Monsoon Preparedness Plan 2025-2026

Contents

Background

Myanmar is considered a very high-risk country for hazard and exposure to humanitarian crises and disasters, ranking 11 out of 191 countries on the INFORM Risk Management Index. Besides devastating earthquakes, Myanmar has been affected by three Category 4 and one Category 5 cyclones since 2006, while flooding in 2015 was recorded as the worst in decades. The pre-existing risk of natural hazards is aggravated by the ongoing conflict in the country since 2021.

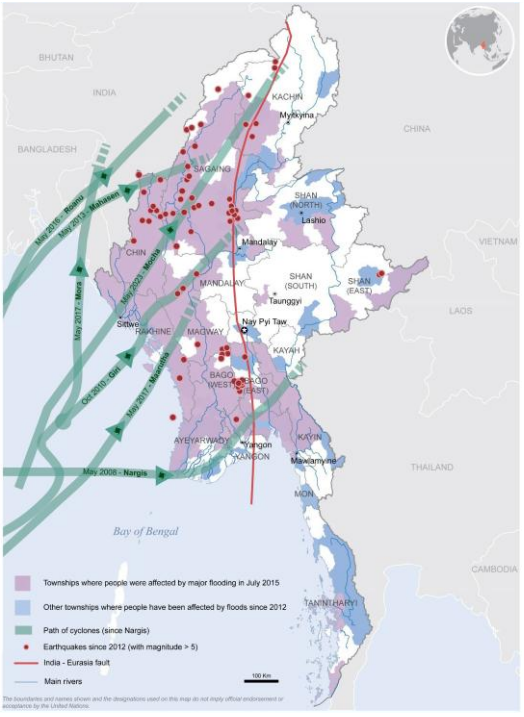
Myanmar's monsoon season occurs from May to October, resulting in seasonal flooding that impacts communities across multiple regions of the country, particularly Ayeyarwady, eastern and western Bago, Chin, Kayin, Rakhine, Sagaing and Tanintharyi. Mountainous areas within these states and regions are also prone to deadly landslides after heavy rain.'[1] Cyclones usually occur in the beginning and at the end of the monsoon season.

Myanmar has an estimated population of 56.2 million, spread over 15 States and Regions, and 330 Townships. According to the INFORM Risk Management Index from March 2025:

- 11 townships are categorized as very high-risk and highly vulnerable,
- 39 townships are categorized as high-risk and highly vulnerable.
- 280 townships are categorized from medium to very low vulnerability levels.

One aggravating risk factor is the increasing displacement of the population as a result of conflict and natural disasters. As of March 2025, over 3,5M people are internally displaced across Myanmar.

To prepare for increased public health risks as a result of the monsoon season, the Health Cluster has developed this Monsoon Preparedness Plan, to guide health partners how to prioritize actions to minimize the public health impact of the monsoon rains.



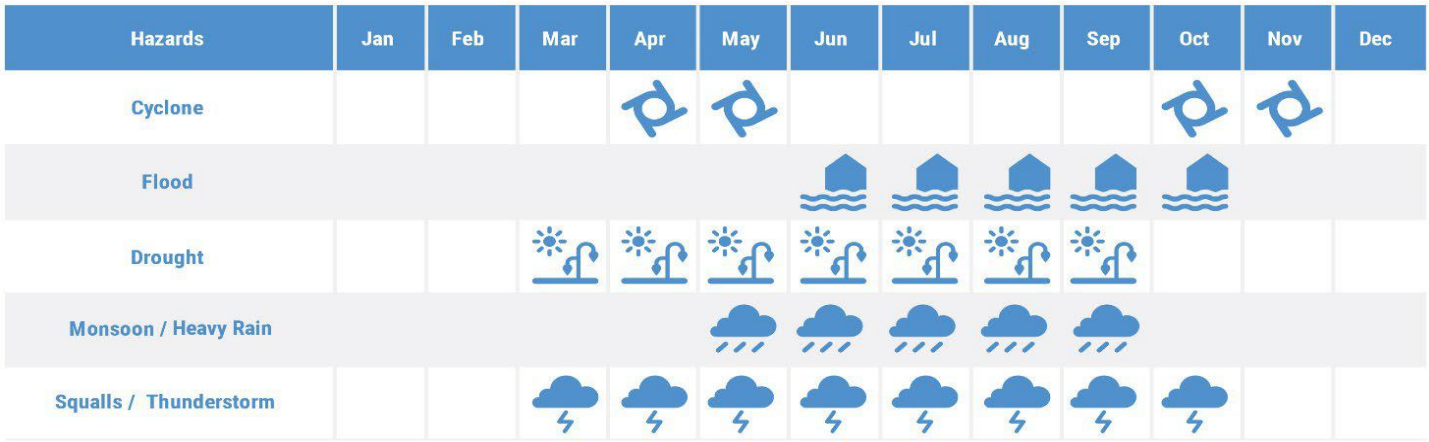
Overview of Natural Disasters in Myanmar (2008-2024) Source: OCHA

This plan aligns with the Myanmar Emergency Response Preparedness (ERP) Plan 2024 prepared by the Office for the Coordination of Humanitarian Affairs (OCHA)'s Emergency Response Preparedness Working Group (ERP WG).

[1] Myanmar Emergency Response Preparedness (ERP) Plan 2024

Hazards and Risks

Myanmar Hazard Calendar[2]



Cyclones

Cyclones usually occur in the beginning and at the end of the monsoon season: in April-May and October-November, developing in the Bay of Bengal, causing death and destruction in Rakhine, Ayeyarwady, and Yangon. Since 1960, 29 cyclones have been recorded in Myanmar, with more than 60% of cyclones happening during May.

Risks associated with tropical storms and cyclones are extreme winds, storm surge, and flooding from heavy rains.

Myanmar's deadliest cyclones recorded since 1968

Year	Cyclone	Category*	State/Region	Deaths
2023	Mocha	5	Rakhine	413
2010	Giri	4	Rakhine	157
2008	Nargis	4	Ayeyarwady	140,000
2006	Mala	4	Rakhine	37
2004	Unnamed	1	Rakhine	236
1968	Unnamed	1	Rakhine	1,037

** Saffir-Simpson Scale*

Extreme winds may cause injuries and deaths as a result of collapsed buildings and flying debris. Often, strong winds impact telecommunication and power installations, leaving people without electricity and any means to communicate. Storm surge is potentially more deadly, with serious risk of drowning as a result of dangerous rise of water, and further destruction of infrastructure. The risks of flooding are described in the next paragraph.

After a cyclone hits, as soon as the situation permits, emergency and trauma care services should be made available to treat the injured people and debris caused by the cyclone should be removed.

Risks	Actions
- Debris from damaged buildings and infrastructure can cause injury and death - Drowning can cause injury and death - Lack of access to health care due to damaged road infrastructure and health facilities - Lack of medical supplies due to damage - Lack of access to clean water due to damaged drinking water supply systems - Overflowing of sewage and presence of dirty water causing unsanitary conditions such as rat infestations - Other health concerns (e.g. animal bites) - Mental health and psychosocial problems	**Preparedness** - Preposition trauma kits, basic emergency medical kits, sexual reproductive health (SRH) kits, including clean delivery kits, and supplies like body bags, anti-snake venom, rabies vaccines - Train partners on first aid, trauma care, mass casualty, and dead body management - Contingency planning with health partners at sub-national level, including availability of generators and fuel or solar power in case of power cuts **Response** - Mobilize partners for life-saving trauma care including essential SRH services and MHPSS - Mobilize trauma kits and supplies, like anti-snake venom, rabies vaccines - Advocate for rubble removal to enable access to health care facilities for injured people - Train and advocate on appropriate management of the dead, including identification, and proper burial **Prevention and mitigation** - Advocate for cyclone-proof health facilities and drinking water and sanitation schemes - Collaborate with development donors and partners on cyclone- and flood-mitigation programs

[2] Myanmar Emergency Response Preparedness (ERP) Plan 2024

Flooding

Floods are regular events in Myanmar, mostly occurring alongside the banks of the major rivers. Pre-monsoon floods are usually caused by cyclones, whereas late-monsoon floods are typically the result of heavy rainfall.

Floods cause damage to infrastructure and crops, and subsequent loss of livelihoods, displacement, and food insecurity. Damage to health facilities, as well as roads and bridges, is impeding access to health services and last-mile delivery of supplies, while damage to water supply systems is hampering access to safe drinking water.

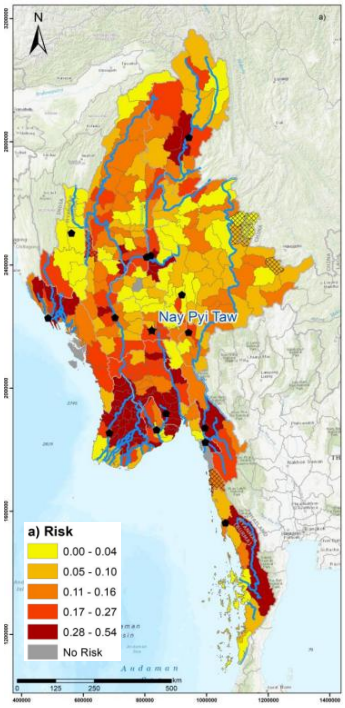
Excess of stagnant water enables various potentially life-threatening public health risks, through mosquito breeding and unsanitary conditions, increasing the possibility of vector-borne diseases, as well as other health problems caused by dirty water. Absence of clean drinking water is forcing affected populations to use unsafe water for drinking and washing, significantly increasing the risk of water-borne diseases like cholera, diphtheria, and typhoid.

Food insecurity is negatively impacting malnutrition, resulting in poor health status among affected populations, increasing the risk of high morbidity and mortality from infectious diseases.

Loss of livelihoods and displacement is furthermore causing mental health and psychosocial problems among affected populations.

Floods can be forecasted and prepared for thanks to effective meteorological information sharing, which can help to ensure timely preparedness interventions are in place.

Health partners are providing basic health services to flood-affected populations. Partners also support interventions to prevent and respond to disease outbreaks.



Flood Risk Map at Township level. Source: MIMU

Risks	Actions

- Lack of access to health care due to damaged health facilities
- Lack of supplies in health facilities resulting in interruption of treatment of communicable diseases (HIV/AIDS, TB) and non-communicable diseases (diabetes, hypertension)
- Lack of access to health care due to displacement (i.e., to areas without functional health facilities)
- Lack of access to clean water due to damaged drinking water supply systems
- Lack of access to food supplies
- Overflowing of sewage and presence of dirty water causing unsanitary conditions such as rat infestations
- Displacement (i.e., risk of overcrowding, lack of access to drinking water and sanitation)
- Disease outbreaks (including Cholera, Malaria, Measles)
- Other public health concerns (Typhoid, Hepatitis A, snake bites)
- Mental health and psychosocial problems
	Preparedness
	- Preposition basic emergency medical kits, SRH kits, including clean delivery kits and essential drugs for treatment of communicable diseases like HIV and TB, as well as non-communicable diseases like diabetes and hypertension,
	- Preposition supplies for prevention and response to disease outbreaks, including for testing and treatment of infectious diseases like cholera, malaria, measles,
	- Preposition other supplies like anti-snake venom, rabies vaccines, GBV kits, and psychotropic drugs
	- Train partners on Early Warning and Alert Response Surveillance Systems (EWARS) for timely prevention and response to disease outbreaks
	- Train partners on treatment of infectious diseases like cholera and malaria
	- Contingency planning with health partners at sub-national level
	
	Response
	- Mobilize partners for:
	  ○ Life-saving health service delivery including SRH and MHPSS services to affected populations including through mobile clinics
	  ○ Last-mile delivery of medical supplies
	  ○ Health promotion messaging to affected populations on relevant topics
	- Mobilize external funding to support partners
	- Mobilize emergency supplies for testing and treatment of infectious diseases
	- Mobilize additional supplies, like anti-snake venom
	
	Prevention and mitigation
	- Advocate for increased flood-mitigation works (dams, dykes, irrigation canals)
	- Advocate for durable investments in safe drinking water and sanitation schemes in cholera hotspot woredas
	- Collaborate with development donors and partners on integrated flood-mitigation programs (e.g., in cholera hotspot townships)

Landslides and Earthquakes

Myanmar's mountainous terrain in regions such as Chin, Shan, and parts of Kachin State, is highly vulnerable to landslides during the monsoon season as heavy rainfall saturates the soil. Deforestation and improper land use practices exacerbate the risk of landslides by destabilizing slopes and reducing the soil's ability to absorb water.

Myanmar is also earthquake-prone, being situated between the India and Eurasia tectonic plates, located in the centre of the country. Earthquakes can trigger landslides. Landslides and earthquakes can lead to the destruction of homes, infrastructure, and agricultural land. The sudden onset of landslides during monsoon rains can make it challenging to issue timely warnings and evacuate affected areas, resulting in higher casualties and property damage.

The earthquake that struck Myanmar on 28 March 2025, killing almost 4,000 people in 58 townships in Bago, Kayin, Magway, Mandalay, Naypyitaw, Southern Shan and Sagaing has inflicted substantial damage on public infrastructure, including roads, bridges, but also health facilities.

Risks associated with landslides and earthquakes are death and injury as a result of mass movement of material, such as rock, earth or debris, as well as destruction of health infrastructure, limiting access to health care. An additional risk is the dislocation of unexploded ordnances and landmines, which pose a lethal threat to affected populations.

After an earthquake or landslide, as soon as the situation permits, emergency and trauma care services should be made available to treat the injured people and debris caused by landslides and earthquakes should be removed, followed by resumption of routine health programs disrupted by the earthquake or landslide.

As this Plan focuses on risks associated with the monsoon, it does not detail specific earthquake risks and actions.

Risks	Actions

- Injury and death as a result of mass movement of material, such as rock, earth or debris from damaged buildings and infrastructure, as well as from explosion of dislocated unexploded ordnances and landmines
- Lack of access to health care due to damaged road infrastructure and health facilities
- Lack of medical supplies due to damage
- Lack of access to clean water due to damaged drinking water supply systems
- Lack of access to health care due to displacement (i.e., to areas without functional health facilities)
- Lack of access to food supplies
- Displacement (i.e., risk of overcrowding, lack of access to drinking water and sanitation)
- Disease outbreaks (including Cholera, Malaria, Measles)
- Other public health concerns (Typhoid, Hepatitis A, animal bites)
- Mental health and psychosocial problems
	Preparedness
	- Preposition trauma kits and supplies like body bags, anti-snake venom, rabies vaccines
	- Preposition basic emergency medical kits, SRH kits, including clean delivery kits, and essential drugs for treatment of communicable diseases like HIV and TB, as well as non-communicable diseases like diabetes and hypertension,
	- Preposition supplies for prevention and response to disease outbreaks, including for testing and treatment of infectious diseases like cholera, malaria, measles,
	- Train partners on trauma care, mass casualty, and dead body management
	- Train partners on Early Warning and Alert Response Surveillance Systems (EWARS) for timely prevention and response to disease outbreaks
	- Train partners on treatment of infectious diseases like cholera and malaria
	- Contingency planning with health partners at sub-national level
	
	Response
	- Mobilize partners for:
	  ○ Life-saving trauma care and health service delivery including SRH and MHPSS services to affected populations including through mobile clinics
	  ○ Last-mile delivery of medical supplies
	  ○ Health promotion messaging to affected populations on relevant topics
	- Mobilize external funding to support partners
	- Mobilize trauma kits including for physical rehabilitation kits, and other supplies like anti-snake venom, rabies vaccines, and emergency supplies for testing and treatment of infectious diseases
	- Awareness raising on risks of dislocated unexploded ordnances and landmines
	- Advocate for rubble removal to enable access to health care facilities for injured people
	- Advocate on appropriate management of the dead, including identification, and proper burial
	
	Prevention and mitigation
	- Advocate for location of health facilities and drinking water and sanitation schemes in non-landslide prone areas
	- Advocate for mitigation measures in landslide-prone areas like reinforcement of slopes

Regional Vulnerability, Risk and Capacity Assessment

Northeast

Kachin

Townships	**18**
Population	2.04M
IDP Population	113,406

Kachin State is situated in Northern Myanmar. Due to its abundant water resources (e.g. the Ayeyarwady River originates in Kachin State), high rainfall and mountainous lands, the state is at high risk of floods and landslides. Major cities like Myitkyina and Bhamo are regularly affected by flooding.

Hpakant Township in Kachin State contains Myanmar's biggest Jade mine, significantly contributing to environmental degradation of the area, increasing the risk of landslides.

Kachin State is furthermore affected by conflict, impeding consistent access to health care for people affected by natural disasters.

Vulnerability, Risk and Capacity Overview

Township	Vulnerability Index	Risk				IDPs	Partners	Warehouse	Airport
		Flood	Landslide	Malaria	Cholera				
Mansi	Very High	Y			Y	Y	4		
Hpakant	High		Y	Y	Y	Y	2		
Waingmaw	High	Y	Y	Y	Y	Y	7		
Moemauk	High				Y	Y	2		
Puta-O	High		Y		Y		1		
Bhamo	Medium	Y	Y		Y	Y	7	Y	Y
Myitkyina	Medium	Y	Y	Y	Y	Y	13	Y	Y
Shwegu	Medium	Y		Y	Y	Y	3		
Tsawlaw	Low	Y			Y				
Machanbae	Low	Y							

In Kachin state, the Early Warning, Alert and Response System (EWARS) has already been established and Rapid Response Teams (RRT) have been trained.

Health partners are mostly present in areas with IDP camps.

Risk Matrix

Impact	Likelihood: Likely	Likelihood: Very Likely	Likelihood: Almost Certain
Critical			Conflict
Severe	Civil unrest Injuries from Explosive Remnants of War (ERW)	Flood Landslide TB	
Moderate	Dengue Heat wave Influenza	AWD/Cholera Malaria Measles Polio	

Northern Shan

Northern Shan State is affected by conflict between various armed groups, with recent operations severely impeding access to health care. The border with China is furthermore posing additional risks because of dynamic population movements.

Townships	**24**
Population	2.21M
IDP Population	29,438

While floods and landslides rarely occur in the region, Northern Shan State is at elevated risk of infectious diseases like malaria, dengue, influenza, and some zoonotic diseases.

In view of logistics constraints, stocks should be prepositioned in Lashio, Taunggyi, and Mandalay because of airport and warehouse presence.

Vulnerability, Risk and Capacity Overview

Township	**Vulnerability Index**	**Risk**				**IDPs**	**Partners**	**Warehouse**	**Airport**
		Flood	Landslide	Malaria	Cholera				
Kutkai	Very high				Y	Y	5		
Manton	Very High					Y	3		
Konkyan	High		Y	Y			1		
Mongmit	High	Y							
Laukkaing	High		Y	Y	Y	Y	1		
Kyaukme	High				Y	Y	3		
Lashio	High				Y	Y	4	Y	Y
Muse	High				Y	Y	2		
Tanyang	High				Y	Y	1		
Hsipaw	High				Y	Y	3		
Namkham	High					Y	1		
Hseni	High					Y			
Kunlong	Low	Y		Y			1		
Hopang	Low	Y		Y			1		

Health partners are mostly present in areas with IDP camps.

Risk Matrix

Impact \ **Likelihood**	**Likely**	**Very Likely**	**Almost Certain**
Critical			Conflict
Severe	Civil unrest Financial crisis Injuries from Explosive Remnants of War (ERW)	Measles Polio TB	
Moderate	AWD/cholera Dengue Drought Landslide Influenza Scabies Varicella	Malaria	
Minor	Flood		

Rakhine

Rakhine is located in the western part of Myanmar, along the Bay of Bengal. Townships most vulnerable for cyclones are Sittwe, Buthidaung, Maungdaw, Pauktaw, Rathedaung, Myebon, and Gwa. Cyclone Mocha in 2023 killed over 400 people, damaging large parts of the region's infrastructure.

Townships	**17**
Population	3.39M
IDP Population	344,714

Internal conflict between armed groups is causing large-scale displacement, as well as severe access restrictions.

Vulnerability, Risk and Capacity Overview

Township	Vulnerability Index	Risk				IDPs	Partners	Warehouse	Airport
		Flood	Landslide	Malaria	Cholera				
Maungdaw	Very high	Y		Y	Y	Y	6		
Buthidaung	Very high	Y		Y	Y	Y	6		
Sittwe	Very high			Y	Y	Y	15	Y	Y
Myebon	Very high	Y		Y		Y	1		
Pauktaw	Very high	Y	Y	Y	Y	Y	6		
Rathedaung	Very high	Y		Y		Y	3		
Kyuaktaw	Very high	Y		Y	Y	Y	6		
Minbya	High	Y		Y		Y	5	Y	
Kyaukphyu	High		Y						Y
Mrauk-U	High	Y			Y	Y	6	Y	
Ann	Medium	Y		Y	Y	Y	6		
Gwa	Medium	Y			Y	Y	1		

Sittwe is the logistics and transportation hub for Rakhine State, from where most townships could be readily accessible. Minbya and Ann townships are alternative locations for the prepositioning of stocks in case access to Sittwe is constrained.

Health partners are only present in areas with IDP camps.

Risk Matrix

Impact \ Likelihood	Likely	Very Likely	Almost Certain
Critical			Conflict
Severe	Civil unrest Drought Injuries from Explosive Remnants of War (ERW)	AWD/Cholera Cyclone Flood Landslide Malaria Measles Polio TB	
Moderate	Dengue Influenza Varicella		

Southeast

The Southeast region of Myanmar consists of Eastern Bago, Karenni, Kayin, Mon, Southern Shan, and Tanintharyi. Great part of this region is affected by internal conflict. Mon and Tanintharyi are coastal areas where storms, floods, and landslides frequently happen in monsoon.

Townships	**74**
Population	12.2M
IDP Population	716,000

The border with Thailand is posing additional risks because of dynamic population movements.

Vulnerability, Risk and Capacity Overview

Eastern Bago

Township	**Vulnerability Index**	**Risk**				**IDPs**	**Partners**	**Warehouse**	**Airport**
		Flood	Landslide	Malaria	Cholera				
Kawa	Medium	Y		Y					
Thanatpin	Medium	Y		Y					
Daik-U	Medium	Y	Y	Y					
Kyaukki	Low	Y	Y	Y		Y	2		
Nyaunglaybin	Low	Y		Y		Y			
Bago	Low	Y		Y			1		

Karen

Township	**Vulnerability Index**	**Risk**				**IDPs**	**Partners**	**Warehouse**	**Airport**
		Flood	Landslide	Malaria	Cholera				
Hlainbwe	High	Y		Y		Y	8		
Kawkareik	High	Y	Y	Y	Y	Y	6		
Hpa-pun	High	Y		Y		Y	5		
Thandaunggyi	High	Y	Y	Y		Y	3		
Hpa An	Medium	Y	Y	Y		Y	5	Y	
Myawaddy	Medium	Y	Y	Y	Y	Y	3	Y	
Kyarinseikyi	Low	Y		Y		Y	4		

Karenni

Township	**Vulnerability Index**	**Risk**				**IDPs**	**Partners**	**Warehouse**	**Airport**
		Flood	Landslide	Malaria	Cholera				
Loikaw	Low	Y		Y		Y	15		Y
Hpasung	Low	Y	Y	Y		Y	0		
Bawlakhe	Low	Y		Y		Y	0		
Demoso	Low	Y	Y	Y		Y	11		
Hpruso	Low		Y	Y		Y	6		
Mese	Very low			Y		Y	1		

Mon

Township	**Vulnerability Index**	**Risk**				**IDPs**	**Partners**	**Warehouse**	**Airport**
		Flood	Landslide	Malaria	Cholera				
Ye	Medium			Y	Y	Y	2		
Chaungzone	Medium	Y		Y			1		
Bilin	Low		Y	Y		Y	2		
Mawlamyine	Low	Y		Y		Y	2	Y	Y
Thanphyuzayat	Low		Y	Y	Y	Y	2		

Southern Shan

Township	Vulnerability Index	Risk				IDPs	Partners	Warehouse	Airport
		Flood	Landslide	Malaria	Cholera				
Maukmai	High	Y	Y	Y		Y	6		
Pekon	Medium	Y	Y	Y		Y	6		
Pinlaung	Medium	Y	Y	Y		Y	1		
Langkho	Low	Y		Y		Y	6		

Tanintharyi

Township	Vulnerability Index	Risk				IDPs	Partners	Warehouse	Airport
		Flood	Landslide	Malaria	Cholera				
Launglon	*Medium*	Y	Y	Y		Y			
Dawei	Low			Y	Y	Y	3	Y	Y
Kawthaung	Low		Y	Y					Y

In the Southeast, the major vulnerable locations are located in Kayin. For the timely response of emergency, Hpa An should be the first considerable place for prepositioning of stocks. For Bago (East) and Mon, due to limited partners' capacity, delivery from Yangon to the affected locations would be more feasible.

Risk Matrix

Impact \ Likelihood	Likely	Very Likely	Almost Certain
Critical			Conflict
Severe	Cyclone Civil unrest Injuries from Explosive Remnants of War (ERW) Landslide	AWD/Cholera Malaria Measles Polio TB	Flood
Moderate	Dengue Drought Influenza Varicella		

Northwest

The Northwest region is composed of Chin, Sagaing and Magway, which is vulnerable to floods and landslides due to its geographical characteristics. Conflicts and armed clashes after 2021 are impeding access to health services.

Townships	**70**
Population	10.3M
IDP Population	1.4

The border with India is posing additional risks because of dynamic population movements, as well as the presence of gold mines contributing to health risks related to migrant population.

Vulnerability, Risk and Capacity Overview

Chin

Township	**Vulnerability Index**	**Risk**				**IDPs**	**Partners**	**Warehouse**	**Airport**
		Flood	Landslide	Malaria	Cholera				
Paletwa	Very high		Y	Y	Y	Y	3		
Htantalang	Medium		Y		Y	Y			
Falam	Medium		Y	Y	Y	Y			
Mindat	Medium		Y	Y	Y	Y	3		
Matupi	Medium		Y	Y	Y	Y	1		
Hakah	Low		Y	Y	Y	Y	5	Y	

Magway

Township	**Vulnerability Index**	**Risk**				**IDPs**	**Partners**	**Warehouse**	**Airport**
		Flood	Landslide	Malaria	Cholera				
Myaing	Medium				Y	Y			
Pauk	Medium				Y	Y			
Pwitnphyu	Medium	Y				Y	1		
Salin	Medium	Y				Y	1		
Seidoktaya	Low	Y		Y		Y	1		
Pakokku	Low	Y			Y	Y	2		
Gangaw	Low	Y			Y	Y	3		

Sagaing

Township	**Vulnerability Index**	**Risk**				**IDPs**	**Partners**	**Warehouse**	**Airport**
		Flood	Landslide	Malaria	Cholera				
Lahe	Medium		Y	Y	Y				
Mingin	Medium	Y		Y		Y			
Myaung	Medium				Y	Y			
Nanyun	Medium		Y	Y	Y				
Pale	Medium	Y		Y		Y			
Chaung U	Low					Y			
Kalay	Low	Y		Y	Y	Y	7	Y	Y
Kanin	Low			Y		Y			
Kantbalu	Low					Y	2		
Monywa	Low					Y	2	Y	Y
Taze	Low					Y			
Ye U	Low					Y	3		

Mandalay

Township	**Vulnerability Index**	**Risk**				**IDPs**	**Partners**	**Warehouse**	**Airport**
		Flood	Landslide	Malaria	Cholera				
Mandalay	Low				Y	Y	2	Y	Y

For timely delivery of emergency supplies to Sagaing and Magway, stocks should be prepositioned in Kalay, Mandalay, Monywa and Magway, whereas for Chin, Hakha is the ideal location.

Risk Matrix

Impact	Likelihood: Likely	Likelihood: Very Likely	Likelihood: Almost Certain
Critical			Conflict
Severe	Civil unrest Injuries from Explosive Remnants of War (ERW)	AWD/Cholera Dengue Malaria Measles TB	
Moderate		Flood Landslide Influenza	

Emergency Health Interventions

Health Service Delivery

Any situation where health facilities are rendered not functional, or any situation that results in the displacement of people should immediately activate a response.

As per the Myanmar Emergency Response Preparedness (ERP) Plan 2024, the Health Cluster should at once mobilize partners to conduct joint damage and needs assessments within 72 hours after any incident is reported.

Once the assessment confirms the need for an urgent health intervention, health partners should be mobilised to provide life-saving health services to affected people within a reasonable period. Health services include sexual reproductive health and mental health services, amongst other. Particularly in areas with pre-existent presence of health partners, this process is relatively fast.

Depending on the situation, health partners mobilize their teams to initiate health service delivery at health facility level, through mobile health teams and community-based health workers (CBHWs), as well as teleconsultations. Partners can also support with training of health workers, immunization, health promotion activities, surveillance, and last-mile delivery of supplies.

As Myanmar is suffering a severe shortage of mental health specialists, partners are supporting with provision of specialized psychiatric care, including psychotropic drugs, diagnosis, and referral of severe cases. MHPSS has an important non-medical component, aimed at preventing mild cases from becoming severe through psychological first aid and other activities that do not require a medical specialisation. These activities are supported by the MHPSS TWG and the Protection Cluster.

In situations of sudden displacement, people with disabilities and older people are often left behind. Associations of people with disabilities and older people can facilitate with the identification of these vulnerable groups in times of need.

Similarly, for enhanced inclusion of people with disabilities and older people in health programs, the Health Cluster will partner with existing organizations and platforms for people with disabilities, such as the Technical Advisory Group on Disability Inclusion (TAG) to increase awareness for health partners to recognize the special needs of people with disabilities and older people, as well as innovative ways to improve their access to health care, including through the provision of assistive devices.

<table>
<tr><th>What</th><th>Who</th><th>When</th><th>Where</th></tr>
<tr><td>Prepositioning of medical supplies</td><td>WHO/UNICEF/UNFPA</td><td rowspan="2">Continuous</td><td>Selected warehouses</td></tr>
<tr><td>Update guidelines/SOPs, RCCE materials and contact list</td><td rowspan="4">Health Cluster</td><td rowspan="2">National level</td></tr>
<tr><td>Review and update RNA and MIRA questionnaires</td><td rowspan="2">March</td></tr>
<tr><td>Review and update preparedness plan and checklists, and preparations for Rapid Response Team on stand-by</td><td>Sub-national level</td></tr>
<tr><td>Ad hoc health cluster meeting</td><td rowspan="2">72 hours after incident</td><td rowspan="11">Affected areas</td></tr>
<tr><td>Update health partner 3W</td></tr>
<tr><td>Mobilize Rapid Response Team for assessment</td><td rowspan="5">Partners</td></tr>
<tr><td>Mobilize Rapid Response Team for first aid and emergency health services, triage, referrals, coordinate on the dignified burial of the dead</td><td rowspan="4">Asap</td></tr>
<tr><td>Mobilize mobile health teams and CBHWs for continuous essential health services, restoring primary and secondary health services to affected populations</td></tr>
<tr><td>Prevent, detect, and effectively and timely respond to communicable diseases outbreaks</td></tr>
<tr><td>Dispatch necessary supplies</td></tr>
<tr><td>Train health workers</td><td rowspan="4">Partners</td><td rowspan="4">As needed</td></tr>
<tr><td>Preventative vaccination interventions</td></tr>
<tr><td>Health and hygiene promotion through RCCE</td></tr>
<tr><td>Contribute to the early recovery, rehabilitating and restoring health services (Build Back Better)</td></tr>
</table>

Disease Outbreak Response

The absence of reliable and timely disease data is hampering the rapid detection of, and response to disease outbreaks. Existing surveillance systems like WHO's Early Warning, Alert and Response System (EWARS) are functional but provide limited data.

The Health Cluster relies heavily on partners to support with the reporting and verification of potential disease outbreaks, as well as with the rapid mobilization of supplies to control any outbreak from spreading. Besides surveillance, health partners support with case management, training of health workers, and RCCE.

Cholera and other Water-borne Diseases

In view of the lack of data on existing disease outbreaks in the country, a multi-source risk assessment on Acute Watery Diarrhoea/Cholera was conducted in 2024, identifying 20 townships throughout Myanmar at high risk of cholera. Many of these townships are also highly vulnerable to the impact of the monsoon.

Key to cholera is to tackle the outbreak when still few cases are reported, to prevent further spread of the disease. Preparedness measures should be in place in high-risk townships to facilitate rapid mobilization of response efforts.

One suspected case of cholera should trigger immediate action, aimed at rapid mobilization of supplies to prevent further spread of cholera through stepping up surveillance, outbreak investigation, water testing and chlorination, Oral Rehydration Salts (ORS) for treatment of mild cases, and RCCE to inform about the risks of cholera to the population of affected townships that reported cholera cases, as well as neighbouring townships.

Because of political sensitivities, laboratory confirmation of a cholera case is not always feasible in Myanmar. Cholera Rapid Diagnostics Tests (RDTs) is also not readily available. Response interventions should there not depend on confirmatory tests, and should always be implemented in areas where a cholera outbreak is suspected based on an increase in cases and severity of disease in suspected cases.

Cholera hotspot townships in Myanmar

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

Once a suspected cholera case or a persistent increase in Acute Watery Diarrhoea cases is reported, water quality testing should be done to identify the source of infection. Once the source of the infection is confirmed, the population should be provided with alternative, clean drinking water supply either through water trucking or water chlorination. Water quality testing and chlorination should be conducted together as part of outbreak investigations. This entails close collaboration with WASH Cluster partners, that can rapidly mobilise the necessary tools and supplies in the locations where contaminated water sources have been found. In addition, it is key that populations are immediately informed of the risks of drinking unsafe water through RCCE campaigns.

Treatment of mild cases with suspected cholera or Acute Watery Diarrhoea can be easily treated with ORS, preferably at the community level. Training of community health workers and RCCE for the population are key interventions to ensure the appropriate use of ORS. RCCE is considered a crucial and life-saving activity in cholera outbreaks.

Because of the ease of infection, severe cholera cases should be treated in isolation, maintaining strict Infection Prevention Control (IPC) measures. Because of the political sensitivities and access restrictions in Myanmar, it is not possible to closely monitor the adherence to IPC measures of health facilities treating severe cholera cases.

What	Who	When	Where
Prepositioning of cholera supplies	WHO/UNICEF	January	Selected warehouses close to cholera hotspots
Prepositioning of IEC materials			
Training on cholera preparedness			
Strengthened surveillance	Partners	1 suspected case of cholera and/or persistent increase in Acute Watery Diarrhoea cases	Affected areas
Outbreak investigation			
Water quality testing and chlorination (**with WASH Cluster**)			
Health and hygiene promotion through RCCE			
Distribution of cholera supplies including ORS and IEC materials			
Train community health workers			
Train partners on IPC	WHO		

Malaria and other Vector-Borne Diseases

Malaria is considered endemic in many parts of Myanmar. Reliable data on malaria is only available from areas where health partners have been implementing malaria programs for an extended period of time, allowing comparison of data. For example, as per data provided by the President's Malaria Initiative (PMI), Myanmar has experienced an almost 300% increase in malaria cases from 2020 to 2023. In areas where PMI partners have been implementing lifesaving malaria services, cases sharply increased by 718% from 2020 to November 2024. In this same period, malaria cases in children under five years increased fourfold, whilst cases in pregnant women increased fivefold. Interruption of vector control interventions to minimise the mosquito population is one of the main reasons for the worrying surge in malaria cases.

Partners report chronic shortages of malaria supplies at health facility level, impeding diagnostics and treatment of cases. In addition, long-lasting insecticidal nets (LLINs) are reportedly the most difficult items to transport, with many communities currently not having access to this effective protection measure against malaria and other vector-borne diseases.

Lack of awareness among the wider population about the dangers of malaria, is preventing them to take the necessary precautions to protect themselves against the disease. In areas affected by conflict and floods, where health facilities cannot be reached, the lack of malaria supplies or ability to train health workers in the latest protocols may cause unnecessary high morbidity and mortality.

What	Who	When	Where
Preposition kits and other supplies	WHO/UNICEF	January	Selected warehouses
Vector control interventions	UNICEF		Selected locations
Train health workers in latest protocols	WHO		
RCCE on malaria transmission and prevention	Partners	Asap	Affected areas
Conduct cleaning up campaigns			
Dispatch necessary supplies			
Train health workers in surveillance of malaria			
Last mile delivery of supplies			

Measles and other Vaccine-Preventable Diseases

Vaccination coverage for childhood illnesses is persistently low in Myanmar, with an estimated 1.5 million children under-five having missed basic vaccinations since 2018, posing a serious threat to the risk of measles and diphtheria outbreaks and possible re-emergence of polio. Because of lack of reliable data, no information is available on measles outbreaks occurring in the country. Health partners are furthermore not allowed to vaccinate, significantly hampering effective prevention of and response to this deadly disease.

Malnutrition weakens the human defence system, particularly for children, resulting in higher susceptibility to infectious diseases like measles and malaria, and more severe outcome of disease, leading to preventable deaths.

In the absence of reliable data on measles outbreaks, health partners should be prepared to treat severe measles cases. RCCE is a crucial intervention to inform the population of the risks of measles, and the importance of vaccination and early health-seeking behaviour, to avoid unnecessary mortality due to complications from measles.

What	Who	When	Where
RCCE on importance of vaccination	Partners	Continuous	Everywhere
Preposition kits and other supplies	WHO/UNICEF	January	Selected locations
Train health workers in latest protocols	WHO		
Dispatch necessary supplies	Partners	Asap	Affected areas
RCCE on measles transmission to promote early health seeking			
Treatment of mild and severe cases			

Coordination

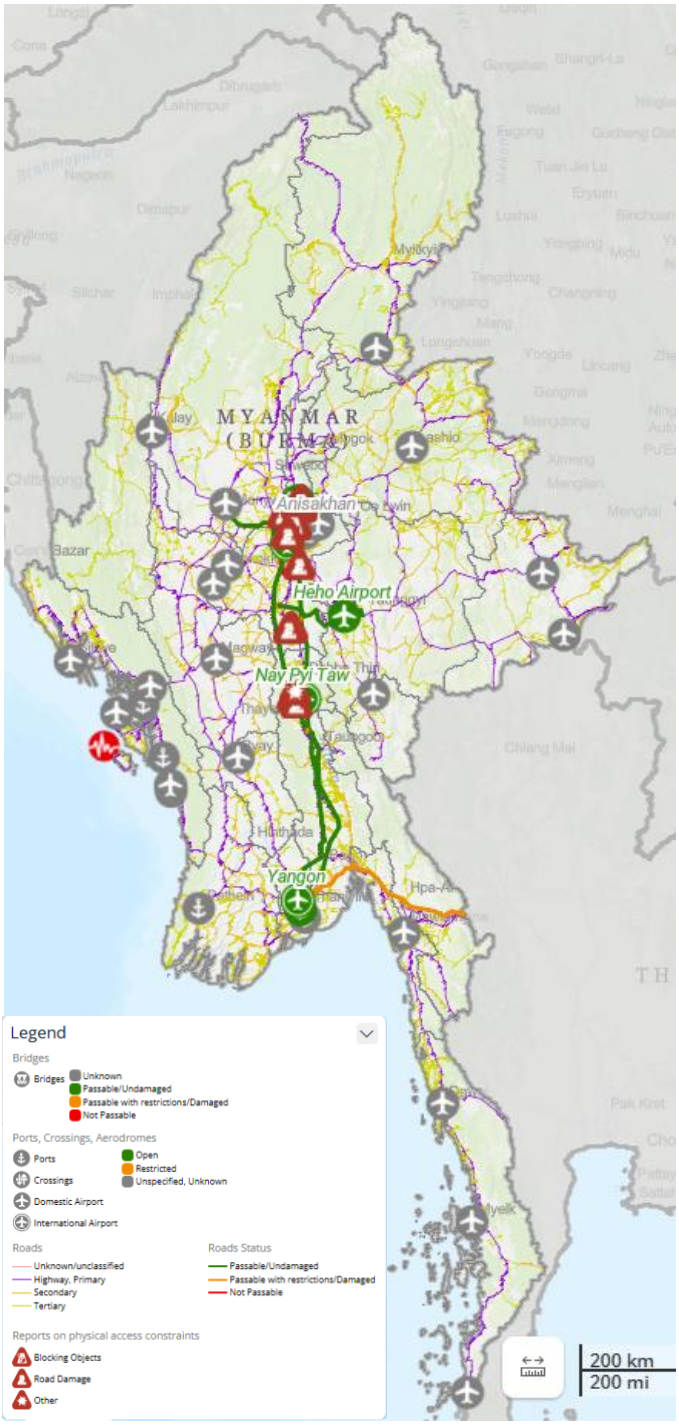
Health cluster coordination in Myanmar is challenged by access restrictions and sensitivities with data sharing. Public sharing of crucial information is not possible in the Myanmar context. The focus of monsoon preparedness and response lies therefore at the sub-national level, through 5 Health Cluster coordinators based in strategic locations. Assessments, training, gap analysis, and distribution of supplies are all coordinated at sub-national level. The national health cluster then supports with the identification of key advocacy messages and resource mobilisation.

Logistics

In the aftermath of the Sagaing earthquake that struck Myanmar on 28 March 2025, the temporarily activated Logistics Cluster developed a publicly accessible LogIE map with physical access constraints, showing cyclone routes, flood-prone areas, and earthquake affected areas, amongst other.

https://logie.logcluster.org/?op=mmr-25-a

Because of the restrictions in data sharing, and the need to maintain confidentiality, key information on warehouse locations for medical supplies cannot be shared in the Monsoon Preparedness Plan. This information is however accessible with the 5 sub-national Health Cluster coordinators.



Annex: Communication Plan

MYANMAR CONTEXT

Monsoon: risk of cyclones, heavy rains, flooding and landslides, aggravated by earthquakes and conflict.
In landmine-infested areas: risk of dislocated landmines and unexploded ordnances

Water-borne and food-borne diseases
Cholera, Typhoid, Hepatitis A, Acute Watery Diarrhea, Dysentery
Vector-borne diseases
Dengue, Malaria, Japanese Encephalitis
Direct contact with contaminated water
Conjunctivitis, Dermatitis, Skin infections, Ear infections and Ear-nose and Throat Infections
Vaccine-preventable diseases
Measles, Polio, Diphtheria
Environmental risks
Snake Bite, Electric Shocks
Communicable-diseases
Interrupted access to medicines for HIV and TB
Non-communicable diseases
Interrupted access to medicines for hypertension, diabetes, etc.
Climatological
Hypothermia, Respiratory Tract Infections
Mental Health
Sleep Disorder, Excessive Grief and Depression, Exacerbation of existing illness.

Health Cluster Objective: 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.

Communication Objectives:
1. Improve knowledge on associated risks with the monsoon season:
   - How to prepare and protect oneself?
   - How to support women, children, elderly, and vulnerable people?
   - How to diagnose and treat infectious diseases which can be associated with heavy rain and floods?
2. Improve engagement of healthcare providers on community awareness, and preparing for and responding to public health risks
3. Provide Guidelines and Tools to Health and WASH cluster partners for community awareness.
4. Advocate for Health and WASH cluster partners to early detect, diagnose and respond to outbreaks.

TARGET AUDIENCES

Community
- General population
- Priority groups, including displaced, returned, stateless and other crisis affected populations
- Disaster-affected populations

Vulnerable groups
- Pregnant women and children under 5
- People with a Disability and older people

Health Care Providers

Health and WASH Cluster Partners

COMMUNICATION GOALS

Community
- **Raise awareness of (public health) risks** during monsoon season
- **Educate** how to **effectively protect against risks,** including public health risks
- Provide clear actions **how to respond,** e.g. evacuation, emergency kits, communication channels.

Vulnerable groups
- **Customize IEC materials** for specific target audiences, e.g. symptoms of dehydration amongst children, kangaroo-mother technique to prevent hypothermia among infants, evacuation for People with a Disability and older people

Health Care Providers
- **Customize IEC materials** for healthcare providers
- **Increase knowledge** on how to prepare for and response to public health risks, including detecting, diagnosing, and treating outbreak-prone diseases and treatment of snake bites and electric shocks

Health and WASH Clusters Partners
- **Provide guidance and tools** for awareness raising initiatives in the community.
- **Train Health and WASH Cluster partners** on early detection, diagnosis, and response to outbreaks.
- **Advocate for early detection, diagnosis, and response to outbreaks** among Health and WASH Cluster Partners.

TOOLS AND CHANNELS

RCCE Partners
- Weekly mobile messaging: SMS, Viber, Telegram and Signal.
- Weekly Social Media messaging: Facebook.
- Radio Broadcasting focused on telecommunication service areas of remote and conflict affected, using the common local dialect.
- Posters for IDP Camps and temporary shelters.

WHO
- Visual Aid Tools for early detection, diagnostic, treatment and outbreaks response of AWD/ Cholera, Dengue, Malaria, Diphtheria/ Measles, Influenza/ COVID19 and Snake bites.

Health and WASH Cluster
- **Train Health and WASH Cluster Partners to enhance capacity for monsoon preparedness,** focusing on infectious and environmental risks
- **Update IEC materials** for various target audiences

TIMELINE

January-March
Update Monsoon Preparedness Plan (Health Cluster)

April
Update and disseminate IEC materials (Health and WASH Clusters, Agencies) including on MIMU website

May
Organize training workshop for Health and WASH Cluster partners on early detection, diagnosis, and response to outbreaks

May-October:
Publish weekly mobile and Facebook messages depending on arising needs (Health and WASH Clusters, Agencies)

November-December:
Post-monsoon evaluation on gaps in communication plan, recommending improvements for each audience