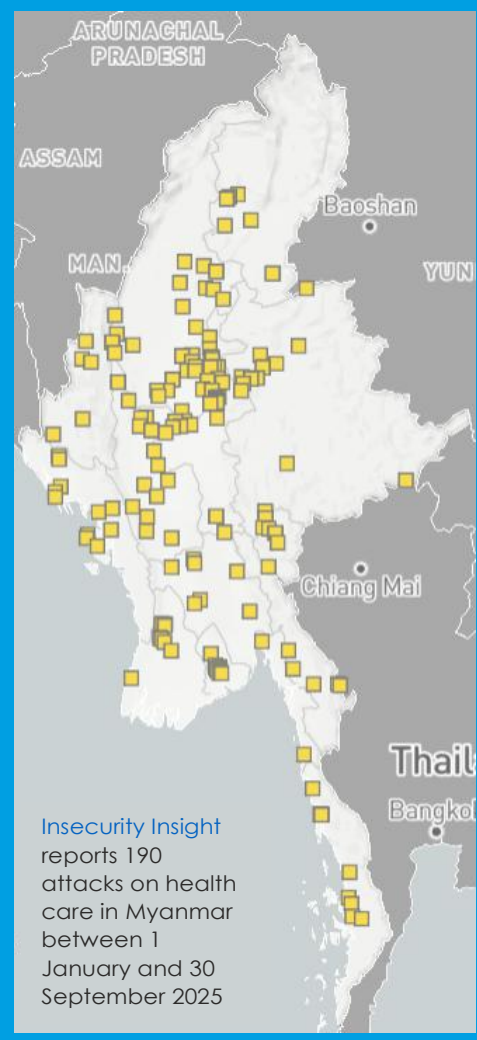




Highlights

- When comparing data on **attacks on health care** from 2025 and 2024 recorded through WHO's [Surveillance System for Attacks on Health Care \(SSA\)](#), 46 verified attacks causing 80 deaths were reported between 1 January and 30 September 2025 as compared to 26 attacks causing 39 deaths during the same time period in 2024. [Insecurity Insight](#) reported 190 attacks so far in 2025.
- New report from the [Office of the High Commissioner for Human Rights](#) highlighting the plight of the Rohingya population in Rakhine, with '*inadequate living conditions and a lack of access to healthcare resulted in the spread of skin infections and transferable diseases, including scabies, diarrhoea, hepatitis and malaria*'.
- **Malaria** remains a serious concern, in particular in Karen and Karenni, while **dengue** outbreaks are reported from Kachin.
- Lack of access to water and soap is increasing the risk of **skin infections**, while overcrowding in temporary shelters is negatively impacting the incidence of **acute respiratory infections** especially among children.
- In spite of heavy rainfall during the ongoing monsoon season, no major **floods** are being reported.
- Thanks to strengthened readiness through increased awareness raising among the population, joint intersectoral action planning, and prepositioning of essential supplies in strategic location, the number of **Acute Watery Diarrhoea (AWD)** cases remains low.
- Planning is ongoing for the **2026 Humanitarian Needs and Response Plan (HNRP)**, with the Health Cluster using data collected as part of the **Multi-Sectoral Needs Assessment (MSNA)**, as well as the AWD Risk Index and available data on Malaria risk by township to calculate the People in Need and Target Population for the Health Cluster's component of the 2026 HNRP.

Health Cluster Action

Analysis of data collected during over 9,000 household interviews conducted between June and July 2025 as part of the **Multi-Sectoral Needs Assessment (MSNA)** shows that highest unmet needs reported are *food security, protection, and psychosocial support*. As for health, many respondents report being unable to access health care, with Chin, Rakhine and Southern Shan worst affected.

Similar to last year, lack of money was reported as the main reason for people not being able to access health care (52%), followed by lack of nearby functional health facility (17%) or the health facility being too far away (12%). Unavailability of required treatment or health services was also given as an important reason for people not being able to meet their healthcare needs (6%).

AWD Readiness

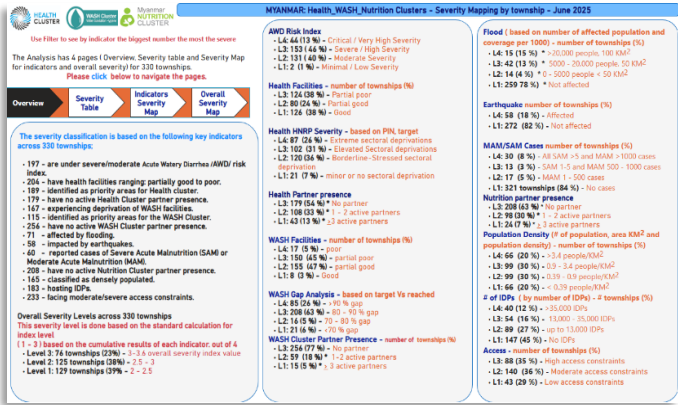
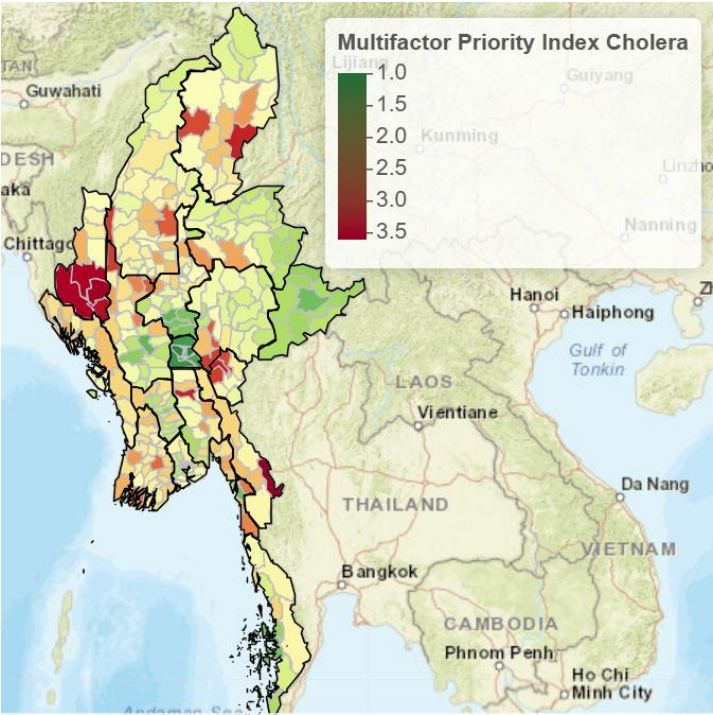
Thanks to WHO's Global Outbreak Alert and Response Network (GOARN), and in close collaboration with the WASH Cluster, the updated 2025 **AWD Risk Index** shows a different set of townships identified as highest-at-risk of AWD as compared to 2024.

Townships at elevated risk of AWD/Cholera have been prioritized for sub-national inter-cluster action planning. Action plans addressed further needs for training, community awareness, and prepositioning of essential supplies in strategic locations. Thanks to enhanced coordination amongst health, WASH, nutrition and other relevant partners, potential AWD cases are rapidly detected, allowing for swift preventative interventions.

Cholera hotspot townships in Myanmar

30 September 2025

	Township	District	Region/State
1	Myawaddy	Myawaddy	Kayin
2	Mindat	Mindat	Chin
3	Matupi	Matupi	Chin
4	Paletwa	Matupi	Chin
5	Kanpetlet	Mindat	Chin
6	Oktwin	Taungoo	Bago (East)
7	Waingmaw	Myitkyina	Kachin
8	Demoso	Loikaw	Kayah
9	Sittwe	Sittwe	Rakhine
10	Hpruso	Loikaw	Kayah
11	Gangaw	Gangaw	Magway
12	Kale	Kale	Sagaing
13	Pekon	Taunggyi	Shan (South)
14	Hpakant	Mohmyin	Kachin
15	Loikaw	Loikaw	Kayah
16	Yesagyo	Pakokku	Magway
17	Kanbalu	Kanbalu	Sagaing
18	Nyaungshwe	Taunggyi	Shan (South)
19	Pantanaw	Maubin	Ayeyarwady
20	Labutta	Labutta	Ayeyarwady



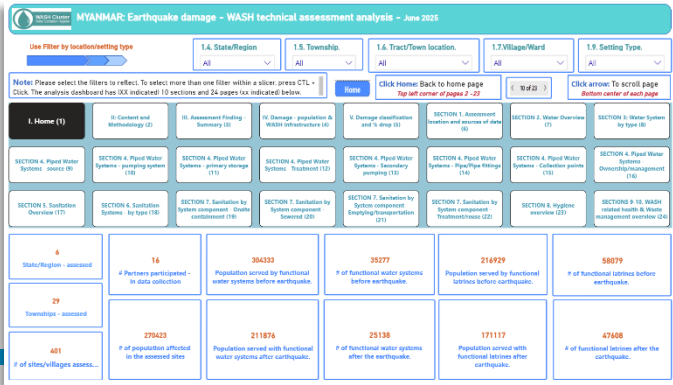
The **AWD Risk Index** has been incorporated in the **Health-WASH-Nutrition Severity Mapping** tool, used to further prioritize preventive and preparedness interventions for health, WASH, and nutrition. The tool will be updated with cluster-specific data as part of the 2026 HNRP.

An **interactive dashboard** was prepared by the WASH cluster, aimed at helping partners and sub-national cluster coordinators to target those areas identified as at high risk, while looking at partner presence and capacity for realistic planning of response operations.

Please visit: [Intercluster Severity Mapping dashboard](#)

The WASH cluster also shared the results from the **WASH facilities earthquake damage technical assessment** conducted in June 2025.

Please visit: [WASH Technical Assessment dashboard](#)



Mental Health and Psychosocial Support (MHPSS)

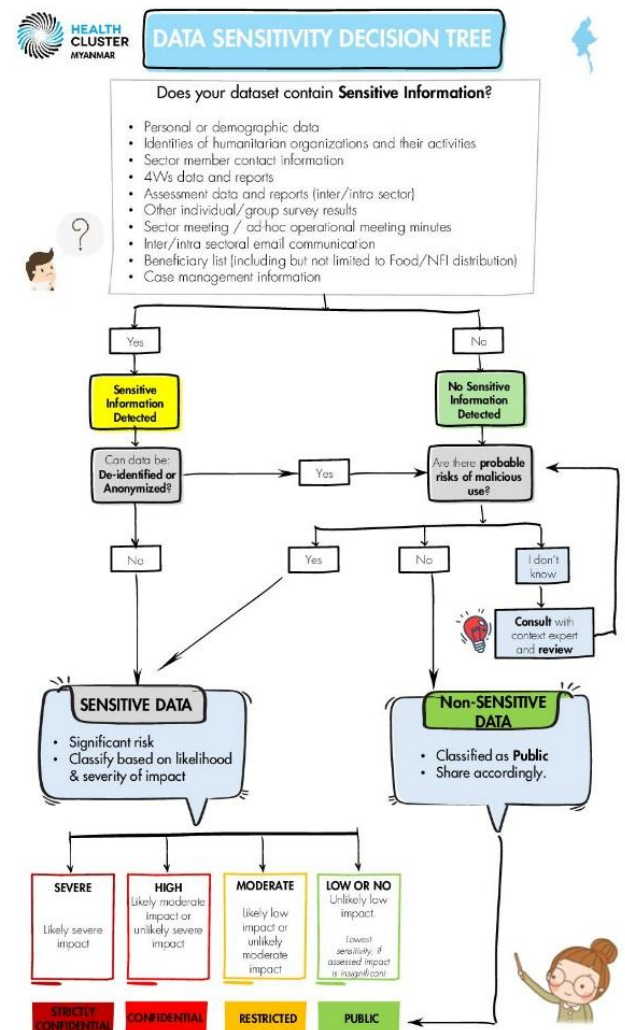
Almost 100 frontline healthcare providers from all over Myanmar attended a series of virtual training session on **Clinical Management of Mental and Substance Use Conditions in Humanitarian Emergencies (mhGAP-HIG)** between 21 July and 12 September 2025, facilitated by WHO.

Challenges

- Worrying **restrictions** on health partners, negatively impacting availability and quality of health service delivery.

Next steps

- **Myanmar Humanitarian Fund (MHF)** will launch its **3rd allocation** for 2025 in October for an additional 10M USD, on top of the 26M USD already allocated earlier this year. The allocation will be aligned with the 2026 HNRP.
- Health Cluster finalizing its **Physical Rehabilitation capacity assessment** to be presented in the next **Physical Rehabilitation Working Group** meeting, to allow for planning of necessary trainings based on identified gaps
- Health Cluster to initiate the long-awaited **Health Facility Functionality assessment**, requesting partners to contribute relevant information on those health facilities they are supporting.
- **Finalizing 2026 HNRP** to be shared once approved by OCHA.
- Health Cluster to strengthen training efforts on its **data-sharing protocol** with clear, simple rules for how **organize**, and **manage files**, ensuring that data is secure, and always **protects partners and affected populations**.
 - o Data Access and Management.
 - o Secure Data Storage.
 - o Management of Sensitive Data.
 - o Consent for External Data Sharing.
 - o Adherence to Official Communication Channels.
 - o Published Information Protocol.
 - o Protection of Individual Sensitive Data.



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)

Source: INFORMATION SHARING PROTOCOL National level - June 2022