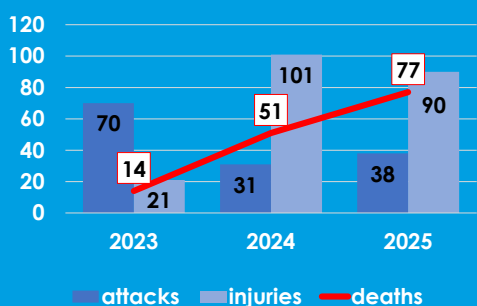
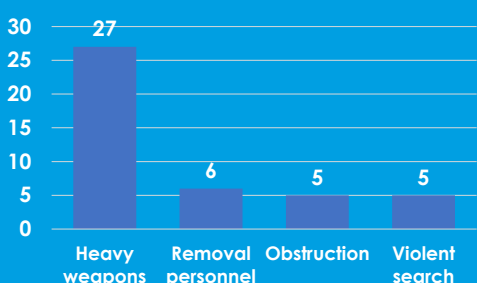


Significant increase in deadly attacks on health care*

between 1 January and 31 August 2025



Types of attacks recorded



*WHO's Surveillance System for Attacks on Health Care

Highlights

- Significant increase in deadly **attacks on health care** with 48 new attacks recorded by **Insecurity Insight** between 17 July and 31 August 2025, totalling 169 attacks recorded so far during 2025, mostly in Sagaing, Rakhine, Mandalay and Shan. WHO's **Surveillance System for Attacks on Health Care** (SSA) recorded 38 verified attacks between 1 January and 31 August 2025.
- Reports about **arrests of health staff** and undue investigations of health partners, with some partners no longer allowed to directly deliver TB and HIV services.
- Alarming **malnutrition** situation in Northern Rakhine State with available data showing 13.1% of children categorised with moderate acute malnutrition using mid-upper arm circumference measurements (MUAC). (Source: **ECHO**)
- Drastic decrease in mobile health teams from 174 in 2024 to 135 as of 31 July 2025 because of **funding cuts and worsening access**. Kachin, Shan and Karenni states saw the largest decrease in mobile health teams, while 19 additional teams were deployed in earthquake-affected areas.
- **Landslide** in Than Taung Gyi, Karen state, killed 16 people during the 2nd week of August, with health partners rapidly mobilizing relevant support through mobile health services and delivery of relevant supplies.
- Heavy rainfall causing **floods** in several parts of Myanmar, including in Tatkon, Nay Pyi Taw, resulting in temporary displacement.
- **Malaria** remains highest reported infectious disease, with a spike in malaria cases reported from Karenni state.
- Outbreaks of **Acute Watery Diarrhoea** (AWD) and **skin infections**, especially scabies, reported in IDP settings, mostly from Rakhine.

Health Cluster Action

Analysis of health data collected during the **Multi-Sectoral Needs Assessment** (MSNA) is currently ongoing in preparation for the **2026 Humanitarian Needs and Response Plan** (HNRP). Key for the HNRP is its feasibility in terms of partners' capacity to provide life-saving response interventions, and related funding expectations.

5W data submitted by health partners is crucial to determine the Health Cluster's ability to develop a realistic health component for the 2026 HNRP. Thanks to improved reporting, the Health Cluster was able to show that 30% of its target number of beneficiaries had been reached during the first half of 2025.

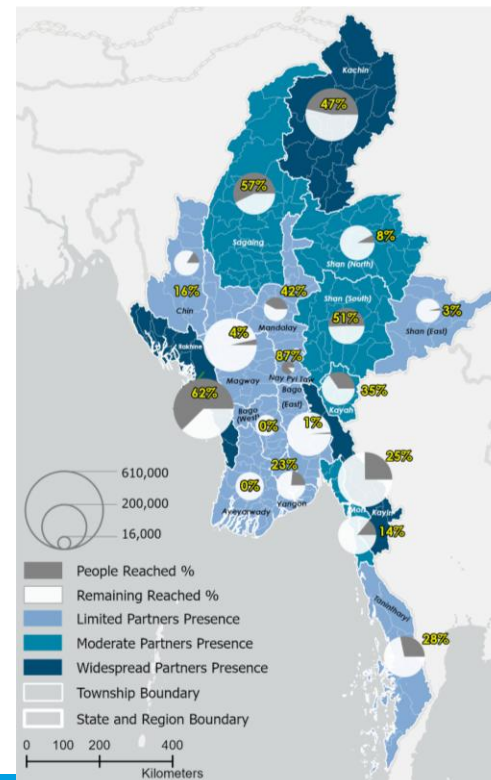
AWD Readiness

Thanks to WHO's Global Outbreak Alert and Response Network (GOARN), and in close collaboration with the WASH Cluster, the 2024 **AWD Risk Index** has been updated with 2025 data, to be used in township severity ranking for the HNRP.

As part of cholera outbreak readiness for response, WHO is organizing **Water Quality Monitoring Trainings** early September to strengthen partners' monitoring capacity and ensure safe water sources, particularly in areas at high risk of AWD/cholera, flood-prone communities, and displacement. Part of the trainings is the use of water quality testing kits. The trainings are organized in close collaboration with the WASH Cluster and UNICEF, to ensure water quality data is effectively shared with WASH partners for rapid chlorination action and communities' outreach through risk communication and community engagement.

Myanmar Health Cluster Partner Presence and People Reached

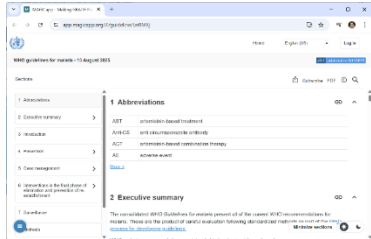
1 January-30 June 2025



Malaria

In spite of a lack of comprehensive data, a surge in malaria cases has been reported after 2021. As per the limited data available, malaria currently is the highest reported infectious disease, with the highest-risk townships located in Kachin, Kayin, Tanintharyi, and Sagaing, and a recent spike in malaria cases reported from Karenni state. Over 80% of malaria cases are *Plasmodium vivax*, with *Plasmodium falciparum* also detected.

Data by township on malaria risk will also be used for the 2026 HNRP to ensure vulnerable townships are included in target areas. Out of 10 townships identified at highest risk of malaria, 4 are in Kachin, 3 in Kayin, 2 in Tanintharyi, and 1 in Sagaing.

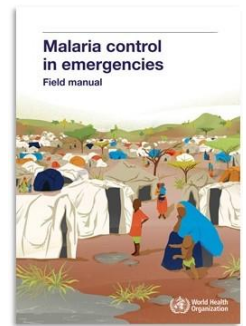


WHO developed a user-friendly and easy-to-navigate [online platform](#) with the most up-to-date recommendations for malaria as per the **WHO guidelines for malaria**. These guidelines now include the use of **spatial repellents**, which have been recently prequalified by WHO.

Spatial repellents are devices that emit active ingredients into the air to kill mosquitoes, keep them out of treated spaces, and prevent them from finding and biting people at risk of malaria and dengue vectors. They are a practical and viable alternative to insecticide treated bed nets for the prevention of malaria.

WHO also recently issued the **Malaria control in emergencies: field manual** providing practical, evidence-based guidance on prevention, diagnosis and treatment in emergencies and post-crisis settings.

Key features include: assessing risk and targeting vulnerable groups; planning and operational solutions; updated protocols for diagnosis, case management and vector control; strategies for integration with other interventions; innovations in research and adaptive approaches; and accessible tools, references and further reading. Designed for humanitarian actors, health professionals and policymakers, it is an indispensable tool to reduce malaria's toll, strengthen systems, and build resilience in complex crises. [Download \(10.6 MB\)](#)



Mental Health and Psychosocial Support (MHPSS)

In August, Jue Jue's Safe Space (JJSS) successfully conducted the **intensive suicide prevention training** batch (11). Since 2022, JJSS has been implementing these trainings four times a year, building a sustained community-based response to Myanmar's growing mental health crisis. With the combined pressures of conflict, poverty, and disasters contributing to rising emotional distress, suicidal ideation, and self-harm, particularly among youth, accessible and stigma-free mental health support has become an urgent need.

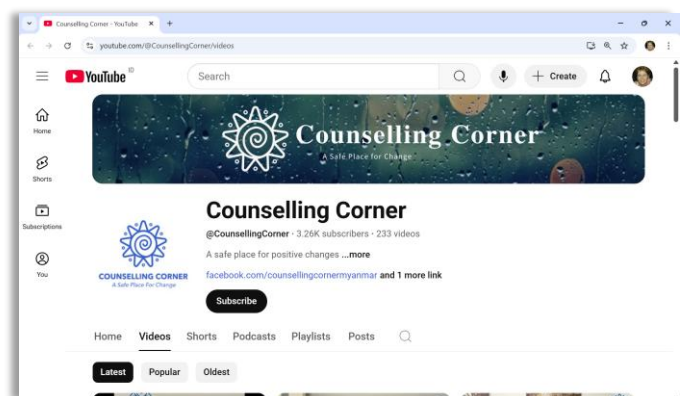
The two-days training equipped participants with crisis intervention techniques, clinical knowledge, and culturally sensitive communication skills to operate JJSS's 24/7 Suicide Prevention Helpline.

Following the training, the organization has been able to expand its volunteer base to provide ongoing support to the community. This helpline has been operating 24/7 and has saved nearly 400 lives to date. JJSS also prioritizes volunteers' well-being through regular supervision and continuing education. By training local volunteers and raising community awareness, JJSS ensures that immediate psychological support is available to those in crisis while challenging stigma within Myanmar's communities.

For more information or to get involved, please contact Jue Jue's Safe Space at info@juejuessafespace.org



Check out the **Counselling Corner** YouTube channel with talks in Myanmar language on various topics <https://www.youtube.com/@CounsellingCorner/videos>



Challenges

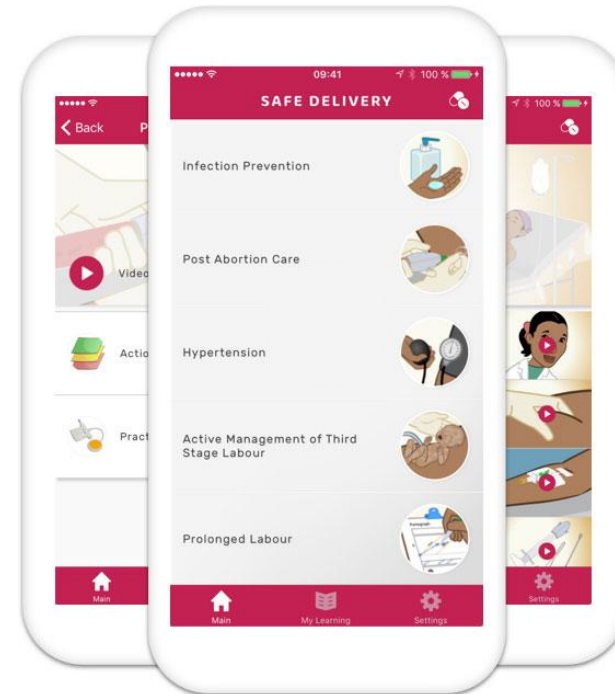
- Worrying **restrictions** on health partners, negatively impacting availability and quality of health service delivery.
- In spite of improvements in reporting coverage, still only 37 out of 117 operational health partners currently submit 5W data to the Health Cluster. **Underreporting** affects planning assumptions on partners' presence and response capacity required for 2026 HNRP.
- Drastic **decrease in mobile health teams** from 174 in 2024 to 135 as of 31 July 2025 because of funding cuts and worsening access. Kachin, Shan and Karenni states saw the largest decrease in mobile health teams, while 19 additional teams were deployed in earthquake-affected areas. Rough calculations show that an estimated 275,000 vulnerable people are left without access to health care.

Next steps

Trainings:

- Three-day **Community-Based Outbreak Detection, Investigation, and Response Training of Trainers (ToT)** to strengthen the capacity of health partners and community-based organizations in earthquake-affected and high-risk areas on 3-5 September in Yangon organized by WHO with support from UNOPS.
- Five-day **Community-Based Inclusive Development and Physical Rehabilitation Training of Trainers (TOT)** for frontline health workers supporting the earthquake response in Naypyitaw, Mandalay, and Sagaing on 1-5 September 2025 in Yangon organized by WHO. The training will include both theoretical and hands-on sessions focused on Disability inclusion, Physical rehabilitation, and Assistive technology (AT).
- Four-day **Minimum Initial Service Package (MISP) of Sexual and Reproductive Health (SRH) in Emergency** training in Yangon organized by UNFPA and Relief International (RI). The training targets program managers and health staff of medical teams that have decision-making authority.
- One-day **Health Cluster Information Management (IM) session** in Mawlamyaing on 10 September and in Hpaan on 11 September. The session provides practical guidance on 5W reporting, key considerations in 5W data entry, data security and sharing protocols, and a panel discussion.

Safe Delivery App available in Myanmar language: can be used both online and offline



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)