

## Background

Myanmar has been affected by the devastating impact of armed conflict and natural disasters such as earthquakes, floods and cyclones. Out of the 55M population, 16.2M people (30%) are in need of humanitarian aid according to the 2026 Humanitarian Needs and Response Plan (HNRP). This includes 3.6M internally displaced people (IDPs)<sup>1</sup>, as of November 2025. A total of 9.3M people are identified to be in need of support with basic health care, out of which 22% are IDPs. The majority (74%) are not displaced, but affected by conflict and the March 2025 earthquake. Other groups targeted are returned, resettled and locally integrated IDPs, and stateless people (4%). Women, children, older people and people with disabilities (PWD), and those with mental health needs, are facing heightened risks and barriers to accessing care.

Most pressing barriers to health care as identified in the Multi Sector Needs Assessment (MSNA) are lack of cash (52%), lack of nearby functional health facilities (29%), and unavailability of adequate treatment (6%). Almost 50% of the population in Rakhine, Kayah, and Sagaing faces serious difficulties accessing basic health services, while between 25 and 40% of the population in Kachin, Tanintharyi, Kayin, Northern Shan and Chin need external support to access health care.

A total of 1,815 attacks on health care have been recorded by [Insecurity Insight](#) between 1 February 2021 and 27 November 2025, as compared to 510 verified attacks recorded by WHO's [Surveillance System for Attacks on Health Care](#) in the same time period. Attacks on health care are damaging and destroying health facilities, while impeding access for transportation of essential medical supplies and health workers. were.



Injuries caused by conflict, explosive ordnances such as landmines, and the devastating earthquake that struck Myanmar on 28 March 2025 are requiring appropriate Victim Assistance, including Physical Rehabilitation and assistive devices, and Mental Health and Psychosocial Support (MHPSS). Late treatment of injuries, as well as lack of testing and treatment for diseases like Leprosy and Polio are resulting in preventable disability, further increasing the need for adequate Physical Rehabilitation. Active conflict and natural disasters resulting in loss of lives and livelihoods, as well as displacement, are worsening the already immense mental health problems in the country.

Crowded settlements, unsafe drinking water, inadequate sanitation, and the interruption of routine health programmes are posing a serious threat to public health. A large-scale Cholera outbreak spread through Myanmar from June 2024 to April 2025. Malaria has seen an alarming resurgence, with some parts of Myanmar reporting a 300% increase in cases since 2021. Serious shortages of long-lasting insecticide-treated nets (LLINs), diagnostics tests and treatment are causing preventable illness and deaths. Similarly, Dengue is affecting more and more people every year, mostly children under 15 years of age. Vaccination coverage for childhood illnesses is persistently low, with an estimated 1.5 million children under-five having missed basic vaccinations since 2018, increasing the risk of Measles and Diphtheria outbreaks and possible re-emergence of Polio. In addition, the threat of HIV and TB, including Multidrug-resistant TB (MDR-TB) is alarming, in the absence of testing and treatment for large parts of the population.

Access restrictions due to active conflict, roadblocks, but also poor road infrastructure are interrupting availability of life-saving medical supplies. In the 227 townships covered in the 2026 HNRP, 8.5 million people are estimated to be food insecure<sup>2</sup>, resulting in high levels of malnutrition, leaving people more vulnerable to infectious diseases and negatively impacting their health outcomes.

The role of the Health Cluster is to collectively prepare for and respond to humanitarian and public health emergencies to improve health outcomes of crisis affected populations through timely, predictable, appropriate, and effective coordinated health action.

**This Health Cluster Strategy lays out its Cluster Objectives for 2026-2027, in line with the 2026 HNRP for Myanmar:**

-  Improve access to life-saving health services, ensuring quality and inclusive healthcare, among displaced, returned, stateless and other shock-affected people.
-  Reduce excess morbidity and mortality through timely detection, prevention and response to epidemic-prone and endemic diseases.
-  Improve accountability towards people in need of humanitarian health assistance through coordination of health partners.

<sup>1</sup> <https://data.unhcr.org/en/country/mmr>

<sup>2</sup> <https://humanitarianaction.info/plan/1505>

## Health cluster

The Health Cluster has been active in Myanmar since 2012. Under the auspices of the World Health Organization as the Health Cluster Lead Agency, the Myanmar Health Cluster currently has:

 **125 health partners** including national and international NGOs, the Red Cross Movement, and UN agencies.

The Myanmar Health Cluster team consists of 11 individuals, out of which 4 are full-time at national level and 5 are double-hatting at sub-national level. The Health Cluster team consists of 6 Health Cluster Coordinators, 1 Public Health Officer, 3 Information Management Officers (IMO), and 1 Administrative Officer.

The Health Cluster is represented in Rakhine (Sittwe), Kachin (Myitkyina), Shan (Taunggyi), Northwest (Mandalay), and Southeast (Hpa-An). The Health Cluster aims to establish a system of co-coordinators at sub-national level through its partners. This will be done in close collaboration with the sub-national health cluster coordinators in the respective field offices.

The Myanmar Health Cluster counts with a Strategic Advisory Group (SAG), consisting of UN, international and national NGOs, and donor agencies. SAG members are actively involved in any strategic decision the Health Cluster needs to make.

The Myanmar Health Cluster currently has the following Working Groups in place:

- a) Sexual and Reproductive Health (SRH), chaired by UNFPA and PATH
- b) Physical Rehabilitation, chaired by Humanity & Inclusion (HI) and the Health Cluster
- c) Acute Watery Diarrhoea (AWD), chaired by the WASH and Health Clusters
- d) Epidemiology, chaired by the Health Cluster

The Myanmar Health Cluster works in line with the six core functions of the cluster system:

- a) Support service delivery
- b) Inform strategic decision making through the Humanitarian Coordinator/Humanitarian Country Team
- c) Develop sectoral strategies
- d) Monitor and evaluate performance
- e) Build national capacity in preparedness/contingency planning
- f) Support advocacy

The Myanmar Health Cluster adheres to the humanitarian principles of humanity, neutrality, impartiality and independence, and the principles of Accountability to Affected Populations, Do No Harm, and Prevention of Sexual Abuse and Exploitation. The Myanmar Health Cluster is an active user of the Wai Hmya Par community feedback platform.

## Cluster Objectives and Priorities

In line with the 2026 HNRP, the Myanmar Health Cluster Strategy works towards the following 3 Cluster Objectives:

### Cluster Objectives

 *Improve access to life-saving health services, ensuring quality and inclusive healthcare, among displaced, returned, stateless and other shock-affected people*

Over 120 health partners are currently delivering life-saving health services to populations in need, with a strong focus on women and girls of reproductive age, adolescents, and other marginalized and hard-to-reach populations. Data from the first 3 quarters of 2025 show that 42% of health services are delivered through mobile clinics, 36% by community-based health workers (CBHWs), 22% through static health facilities and 0.2% via teleconsultation.

Health services include health promotion, prevention, diagnosis and treatment of communicable and non-communicable diseases, treatment of injuries, sexual and reproductive health (SRH) and Gender Based Violence (GBV) services, MHPSS, vaccination, referrals for specialized care, including physical rehabilitation.

Although health partners are not allowed to conduct vaccination in Myanmar, consultations to promote vaccination are supporting efforts to reach the maximum number of zero-dose children, through mobile vaccination units and community health workers, especially among IDP and migrant groups, by addressing language and cultural barriers.

The Health Cluster only engages in conditional cash assistance to support emergency referrals for specialised life-saving medical treatment, as well as for physical rehabilitation and assistive devices for persons with injuries and different forms of impairments. Unconditional cash is not supported to minimise the risk of people procuring over-the-counter medicines that are unsafe or inappropriate, posing a threat to their health and the environment through antimicrobial resistance.

### 1.1 *Sexual Reproductive Health (SRH) services including for survivors of Gender-Based Violence (GBV)*

Limited access to health care, especially in hard-to-reach areas, has a serious impact on SRH outcomes, because of the elevated risks of post-partum haemorrhage (severe bleeding), hypertensive disorders of pregnancy (such as eclampsia), consequences of unsafe abortions, and sepsis (a whole-body inflammatory response to infection). Most maternal deaths can be prevented by ensuring clean deliveries, the presence of skilled birth attendants, timely access to emergency obstetric care, and an adequate supply of contraceptives to allow sufficient spacing between pregnancies.

Lack of reliable, up-to-date data is preventing the calculation of key SRH indicators like maternal mortality ratio or deliveries attended by skilled health workers, which is impeding to demonstrate the gravity of the situation. Data published after 2021 is not representative for the entire country, as it excludes a large part of the country which is not under the control of the military.

SRH services encompass antenatal and postnatal care, family planning, normal and caesarean deliveries, Emergency Obstetric and Newborn Care (EmONC), prevention and treatment of HIV and other Sexually Transmitted Infections (STIs), clinical management of rape (CMR), post-abortion care, screening and referral for reproductive cancers such as cervical cancer, and support services for survivors of GBV. As MHPSS is vital for comprehensive SRH services, its integration across different SRH interventions ensures a more holistic approach to care, where women and young people receive medical care as well as counselling and psychological support to cope with stress and other mental health challenges that may affect SRH outcomes.

In close collaboration with the SRH Coordination Group, the Health Cluster will:

- collect, analyse, and disseminate data on health partners' SRH interventions.
- advocate for increased access to, and resources for and resources for Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) services for marginalized and hard-to-reach populations, including adolescents, PWD, ethnic minorities, and those living in conflict-affected areas.
- advocate for the integration of SRH and GBV services to ensure that survivors of GBV receive comprehensive care, including clinical management of rape (CMR), MHPSS, and legal assistance.
- strengthen the CMR taskforce and sub-national SRH Working Groups under the Health Cluster

### 1.2 *People with disabilities (PWD) and older people*

Between July 2024 and June 2025, landmines and explosive remnants of war (ERW) caused 144 deaths and over 700 injuries in Myanmar<sup>3</sup>. At least 750 people were in need of physical rehabilitation after sustaining injuries during the March 2025 earthquake. Many people that sustain injuries as a result of conflict of the earthquake are not able to receive timely and appropriate care, potentially leading to preventable disability. Other causes of disability are age, and late diagnosis and treatment of diseases like Leprosy and Polio, with almost 1,900 new cases of Leprosy diagnosed in Myanmar in 2020.

According to projections of the 2014 population census, Myanmar currently has an estimated 2.3M people over the age of 70 in Myanmar, as well as 6.8M PWD. No reliable data is available on the number of PWD in need of support, nor on the type of disability people have, but potentially the number may be vast.

Health Cluster partners support with treatment of injuries immediately after trauma, emergency referrals, specialized care, physical rehabilitation and assistive devices, conditional cash for referrals and specialised treatments, and MHPSS.

In collaboration with the Technical Advisory Group on Disability Inclusion (TAG-DI) and the Mine Action Area of Responsibility (AoR), the Health Cluster established the Physical Rehabilitation Working Group (PRWG) to coordinate equal and effective

<sup>3</sup> <https://www.the-monitor.org/country-profile/myanmar-burma>

distribution of physical rehabilitation support for people with a disability caused by conflict, landmines, natural disasters, and diseases like Leprosy and Polio. To increase access to health care for PWD, including for the development of referral pathways, the Health Cluster will strengthen its efforts to collect PWD- and mine-specific data. The Health Cluster will continue to explore innovative ways to improve access to health care for PWD and older people jointly with trusted partners.

The Health Cluster will:

- facilitate the equal and effective distribution of physical rehabilitation support to underserved population
- advocate for better access to health care for PWD and older people through meaningful participation (*Nothing about them, without them*)

### 1.3 H3 Package (High Priority Health Services for Humanitarian Response)

Essential health care packages aim to improve the quality of health services delivered by health partners, through the standardization of treatment protocols and training, as well as ease of monitoring.

WHO with support from the Global Health Cluster developed the High Priority Health Services for Humanitarian Response (H3 Package)<sup>4</sup>, allowing countries to focus on minimum health services to be delivered, adjusted to the local context. Myanmar health partners agreed on a Humanitarian Response Package in October 2023, but no follow-up actions were taken because of lack of human and financial resources. In 2025, the Global Health Cluster refined the H3 Package specifically for mobile clinics. The Myanmar Health Cluster aims to adapt this guidance to the Myanmar context during 2026-2027, jointly with key health partners that are deploying mobile clinics.

The Health Cluster plans to:

- introduce and adapt the H3 Package for mobile clinics to the Myanmar context through the Health Cluster SAG
- strengthen capacity building of partners in line with the H3 Package.

### 1.4 Mental Health and Psychosocial Support (MHPSS)

Loss of lives and livelihoods, as well as displacement, resulting from active conflict and natural disasters, are worsening the already immense mental health problems in Myanmar. Shortages in specialised psychiatric health personnel are challenging the diagnosis, and referral of severe cases and the provision of psychotropic drugs.

In collaboration with the MHPSS Technical Working Group (TWG), the Health Cluster focuses on the early detection and adequate treatment of mental health conditions through screening and referral to available specialists, psychological first aid for exposure to traumatic events, suicide prevention and response, management of neurological and substance use disorders in non-specialized health settings, as well as capacity building on WHO's mhGAP<sup>5</sup>.

The Health Cluster will:

- raise awareness among health partners on the importance of early detection of mental health conditions among patients, to facilitate treatment and referral
- strengthen the integration of MHPSS in SRH services through the SRH Coordination Group.

### 1.5 Quality data for informed decision-making

In line with strict data sharing protocols to guarantee necessary levels of confidentiality, the Health Cluster will continue to collect relevant data on health partners' interventions and remaining needs in health service delivery. The Health Cluster will focus on collection and analysis of data that is relevant for partners, to identify gaps in response and avoid duplication of efforts, and to advocate for additional resources, particularly with development donors. This includes data on attacks on health care, which are verified and recorded in WHO's [Surveillance System for Attacks on Health Care](#) (SSA).

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<sup>4</sup> High-priority Health services for Humanitarian response (H3 package)

<sup>5</sup> mhGAP Intervention Guide - Version 2.0

In addition, the Health Cluster will continue to report both developmental as well as humanitarian interventions to the Myanmar Information Management Unit (MIMU)<sup>6</sup>, which has been providing exceptional support in the elaboration of maps, amongst other.

The Health Cluster will continue to:

- collect disaggregate data based on sex, age, and disability on a quarterly basis
- train health partners in 5W reporting to the Health Cluster at sub-national level
- collect and verify data on attacks on health care to be uploaded in the SSA database
- collect and analyse relevant data for health partners to address gaps in health service delivery.



*Reduce excess morbidity and mortality through timely detection, prevention and response to epidemic-prone and endemic diseases.*

If root causes like lack of access to safe water, open defecation, and low immunization are not addressed, AWD and Measles cases are expected to increase. Interruption of routine disease prevention programs including vaccination and vector control, are resulting in a surge in vaccine-preventable diseases like measles, as well as vector-borne diseases like Malaria and Dengue.

Health partners have been actively engaged in the early detection and response to disease outbreaks in the country. Partners are supporting with surveillance, outbreak investigation, sample collection, case management, delivery of supplies, training of health workers, risk communication and community engagement.

Jointly with the WASH and Nutrition Clusters, the Health Cluster has focused on intersectoral AWD readiness and action planning at sub-national level, where partners support with sharing alerts and rumour verification of potential cholera outbreaks, as well as pre-positioning of relevant supplies aimed at rapid response to the outbreak, to prevent the disease from spreading.

The Health Cluster has facilitated various training sessions for partners on the management of relevant diseases, including AWD/Cholera, Malaria, dengue, Hepatitis, HIV and TB.

All preventative and readiness interventions are described in the Myanmar Health Cluster's Monsoon Preparedness Plan<sup>7</sup>.

## 1.6 Epidemiological Surveillance

Reliable and timely disease data is crucial for the rapid detection of, and response to disease outbreaks. Existing disease surveillance systems are developed to improve data sharing on disease outbreak alerts and effective response interventions through health partners.

Through the Epidemiology Technical Working Group (Epi TWG), the Health Cluster plans to strengthen epidemiological surveillance for outbreak-prone diseases. The Epi TWG also focuses on standardization of case definitions, treatment protocols, and training curricula for the diseases under surveillance.

The Health Cluster will:

- conduct trainings on early warning and surveillance, with a strong focus on CBHWs and health care providers
- support partners with technical expertise through training, guidelines, and epidemiological updates
- strengthen preparedness and response to outbreaks, in close collaboration with other clusters, like with WASH for AWD.

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<sup>6</sup> <https://themimu.info/emergencies/health-cluster>

<sup>7</sup> [https://themimu.info/sites/themimu.info/files/documents/Myanmar\\_Health\\_Cluster\\_-\\_Monsoon\\_Preparedness\\_Plan\\_2025-2026.pdf](https://themimu.info/sites/themimu.info/files/documents/Myanmar_Health_Cluster_-_Monsoon_Preparedness_Plan_2025-2026.pdf)



## *Improve accountability through coordination of health partners*

In line with a decreasing trend in funding availability, the Health Cluster is aligning its coordination plans with the global Humanitarian Reset “*towards a system that is locally led and globally supported, rooted in communities and driven by greatest need.*”<sup>8</sup>. Effective coordination at sub-national level is the foundation for any Health Cluster. Sub-National Coordinators have sound knowledge of their operational areas and the partners working in this area. They will be the indicated persons to identify problems as well as potential solutions.

### *1.7 Sub-national coordination*

Taking advantage of partners’ presence and their good knowledge of the situation on the ground as well as their ability to engage local stakeholders in health interventions, the Myanmar Health Cluster plans to establish a system of sub-national Health Cluster Co-Coordination through NGO partners, in close collaboration with the existing, yet double-hatting Sub-National Health Cluster Coordinators.

The Health Cluster will:

- strengthen sub-national coordination through the establishment of Health Cluster Co-Coordicators from NGO partners
- advocate for dedicated funding for health partners to host Health Cluster Co-Coordicators.

### *1.8 Localization*

Based on data collected in the first 3 quarters of 2025, 29% of health partners reporting to the Health Cluster are local NGOs. Local health partners have a unique role to play in health service provision, last-mile delivery of supplies, and disease outbreak response in difficult-to-reach areas where international NGOs and UN agencies have no or limited access. Local NGOs are often part of the community they serve and have better understanding of the local context and better connections with local leaders. Local NGO partners also consist of Civil Society Organizations (CSO) and Community-Based Organizations (CBO).

As local partners often communicate in local languages, it is key that all technical guidance and training tools are made available in local languages.

The Health Cluster will continue to:

- promote local health partners for potential funding opportunities to implement health programs
- support capacity building of local health partners with relevant training activities such as on reporting and monitoring
- engage with existing coordination mechanisms and platforms at national sub-national level, including with the OCHA-led localization working group, to facilitate stronger cooperation with local partners
- strengthen the role of local health partners in Health Cluster coordination and decision-making processes.

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<sup>8</sup> <https://interagencystandingcommittee.org/humanitarian-reset>