

Myanmar Humanitarian Needs and Response Plan (HNRP)

2025

PEOPLE TARGETED
2.4 M



PEOPLE REACHED
1.3 M* (53%)



USD REQUIRED
123 M



USD RECEIVED
31.5 M ** (26%)



TOTAL HEALTH
CLUSTER PARTNERS
148



REPORTING HEALTH
CLUSTER PARTNERS
47



Highlights

- 'Escalating military airstrikes, widespread civilian casualties and mounting evidence of war crimes' documented through 600 witness testimonies by the [Independent Investigative Mechanism for Myanmar \(IIMM\)](#).
- The number of deadly **attacks on health care** continues to rise, with 52 verified attacks, resulting in 83 deaths, reported by WHO's [Surveillance System for Attacks on Health Care](#) (SSA). This is already significantly higher than the 31 attacks on health care reported during 2024, which resulted in 51 deaths. [Insecurity Insight](#) reports 202 attacks between 1 January and 31 October 2025.
- Alarming increase in **malaria** cases in Chin, Kachin, and Sagaing, aggravated by the lack of preventative measures such as bednets and vector control. Severe shortages in testing and treatment are worsening malaria outcomes resulting in preventable deaths.
- **Skin infections** are reported from internally displaced people (IDP) camps in Kayah, Naypyidaw, Sagaing, and Tanintharyi, triggered by poor access to water and sanitation. Partners delivering health services in the camps report a lack of adequate medicines for effective treatment.
- Seven months after the devastating **earthquake**, 345k people have been reached in 59 townships with humanitarian health services, representing 76% of the target population, in line with 70% funding received of the amount requested for earthquake-specific health interventions. Thanks to available donor funding, health partners are able to continue to deliver health services in earthquake affected areas until 31 December 2025.
- According to [UNHCR](#), Sagaing hosts the largest number of **IDPs** in Myanmar, with 1.3 M out of the total 3.6M as of 20 October 2025.

* Data from 1 January-30 September 2025
** <https://fts.unocha.org/plans/1160/summary>

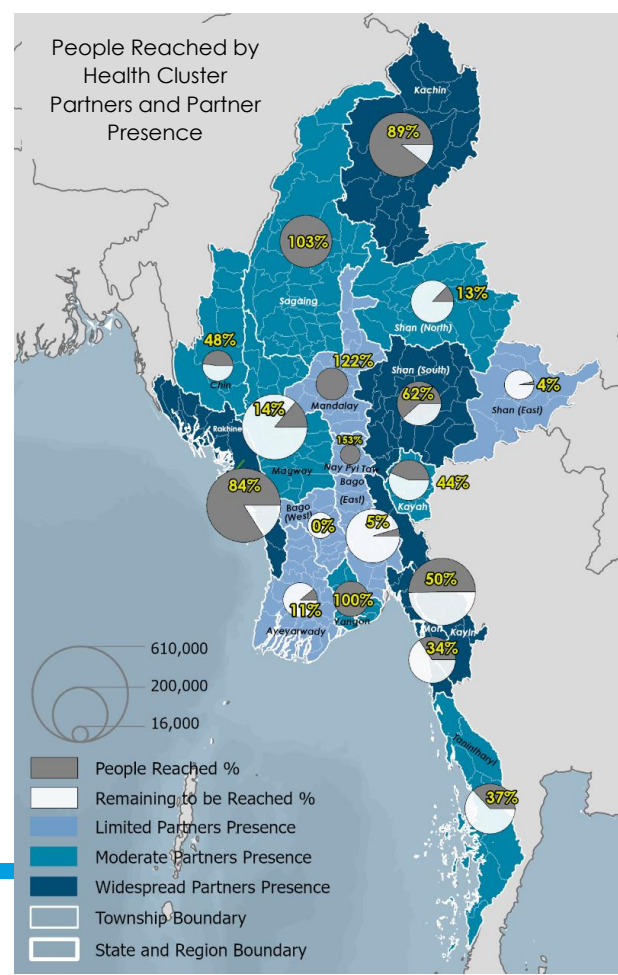
Health Cluster Action

The Health Cluster has identified 9.3M People in Need (PiN of humanitarian health services as part of the **2026 Humanitarian Needs and Response Plan (HNRP)**.

Out of the total 330 townships in Myanmar, only 227 townships will be included in the 2026 HNRP. These are townships affected by conflict and the 2025 earthquake, as well as large number of IDPs or returned IDPs, and high acute malnutrition. For health, 86 of the 227 townships are classified to have *extreme sectoral deprivations* (Severity Level 4), 106 townships with *elevated sectoral deprivations* (Severity Level 3) and 35 townships with *borderline and stressed sectoral deprivation* (Severity Level 2).

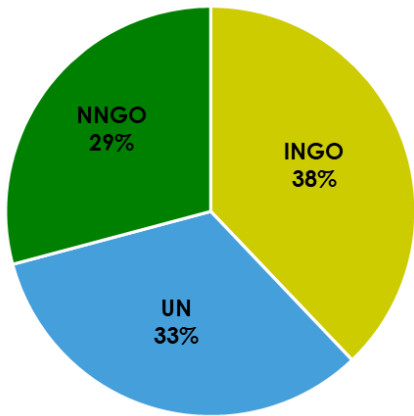
Because of an expected decline in funding availability, the Health Cluster believes it can realistically reach 2M people with humanitarian health services at an estimated cost of 92M USD, averaging 46 USD per beneficiary. The number of people the Health Cluster aims to target reflects 22% of the total PiN.

Compared with 2025, this represents a 3% decrease in PiN, a 22% reduction in the targeted population, and a 29% decrease in funding requirements.

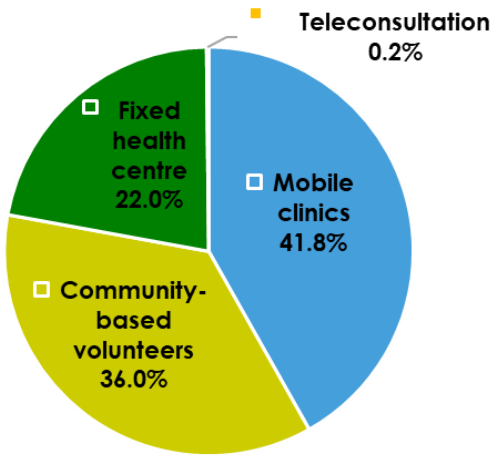


Health Service Delivery

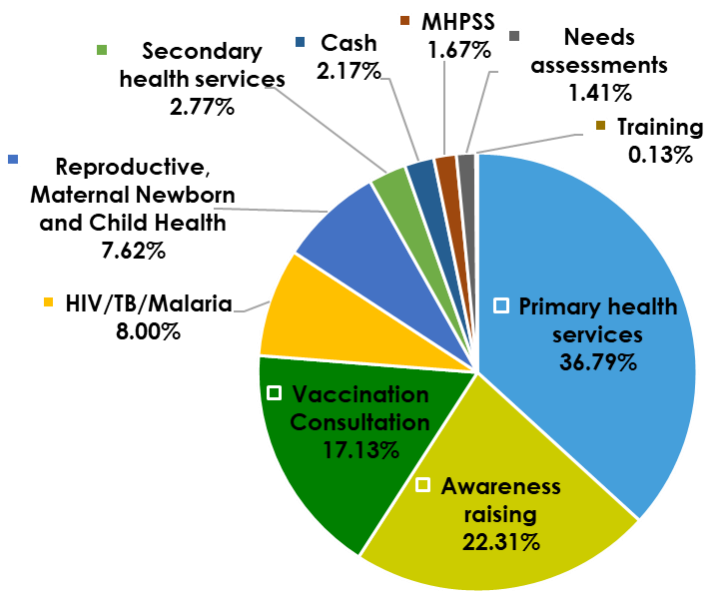
% of people reached by type of organization
1 January-30 September 2025



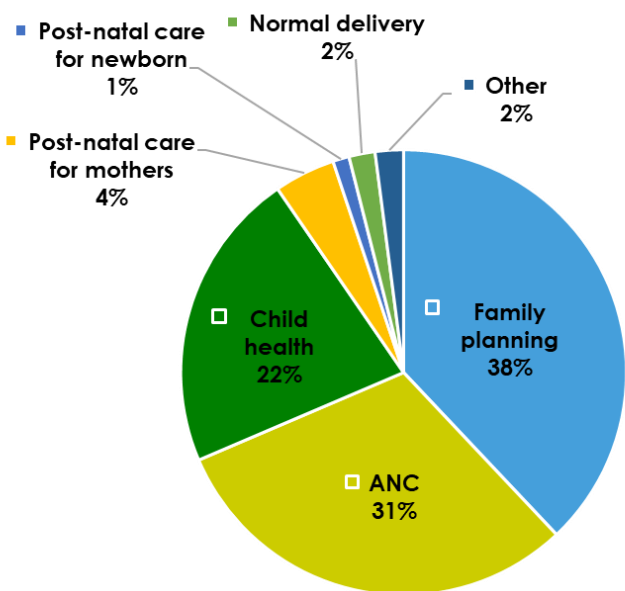
% of people reached by modality of delivery
1 January-30 September 2025



% of people reached by type of health intervention
1 January-30 September 2025



% of people reached by type of Reproductive, Maternal Newborn and Child Health intervention
1 January-30 September 2025



Sexual Reproductive Health (SRH)

As a collaborated effort between UNFPA and WHO, a two-day integrated training on Syndromic management of sexually transmitted infections (STIs) and safe Gender Based Violence (GBV) referrals was conducted on 27-28 October for over 20 health partners in Magway.

Challenges

- **Access restrictions** are severely impeding availability of lifesaving medicines throughout Myanmar, but particularly in areas affected by active conflict like Rakhine and Northern Shan.
- The [Independent Investigative Mechanism for Myanmar](https://iimm.un.org/en/80th-session-third-committee-general-assembly) (IIMM) reports on escalating international crimes in Myanmar, including torture, sexual violence, and summary executions by both military and opposition groups, with over 600 witness testimonies collected. IIMM is investigating the increase in airstrikes on schools, hospitals, homes, and places of worship. <https://iimm.un.org/en/80th-session-third-committee-general-assembly>

Next steps

- The **Cluster Coordination Performance Monitoring** (CCPM) exercise will be launched at national and sub-national level. Information sessions will be conducted in relevant health cluster meetings.
- Plans 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.
- Updating of the **Myanmar Health Cluster Strategy 2026-2027** is ongoing
- Health Cluster focusing on the establishment of **health cluster co-coordinators through NGO partners** at sub-national level, as part of the 2026 HNRP
- Partners preparing **Myanmar Humanitarian Fund** (MHF) aimed at delivering health services in priority areas.

The Health Cluster wants to express sincere appreciation to all health partners for their contributions to the quarterly 5W report.

All data will be managed in line with the Health Cluster's strict **data and information management protocols**.

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)