

MYANMAR

People in need of health assistance¹

12.9 MILLION

People targeted for health assistance¹

2.4 MILLION

Funding requirement

US\$ 7.6 MILLION

CONTEXT

The humanitarian crisis in Myanmar is driven by escalating conflict, natural disasters due to increasing climate related risks and high vulnerability, epidemics such as cholera, and economic collapse. This protracted humanitarian crisis has hindered the resilience and response capacity of the health sector, which was already strained by limited resources including, but not limited to, shortages of human resources and infrastructure challenges. The significant population displacement compounded by the interruption of services underscores the extent of the need, with 19.9 million people requiring humanitarian assistance – including 6.3 million children. The lack of access to basic health care as a result of damage and destruction of health facilities, direct attacks on health facilities and the lack of trained health workers has left 12.9 million people in need of humanitarian health assistance. Women, children, the elderly and people with disabilities have been disproportionately affected, facing heightened barriers to accessing care.

Approximately 433 attacks on health care were reported between 2021 and October 2024, and in the 2024 INFORM Risk Index Myanmar is ranked as very high risk, with an overall score of 9 out of 10 for all hazards and exposures. The risk of violence against civilians, the scale of the ongoing conflict and the number of active non-state armed groups continue to pose a severe risk, and floods in 2024 have destroyed crops, farmlands and livestock, affecting the lives and livelihoods of thousands of people.

In addition to conflict and climate-related shocks, 25 million people are estimated to be living in poverty and seven states and regions across Myanmar are affected by cholera outbreaks. The context in Myanmar continues to grow more and more complex, and the multi-layered, protracted emergency continues to cause deteriorations in the health situation across the country.

¹ Humanitarian Needs and Response Plan for Myanmar 2025



Partner's flood responses in Bago East Region.
Photo credit: Dr Kaung Htet

WHO'S STRATEGIC OBJECTIVES

1. **Strengthen early detection and response capacities for outbreaks**, including border-based collaboration for disease surveillance and reducing response time by 50%.
2. **Enhance dissemination of information** related to public health emergencies among concerned stakeholders, increasing data-sharing by 30%.
3. **Advocate for the protection of health care workers and facilities**, reducing attacks by 75%.
4. **Improve access to health care** in conflict areas and prisons, reaching an additional targeted 500 000 people.
5. **Support pandemic influenza preparedness activities**, targeting 100% sample testing.

Snake bites are common in our village, and reaching the township hospital can take over four hours, especially with the ongoing conflict. Recently, a man and a five-year-old girl died because we didn't have anti-snake venom. Now, we can provide immediate, life-saving treatment before referral. This critical support can save lives that would otherwise be lost.

Primary health care facility worker in ThinTaw Village, Kanbulu Township, Sagaing Region



Partner's emergency distribution of dignity kits to affected woman during flood in Bago East Region. Photo credit: Dr Kaung Htet

WHO 2025 RESPONSE STRATEGY

In 2024, WHO Myanmar worked in collaboration with technical teams and implementing partners, including local partners, to reach approximately 47 000 people in the most vulnerable areas of the country through strategic outreach. WHO also prioritized implementing event-based surveillance as part of the Early Warning Alert and Response System to ensure early detection and timely response to acute public health emergencies, particularly in conflict-affected regions. This system facilitated swift responses to disease outbreaks, including cholera. Collaboration with partners enabled effective cholera case management, oral cholera vaccination and water, sanitation and hygiene (WASH) interventions. By strengthening surveillance and response systems, WHO ensured timely data sharing and coordinated action with relevant stakeholders. Additionally, WHO enhanced the capacity to detect, assess and respond to public health risks including mpox. Through regular coordination with national focal points, WHO supported early notification and reporting of health threats. To mitigate pandemic and epidemic risks, WHO advanced the Pandemic Influenza Preparedness Program by supporting influenza-like illness and severe acute respiratory infection surveillance, improving laboratory diagnostic capacity for zoonotic and seasonal influenza and enhancing risk communication for managing acute health threats. These efforts protected vulnerable populations by preventing the emergence and re-emergence of high-threat pathogens.

In 2025, WHO's objectives are to prevent, prepare for and mitigate risks from all hazards and to rapidly detect and respond to health emergencies effectively. WHO will enhance early warning surveillance systems nationwide for rapid detection and response to public health emergencies. This includes establishing laboratory diagnostic capacities to detect emerging infectious diseases. Essential health services will be maintained through strategic support for health care in conflict-affected areas, including prepositioning critical medical supplies. Effective control measures will be implemented to reduce the morbidity and mortality of ongoing cholera outbreaks and prevent spillover into conflict zones. These efforts will be delivered through border-based cooperation and crossline approaches, aligned with the UN Country Team's strategy.

Local communities remain central to WHO's approach, recognizing them as frontline responders to health emergencies. In 2025, WHO will deepen engagement with local partners to leverage their contextual knowledge, networks and community trust. Strengthening community-based preparedness, response and resilience will empower communities to protect themselves and their livelihoods. Key initiatives will include community-based public health surveillance, risk communication and infodemic management to combat misinformation. By ensuring equitable access to essential services and fostering whole-of-society engagement, WHO aims to build resilient health systems that respond to Myanmar's most vulnerable populations. Additionally, WHO will enhance high-level advocacy to address attacks on health care, restore the safety of health workers and ensure safe access to health care services for the people of Myanmar.

OPERATIONAL PRESENCE

WHO has a workforce of 256 in Myanmar, including 14 international staff, 62 national staff and 180 WHO personnel operating in Yangon and Nay Pyi Taw and in 16 other locations.

WORKING WITH PARTNERS

In Myanmar, WHO remains the lead health cluster agency. To date, the health cluster comprises 66 partners, including 10 donors, 25 international NGOs, 17 national NGOs, 8 observers and 6 UN organizations. Moving forward, in 2025, the health cluster will identify co-cluster partners in alignment with the inter-agency and inter-cluster commitment to strengthen localized approaches to the emergency readiness and response.



A WHO team conducted outreach on fisherman boats in Mon State to prevent the spread of cholera and ensure the health and safety of local communities.
Photo credit: Dr Kaung Htet

KEY ACTIVITIES FOR 2025

- **Sustain lifesaving and essential health services** for approximately 250 000 people in conflict-affected areas by:
 - Ensuring basic health care, including sexual and reproductive health, family planning, and emergency obstetric care, through mobile clinics, static health facilities, and teleconsultations.
 - Prepositioning essential medical supplies, including those for malaria.
 - Supporting emergency referral mechanisms.
- **Enhance emergency preparedness, readiness, and response** through contingency stockpiling and capacity building for health responses during emergencies such as armed clashes, disease outbreaks, and climate events.
- **Strengthen trauma and emergency response** by improving capacity for mass casualty incidents in health facilities in conflict-affected areas.
- **Establish laboratory diagnostic capacity in additional areas** for early detection and response to emerging and re-emerging infectious disease outbreaks.
- **Enhance early warning surveillance systems nationwide** to enable consistent data sharing among concerned stakeholders.
- **Strengthen cross-border collaboration among UN agencies and humanitarian partners** to address multi-domain challenges in Myanmar by:
 - Streamlining procurement processes for commodities not available on the local market.
 - Enhancing knowledge sharing.
 - Harmonizing health strategies.
- **Strengthen disease surveillance, laboratory confirmation, and outbreak response** while building capacity and advocating for improved access and coordinated action in conflict-affected areas.
- **Explore engagement with the private sector**, including civil society organizations, to unlock resources and develop innovative solutions for addressing health challenges. Clear avenues and mutually agreeable approaches must be identified to ensure alignment with health priorities and ethical standards.
- **Build capacity for local partners** by delivering robust technical training, tailored guidelines, and stringent quality assurance mechanisms to provide equitable, lifesaving, and emergency health care services to vulnerable populations in conflict-affected areas.
- **Continue advocacy for increased access to quality health services** through mobile clinics, static health facilities, and teleconsultations, with a strong focus on sexual and reproductive health services and inclusion of people with disabilities and older people.
- **Improve the quality of, and access to, data** for needs analysis and informed decision-making.
- **Enhance sub-national coordination** through the establishment of health cluster coordinators from NGO partners.
- **Strengthen the role of local NGOs** by supporting the development of a Myanmar health cluster localization strategy.

Your provision of medicine supplies and treatment guidelines for acute watery diarrhea and acute respiratory infections has been invaluable in controlling outbreaks in the internally displaced persons camps of Shan South State. Your kindness and support have brought hope and healing to our vulnerable communities. We are deeply grateful.

Religious leader, Pekhon

ACHIEVEMENTS IN 2024

ENSURING THE MOST VULNERABLE POPULATIONS RECEIVE THE CARE THEY NEED



WHO team field visit to the Acute Gastroenteritis Ward (where AWD patients treated) at Yangon General Hospital, Yangon Region.
Photo credit: Dr Yin Yin Mon

In Myanmar, ongoing conflict has severely impacted the health system, leaving many communities in conflict-affected and remote areas with very limited access to essential health services. Hypertension and diabetes are the most prevalent non-communicable diseases (NCDs) causing cardiovascular complications like stroke and myocardial infarctions, resulting in premature mortality and morbidity, particularly among people living with tuberculosis, HIV and individuals struggling with substance abuse. These vulnerable populations are often left behind and have limited access to screening and treatment, worsening their health outcomes and quality of life in an already difficult environment and conditions.

To promote resilience among communities, WHO Myanmar supported efforts to bring health care to hard-to-reach and conflict-affected areas. WHO partnered with local organizations to deliver NCD preventative and curative services through community-based solutions. Inspired by a people-centred approach, NCD services including screening, diagnosis, treatment and patient follow-up were implemented. The project also integrated NCD services into the existing harm reduction and community health programs.

The initiative covered 15 townships across Kachin, Shan North and Sagaing regions, reaching internally displaced persons (IDPs), host communities and migrant workers. Through community prevention workers, mobile clinics and static health posts, the project provided screening, diagnosis and health education to 37 260 individuals for hypertension and diabetes, with 6959 people receiving essential treatment. These efforts have dramatically improved access to health services in underserved areas. For many, this project offered the chance to receive health care for chronic conditions such as hypertension and diabetes and provided essential mental and psychosocial support as an integral part of emergency response.

Despite challenges including conflict, difficult terrain and market fluctuations, the project adopted strategic partnerships and joint innovative solutions including building relationships with local supplies, employing flexible transportation routes and prioritizing safety.

FOR MORE INFORMATION

Dr Thushara Fernando, Country Representative, fernandot@who.int

Ms Elena Vuolo, Deputy Country Representative, vuoloe@who.int



Dignity kits distribution by partners at Shin Yaw Han Church, Taungoo township, Bago Region.
Photo credit: Dr Kaung Htet



A field visit to Thein Daw Hla monastery camp, Taungoo township, Bago Region.
Photo credit: Dr Kaung Htet

2025 FUNDING REQUIREMENTS

MYANMAR HUMANITARIAN CRISIS EMERGENCY RESPONSE PILLAR

FUNDING REQUIREMENTS (US\$ '000)

Collaborative surveillance	50
Surveillance, case investigation and contact tracing	50
Community protection	150
Risk communication and community engagement	50
Travel, trade and points of entry	50
Vaccination	50
Safe and scalable care	50
Essential health systems and services	50
Access to countermeasures	6560
Operational support and logistics	6560
Emergency leadership	763
Leadership, coordination, PSEAH and monitoring	763
Grand Total	7573