

Myanmar
Humanitarian Needs and
Response Plan (HNRP)

Health Cluster

2024

2025

PEOPLE IN NEED

12.1 M

12.9 M

PEOPLE TARGETED

2.7 M

2.4 M

USD REQUIRED

129.6 M

123 M

→ 2025 HNRP for Myanmar available [HERE](#)

Highlights

- Further expansion of **Acute Watery Diarrhoea (AWD)** cases to 9 States in Myanmar, as per multiple sources including media reports. A cholera outbreak was declared in Thailand close to the Myanmar border in Kayin State. Effective health and WASH response thanks to strong partners on the ground, reporting a drastic reduction of cases as of 30 December 2024. UNICEF and WHO rapidly mobilized necessary health and WASH supplies to detect and treat cases, as well as to prevent further spread of the disease.
- Delayed reports of the **AWD** cases in Myanmar show the urgent need to strengthen cross-border surveillance to contain possible outbreaks.
- Health and WASH Cluster jointly developing **AWD** preparedness and response plan, to support partners with necessary resources to prevent, and respond to AWD outbreaks.
- Increasing reports from partners on depletion of **malaria** supplies in health facilities. Health cluster to look into urgent ways to facilitate last-mile distribution of life-saving supplies.
- **Access restrictions** impeding procurement of quality pharmaceuticals. Health Cluster to train health partners in conducting quality checks on locally procured drugs, in line with international standards.

Health cluster action

Acute Watery Diarrhoea (AWD)

- On 22 December 2024, the Thailand Ministry of Public Health reported a cholera outbreak in Tak province, close to the Myanmar border, with cases originating from Shwe Kokko, Myawaddy Township, Kayin State. The Tak provincial health authorities report 4 confirmed cholera cases in Thailand as of 28 December, with no new cases reported since 23 December 2024. Thai authorities have taken necessary response interventions, including temporary closure of the formal border crossing with Myanmar.
- Multi-source surveillance in Myanmar estimates over 700 AWD cases including 2 deaths in Shwe Kokko. Thanks to rapid response from health partners, effective health and WASH interventions have been implemented, reporting with a drastic reduction in cases as of 30 December 2024.
- UNICEF and WHO mobilized relevant supplies to support health partners with detection and treatment of mild and severe cases of AWD, as well as with health and hygiene promotion materials to educate the population on the potential risks of AWD. WHO sent Rapid Diagnostics Tests and are in the process of procuring additional laboratory supplies, while UNICEF prepositioned WASH supplies including for the chlorination of water sources, and hygiene kits. WHO is looking into launching a reactive Oral Cholera Vaccination (OCV) campaign. UNCHR is supporting with dissemination of hygiene promotion materials among displaced populations.

AWD Resources available online on WASH Cluster shared drive both in Myanmar language and English:

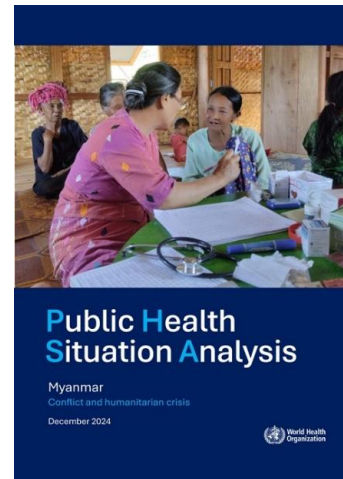
- Oral Rehydration Points (ORP) materials, including ORP guidelines and ORP kit item list
- Case-area targeted interventions (CATI) toolbox, including CATI protocol, post-distribution monitoring form, cholera kit item list
- Transmission form, also available [here](#)
- Key messages, including volunteer guide, messages for children and caregivers, and other IEC materials
- Training materials, including on WASH and multi sectoral response, and for ORP volunteers

ALL partners are asked to send any information on suspected AWD cases to semmrebs@who.int

WHO materials on AWD/cholera, both in Myanmar language and English:

- **RCCE digital kit** including [How to make ORS](#), [5 keys to safer food](#) leaflet and [5 keys to safer food](#) video
- **AWD: ဝမ်းပျက်ဝမ်းလျှောရောဂါအကြောင်း သိကောင်းစရာ**
- **Cholera: ကာလဝမ်းရောဂါအကြောင်း သိကောင်းစရာ**

Myanmar: Public Health Situation Analysis



19 December 2024

[Download \(672.8 kB\)](#)

Malaria

- In spite of limited surveillance data on actual number of cases, health partners are increasingly reporting a depletion of life-saving malaria supplies at health facility and community level. Prevention of malaria through long-lasting insecticidal nets (LLINs) and other vector control interventions such as spraying and larviciding are currently not feasible, making availability of treatment of severe cases a priority. The health cluster is looking into ways to facilitate access to life-saving malaria medicines through its partners.

Attacks on Health Care

Eight (8) attacks on health care reported between 27 November-10 December 2024, including the killing of 2 health workers. Please see for details: <https://reliefweb.int/report/myanmar/attacks-health-care-myanmar-27-november-10-december-2024>

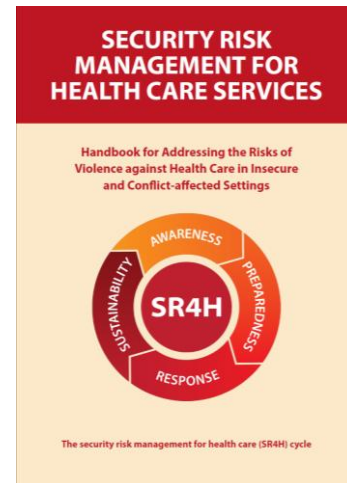
Source: **Insecurity Insight**

Challenges

- **Lack of real-time data** on outbreak-prone diseases and other crucial health indicators impeding effective outbreak prevention, preparedness and response, as well as estimation of overall health needs
- **High risk of malaria outbreaks**, due to lack of vector control interventions, including access to insecticide-treated bednets, and anti-malarial supplies, including Rapid Diagnostic Tests for large parts of the population.

Next steps

- **Partners to submit their quarterly 5W data to the Health Cluster for final calculation of people reached for Q4 and entire 2024.**
 - **Joint Health and WASH Cluster training to develop AWD Preparedness and Response Plan during January 2025.**
 - **Ongoing review of terms of reference** for relevant technical working groups, to adjust the work of the working groups to the evolving situation in the country:
 - o Acute Watery Diarrhoea Technical Working Group (joint health-WASH cluster)
 - o Sexual and Reproductive Health Coordination Group (Chaired by UNFPA and co-chaired by PATH)
 - o Priority Health Services Technical Working Group (Chaired by ADRA)
- Partners interested in joining the working groups, please reach out to mmr-healthcluster@who.int**
- Sharing **2nd draft of Myanmar Health Cluster Strategy 2025-26** to all partners



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), the United Kingdom's Foreign, Commonwealth and Development Office (FCDO), the United States Centers for Disease Control and Prevention (CDC), and the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA).