

Myanmar Humanitarian Needs and Response Plan (HNRP) **Health Cluster**

2025 2026

PEOPLE IN NEED

12.9 M 9.3 M

PEOPLE TARGETED

2.4 M 2 M

NUMBER OF TARGETED TOWNSHIPS

330 227

USD REQUIRED

123 M 92 M

→ 2026 HNRP for Myanmar available [HERE](#)

Highlights

- Further escalation of conflict with more deadly **attacks on health care**, totalling 70 verified attacks between 1 January and 30 December 2025 reported on WHO's [Surveillance System for Attacks on Health Care \(SSA\)](#), as compared to 240 attacks recorded by [Insecurity Insight](#).
- Worsening **access restrictions** throughout the country, with life-saving supplies being blocked and confiscated, impeding partners to deliver essential health services.
- Resurgence of **Acute Watery Diarrhoea** cases in Paletwa township to villages along the Kaladan river, possibly linked to the expanding **cholera** outbreak among Burmese refugee camps on the Indian side of the border. Indian authorities have reportedly closed the border aimed at stopping the further spread of the disease. Health and WASH partners on the ground are supporting with essential response interventions, but WASH needs are vast as in the absence of safe drinking water and adequate sanitation, with communities forced to use river water for drinking and practice open defecation.
- Severe shortages in bednets, and supplies for testing and treatment are resulting in a further expansion of **malaria** cases throughout the country.
- Reduced funding for adequate shelter, food, nutrition, health and WASH services in IDP camps is directly linked to an increase in **skin infections and acute respiratory infections (ARI)**, particularly among children.

Health Cluster Action

Humanitarian Needs and Response Plan (HNRP) 2026

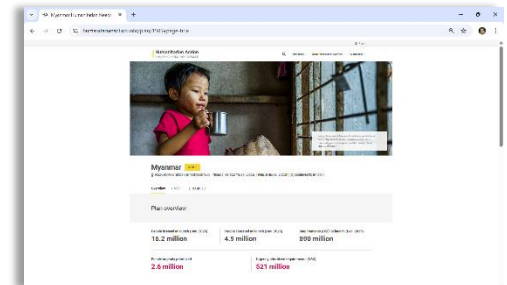
The [2026 HNRP for Myanmar](#) was published jointly with the [Global Humanitarian Overview](#) on 10 December 2025: the first country to launch its HNRP globally.

In spite of the deteriorating humanitarian situation in the country, with restricted access resulting in increased needs, the number of People in Need (PiN) identified as part of the overall HNRP was reduced from **19.9M in 2025 to 16.2M in 2026**. This is due to a significant reduction of the geographical scope, with only **227 townships in Myanmar covered by the 2026 HNRP, as compared to the 330 townships covered during 2025**. For health, this is reflected in a reduction from **12.9M PiN in 2025 to 9.3M PiN in 2026**.

In view of a further expected decline in donor funding availability, Funding Requirements for the overall HNRP were proportionally adjusted from **1.14B USD in 2025 to 890M in 2026**. For health, this is reflected in a reduction from **123M USD in 2025 to 92M USD in 2026**.

The Funding Requirement is calculated based on the number of People Targeted with humanitarian interventions. For the overall HNRP, the number is slightly reduced from **5.5M people targeted in 2025 to 4.9M in 2026**, based on the 4.7M people that were reached with humanitarian aid in the first three quarters of 2025 alone. For health, this is reflected in a reduction from **2.4M People Targeted in 2025 to 2M People Targeted in 2026**.

Depending on funding availability, access, and partner presence, a further prioritization is made for those townships categorized as most Severely Affected by the Humanitarian Crisis, either encountering extreme deprivation or collapse of health services. For health, this is reflected in a total of **1.1M People Targeted, requiring 51M USD**.



As part of the 2026 HNRP, the [Myanmar Health Cluster Strategy 2026-2027](#) is now published [online](#)

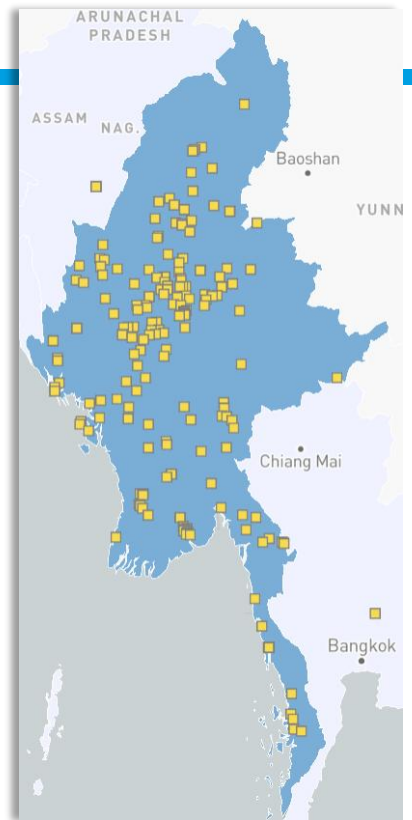
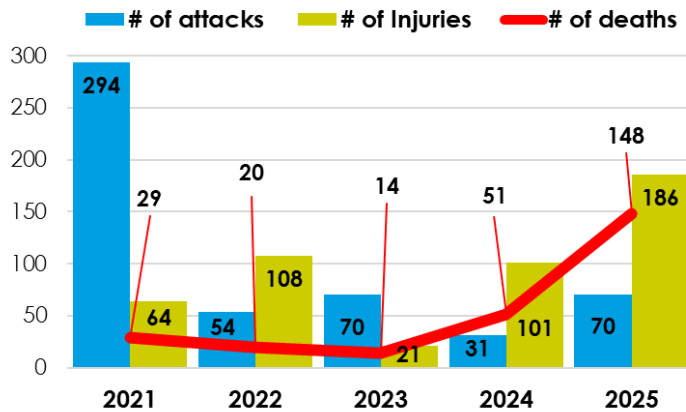


Attacks on Health Care

2025 has seen a record number of deadly attacks on health care, as compared to previous years. The number of verified deaths and injuries reported through WHO's [Surveillance System for Attacks on Health Care](#) (SSA) is showing a significant increase since the military coup in February 2021, with 148 deaths and 186 injuries recorded in 2025, as compared to 51 deaths and 101 injuries recorded in 2024.

Data published by [Insecurity Insight](#) show that the majority of attacks have occurred in the Northwest part of the country (see map on the right).

Attacks on Health Care in Myanmar recorded in WHO's SSA between 1 January 2021 and 30 December 2025



Map with locations of 240 attacks on health care recorded by [Insecurity Insight](#) between 1 January and 30 December 2025

Sexual Reproductive Health (SRH)

UNFPA successfully delivered internationally procured and imported reproductive health commodities to health partners, ensuring the continued provision of life-saving services.

High demand for family planning services, especially long-acting methods, among displaced populations as the crisis becomes more protracted.

Post-rape Treatment kits (IARH kit 3) are currently available in selected locations. Partners providing services are encouraged to contact UNFPA if they require these commodities, and support will be provided based on identified needs.

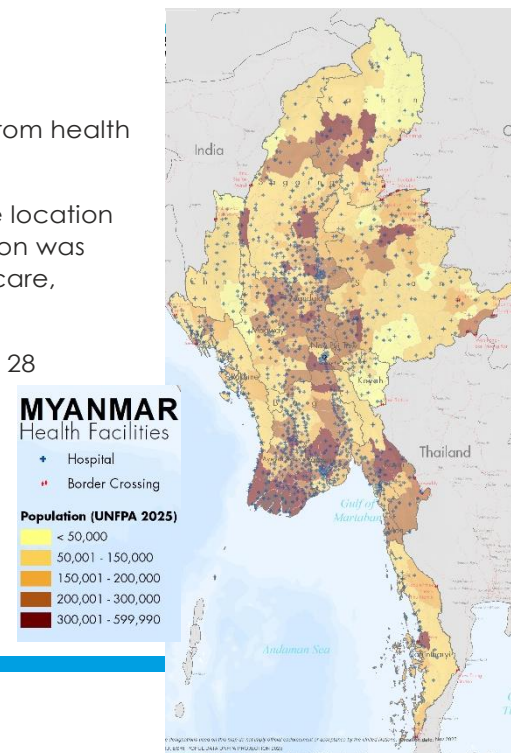
Health Facility Functionality Survey

The Health Cluster carried out a Health Facility Functionality Survey, collecting data from health partners on functionality of health facilities throughout Myanmar.

A secondary data review was conducted using publicly available information on the location of health facilities, using the [MIMU Health Facilities](#) database as a basis. The information was complemented with specific information such as facility status, accessibility, level of care, amenities, and available services.

Health partners submitted 186 entries in response to a Kobo questionnaire containing 28 questions on:

- Type and level of health facility
- Condition (fully, partially, not damaged)
- Functionality (fully, partially, not functional)
- Access (fully, partially, not accessible)
- Availability of power, water and sanitation facilities
- Type of health services provided

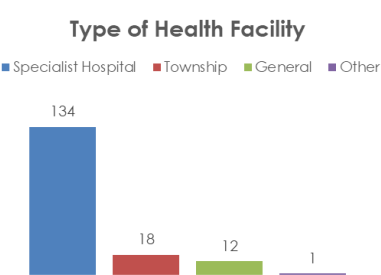
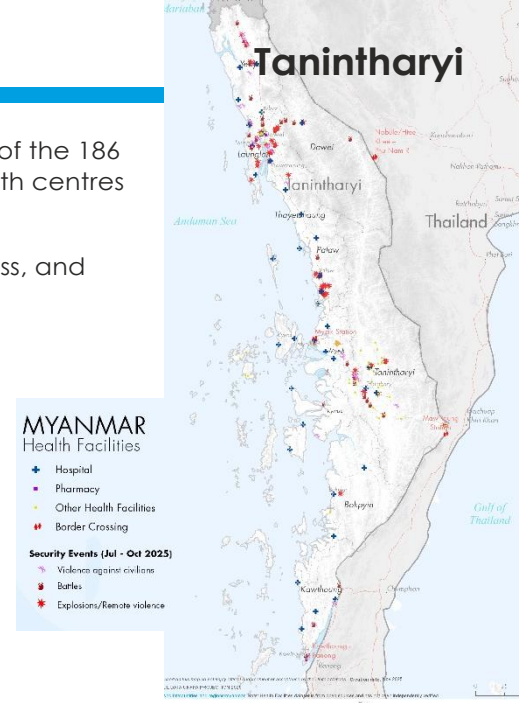


The survey results provided additional information on 165 health facilities (with 21 out of the 186 entries found to be invalid), out of the total 1,265 public hospitals and over 2,000 health centres existent in Myanmar, as per publicly available statistics.

The aim of the survey was to collect updated information on levels of damage, access, and services provided, while maintaining anonymity of respondents.

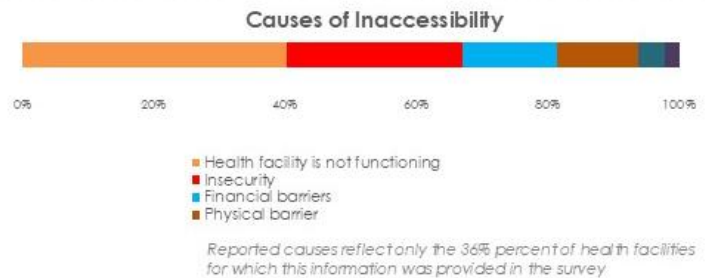
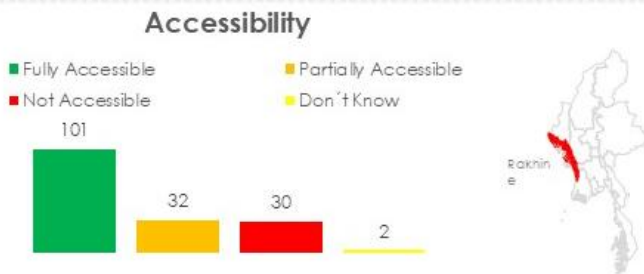
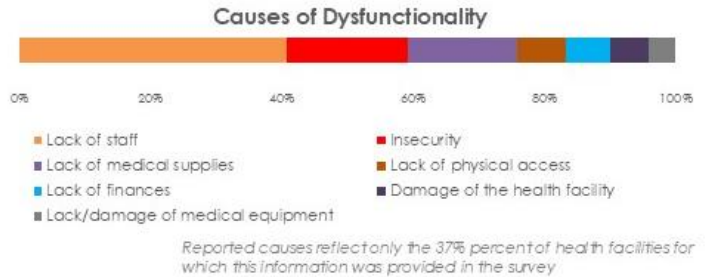
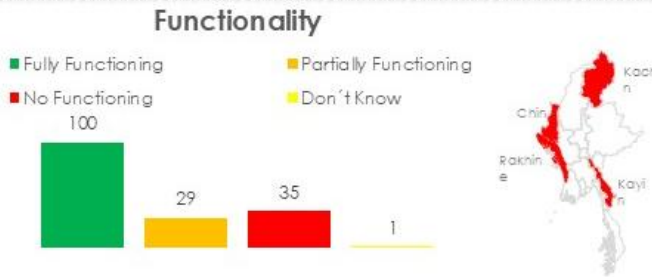
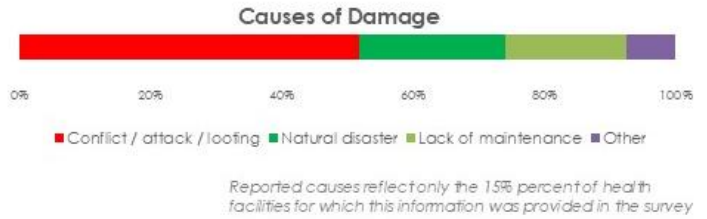
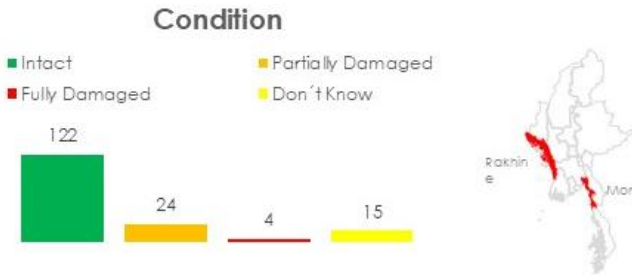
For each state/region, a map was created showing the presence of health facilities overlaid with population figures (latest UNFPA projections based on 2014 census), as well as with security events, showing a consistent proximity of violent attacks to health facilities.

For example, as can be seen on the map on the right, the location of explosions and battles in Tanintharyi, as per publicly available information, is consistently close to the location of health facilities.

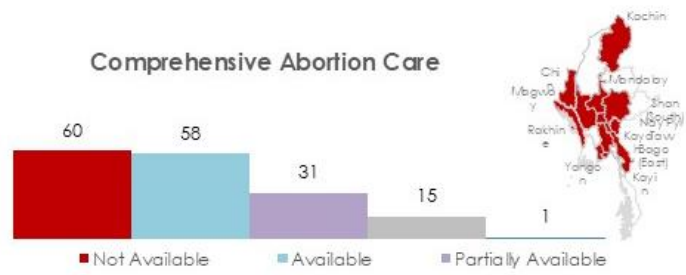
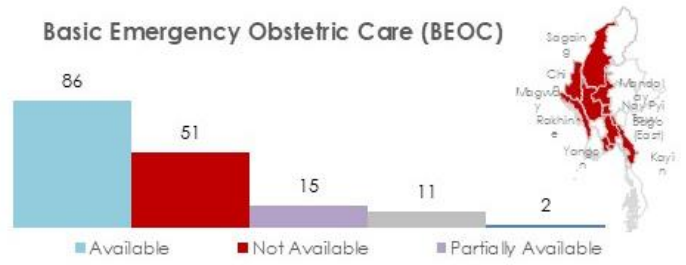
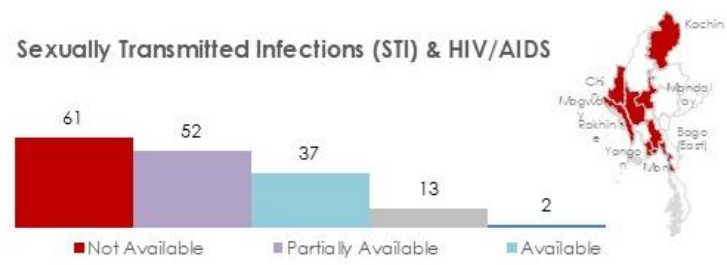
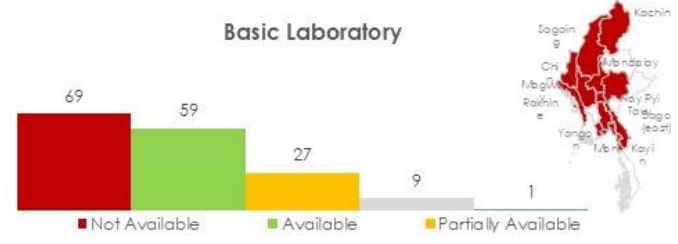
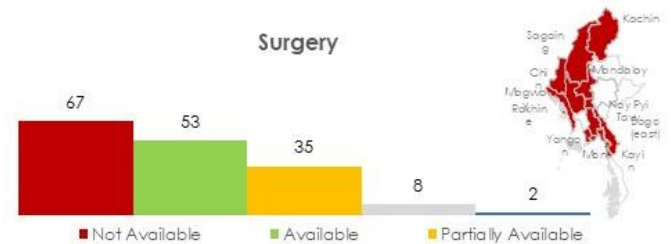
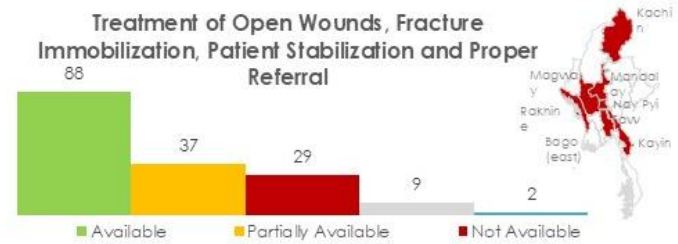
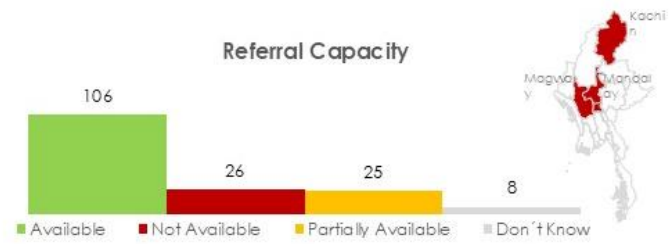
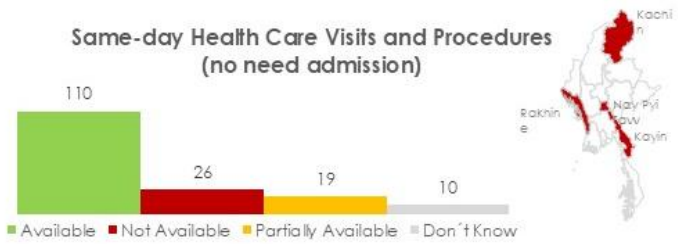


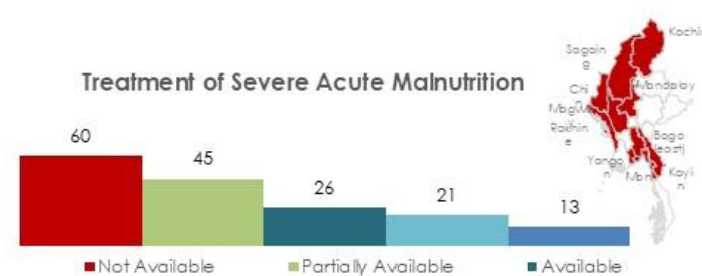
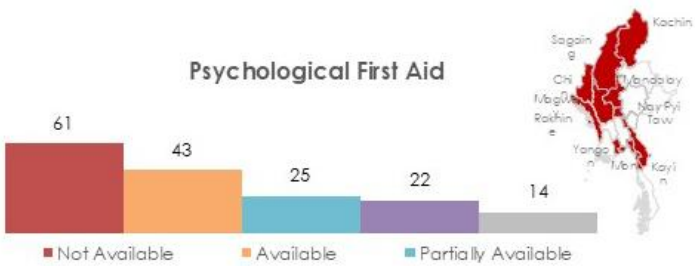
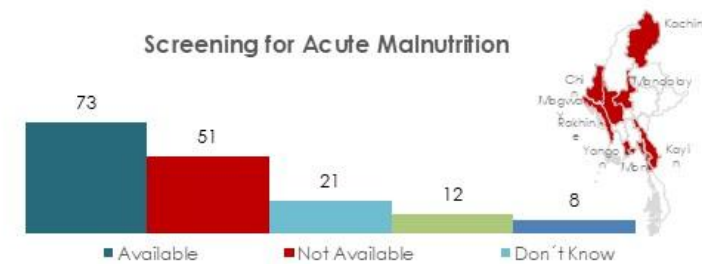
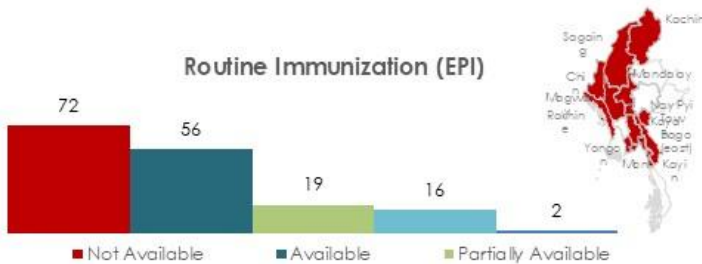
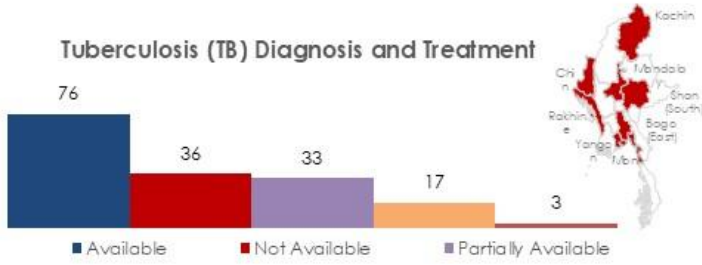
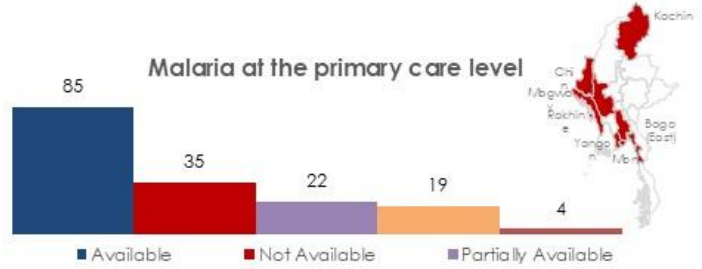
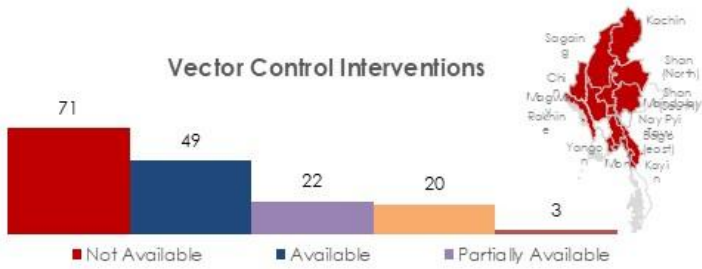
The majority of survey responses contained information on specialist hospitals (81%), mostly in Rakhine (36%), followed by Mon (16%) and Yangon (12%).

Out of the 165 entries, the majority represented fully functional and accessible (61%), and intact (74%) health facilities. Conflict and insecurity were reported as the causes for health facilities to be either fully damaged or not functional. Particularly in Rakhine, access to health care was reported as a major issue.



The below graphs reflect the survey findings from the 165 entries, showing that many life-saving health services are not available in large parts of the country. In particular, laboratory services, surgery, management of Sexually Transmitted Infections and HIV/AIDS, Comprehensive Abortion Care, vector control, routine immunization treatment of severe acute malnutrition, and psychological first aid are scarce.





For the full report, including high resolution maps, please see: https://drive.google.com/file/d/1J_XjBACWyerziwDC-bOwa7wul-DkrUbr/view?usp=sharing

Challenges

- **Intensifying conflict and access restrictions** are increasingly impeding availability of lifesaving medicines throughout Myanmar, most notably in Rakhine and Northern Shan.
- **Alarming increase in preventable disease outbreaks** as a direct result of decreased humanitarian interventions on WASH, shelter, food and nutrition caused by funding constraints.
- **Increasing food shortages leading to chronic and acute malnutrition** are negatively impacting health outcomes in the middle to longer term
- Reliance on local procurement of pharmaceuticals is contributing to **Anti-Microbial Resistance (AMR)** with partners potentially buying poor-quality medicines from unreliable suppliers.

Next steps

- A second phase of the **Health Facility Functionality Survey** is planned pending the availability of expert Information Management Officer. The first phase has shown the methodology is suitable to collect valuable information from partners while safeguarding partners' anonymity.
- Ongoing recruitment of pharmacist to resume the **market survey** to provide health partners with relevant information on reliable pharmaceutical supplies in Myanmar, to facilitate the procurement of good quality medicines.
- Planning for **prepositioning of medical supplies** with health partners in strategic locations for rapid deployment in case of disease outbreaks.
- **Post-rape Treatment kits (IARH kit 3) are currently available in selected locations. Partners providing services are encouraged to contact UNFPA if they require these commodities, and support will be provided based on identified needs**

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)