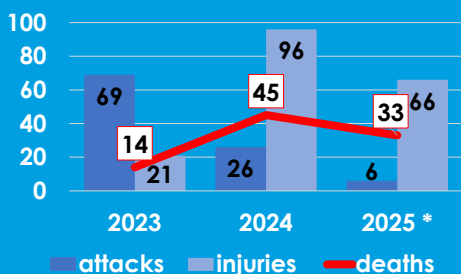
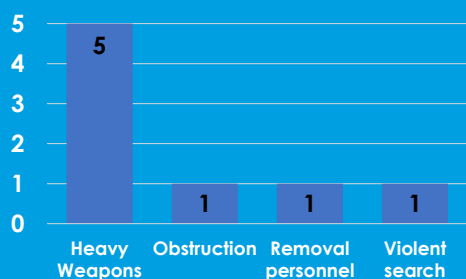


## Significant increase in deadly attacks on health care



## Types of attacks recorded \*

between 1 January and 28 February 2025



\* Between 1 January and 28 February 2025

Source: Surveillance System for Attacks on Health Care (SSA)

## Highlights

- **Devastating impact of US funding cuts** on partners' ability to deliver life-saving health services inside Myanmar, but also in the border areas with Thailand, where large number of Myanmar refugees no longer have access to health care.
- **Zero additional funding commitments** for health cluster partners towards the 2025 Humanitarian Needs and Response Plan for Myanmar since 1 January 2025
- Continuing **Acute Watery Diarrhoea (AWD)** outbreaks in 9 out of 17 States, with media reporting active outbreaks in 5 States, including Yangon (See [Epi Bulletin](#) for details). Health and WASH cluster partners are closely collaborating to rapidly respond to any alert which might indicate a potential cholera outbreak.
- Lack of access to clean water contributing to a significant increase in reported **skin infections** and possible **scabies** cases, particularly in crowded settings.
- **Malaria** remains a major concern throughout the country, aggravated by chronic shortages of malaria supplies including insecticide-treated nets and interruption of vector control interventions to reduce the mosquito population.
- **Water-borne and vector-borne diseases are only expected to further expand during the upcoming rainy season.**
- Lack of access to **leprosy** treatment is impeding many health partners from providing relevant medicines to this disabling disease. Without the adequate treatment leprosy may cause progressive and permanent disabilities.
- Limited vaccine availability is resulting in a steady decline in vaccination coverage, with around 1.2M children under 5 never receiving any vaccination, increasing the risk of vaccine-preventable diseases such as **measles, diphtheria, and whooping cough**, and the potential reemergence of **polio**.

## Health cluster action

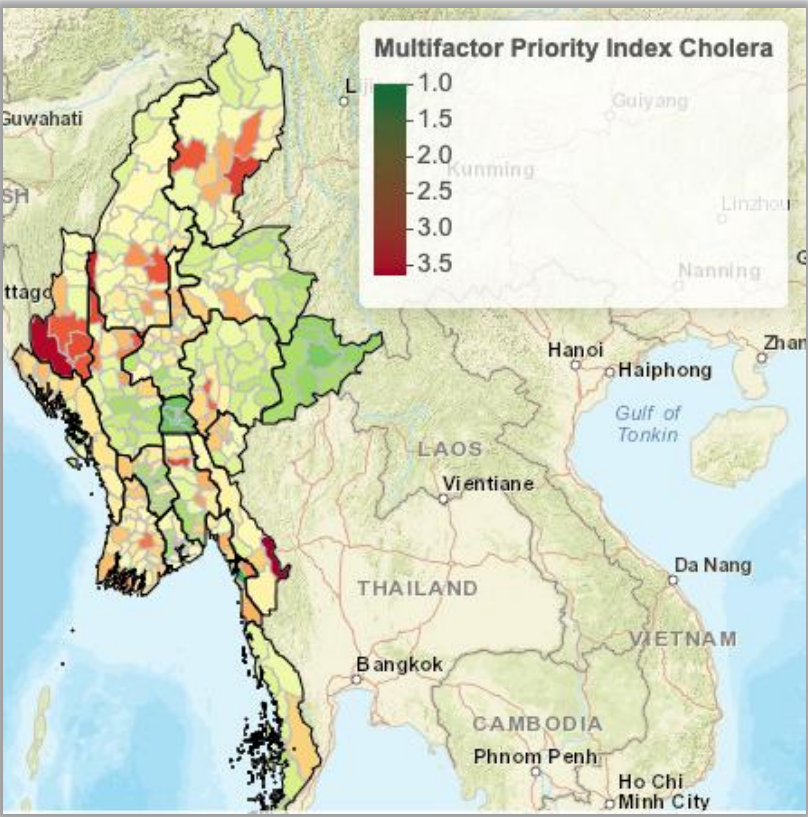
### Acute Watery Diarrhoea (AWD)

- Since the start of the outbreak in June 2024, 9 out of 17 States have reported AWD/cholera cases in Myanmar, with media sources showing concerning diarrhoea outbreaks currently ongoing in 5 States, including in Yangon.
- Health partners were instrumental in preventing AWD/cholera from further spreading in Northwest Myanmar in response to alerts received about a spike in diarrhoea cases in Chin and Rakhine states. WHO mobilised necessary supplies to partners, for rapid outbreak verification and control measures, effectively controlling the spiralling AWD/cholera outbreaks.
- The Myanmar Red Cross Society (MRCS) trained 30 volunteers on health and hygiene promotion to disseminate key messages on AWD in 3 townships in Yangon, and is supporting with the distribution of soap, Oral Rehydration Sachets (ORS) and water purification tablets to prevent further spread of AWD cases.
- Twenty hotspot townships throughout Myanmar have been categorised at high risk of cholera, thanks to a multifactor priority index assessment conducted by WHO.
- Thanks to joint health and WASH response planning exercises, Standard Operating Procedures (SOP) have been agreed upon and have shown their effectiveness in identifying operational partners in areas affected by AWD/cholera to support them with training, supplies, and IEC materials. In areas where no health or WASH partners are operational, partners from other clusters step in.
- Joint health and WASH trainings and response planning exercises are prioritizing partners operational in the 20 hotspot townships.

## WHO South-East Asia Region Epidemiological Bulletin 10 to 23 February 2025



Cholera hotspot townships in Myanmar  
28 January 2025



|    | Township   | District  | Region/State |
|----|------------|-----------|--------------|
| 1  | Paletwa    | Matupi    | Chin         |
| 2  | Myawaddy   | Myawaddy  | Kayin        |
| 3  | Kale       | Kale      | Sagaing      |
| 4  | Waingmaw   | Myitkyina | Kachin       |
| 5  | Oktwin     | Taungoo   | Bago (East)  |
| 6  | Kanpetlet  | Mindat    | Chin         |
| 7  | Matupi     | Matupi    | Chin         |
| 8  | Mindat     | Mindat    | Chin         |
| 9  | Hpakant    | Mohnyin   | Kachin       |
| 10 | Gangaw     | Gangaw    | Magway       |
| 11 | Yesagyo    | Pakokku   | Magway       |
| 12 | Sittwe     | Sittwe    | Rakhine      |
| 13 | Kanbalu    | Kanbalu   | Sagaing      |
| 14 | Myaung     | Sagaing   | Sagaing      |
| 15 | Pantanaw   | Maubin    | Ayeyarwady   |
| 16 | Injangyang | Myitkyina | Kachin       |
| 17 | Nyaungshwe | Taunggyi  | Shan (South) |
| 18 | Labutta    | Labutta   | Ayeyarwady   |
| 19 | Pakokku    | Pakokku   | Magway       |
| 20 | Saw        | Gangaw    | Magway       |

Attacks on Health Care

Between 1 January and 28 February 2025, WHO's [Surveillance System for Attacks on Health Care](#) (SSA) recorded **6 attacks on health care** in Myanmar. Out of these attacks, 5 were by heavy weapons, causing a disproportional large number of deaths (33) and injuries (66), especially when compared to data recorded during 2024, with 26 attacks resulting in 45 deaths and 96 injured.

In the same time period, [Insecurity Insight](#) recorded **11 attacks on health care**, out of which 7 by explosive weapons (See map on the left).

See [interactive map on attacks on health care](#) from [Insecurity Insight](#)

See [latest report on attacks on health care in Myanmar](#) from [Insecurity Insight](#)



Acute PHIS Survey

The Global Health Cluster is asking partners to respond to an **anonymous survey** to improve the PHIS Standards **before 7 March 2025**:  
**Acute PHIS Survey – for Health Cluster Partners**



Public Health Information Services (PHIS) Standards

The Health Cluster organised a workshop for *health service mapping and outbreak surveillance exercise in South East Myanmar*, in Hpa'an on 26 February 2025, where key staff from 15 health partners were exposed to different public health information tools that are used by the Health Cluster, to identify gaps in health service delivery, as well as practical exercises on outbreak surveillance for conflict-affected, hard-to-reach, underfunded, and sensitive areas.

## Challenges

- **Many health projects halted because of US funding cuts**, directly affecting delivery of life-saving health services
- **Lack of access** to deliver life-saving supplies to populations in need
- **Severe shortages of medical supplies**, including pharmaceuticals, diagnostics (laboratory supplies and rapid diagnostics tests), vaccines, bednets, and other. Partners rely on local procurement of sometimes poor-quality medical products in the absence of list of pre-qualified suppliers.
- **Difficult access to provide refresher training in updated treatment protocols for health workers, including limited internet access which impedes online trainings.**
- **Serious lack of mental health specialists** in a context of increasing mental health needs due to psychological stress.

## Next steps

- **Updating of Monsoon Preparedness Plan for 2025**
- **Mapping training needs** for health partners based on the High-priority Health services for Humanitarian response (H3) Package that was developed in October 2023. This package defines a set of '*prioritized health interventions that can feasibly be delivered to populations affected by humanitarian crises*' in Myanmar. See for more information: <https://www.who.int/publications/i/item/9789240089440>
- **New Information Management Officers on board: Planning information management workshops at national and sub-national level** to enhance availability and quality of data from **ALL health partners, including those partners working on SRH, GBV, and MHPSS.**
- **New Pharmacist on board:** Working on adaptation of **WHO HQ Quality Assurance tool for locally procured pharmaceuticals** to Myanmar context. **Training for partners in the use of this tool is planned for March-April 2025.**

For health partners interested in receiving  
specific trainings on public health topics,  
including communicable diseases, please  
do reach out to the Myanmar Health Cluster  
at [mmr-healthcluster@who.int](mailto:mmr-healthcluster@who.int)

### 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)