH approach.

Challenges

- In spite of a slight decrease of reported **access incidents** in September when compared to August, access restrictions remain well above 2025 average, the majority the result of military operations and fighting (72%), and most incidents recorded from Rakhine (57%), northern Shan (11%) and Sagaing (6%). *Source:* ***OCHA***
- **Shortages in medicines** reported for treatment of mild and severe cases of Cholera/AWD, malaria, dengue, and skin infections. Limited access to Rapid Diagnostics Tests to confirm the presence of diseases is delaying rapid response actions.
- **Gaps in relevant health data collected by new data platforms:**
  - The newly introduced online reporting platform ActivityInfo fails to collect data on *modality of service delivery* (i.e. static health facility, mobile clinic or community-based volunteer) and on *type of reporting organization* (international, local, or UN agency), which is expected to skew overall data analysis
  - Data collected by OCHA on 267,179 people reached by five health partners with funding received from a specific allocation of the Myanmar Humanitarian Fund (MHF) that ran from April to September 2026, does not contain a breakdown of health-specific activities.
- **Issues with the 2027 Humanitarian Needs and Response Plan:**
  - Mandatory new formula increases the proposed number of People Targeted during 2027 to 5M, whereas only 2M people were reached in 2026. Similarly, increase of Funding Requirement to 126M USD in 2027, while only 50M USD were mobilized so far in 2026.
  - Discrepancy between health-specific and intersectoral severity classifications excluding 103 out of 169 priority townships for health. Only 66 priority townships for health match with the intersectoral severity 4 and 5 classifications.

Next steps

- Training on **data reporting** for health partners planned at sub-national level during November-December 2026.
- **NCD in Emergencies** training for health partners in Hpa-An office on 10-11 November 2026 and Sittwe on 18-19 November 2026 (dependent on security situation).
- **Pharmacy capacity-building** focused on inventory checks and warehouse management in Hpa-An on 9-12 November 2026.
- Health Cluster to explore **complementary health planning and fundraising tool**s besides the HNRP to provide health partners and donors with more a realistic operational framework, allowing health needs to be adequately addressed.