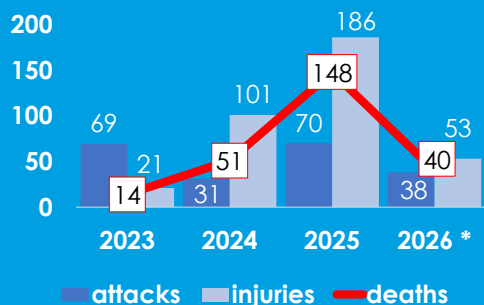
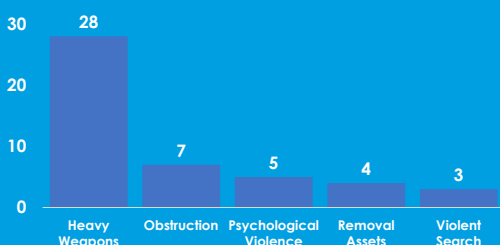


Increase in deadly attacks on health care



Types of attacks recorded *



* Between 1 January and 31 May 2026

Source: Surveillance System for Attacks on Health Care (SSA)

Highlights

- Ongoing surge in deadly **attacks on health care** with 73 incidents reported by **Insecurity Insight** between 1 January and 31 May 2026, as compared to 38 verified attacks on health care recorded by WHO's **Surveillance System for Attacks on Health Care (SSA)**. Use of heavy weapons continues to be the highest reported type of incident, followed by obstruction, psychological violence and removal of assets. *Health Cluster will conduct **SSA awareness sessions** to encourage partners to report any **attack on health care** directly in the online system.*
- Intensification of airstrikes and drone attacks in Chin, Magway, Rakhine, and Sagaing as well as Kachin, Karenni and northern Shan, severely impeding **access to health care** and transport of medical supplies.
- Lack of vector control and bednets are triggering a **malaria** surge in Chin, Kachin, and Tanintharyi. Because of inadequate testing and treatment, malaria outbreaks are able to rapidly expand.
- **Acute Watery Diarrhoea (AWD)** outbreaks resulting from poor hygiene practices in Karen, Karenni, Mon, Sagaing, and Southern Shan. Lack of testing and awareness is leading to rapid spread of the disease. *Joint Health-Nutrition-WASH Cluster **AWD Action Planning** at sub-national level ongoing as part of monsoon preparedness*
- **Measles** preparedness in Rakhine stepped up after continuing large-scale **measles** outbreak in neighbouring Bangladesh: *ongoing training of health workers on diagnosis and treatment of **measles** cases, and continuing advocacy for urgent, large-scale immunization, after 5 years of zero vaccination.*

Health Cluster Action

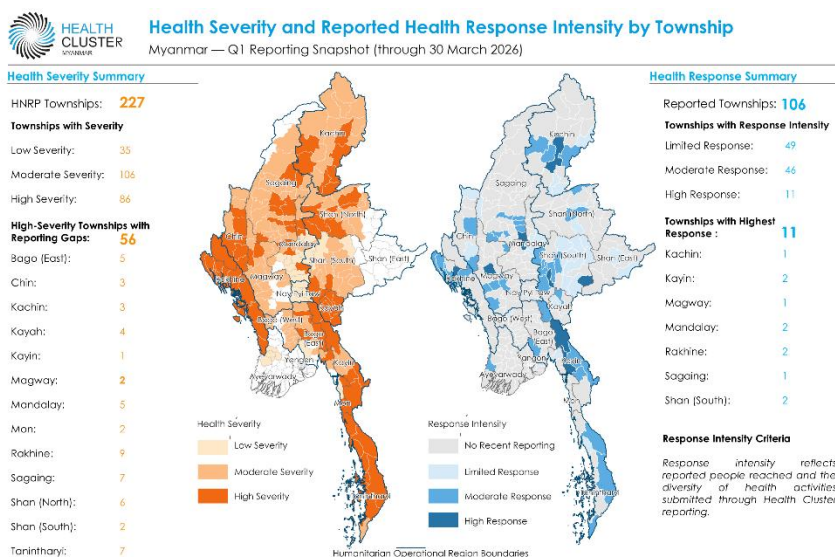
Health Service Delivery

Out of 227 townships prioritized in the **2026 Humanitarian Needs and Response Plan**, health partners are providing health services in 106 townships (47%), as per data submitted to the Health Cluster during quarter 1 of 2026 (see maps on the right).

Out of the 86 townships categorized as '**extremely deprived of health services**' (severity level 4), health partners have submitted data on their interventions from 30 townships (35%).

The above can be explained by a mixture of reasons:

- 78% of high-severity townships (severity level 4) for health are located in areas not under the control of the Myanmar military which are disproportionately affected by conflict.
- Intensified armed clashes are significantly decreasing health partners' ability to access high-severity townships, impeding health service delivery, partner presence as well as their reporting capacity.
- Partners continue to encounter challenges with internet connectivity and data managing capacity, in spite of drastic improvements in reporting since 2024.



Public Health Emergencies

Water-borne and water-related diseases

Thanks to the late onset of the monsoon season, **AWD** cases are still low when compared to the same time period in 2025. Several outbreaks have been reported from areas categorized at high risk for cholera in Karen, Karenni, Mon, Sagaing, and Southern Shan, but thanks to rapid detection and response, cases were effectively controlled in the early stages. Nevertheless, a chronic lack of hygiene and poor-quality drinking water are root causes of recurrent AWD outbreaks, enabled by lack of rapid diagnostics tests and limited awareness of risk factors among vulnerable populations.

Although a reduced number of **skin infections** have been reported during May, overcrowding in temporary settlements remains a serious concern for easy spread of skin diseases, especially during the rainy season.

AWD Readiness

Thanks to the WASH Cluster, a Township Prioritization Tool has been developed for Health, Nutrition and WASH partners, which will be tested during the upcoming **AWD Preparedness Workshop for Kachin on 4-5 June 2026 in Myitkyina**, organized by UNICEF. AWD Action Plans for Northwest, Karenni and Shan, Rakhine, and Southeast are being updated as part of ongoing monsoon preparedness.

The Health Cluster is planning to expand the repositioning of medical supplies for outbreak prevention and response to key health partners in strategic locations for rapid deployment to affected areas that are difficult to access.

Measles preparedness

In spite of the continuing large-scale **measles** outbreak in Bangladesh, with over 1,000 measles cases reported daily, still no measles cases have been detected in Myanmar. The risk of transmission is high in townships bordering Bangladesh, with dynamic population movements, and a large population of children that have not received any form of vaccination in the past 5 years. Joint Health-Nutrition preparedness efforts are ongoing in Rakhine and Chin, with capacity building of health workers in the diagnosis and treatment of measles cases as a priority intervention.

Sexual Reproductive Health (SRH)

The majority of SRH service delivery was implemented through mobile and community-based approaches to reach the most underserved populations.

UNFPA released 29 **Inter-Agency Reproductive Health (IARH) Kits** to SRH partners to support service delivery, including supplies for referral hospitals providing Comprehensive Emergency, Obstetric and Newborn Care (CEmONC) services.

UNFPA organized two Clinical Management of Rape (CMR) capacity building sessions, one virtual and one in-person training, for service providers and technical focal points of SRH partners.

UNFPA and PATH, together with implementing partners, developed the Family Planning Investment Case (2026-2030) to address increasing reproductive health needs amid the ongoing humanitarian crisis. The advocacy brief and assessment report are available upon request.

The IARH Kits manual is available at: https://www.unfpa.org/sites/default/files/resource-pdf/IARH-Kits-6th-Edition_Manual_English.pdf



Family planning awareness-raising activities conducted by UNFPA-supported midwives Picture: UNFPA

Attacks on Health Care

Between 1 January and 31 May 2026, 73 Attacks on Health Care were recorded by **Insecurity Insight**, with most attacks reported from Karen, Magway, Rakhine Sagaing, and Northern Shan (see map on the right).

WHO's **Surveillance System for Attacks on Health Care (SSA)** recorded 38 verified attacks in the same time period. Analysis of data between 1 January 2025 and 31 May 2026, indicates a change in the type of incidents reported through the SSA.

During 2025:

- out of 70 verified attacks, 49 (70%) were caused by heavy weapons, followed by obstruction (17%), removal of personnel (13%) and violent search (11%).

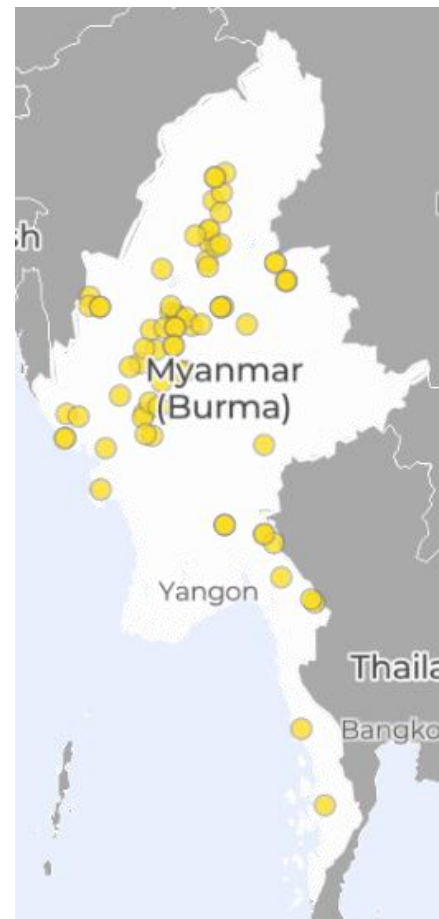
During the first 5 months of 2026:

- out of 38 verified attacks, 28 (74%) were caused by heavy weapons followed by obstruction (13%), psychological violence (11%) and removal of assets (8%).

Although 'removal of assets' was reported in 29% of attacks on health care during 2024, it was only mentioned in 4% of incidents during 2025.

Similarly, 'psychological violence' was reported in 33% of attacks on health care during 2021, but only in 2% of incidents reported during 2022-2025, while during the first 5 months of 2026, it is mentioned 11%.

To train and incentivize health partners to report any **attack on health care** in their respective operational areas, the Health Cluster will conduct SSA awareness sessions.



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.

Next steps

- Ongoing updating of sub-national **AWD Readiness Action Plans** and Multisectoral (Health-WASH-Nutrition) AWD Risk Index to prioritize preparedness and prevention interventions for AWD/cholera. UNICEF is supporting AWD Preparedness training in Kachin on **4-5 June 2026 in Myitkyina**.
- Phase II of the **Health Facility Survey** to be kicked off soon: secondary data collection ongoing.
- **Market Assessment** for the identification of reliable medical suppliers in Myanmar to be kicked off soon thanks to Pharmacist Working Group led by UNFPA Pharmacist supporting the Health Cluster.
- Ongoing **Measles preparedness** in Rakhine jointly with Health and Nutrition Clusters.
- After successful workshops on **Noncommunicable diseases (NCD) in emergencies** in Hpa-An and Taunggyi, 3 more workshops pending in Sittwe (10-11 June), Mandalay and Myitkyina.
- **Localization workshop for health partners** to be conducted half June, focusing on risk mitigation and risk sharing measures for health partners receiving support from WHO.