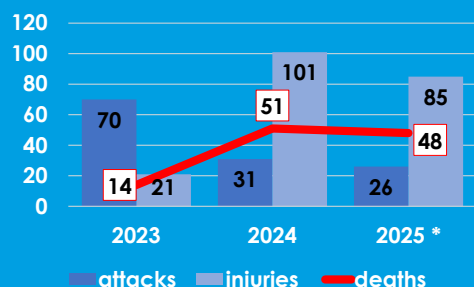
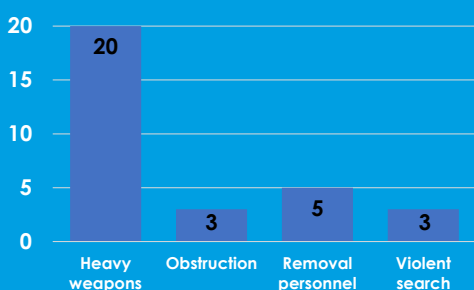


Significant increase in deadly attacks on health care



Types of attacks recorded *



* Between 1 January and 30 June 2025

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

Highlights

- Three months after the devastating **earthquake**, 61% of the target population in need of humanitarian health services has reportedly been reached (over 290,000 people) in 59 townships affected by the earthquake. This reflects 66% funding received of the amount requested for earthquake-specific activities.
- Worsening security situation resulting in significant increase in deadly **attacks on health care**, from 6 attacks reported on 28 February 2025 to 26 on 30 June 2025, leading to 48 health workers killed and 85 injured. Data collected by the UN human rights office **OHCHR** shows over 600 military strikes recorded since the earthquake on 28 March 2025.
- Alarming increase in **dengue** and **malaria** cases with many partners requesting supplies for diagnostics and treatment. The increase is expected as dengue cases usually show a strong seasonal pattern, with outbreaks often peaking during or after the rainy season.
- Joint health/nutrition/WASH **Acute Watery Diarrhoea** Action Plans have been updated in all 4 sub-regions of Myanmar as part of Monsoon Preparedness. Prepositioning of supplies is ongoing.
- Surge in **COVID-19** cases in Bangladesh, India, Myanmar and Thailand, with up to 60 cases per week reported from Myanmar, mostly from Yangon, where testing is concentrated. Existing COVID-19 guidance remains valid, available [here](#).
- Heightened risk of outbreaks of vaccine-preventable diseases like **measles and polio** in view of low immunization coverage combined with crowded conditions in temporary settlements and poor hygiene.
- Preparations ongoing for **2026 Humanitarian Needs and Response Plan**, focusing on more community voices and local partner input.

Health cluster action

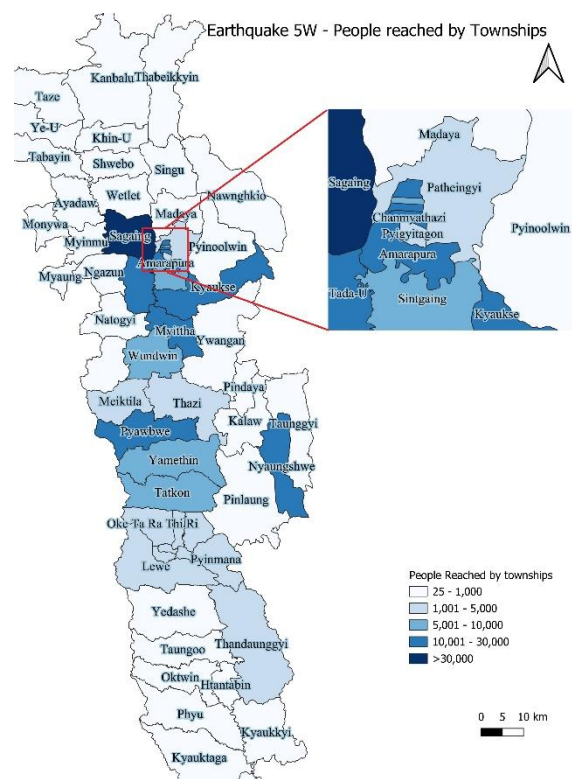
Earthquake Response

Out of the total of 292,128 people reached with health services in earthquake affected areas, the majority were in Mandalay (62%), followed by Sagaing (22%), and Nay Pyi Taw (11%). Out of these, almost 25,000 women were reached with essential Sexual Reproductive Health services since the start of the earthquake response.

Analysis of assessments conducted in accessible earthquake affected areas shows that mobile clinics were the most important means to reach people with health services, in spite of an increase in scrutiny by health authorities. People in need of specialised secondary health care were able to access referral services in nearby hospitals.

Poor environmental sanitation and inadequate waste management is increasing the risk of outbreaks of water-borne and vector-borne diseases, particularly in overcrowded areas.

A more integrated approach with other clusters is recommended to combine the dissemination of health education message with distributed of relief items.



Sexual Reproductive Health

Thanks to the United Nations Population Fund (UNFPA), over 20,000 Dignity Kits and Women Essential Items were distributed to women and girls in earthquake-affected areas, while over 1,100 Clean Delivery Kits were distributed to pregnant women. All these kits were also distributed to persons with disabilities.

Disability Inclusion

Thanks to thorough analysis of data collected before and after the earthquake, people with a disability were found to have significantly higher health needs than reported. After the earthquake, 27% of households with members with a disability reported that they could not access health care, due to money, damaged health facilities and blocked roads (UNICEF). Mobile clinics were often not accessible for persons with disabilities (MIRA).

Many people with a disability lack appropriate shelter, reporting increased exposure to heat, rain, safety concerns, and inaccessible WASH facilities. Women children, and older persons with disabilities report increased exposure to gender-based violence and increased isolation, leading to additional (mental) health needs. *Humanitarian responses must be disability-inclusive and gender- and age-sensitive to ensure equitable access to protection and services.*



Pregnant women in earthquake-affected communities in Mandalay receive UNFPA's clean delivery kits and women's essential items (Source: [UNFPA](#))

MHPSS training



Saturdays from 6 to 8 pm
5, 12, 19, 26 July 2025
Register [here](#)

Clay Workshop



Sundays from 2 to 4 pm
13, 27 July 2025
Register [here](#)

Mental Health and Psychosocial Support (MHPSS)

UNFPA's support also covered almost 22,000 people with integrated gender-based violence and MHPSS services.

To rebuild mental health resilience in earthquake affected communities, the **Counselling Corner** is offering MHPSS support and outreach. A new mental health centre was recently opened in Mandalay, providing trauma-informed care and a safe space for healing, including confidential individual and group counselling, community outreach and stigma reduction. The centre will serve as a long-term support system for communities, families, and the working population.

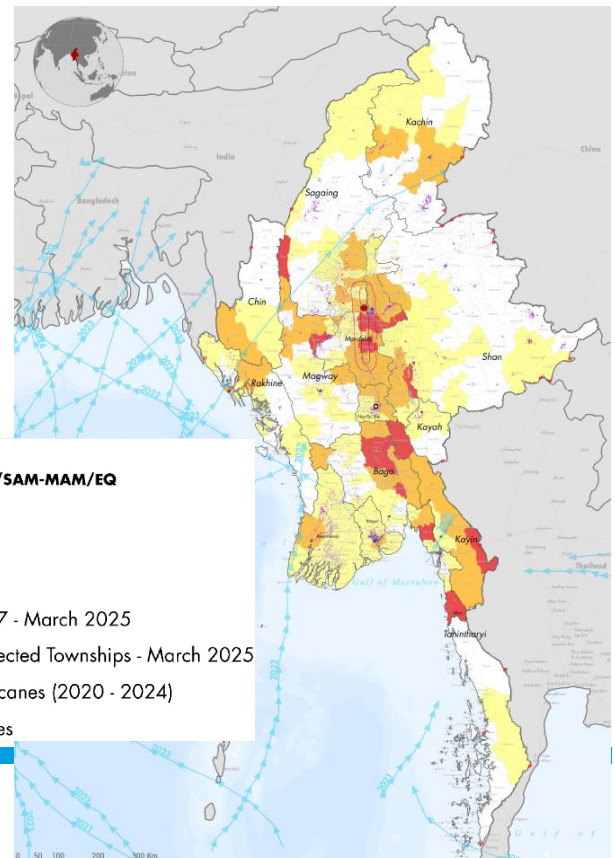
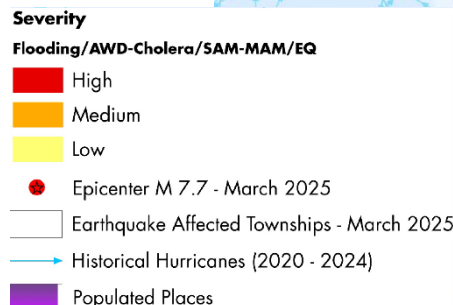
The **Counselling Corner** also provides free trainings and supervision for local counsellors, as well as other trainings (see left)

Monsoon Preparedness

Jointly between WASH, nutrition and health clusters, a multi-crisis severity map was produced, to highlight high-risk townships in Myanmar for key risks related to monsoon hazards, using multiple data sources, including flood-proneness (MIMU), affected by the recent earthquake (OCHA), AWD/Cholera risk (WHO), and Severe and Acute Malnutrition rates (Nutrition Cluster).

The map aims to enable the prioritization of high-risk townships for enhanced preparedness to respond to acute situations, including the prepositioning of essential supplies, to address WASH, nutrition, and health-related needs.

This map serves as a living document, while updated data are being collated, in particular on AWD/Cholera cases, which are all from 2024.



Challenges

- **Access restrictions and data sensitivities** are severely impeding the Health Cluster's ability to share relevant data with partners, including available health facility functionality data, in spite of strict adherence to data sharing protocols.
- Dependence on local procurement of pharmaceuticals is **increasing the risk of poor-quality drugs** in the absence of a list of prequalified suppliers. Delays with market assessment of 'reliable suppliers' and Quality Assurance training using WHO HQ's Good Storage and Distribution Practices (GSDP) tools are debilitating the Health Cluster from supporting partners with this type of key information.

Next steps

- For 5W data collection on Who is doing What Where and for Whom in the health cluster, separate earthquake related activities will now be integrated with regular quarterly 5W reporting. The Health Cluster is looking into increasing the reporting frequency from quarterly to monthly.
- Two more trainings pending for health cluster partners on **5W reporting**: Rakhine and Northeast.
- Planning for next meetings in first half of July 2025: Strategic Advisory Group, Epidemiological Technical Working Group and Physical Rehabilitation Working Group (for earthquake)

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)

