

Still Under Attack

Insecurity Insight report analysing a decade of violence against health care following the adoption of United Nations Security Council Resolution (UNSCR) 2286 in 2016

Still Under Attack

A Decade of Monitoring Attacks on Health Care after the Adoption of United Nations Security Council Resolution 2286



Highlights

- Data collected between 1 February 2021 and 24 May 2026 by **Insecurity Insight** shows at least 1,939 **attacks on health care**, equivalent to **one attack on health care every day**, killing 175 health workers and arresting 931, damaging health facilities on at least 506 occasions. Between 1 and 30 June 2026, **Insecurity Insight** reported 13 new incidents in Myanmar, while WHO's **Surveillance System for Attacks on Health Care (SSA)** recorded one verified incident. *Health Cluster to organise awareness sessions for partners to report incidents directly in WHO's online system.*
- The **Office of the High Commissioner for Human Rights (OHCHR)** report to the 62nd session of the Human Rights Council confirms **over 700 civilians killed in continuous attacks** by the military between August 2025 and 31 January 2026, mostly due to airstrikes in Northwest and Rakhine.
- Surge in **malaria** cases from endemic areas in Chin, Kachin, Karenni, Sagaing, and Tanintharyi aggravated by lack of preventative measures, including insecticide-treated bednets. As expected during the monsoon season, increase in **dengue** cases in Rakhine and Karenni.
- **Acute Watery Diarrhoea (AWD)** outbreaks in Kachin and Rakhine rapidly responded to thanks to effective coordination between WASH and health partners. *Joint AWD Action Planning at sub-national level ongoing as part of monsoon preparedness using AWD Prioritization Tool, developed by WASH Cluster together with Health and Nutrition Clusters*
- **Measles** outbreak in neighbouring Bangladesh showing a decrease in cases, but risk for Rakhine and Chin remains high: **measles** preparedness to continue in view of large number of unvaccinated children.

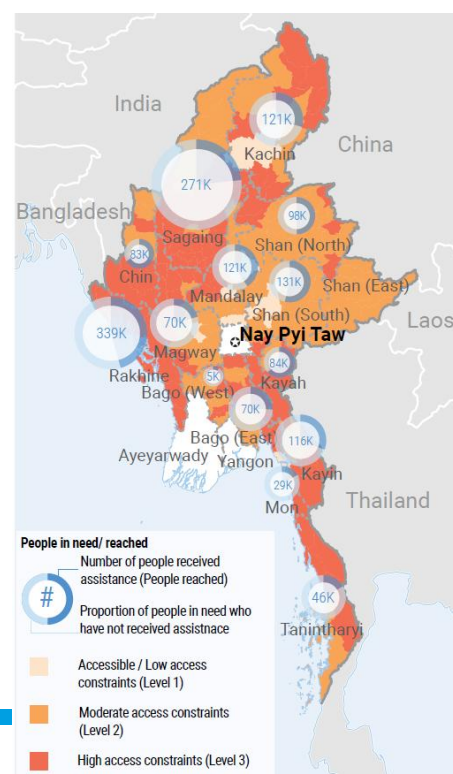
Health Cluster Action

Health Service Delivery

A light review of the **2026 Humanitarian Needs and Response Plan (HNRP)** is ongoing, to ensure data on People in Need and People Targeted are aligned with the changed reality on the ground:

- Significant increase in internally displaced people to 3.8M as of 8 June 2026, compared to 3.6M IDP as of 24 November 2025, as per data from **UNHCR**.
- Severely restricted access impeding partners to deliver humanitarian services, as per OCHA's **Humanitarian Access Severity Monitoring** conducted in May 2026:
 - o Out of 251 townships, 47% face high access constraints, while 8% of townships were considered relatively accessible. Most difficult-to-reach townships are categorized as having the highest level inter-sectoral severity with over 1M people in need in Sagaing and Rakhine. (see map)
 - o As compared to October 2025, the overall situation worsened in 21 townships, with increasing access challenges reported from 53 townships, driven by checkpoint impediments, administrative restrictions, and violence against humanitarian personnel and assets. The UN system perceived the situation as broadly unchanged but still extremely restrictive.

Map with Humanitarian Access, Progress and Response Achievements May 2026 *Source: OCHA*



Preparations for the 2027 HNRP have started, with multisectoral Area Based and Zonal Coordination Groups at the forefront, aimed at further strengthening the role of local partners in the planning process.

Similarly, multisectoral contingency planning is ongoing at zonal level, focusing on joint preparedness for natural disasters and conflict-related crises. The Health Cluster will continue to provide the necessary support to health partners, in line with the newly established coordination mechanisms.

Attacks on Health Care

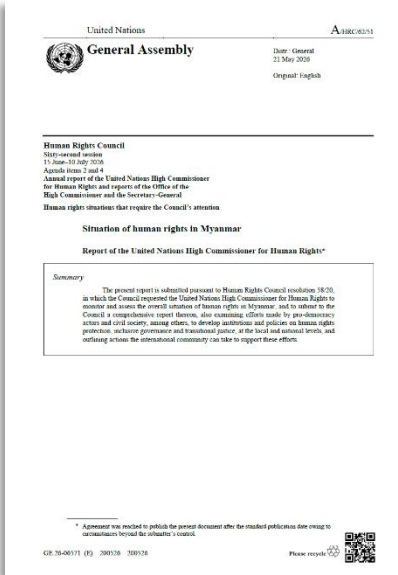
OHCHR: Myanmar: Foreign indifference compounds suffering of civilians

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Serious human rights violations, lack of respect for rule of law, denial of humanitarian assistance, military blockades, and the impact of the military-controlled elections are facilitated by foreign actors supporting the Myanmar military with weapons and fuel.

Reliance on locally driven protection mechanisms is impacted by reductions in international assistance, with many organizations forced to cut programs and staff. This is resulting in the deterioration of emergency healthcare provision, mostly medicine supply chains and health facilities. **There is an urgent need to support local protection efforts focused on early warning, and emergency healthcare.**

Download the full report: <https://digitallibrary.un.org/>



Public Health Emergencies

Water-borne and water-related diseases

In spite of the ongoing monsoon season, still a relatively low number of **Acute Watery Diarrhoea (AWD)** cases are being reported. Localized outbreaks in temporary settlements in Kachin and Rakhine were swiftly dealt with thanks to good collaboration between health and WASH partners. Similarly for **skin infections**, these are mostly reported from IDP camps in Kachin, Karenni and Rakhine with the majority diagnosed as cases.

AWD Readiness

During the AWD Preparedness Workshop for Kachin on 4-5 June 2026 in Myitkyina, the **AWD Prioritization Tool**, developed by the WASH Cluster with support from the Health and Nutrition Clusters, was tested to select high-risk townships in Kachin for prioritization of AWD preparedness efforts, instead of diverting scarce resources to townships with low risk of AWD.

The tool will be used in all sub-national AWD Preparedness Workshops, which are planned soon thanks to UNICEF.

Measles preparedness

Although a decrease in **measles** cases is being reported from Bangladesh, the risk of measles in neighbouring Rakhine and Chin states remains high due to a large number of children that have not received any form of vaccination in the past 5 years. Joint measles preparedness efforts are ongoing in Rakhine and Chin between the Health and Nutrition Clusters, with capacity building of health workers in the diagnosis and treatment of measles cases as a priority intervention.

IDENTIFIERS				PILLAR A — DISEASE RISK			
Auto-computed				INPUT cells highlighted			
State / Region	District	Township	Population	Calculated (auto)	Data Confidence (auto)	CRC Manual Override (Cholera Risk Classification)	PILLAR A FINAL (auto)
Ayeyarwady	Hinhada	Hinhada	338 435	Medium	Medium		Medium
Ayeyarwady	Hinhada	Ingapu	214 384	High	Medium		High
Ayeyarwady	Hinhada	Kyangin	96 083	High	Medium		High
Ayeyarwady	Hinhada	Lemyethna	103 024	High	Low		High
Ayeyarwady	Hinhada	Myanaung	218 581	High	High		High
Ayeyarwady	Hinhada	Zalun	168 203	Medium	Medium		Medium
Ayeyarwady	Labutta	Labutta	315 218	High	High		High

Excel-based AWD Prioritization Tool. Source: WASH Cluster

Sexual Reproductive Health (SRH)

SRH partners continue delivering essential SRH services through mobile clinics, static health facilities, community-based services, and private sector engagement.

An increase in malaria cases among pregnant women was reported in Southeast Myanmar. The SRH Working Group, in collaboration with WHO, is supporting emergency referrals, cash assistance, access to **Maternity Waiting Homes**, and capacity building for SRH partners.

UNFPA continued supporting the implementation of planned SRH capacity-building activities for implementing partners and members of the SRH Coordination Group throughout June.

Selected **Inter-Agency Reproductive Health (IARH) Kits** are currently available. Partners requiring RH commodities should contact UNFPA for further information.

Please see check the [IARH Kits manual online](#)



Community-based Sexual Reproductive Health service provision.
Picture: UNFPA

Noncommunicable diseases (NCD) in emergencies

WHO conducted four **NCD in emergencies workshops** in Hpa-An for Southeast (5-6 May), Taunggyi for Shan and Karenni (20-21 May), Sittwe for Rakhine (10-11 June), and Myitkyina for Kachin (29-30 June).

Participants shared their concerns about low donor interest in supporting NCD interventions, contributing to gaps in NCD service delivery. Especially in emergency situations, NCD is not considered a priority, with data on NCDs not routinely included in rapid needs assessments, impeding service continuity and inclusion in preparedness plans.

Lack of skilled health workers and essential NCD medicines and supplies are furthermore challenging NCD interventions.

As a result, the Health Cluster plans to organize additional clinical sessions on NCD management for health service providers, and is proposing to preposition NCDs supplies and medicines for local health responders in strategic locations. The Health Cluster will also ensure the inclusion of NCD questions in emergency-related assessment forms, including the Multi-Sector Initial Rapid Assessment (MiRA).

Localization

WHO also organised two **Localization Workshops** on 16-17 June 2026 for WHO Myanmar Country Office staff and on 18-19 June 2026 for local partners.

Most local partners are ineligible to be contracted by WHO because of strict administrative compliance requirements: partners struggle with official legal registration or even opening formal bank accounts. Reporting requirements are furthermore hampering partners' compliance: complex reporting formats in English and the demand for detailed information on operational locations are not feasible in the Myanmar context, where many health partners work at grassroot level and where sharing GPS coordinates can pose a serious risk of being bombed or otherwise attacked, if data is inadvertently ending up in the wrong hands.

Besides the need for administrative simplification, partners recommended strict adherence to data anonymization and confidentiality protocols, and focusing on flexible, non-financial technical support, ideally via trusted intermediaries. Also, partners suggested the systematic inclusion of security and "duty of care" resources, such as evacuation plans, psychosocial support, and safety reserves for field staff.

Challenges

- Ongoing issues with registration of NGOs by de facto authorities, forcing some partners to cease activities.
- Intensifying conflict is severely impeding access to health care for health workers, patients and supplies.
- The monsoon season is increasing the risk of diseases like AWD, but also malaria and dengue.
- Lack of diagnostics are delaying the ability to detect outbreak-prone diseases.
- Although it is unclear exactly when, but possibly sometime later in the year, the impact of the El Niño–Southern Oscillation (ENSO) climatological phenomenon is expected to cause drought in Myanmar because of below average rainfall.

Next steps

- **AWD Preparedness Workshops** for Health-WASH-Nutrition Cluster partners in Rakhine, Northwest, Southeast and Shan and Karenni to be organised by UNICEF, using the AWD Prioritization Tool.
- Link to Kobo questionnaire in both English and Burmese for Phase II of the **Health Facility Survey** being finalized and shared soon. Secondary data collection is ongoing.
- Visits to markets and medical suppliers ongoing as part of the **Market Assessment**. A first draft of the list of reliable suppliers is expected to be shared in July.
- Last **Noncommunicable diseases (NCD) in emergencies** workshop for Northwest partners to be conducted in Mandalay in the 2nd week of July
- **Surveillance System for Attacks on Health Care (SSA) awareness sessions** to encourage partners to report any attack on health care directly in the online system