

# MYANMAR

People in need - Health<sup>1</sup>

**9.3 MILLION**

People targeted - Health<sup>1</sup>

**2 MILLION**

Funding requirement

**US\$ 12.6 MILLION**

<sup>1</sup> Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026

## CONTEXT

Myanmar continues to grapple with the compounded effects of protracted armed conflict and recurrent natural disasters, including earthquakes, floods and cyclones. As of October 2025, these multiple and overlapping crises had displaced more than 3.6 million people internally (IDPs), leading to one of the most complex humanitarian emergencies in the region. According to the 2026 Humanitarian Needs and Response Plan (HNRP), an estimated 9.3 million people across the country are in urgent need of essential health services. Notably, 74% of people in need have been severely affected by recent shocks, particularly the devastating earthquake in March 2025 and ongoing armed conflict. IDPs account for 22% of those requiring assistance, while the remaining 4% include returnees, resettled and locally integrated IDPs, and non-displaced stateless populations.

Vulnerable groups, especially women, children, older persons, individuals with disabilities and those experiencing mental health challenges, face significant barriers to accessing even the most basic healthcare. Without immediate and sustained support, their health and well-being remain at critical risk. The Multi-Sector Needs Assessment (MSNA) highlights the most pressing obstacles to healthcare access: 52% of the population cite financial constraints as the primary barrier, followed by 29% who report the absence of nearby functional health facilities and 6% who face a lack of adequate treatment options. Between January and mid-October 2025, WHO's Surveillance System for Attacks on Health Care (SSA) recorded 50 verified attacks, resulting in 83 deaths and 132 injuries, representing a dramatic increase compared to 2024. These attacks have severely damaged healthcare infrastructure and disrupted the delivery of essential medical supplies and personnel. In addition to the immediate impacts of drones attacking hospitals and community clinics, these attacks continue creating fear among patients, their families and community health workers. Unfortunately, a consistent increase in restrictions on civilians and health providers throughout 2025 has disrupted their ability to carry even basic medicines and supplies, including gauze, bandages and analgesics.

The earthquake in March 2025 severely disrupted critical services for people living with disabilities. Over half (61%) lost access to electricity, 54% reported damaged or destroyed housing, and nearly 48% lacked safe drinking water. In 2025, only 60% of female-headed and 62% of male-headed households with disabilities reported receiving humanitarian assistance. Women reported higher rates of difficulty than men, with the largest gender gap observed in mobility: 21% of women reported difficulty walking compared to 14% of men.

The compounded effects of conflict and disaster have also intensified Myanmar's mental health crisis, exacerbated by displacement, loss of livelihoods and persistent insecurity. Myanmar ranks as the third most climate-affected country globally from 1993 to 2022 and is classified as very high risk for all hazards and exposures by the INFORM Risk Index Mid 2025. Access to basic health services is particularly dire in Rakhine and Kayah, where nearly half the population faces serious difficulties, while between 25% and 40% of residents in Kachin, Tanintharyi, Kayin, Northern Shan and Chin need humanitarian health assistance. Disease outbreaks are on the rise due to unsafe drinking water, inadequate sanitation and the interruption of routine health programmes. A nationwide cholera outbreak occurred between June 2024 and April 2025, malaria has resurged due to supply shortages and dengue fever continues to affect children under 15. Alarmingly, 1.5 million children under five have missed basic vaccinations since 2018, increasing the risk of measles and diphtheria and the possible re-emergence of polio.



A WHO health partner attends to a patient at Mandalay earthquake relief camp.  
Photo credit: WHO Myanmar

## WHO'S STRATEGIC OBJECTIVES

As the Cluster Lead Agency, WHO's strategic objectives are fully aligned with the 2026 HNRP to ensure a coherent, harmonized and principled approach:

- 1. Enhance access to life-saving health services:** Ensure the delivery of quality and inclusive healthcare for displaced, returned, stateless and other shock-affected populations.
- 2. Reduce excess morbidity and mortality:** Strengthen systems for timely detection, prevention and response to epidemic-prone and endemic diseases.
- 3. Promote coordination and accountability to affected populations:** Coordinate health partners to provide effective and equitable humanitarian health assistance, with a focus on transparency and community engagement.



*We care for people with chronic illnesses, pregnant women and those still recovering from injuries with the support of our partners like WHO. We also see deep mental health impacts; people are anxious and afraid of another earthquake. Some have lost family members. We offer what we can through providing Psychological First Aid, and we try to listen to them.”*

**A health partner giving essential health care services at one of the earthquake relief camps in Mandalay**



Emergency supplies from the Global Logistics Hub in Dubai reach Yangon.  
Photo credit: WHO

## WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In 2026, WHO is scaling up its leadership and coordination role in Myanmar, with a focus on emergency preparedness, workforce training, community engagement, water, sanitation and hygiene (WASH), infection prevention and control (IPC), antimicrobial stewardship and advocacy across prioritized high-risk townships. These efforts aim to strengthen the resilience of the health system and support the most vulnerable populations facing acute needs.

Due to significant funding constraints, WHO has been forced to prioritize operations and transition out of 13 townships, placing approximately 150 000 people at risk of losing access to essential health services. This reduction is expected to increase the risk of preventable deaths and disease outbreaks and place further strain on local partners and health infrastructure.

Myanmar's complex humanitarian situation, characterized by ongoing conflict, mass displacement and recurring natural disasters including the March 2025 earthquake, continues to drive urgent health needs and has regional implications. The lack of adequate and sustained funding hinders effective cluster co-ordination; strengthening co-leadership by local and national actors remains essential and should become the default wherever feasible.

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At first it was really difficult: we had no aid, and everyone was struggling. Now things are more stable, and people are getting the medicines they need thanks to the WHO. I help families who need extra care, especially older people. It's not easy, but helping others gives me strength. Still, we need more volunteers, as there are so many people who still need support.

**18-year-old Ma Mya Mya, a community volunteer from one of the displacement sites in Mandalay**

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WHO staff prepare to deliver Medical Camp Kits to the earthquake-affected areas at the WHO warehouse.  
Photo credit: WHO Myanmar

# WHO 2026 RESPONSE STRATEGY

WHO's emergency response builds on a dual-track approach: readiness to respond to natural disasters and climate change shocks coupled with enhanced public health intelligence to better respond to increasing health in emergencies threats. The dual-track is aligned with the Myanmar Humanitarian Needs and Response Plan (HNRP), and the WHO Myanmar Transitional Country Strategy (TCS 2025–2028).

The Transitional Country Strategy includes four strategic areas, namely:

- A functional surveillance system** across the entire country for early warning, alert and response to public health threats.
- Immunization services** including vaccine-preventable diseases (VPDs) surveillance in hard-to-reach areas.
- Essential health services** in hard-to-reach, conflict-affected areas, leveraging localized and flexible modalities.
- A community-centred approach** across health initiatives.

WHO will engage with all parties to deliver humanitarian and emergency interventions, with a focus on saving lives and restoring the well-being of affected and vulnerable communities. WHO will continue its operational collaboration and localized coordination with the United Nations, international non-governmental organizations (INGOs), local organizations and civil society, building on area-based data informing the prioritization of humanitarian needs.

Despite access constraints and funding limitations, WHO remains the only organization able to combine health cluster leadership, technical expertise and operational partnerships to sustain essential health services in high-risk townships.

## OPERATIONAL PRESENCE

WHO maintains an in-country operational presence in Myanmar with a total of 128 personnel, including international and national staff deployed across key locations to support the continuity of health services during emergency coordination and response. This presence includes staff embedded at national and subnational levels, working closely with health authorities and local partners to sustain frontline service delivery. However, despite this footprint, field capacity remains extremely limited due to chronic underfunding, constraining the scale, geographic reach and continuity of operations in high-need areas.

As humanitarian funding continues to decline – driven by disruptions to global and regional aid – sustaining emergency health capacity increasingly requires more flexible and efficient deployment models. In response, WHO Myanmar complements its in-country staff presence with support from Standby Partners (SBP) and the Global Outbreak Alert and Response Network (GOARN), enabling rapid access to specialized expertise while keeping WHO's workforce agile and adaptive.

As Cluster Lead Agency (CLA), WHO supports the priorities of the Humanitarian Reset in alignment with Humanitarian Country Team (HCT) coordination structures. In this role, WHO contributes to:

- Improving the existing sub-regional coordination platforms and groups and tailoring them to the local context** – by reflecting specific health needs, the scale and complexity of the crisis and the capacity of local and international partners. This also means reinforcing inter-cluster coordination at the subnational level to maximize the available resources for readiness and response.
- Coordinating periodic reviews to inform decisions** related to the scale up and/or scale down of health emergency operations.

WHO leads the Health Cluster at both national and subnational levels, with coordination structures in place across all five hub regions. Of the 125 health partners engaged in the response, 40% are local organizations. International NGOs and UN agencies rely heavily on these local partners, who are often the only actors able to access hard-to-reach areas.



WHO Myanmar staff visit the Emergency Medical Team in the earthquake-affected area for emergency response coordination.  
Photo credit: WHO Myanmar.



Members of the Mandalay earthquake relief camp receive regular health checks and medication at the WHO-supported health clinic.  
Photo credit: WHO Myanmar

## KEY ACTIVITIES FOR 2026

- **Enhance public health readiness and response interventions for an all-hazards approach** through contingency stockpiling of essential, life-saving health supplies for 730 000 patients.
- **Sustain local partners' capacity (CBOs, CSOs)** to reach 200 000 beneficiaries through the delivery of the Essential Package of Health Services (EPHS), including cash assistance for patient referral, particularly for the most in need people, such as people living with disabilities and pregnant women.
- **Continue providing health assistance in NCDs in emergency settings**, particularly communities affected by the earthquake to enable their full recovery. This will include provision of NCDs care, including mental health and psychosocial support, reaching up to 100 000 people.
- **Enhance testing diagnostics and laboratory capacities** for early detection and effective response to epidemic and pandemic prone disease outbreaks through supplies and technical support to the relevant stakeholders.
- **Strengthen risk communication and community engagement** through coordination mechanisms, social listening systems and community engagement networks to enhance early detection, readiness and response to health emergencies, protecting up to 980 000 beneficiaries.
- **Improve WASH and IPC access in health facilities** to protect underserved and hard-to-reach communities from the risk of waterborne disease transmission and outbreaks across 10 out of 20 priority townships, considering their higher risk of floods and waterborne outbreaks.
- **Prevent the spread of antimicrobial resistance among the most vulnerable communities** in conflict and hard to reach areas, by sustaining capacity building and integration of access group antibiotics in outbreak response kits in response to emerging and re-emerging infectious diseases.

# IMPACT IN 2025

## HEALING IN THE OPEN: WHO'S IMPACT AFTER THE EARTHQUAKE



Months after the devastating earthquakes that struck central Myanmar in March 2025, life in the makeshift relief camps remained difficult. In a field-turned-camp on the edge of Mandalay, families were living under plastic sheets as the first monsoon rains fell. But amid these conditions, critical health care continued quietly and consistently through WHO and its local partners.

In one of the tents sat U Kyi, a 65-year-old who hadn't returned home since the disaster. He suffers from high blood pressure and joint pain but was continuing to care for himself with support from the mobile clinic set up just metres away. "They gave me medicine for my knees and pressure," he said. "It helps me get through the day." A few tents down, Ko Muang was relearning how to sit, eat and move after being injured in a mosque collapse. Though he lacked a walking aid, he credited the clinic staff for helping him recover. "The wound on my head healed without even needing stitches," he said with quiet gratitude.

Behind these stories is a system of support. Following the earthquakes, WHO delivered over 155 metric tonnes of life-saving supplies, reaching 736 885 people across affected areas. This included 63 tonnes of initial supplies distributed within 24-48 hours, two international charter flights delivering 75.5 more tonnes of supplies and targeted support such as portable toilets from ECHO, locally procured water filters and body bags, as well as donated tents and maternal kits from Nepal. Overall, 345 481 people received assistance, with supplies prepositioned to support the remaining 391 404 individuals.

Working with local partners, WHO reached over 17 130 beneficiaries with life-saving health education on water safety, non-communicable diseases, immunization, maternal care and earthquake-related disease prevention in 2025. In partnership with WFP's Cash-for-Work programme, 1550 community members delivered a WHO-led dengue transmission prevention campaign in temporary displacement camps at high risk of disease outbreaks. WHO also delivered MHPSS training to 529 frontline responders through tailored sessions on psychological first aid to protect mental health.

Every visit, conversation and supply delivered is part of a larger commitment to restore dignity, health and hope. WHO's impact in 2025 is not only measured in numbers, but in the resilience of people like U Kyi and Ko Muang. Sustained investment in 2026 will be critical not only to meet immediate humanitarian needs, but to prevent further erosion of Myanmar's already fragile health system.

### FOR MORE INFORMATION

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## WHO'S 2026 FUNDING REQUIREMENTS

| MYANMAR HUMANITARIAN EMERGENCY<br>FUNDING REQUIREMENT BY RESPONSE PILLAR                  | FUNDING REQUIREMENTS<br>(US\$ M) |
|---|----------------------------------|
| <b>Collaborative surveillance</b><br>Surveillance, case investigation and contact tracing | 2.03                             |
| <b>Community protection</b><br>Risk communication and community engagement                | 0.03                             |
| <b>Safe and scalable care</b><br>Essential health systems and services                    | 6.00                             |
| <b>Access to countermeasures</b><br>Operational support and logistics                     | 2.72                             |
| <b>Emergency leadership</b><br>Lead, coordinate, plan and monitor protracted response ops | 1.84                             |
| <b>Total</b>  | 12.62                            |