

Myanmar Humanitarian Needs and Response Plan (HNRP)

2024

PEOPLE TARGETED
2.7 M



PEOPLE REACHED
820 K *(30%)



USD REQUIRED
129.6 M



USD RECEIVED
35.1 M **(27%)



**TOTAL HEALTH
CLUSTER PARTNERS**

84



**REPORTING HEALTH
CLUSTER PARTNERS**

37



Highlights

- **Health cluster partners reached 0.82M people** in Myanmar during **2024**: 65% were people affected by crisis with humanitarian needs, followed by Internally Displaced People (IDP) (33%), non-displaced stateless people (1.4%) and returned, resettled and locally integrated IDP (0.7%). The majority of people reached were in Rakhine & Southern Chin (29%), followed by Southeast (27%), Northeast (22%) and Northwest (17%).
- As a result of the health cluster's localization strategy, the **number of local health cluster partners increased by 15% in 2024**.
- No signs of containment of the **Acute Watery Diarrhoea (AWD)** outbreak in 9 out of 17 States, with media outlets continuing to report new cases. All NGO partners, including from other clusters have been asked to be report any suspected cases to the health or WASH clusters in the absence of a comprehensive surveillance system
- As per available data¹, some areas in Myanmar report an increase in **malaria** cases of over 700% from 2020 to November 2024, mostly affecting children under five years and pregnant women. Interruption of vector control interventions and chronic shortages of malaria supplies including insecticide-treated nets are key reasons for this worrying surge in cases.
- Vaccination coverage for childhood illnesses is persistently low, with an estimated 1.5 million children under-five having missed basic vaccinations since 2018, posing a serious threat to the risk of **measles, diphtheria and whooping cough** outbreaks and possible re-emergence of **polio**. WHO and UNICEF are coordinating to carry out catch up campaigns.
- Lack of access to **TB** treatment is a rising concern in Myanmar, as it increases the risk of **drug-resistant tuberculosis**.

Health cluster action

Acute Watery Diarrhoea (AWD)

- Unofficial data shows the AWD outbreak continues to spread throughout Myanmar, with currently 9 States affected. In the absence of a comprehensive disease surveillance system, reliable data is unavailable, with case detection relying on third-party sources.
- Available data shows that between 1 January to 30 November 2024, 7498 AWD cases were reported in Myanmar. No official data is available after December 2024 (See WHO's *Multi-country outbreak of cholera external situation report #22*).
- **Partners from all clusters are asked to share rumours of suspected AWD cases with the Health Cluster on semmrebs@who.int or mmr-healthcluster@who.int, to allow for verification and investigation, followed by the necessary response interventions.**
- Joint planning sessions with health, WASH and other cluster partners are conducted at sub-national level to agree on SOPs when suspected AWD cases are reported.
- Prepositioning of supplies (AWD kits, hygiene kits, water testing kits, ORS, rapid diagnostic tests, antibiotics) at sub-national level is ongoing.
- UNICEF conducted a five-day training on AWD response for UNICEF and partners in Yangon on 27-31 January 2025 to develop a simple action plan on how to tackle AWD cases at sub-national level. Additional trainings are being considered.

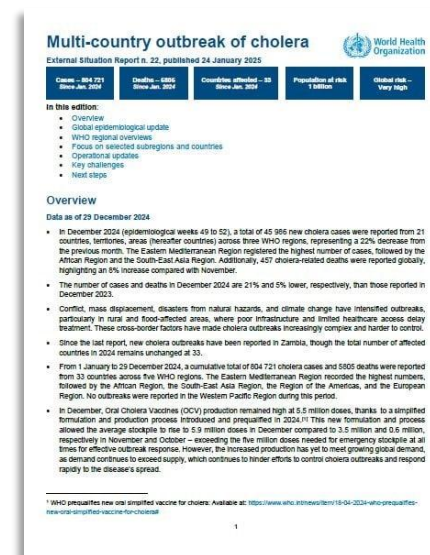
For more information, please see the

Multi-country outbreak of cholera, External situation report #22

For more background information on the global cholera upsurge (2021-present):

<https://www.who.int/emergencies/situations/cholera-upsurge/>

Multi-country outbreak of cholera, External situation report #22 24 January 2025



Multi-country outbreak of cholera
External Situation Report n. 22, published 24 January 2025

Cases – 804 721 (Since Jan. 2021) | Deaths – 1685 (Since Jan. 2021) | Countries affected – 33 (Since Jan. 2021) | Population at risk – 1 billion | Global risk – Very high

In this edition:

- Overview
- Global epidemiological update
- WHO regional overviews
- Focus on selected subregions and countries
- Operational updates
- Key challenges
- Next steps

Overview

Data as of 29 December 2024.

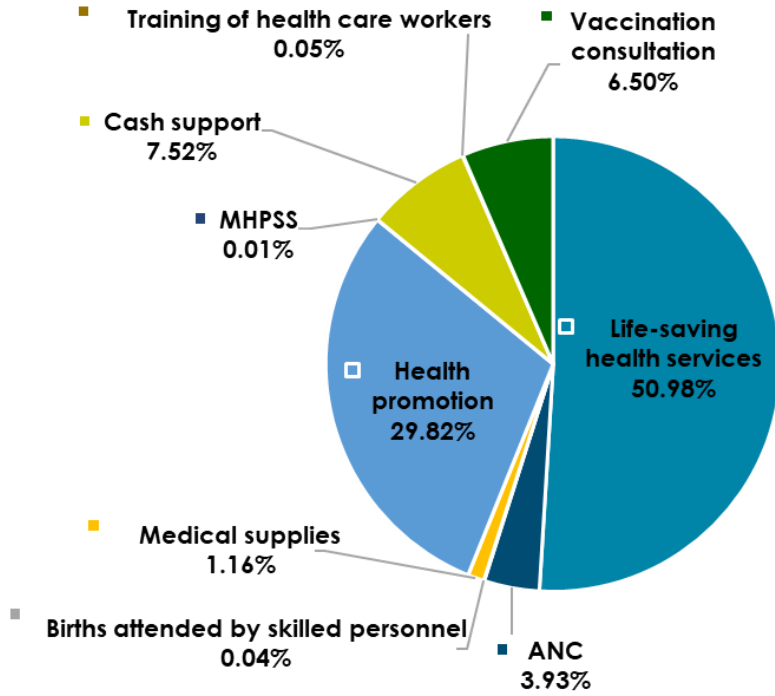
- In December 2024 (epidemiological weeks 49 to 52), a total of 45 956 new cholera cases were reported from 21 countries, territories, areas (hereafter countries) across three WHO regions, representing a 32% decrease from the previous month. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region and the South-East Asia Region. Additionally, 457 cholera-related deaths were reported globally, representing an 8% increase compared with November.
- The number of cases and deaths in December 2024 are 21% and 5% lower, respectively, than those reported in December 2023.
- Conflict, mass displacement, disasters from natural hazards, and climate change have intensified outbreaks, particularly in rural and food-affected areas, where poor infrastructure and limited healthcare access delay treatment. These cross-border factors have made cholera outbreaks increasingly complex and harder to control.
- Since the last report, new cholera outbreaks have been reported in Zambia, though the total number of affected countries in 2024 remains unchanged at 33.
- From 1 January to 29 December 2024, a cumulative total of 804 721 cholera cases and 5105 deaths were reported from 33 countries across five WHO regions. The Eastern Mediterranean Region recorded the highest numbers, followed by the African Region, the South-East Asia Region, the Region of the Americas, and the European Region. No outbreaks were reported in the Western Pacific Region during this period.
- In December, Oral Cholera Vaccines (OCV) production remained high at 5.5 million doses, thanks to a simplified formulation and production process introduced and prequalified in 2024.¹ This new formulation and process allowed the average stockpile to rise to 5.9 million doses in December compared to 3.5 million and 0.6 million, respectively in November and October – exceeding the five million doses needed for emergency stockpile at all times for effective outbreak response. However, the increased production has yet to meet growing global demand, as demand continues to exceed supply, which continues to hinder efforts to control cholera outbreaks and respond rapidly to the disease's spread.

¹ WHO prequalifies new oral simplified vaccine for cholera. Available at: <https://www.who.int/news/item/18-04-2024-who-prequalifies-new-oral-simplified-vaccine-for-cholera>

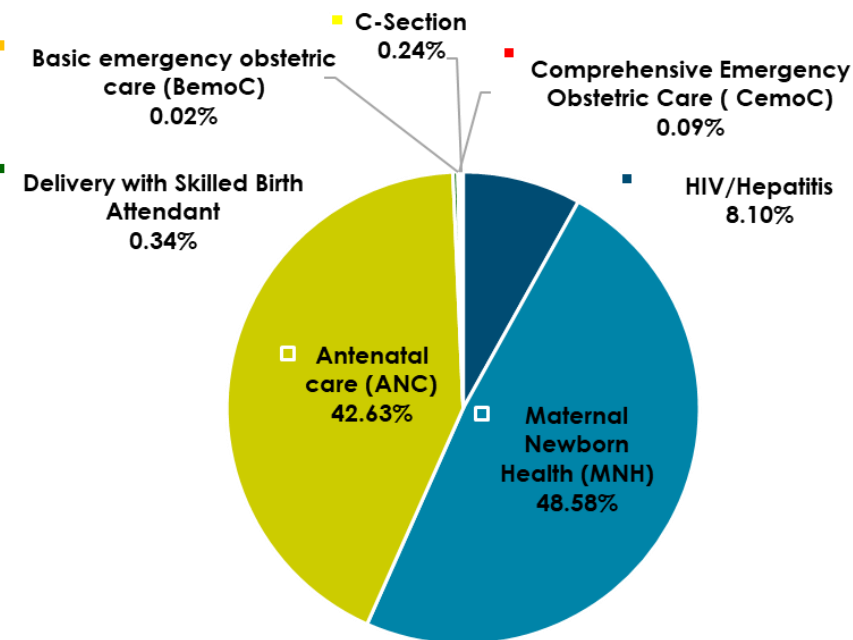
¹ President's Malaria Initiative (PMI) implementation areas

Health Service Delivery

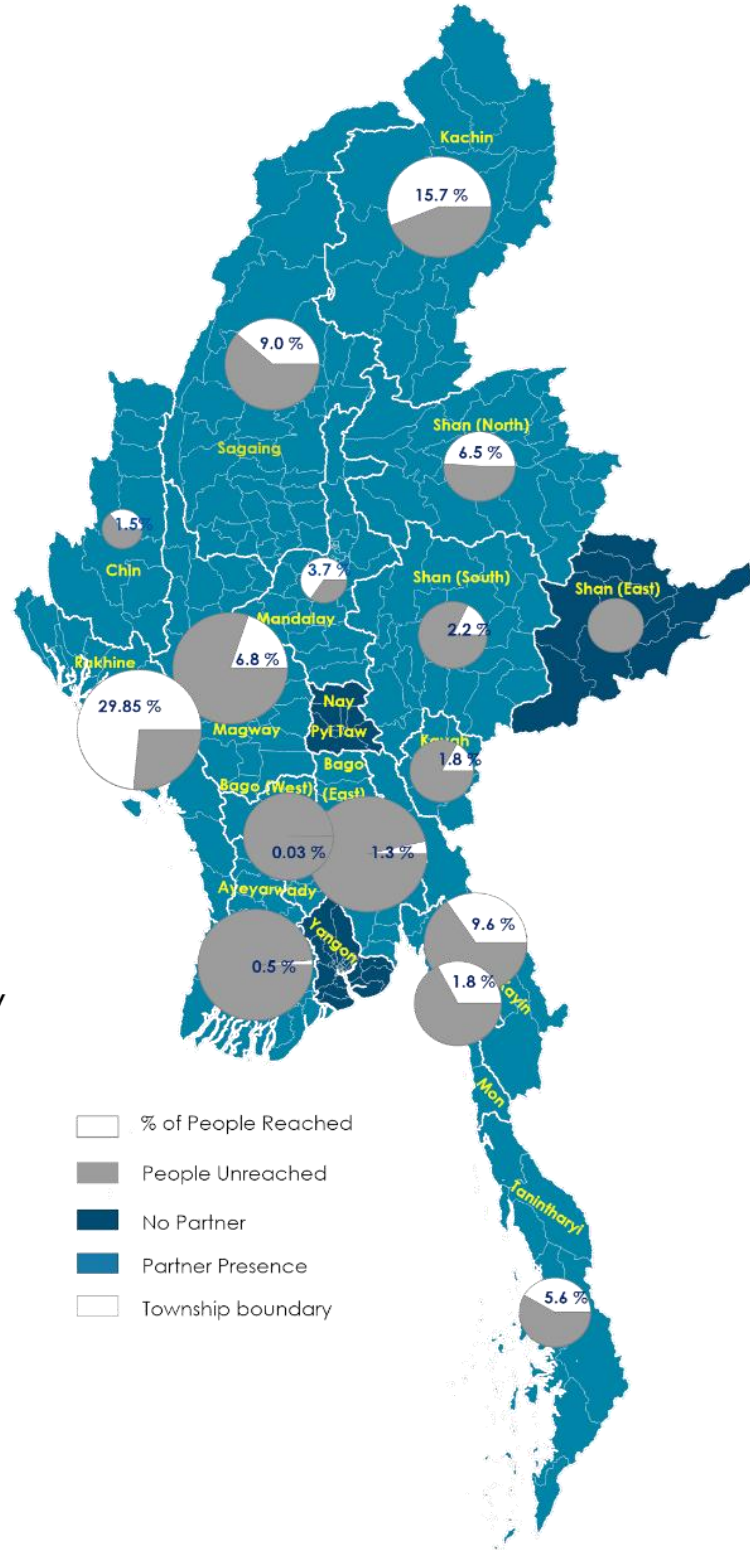
Types of services provided by health cluster partners during 2024 (in %)



Types of Sexual Reproductive Health (SRH) services provided by health cluster partners during 2024 (in %)



Geographical coverage of people reached by health cluster partners during 2024 (in%)



Sexual Reproductive Health

During 2024, UNFPA distributed almost 12,000 Clean Delivery Kits (CDKs) to health partners. Also, during 2024, UNFPA trained over 91 health workers from 22 health partners on Basic Emergency Obstetric and Newborn Care (BEmONC) and Clinical Management of Rape (CMR) in Kachin, Kayin, Southern Shan, and Tanintharyi. UNFPA plans to conduct BEmONC training in Rakhine in early 2025.

New WHO pamphlets available on **Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition** in Myanmar language, including on:

- [Newborn care](#)
- [Safe-motherhood](#)
- [Self-care messages on sexual and reproductive health](#)
- [Skilled birth attendant](#)



UNFPA conducted a 5-day training on BEmONC for 21 health workers from 3 organizations working in Hpa An, Hpa Pun, Thandaunggyi and Taungoo in December 2024. Source: UNFPA

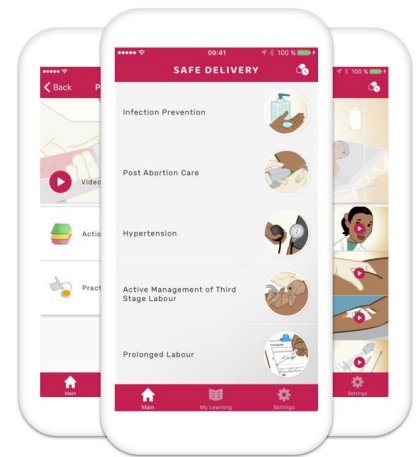
Challenges

- **Lack of data** to allow for effective outbreak prevention, preparedness and response, as well as estimation of overall health needs. A low number of partners reporting (37 out of 84) limits gap analysis of service delivery.
- **Severe shortages of medical supplies**, including pharmaceuticals, diagnostics (laboratory supplies and rapid diagnostics tests), vaccines, bednets, and other. Partners rely on local procurement of sometimes poor-quality medical products in the absence of list of pre-qualified suppliers.
- **Interrupted vaccination interventions because of a lack of access to vaccines is resulting in concerning low routine immunization coverage**, posing significant risks for outbreaks of vaccine-preventable diseases like measles. **Detection of outbreaks is impeded by the absence of a comprehensive disease surveillance system.** WHO and UNICEF are coordinating to carry out catch up campaigns.
- **Serious lack of mental health specialists** in a context of increasing mental health needs due to psychological stress.

Next steps

- **Planning information management workshops at national and sub-national level** to enhance availability and quality of data from **ALL health partners, including those partners working on SRH, GBV, and MHPSS.**
- Working on adaptation of **WHO HQ Quality Assurance tool for locally procured pharmaceuticals** to Myanmar context. **Training for partners in the use of this tool is planned for March-April 2025.**
- Final version of **Myanmar Health Cluster Strategy 2025-26** available [online](#)

Safe Delivery App available in Myanmar language: can be used both online and offline:



Final version of Myanmar Health Cluster Strategy 2025-26
31 January 2025

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), the United Kingdom's Foreign, Commonwealth and Development Office (FCDO), the United States Centers for Disease Control and Prevention (CDC), and the United States Agency for International Development (USAID)'s Bureau for Humanitarian Assistance (BHA).

