

Myanmar Humanitarian Needs and Response Plan (HNRP)

2026

PEOPLE TARGETED

2 M



PEOPLE REACHED

813 K* (41%)



USD REQUIRED

92 M



USD RECEIVED

43 M ** (46%)



TOTAL HEALTH
CLUSTER PARTNERS

148



REPORTING HEALTH
CLUSTER PARTNERS

49



* Data from 1 January to 30 June 2026

** <https://fts.unocha.org/plans/1505/summary>

Highlights

- Simultaneous **Cholera/Acute Watery Diarrhoea (AWD)** outbreaks reported from Yangon, Sittwe, Mon, and Ayeyarwady in same townships as 2024 outbreak. At the same time, **AWD** cases detected in other flood-affected areas in Sagaing (Shwebo), Mandalay and Bago. Early detection triggered immediate response from partners, resulting in a decline in cases so far, while risk of further spread remains high
- Heavy monsoon rains resulting in severe **flooding** affecting over 470k people in Sagaing (16 townships), Mandalay (4 townships), Magway (4 townships), Ayeyarwady (3 townships), and Mon.
- **Floods** also resulting in increase in **malaria and dengue** cases, especially in endemic areas in Karenni, Tanintharyi, Kachin, Chin and Sagaing. Partners are reporting severe shortages in supplies, especially bednets
- Data collected from **49 health partners** shows **813,434** people have been reached with **life-saving health services** in **227 townships** in Myanmar during the first half of 2026. Overall, health partners reached **896,871** people in need of humanitarian health services in all 330 townships of Myanmar in this same period
- Between 1 January and 31 August 2026, 101 **attacks on health care** were reported by **Insecurity Insight**, as compared to 53 verified incidents by WHO's **Surveillance System for Attacks on Health Care (SSA)**.
- Over 200,000 people remain displaced in Magway since May as a result of **conflict**.

Health Cluster Action

Public Health Emergencies

Cholera/Acute Watery Diarrhoea (AWD)

Following a similar pattern as the 2024 **Cholera/AWD** outbreak, **Cholera/AWD** outbreaks have been reported from Yangon, Sittwe, Mon, and Ayeyarwady. Additional **AWD** cases were detected in flood-affected areas in Sagaing, Mandalay and Bago.

In Yangon, over 750 **Cholera/AWD** cases were reported between 1 and 22 August 2026, out of which more than 300 cases severe.

The Myanmar Red Cross Society (MRCS) has been playing a crucial role in awareness raising among the population, as well as water chlorination in affected townships in downtown Yangon, leading to a sharp decline in cases.

MRCS also supported with food and water inspection, ambulance services for severely dehydrated patients, support with early case detection and contact tracing, as well as distribution of Oral Rehydration Salts (ORS) for mild cases, hand sanitizer and IEC materials.

Although not confirmed, the old water piping system in Yangon is likely the source of recurrent Yangon Cholera/AWD cases.



MRCS supported chlorination of drinking water in Thingangyan township in Yangon. Source: MRCS

In Sittwe, over 150 **Cholera/AWD** cases were reported up to 22 August 2026, with almost 50% of cases severe, including 4 deaths. All cases are reported from IDP sites, where overcrowded conditions combined with poor quality drinking water, and a lack of awareness among the IDP population are main causes for recurrent **Cholera/AWD** outbreaks. Although health and WASH partners were quickly able to take the necessary action, leading to a decrease in cases, reportedly, a large number of patients remain hospitalized with symptoms of severe dehydration. Health and WASH Clusters are closely collaborating with the Camp Coordination and Camp Management (CCCM) Cluster to ensure adequate health and hygiene promotion is proactively shared with the IDP population, aimed at reducing risky behaviour like open defecation and poor hand-washing practices. Other key interventions to focus on are tackling of contaminated water sources and ensuring adequate distance between water sources and latrines.

In Mon, 4 **Cholera/AWD** cases were reported, including 2 cases with recent travel history from AWD-affected townships in Yangon. Cases were reported among the fisheries community, which was identified as a high-risk group for **Cholera/AWD** in 2024, as fishermen stay on board for weeks on a row without access to clean drinking water or adequate sanitation or hygiene. Relevant health and hygiene education messages have been shared with the fishermen, the owners of the fishing vessels, as well as fish vendors on potential risk of **Cholera/AWD**, in line with lessons learned from the 2024 outbreak.

Other **AWD** cases reported from Sagaing (Shwebo township), Ayeyarwady (Lemyethna township), Mandalay and Bago are resulting from severe flooding, causing latrines to overflow, and fecal matter to contaminate drinking water sources as well as food.

Thanks to jointly coordinated preparedness efforts between health and WASH partners, rapid action could be taken in all areas reporting suspected **Cholera/AWD** cases. All affected townships had been correctly identified as high-risk townships in the **AWD Risk Index**, jointly prepared between the Health, WASH and Nutrition Clusters.

WHO and partners are providing prepositioned supplies, supporting laboratory testing, disease surveillance and outbreak investigation, capacity building for preparedness and facilitating an application for oral cholera vaccination (OCV).

An important limitation remains incomplete data which is often shared too late. However, the **Early Warning and Response Alert System (EWARS)** has significantly improved timeliness of reporting of alerts, allowing rapid verification and response.



UNFPA-supported mobile clinic in action. Source: UNFPA

local partners are strengthening HIV/STI prevention and response among key populations in Southeast through targeted awareness raising, syndromic STI treatment, financial support for HIV testing, and referral for treatment.

Sexual Reproductive Health (SRH)

Maternity Waiting Home (MWH): Assessment of the effectiveness of MWHs is underway, with the assessment tools already developed and data collection planned from September to December 2026.

Midwifery-led service delivery: A guidance note on midwifery-led service delivery was developed to support partners in implementing quality midwifery services.

MHPSS and SRH: With UNFPA support, Z-Waka developed and launched an e-learning program on MHPSS for SRH service provision, hosted on the Z-Waka platform for Healthcare Professions and accessible via mobile and web applications.

SRH/HIV-STI Response: In response to the needs,

Integrated approach to management of skin-related neglected tropical diseases and common skin conditions A practical handbook for health-care workers 2026

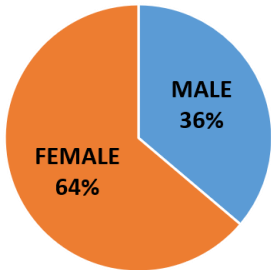
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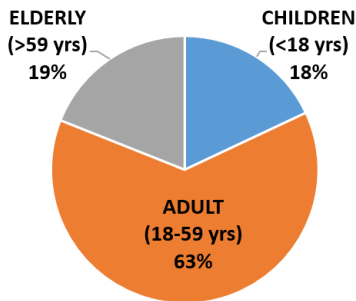
Health Service Delivery

Data collected by the Health Cluster for humanitarian health services provided between 1 January and 30 June 2026.

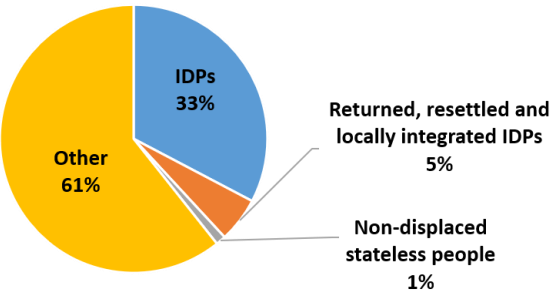
% of people reached with humanitarian health services by gender



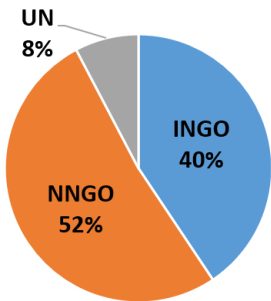
% of people reached with humanitarian health services by age group



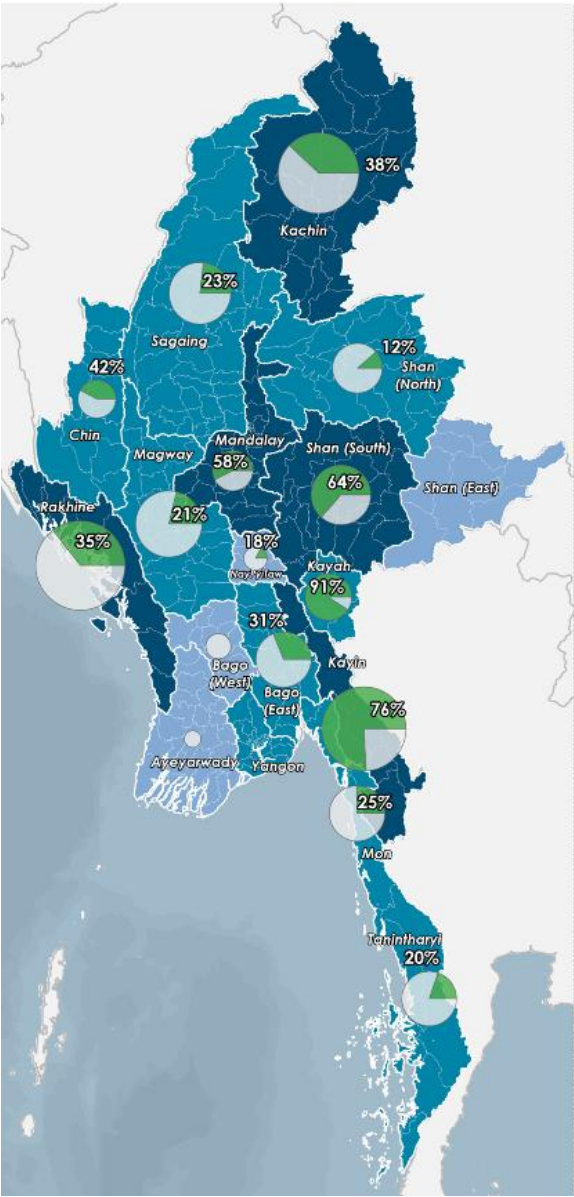
% of people reached with humanitarian health services by population group



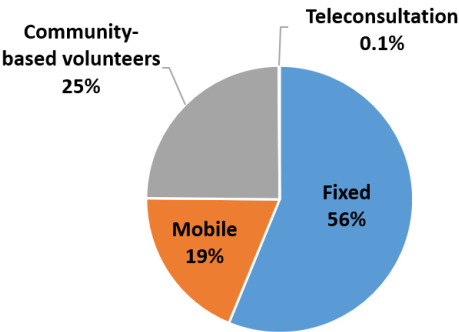
% of people reached with humanitarian health services by type of organization



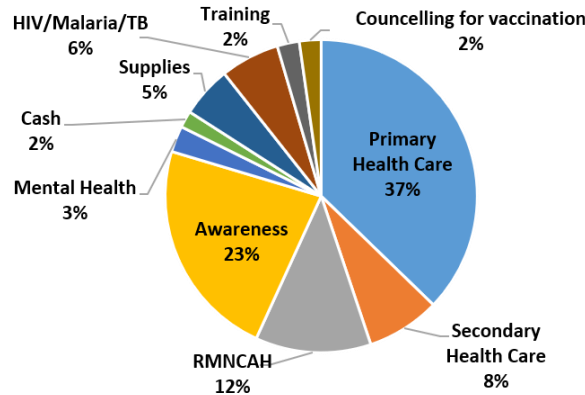
% of people reached with humanitarian health services by state/region



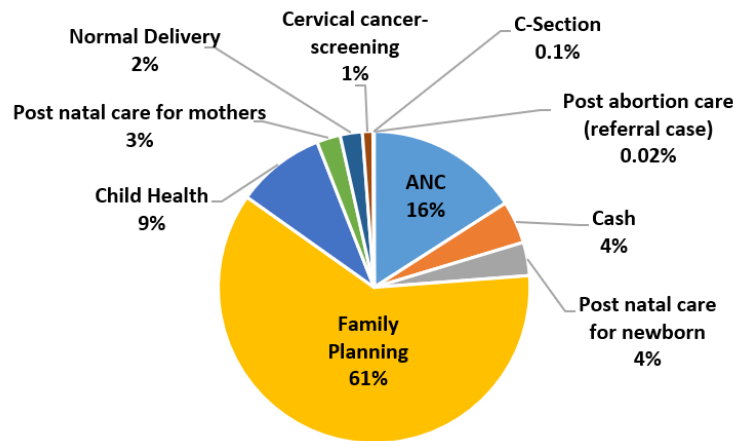
% of people reached with humanitarian health services by mode of delivery



% of humanitarian health services delivered by type of services



% of humanitarian reproductive, maternal, newborn, child and adolescent health (RMNCAH) services delivered by type of services



Challenges

- **Shortages in medicines** reported for treatment of mild and severe cases of Cholera/AWD, malaria, dengue, and skin infections. Limited access to Rapid Diagnostics Tests to confirm the presence of diseases is delaying rapid response actions.

Next steps

- **Market Assessment** ongoing with meetings with partners and suppliers. Verification of supplier qualification documents is challenging. A risk-based evaluation has been developed using quality information from selected number of suppliers, alongside a reliable supplier assessment using the GSDP checklist.
- **Preparations for 2027 Humanitarian Needs and Response Plan (HNRP)**, with expected further reduction in the number of target townships from 227 in 2026 to 193 townships in 2027, focusing on impact of conflict, displacement and AWD risk.
- **ORIENTATION SESSION for HEALTH PARTNERS on WHO'S SURVEILLANCE SYSTEM FOR ATTACKS ON HEALTH CARE (SSA)** Tuesday 8 September 2026 2:00-3:30 PM Myanmar Time with Live Translation (Thanks to IOM!)