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MYANMAR COUNTRY IMPACT REPORT

MARCH 2026

Children's play and imagination create moments of relief from daily challenges in the Kutapalong refugee camps near Cox's Bazaar, Bangladesh. Their vision of a better future are not only expressions of hope but also a way to manage and process the difficult realities around them. Photo: © Sahat Zia Hero 2025

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HOW YOUR GENEROSITY SAVED LIVES AND REDUCED SUFFERING IN 2025

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MYANMAR PROJECT IMPACT REPORT

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THANK YOU

Thank you for supporting the humanitarian work of Médecins Sans Frontières/Doctors Without Borders (MSF) in Myanmar. The Rohingya ethnic community continued to face violent persecution and the impacts of being displaced from their homes to find refuge in neighbouring Bangladesh.

A devastating earthquake also hit Myanmar in 2025, and because of your generosity, MSF teams were able to quickly reach people in urgent need, provide lifesaving care and support communities during this crisis.

As you read this report, we trust you'll see the impact your generosity is having and why we are truly grateful for your support and solidarity. Thank you.

GENERAL BACKGROUND

Hostilities between the Myanmar Armed Forces and various non-state armed groups persisted in 2025 and as of November, nearly 3.6 million people were estimated to be internally displaced nationwide according to UNOCHA.

MSF has been working in Myanmar since 1992, with a focus on emergency responses to national disasters, conflict, and supporting the persecuted Rohingya ethnic community who have been violently expelled from Rakhine state by government armed forces.

In 2015, we also began working with the Ministry of Health to transfer patients to the decentralised National AIDS Programme, so people could receive care closer to home. From late 2023, MSF has witnessed indiscriminate violence in Rakhine state, severe restrictions on humanitarian access, and a near-total decimation of the local healthcare system.

Monsoon flooding and typhoon Yagi displaced over 3.5 million people in 2024, and in June of that year we had to indefinitely suspend activities at 14 clinics across northern Rakhine due to intense violence and conflict in the area.

This followed an earlier suspension in April, when our office and pharmacy in Buthidaung were attacked during horrific violence. Medical stock including lifesaving drugs such as antibiotics were destroyed, instrumental in the treatment of diseases like pneumonia, primarily affecting children under five years old. For many local communities, these clinics were their only accessible healthcare options.

In eastern Rakhine, we were unable to run previously authorised mobile services due to the authorities' refusal to issue travel permits in 2024. This meant we had to resort to alternative strategies, such as teleconsultations and office-based clinics.

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PROJECT BACKGROUND

The military's seizure of power from the elected government in February 2021 left the public healthcare system in disarray, threatening millions of people's ability to access healthcare.

In June 2024, fighting intensified between the Myanmar armed forces and various ethnic and resistance groups, severely affecting MSF's ability to provide services across Rakhine, Shan, and Kachin states, and adding to the severe suffering already faced by civilian communities. All communities in Rakhine state have been adversely impacted by years of armed conflict, related socio-economic challenges, and restriction on movements.

Despite violent attacks on our facilities and movement restrictions for our staff in 2024, MSF continued to work to assist people affected by widespread violence and recurrent extreme weather events. In 2024 Myanmar saw the fourth highest level of attacks on healthcare facilities in the world.

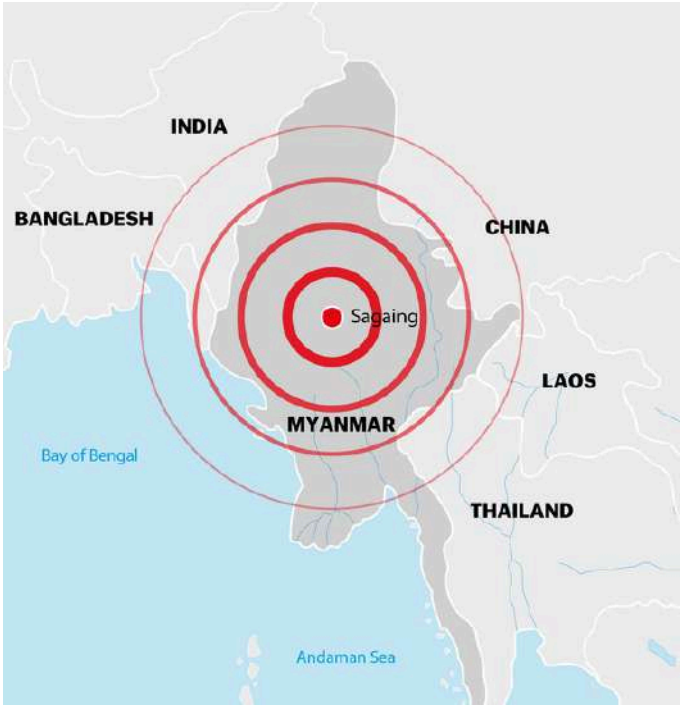
CURRENT SITUATION

Earthquake

On 28 March 2025, a powerful 7.7 magnitude earthquake struck central Myanmar, devastating the regions of Mandalay, Naypyidaw, Sagaing, and Shan state. As of 8 April, official figures reported over 3,600 deaths, more than 5,000 people injured, and an estimated 17 million individuals affected – many of whom were severely affected. Key infrastructure, including hospitals, roads, and water systems, sustained significant damage, while telecommunication disruptions continued to hamper relief efforts. The earthquake struck a country already gripped by several health crises and ongoing conflict, compounding the challenges faced by affected communities. Limited resources, including staff and supplies, left some facilities over-burdened and struggling to respond to people's growing health needs.

Our staff reported extensive destruction. Many residents remained outdoors, fearing aftershocks, while monasteries opened their doors to host displaced families, and local communities demonstrated remarkable solidarity.

In the hardest-hit cities, damage to infrastructure disrupted essential services like water, electricity, and sanitation, severely



CURRENT SITUATION, CONTINUED...

impacting hospitals' ability to function. In some cases, structural damage forced medical staff to treat patients outside, due to fears of further building collapse.

Healthcare

Since MSF's first intervention in the country, we have focused on providing healthcare to patients with HIV and tuberculosis (TB). MSF pioneered HIV treatment in Myanmar – at one point becoming the largest provider of antiretrovirals in the country – and steadily grew a large patient cohort. In 2025, MSF teams continued to care for HIV, TB and hepatitis C patients, provide basic healthcare and reproductive and sexual healthcare services, and to respond to medical emergencies.

Despite restrictions on humanitarian access to conflict-affected areas, we had mobile teams based in Sittwe and Maungdaw in Rakhine state, who offered basic healthcare. They also arranged emergency referrals for patients from all communities, including those forcibly detained in camps.

Deadly Airstrike

On 11 December 2025, MSF learned of the bombing and destruction of the Mrauk-U general hospital in Rakhine State. The airstrike resulted in the death of at least 30 civilians and injury to more than 70. It was one of the deadliest recorded attacks on a healthcare facility in Myanmar since 2021.

Among the casualties were health workers and patients, including elderly people, long-term care patients, and dozens of children.

MSF started working in Rakhine in 1994 and started supporting the hospital in Mrauk-U in 2021, with a focus on primary healthcare, sexual and reproductive care, mental health care, emergency referrals, and treatment for non-communicable diseases, such as diabetes and hypertension.

MSF was compelled to suspend presence across most of Rakhine in 2024 due to extreme escalation of the conflict, and currently has a limited presence, primarily in Sittwe.

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MSF'S RESPONSE

Earthquake Emergency Response

In the immediate aftermath of the earthquake in March 2025, MSF reaffirmed our commitment and capacity to deliver large-scale emergency medical assistance across all impacted areas.

We prioritised our response in the hardest-hit and accessible cities of Mandalay and Naypyidaw, while serious concerns persisted for people living in more remote and less accessible areas, such as Sagaing. MSF carried out assessments, delivered medical supplies, and initiated discussions with key stakeholders, including the Ministry of Health.

In Mandalay, MSF teams moved quickly to improve water, sanitation, and hygiene conditions in damaged hospitals by installing water tanks and additional handwashing basins.

Waste management was reinforced with dozens of bins, and fans were set up in temporary shelters to help patients cope with extreme heat – often reaching 40°C – while awaiting treatment outside damaged facilities.

At the same time, mobile medical teams began providing consultations in makeshift shelters, including monasteries and a museum, treating a range of conditions from common illnesses to chronic diseases such as diabetes and hypertension. In southern Shan, mobile teams also distributed essential items, restored clean water sources, and continued assessments in affected and displaced communities.

By May 2025, MSF had restored 140 water sources for 475 families, distributed kits with soap, toothbrushes, menstrual products, and mosquito nets to over 2,000 families, and trained over 200 volunteers on psychological first aid.

In response to the earthquake, MSF mobilised a wide range of assistance, including:

- 6,042 relief kits
- 2,200 shelter kits
- 278 boreholes drilled for clean water
- 30 sanitation facilities
- 3,782 sachets of Plumpy'Nut for nutritional support

The earthquake on 28 March caused massive destruction in the city of Mandalay - one month in, clean-up efforts are still ongoing. Photo: © Lena Pflueger/MSF 2025

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MSF'S RESPONSE, CONTINUED...

Psychological Support
Mental health was a key part of MSF's response in Myanmar in 2025. In Mandalay, teams composed of trained staff and student volunteers visited patients in surgical, orthopaedic, and trauma wards at local hospitals to provide psychological first aid.

These efforts are essential in a context where survivors face high psychological stress following both the disaster and fear of aftershocks, which continued to be recorded, and in addition to the consequences of the ongoing conflict ravaging many parts of the country.

Disease
The arrival of the rainy season soon after the earthquake hit had the potential to exacerbate existing access challenges, particularly in remote areas.

It significantly heightened the likelihood of public health threats associated with outbreaks of waterborne disease such as cholera, and vector-borne diseases like malaria or dengue fever. This was due to the potential flooding-related contamination of the already reduced number of safe water sources.

Immediate actions such as scaled-up provision of clean water, safe sanitation facilities, distribution of mosquito nets and hygiene promotion were essential to mitigate the additional threats.

PATIENT STORY

Hali received medical care in the MSF-supported Kutupalong hospital:

Community health nurse Antonina Odema checks on eighteen-month-old Hali Masadi. His mother Senu Wara seemed very stressed and worried. The boy had a high fever. He was admitted to the MSF Kutupalong hospital with suspected measles.

After seeing the doctor and doing some tests it turned out that Hali had dengue.

Antonina Odema trains her team of nurses in the ER to keep a close eye on people who come in and seem to need treatment the most. She realised that Hali's mother was very stressed and checked on her son immediately.

Hali receiving care in the MSF-supported Kutupalong hospital.
Photo: © Ante Bussmann/MSF 2025

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2025 ROHINGYA CRISIS UPDATE

GENERAL BACKGROUND

The Rohingya people have a long history of systematic exclusion and persecution. They are an ethnic group, most of whom are Muslim, who have lived for centuries in the majority Buddhist Myanmar, mostly in the country's north, in Rakhine state. However, Myanmar authorities contest this; they claim the Rohingya are Bengali immigrants who came to Myanmar in the 20th century.

The Rohingya people were stripped of their citizenship in 1982 and were rendered stateless. Hundreds of thousands of Rohingya have fled to neighbouring countries, including Bangladesh and Malaysia, either by land or by boat. Rohingya who remain in Myanmar, and those who have made the often-perilous journey by boat to Malaysia, also face grave challenges. Rohingya people in all three countries face severe restrictions on their freedom of movement and significant barriers to accessing healthcare.

Legally stateless, with very limited options or rights in any country where they have sought refuge, the Rohingya are extremely vulnerable. They often experience sexual violence, repeated infectious diseases, child labour, arbitrary arrest, detention, or even forced deportation.

PROJECT BACKGROUND

Decades of violence, fear and displacement culminated in the targeted attacks waged against the Rohingya in 2017. That August, Myanmar authorities launched a campaign of extreme violence against Rohingya communities in Rakhine State.

Of the 1.1 million Rohingya that had been living in Myanmar, around 770,000 people fled to Cox's Bazar in Bangladesh. Across Asia and the Middle East, more than two million Rohingya are now living as refugees or displaced people.

In the past, Rohingya could move freely in the camps, and they could also work. Since 2019, the camps have been fenced with barbed wire, with checkpoints at entrances and within the camps.

A view of a main road running through the Kutupalong refugee camp. Main roads allow NGO and host community vehicles to transit through the camps. More than 1.2 million Rohingya live in the Kutupalong refugee camps, displaced from their homeland in Myanmar. Photo: © Victor Caringal/MSF 2025

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PROJECT BACKGROUND, CONTINUED...

Rohingya now face restrictions on leaving the camp and even moving between different camps; there is almost no access to employment, education or livelihood opportunities.

In cramped, crowded, unsanitary conditions, a number of diseases are rife within the camps. In November 2017, an outbreak of the long-forgotten disease diphtheria was reported among refugees; MSF teams treated thousands of people. Dengue, diarrhoeal diseases and skin infections are common amongst Rohingya living in Cox's Bazar.

CURRENT SITUATION

What began as a pressing humanitarian emergency has, over nine years, morphed into a protracted crisis with no sustainable end in sight.

Myanmar

Conditions for Rohingya still in Myanmar have continued to deteriorate. Ongoing armed conflict - including indiscriminate bombing of civilian areas and forced recruitment of Rohingya - continues to drive high numbers of people to take dangerous journeys by land and sea in search of safety. Around 600,000 people remain in Rakhine State, including some 140,000 people confined to displacement camps with severe restrictions on their freedom of movement and a denial of their right to access healthcare, education and livelihood opportunties.

Prices of fuel and food have surged, particularly in Rakhine State, due to the limitations imposed on the import of goods, including medicines. All communities are experiencing inadequate access to clean drinking water, food, fuel, and healthcare, heightening the risk for preventable illness and deaths.

Bangladesh

According to a report published by MSF in September 2025, Bangladesh now hosts an estimated 1.1 million Rohingya refugees in the camps around Cox's Bazar, which are home to well over one-third of the global Rohingya population. The camps were established over decades but expanded significantly after the mass violent displacement of Rohingya from Myanmar in 2017 and have become the largest refugee settlement in the world. The arrival of at least 150,000 new refugees between 2024 and 2025 has put further strain on already overstretched services within the camps.

Sayed Noor comes to the MSF Kutupalong clinic with his five-year-old son Amin Noor. Amin had convulsions during the night. Sayed and his family fled to Bangladesh eight months ago.
Photo: © Ante Bussmann/MSF 2025

CURRENT SITUATION, CONTINUED...

Many of the new arrivals have acute medical needs, having fled Myanmar without possessions and faced delays getting registered and accessing food, shelter and healthcare in Bangladesh. 'Temporary' shelters have been built on slopes in an area prone to annual flooding. They've been built very close together, meaning tasks like cooking are risky; outbreaks of fires – sometimes resulting in deaths – are common.

Water and sanitation services are absolutely dire. There is insufficient water supply to meet people's needs. Toilets are often overflowing. They are also often located far away from some residences and don't all have lockable doors, posing a security risk for women and girls. There is a shortage of containers for disposal of household waste, resulting in rats and mosquitoes proliferating.

Malaysia

Rohingya refugees have been coming to Malaysia for more than 30 years, making the perilous journey across the Andaman Sea. However, in Malaysia, the life of refugees continues to be a struggle for dignity and acceptance. Refugees, asylum-seekers and stateless people are criminalised by domestic law and unable to access healthcare, education or work.

Even those registered with the UN's refugee agency (UNHCR) are not allowed to work or access education and healthcare. All Rohingya refugees face the constant risk of arrest and detention, and must often resort to informal dirty, dangerous and/or difficult work to survive.

MSF teams have seen an increase in xenophobic sentiment against Rohingya since the start of the COVID-19 pandemic, which coincided with a change in government. Rohingya refugees and asylum seekers who have recently arrived by boat have been charged in court and are currently in prison or immigration custody. Our teams have attempted to access these people to provide medical assistance and mental health support, but we were denied access.

Rehena fled Myanmar in 2017, joining hundreds of thousands of Rohingya refugees. In 2020 she began working as a traditional birth attendant to support women in her community. There are no hospitals in the camp equipped for complicated pregnancies, creating serious challenges. Problems go beyond transport and access. "Many pregnant women avoid check-ups because they need permission from their husband or mother-in-law." Photo: © Saikat Mojumder 2025

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MSF'S RESPONSE

MSF provides reproductive and basic healthcare, treatment for sexual and gender-based violence, health education, mental health support, and referrals for emergency and specialised treatment to Rohingya still living in Myanmar, including in camps in central Rakhine state and in village settings in the north.

In Bangladesh, we work across nine sites in Cox's Bazar, where we provide general healthcare, treatment of chronic diseases, such as diabetes and hypertension, emergency care for trauma patients, mental health and women's healthcare.

MSF also provides key support to water and sanitation activities in the camps, such as latrine de-sludging, faecal sludge treatment, maintenance of hand pumps, tube wells, and water networks, as well as hygiene promotion.

In Malaysia, our teams provide medical care and mental health support to the Rohingya through our clinic in Butterworth, our mobile clinics in Penang and Kedah, and in our activities in detention centres. We also refer patients to secondary and tertiary healthcare and support an increasing number of victims of sexual violence, including women and men who have been trafficked.

The Taro Leaf Advocacy Campaign

In 2025, Rohingya communities, with the support of MSF, launched 'the taro leaf', as a symbol and tool for self-advocacy. The taro leaf originates from a Rohingya proverb "Honsu fatar Paani" which translates to "not even water leaves a mark on a taro leaf". This metaphor describes their presence on this planet, a predicament forced upon them as a stateless people, unable to leave a mark.

In June 2025, after three years of community co-design in Kuala Lumpur, Chicago, Sydney, Johannesburg and Cox Bazaar, Australian and Rohingya artists and students in the Cox's Bazaar camp came together to create seven taro leaf designs in different mediums, as well as an animation, a poem, a folk-story, and the Meeras (which means 'heritage' in Rohingya) statement – a powerful declaration.

Through this campaign, Rohingya people made their mark by practicing, strengthening, and passing on their cultural traditions – resisting erasure despite being 'stateless' and denied fundamental rights. These creative acts were not only cultural expressions of pride, but also a form of survival and acts of resistance. The taro leaf symbol even reached the UN, held up by the interim Prime Minister of Bangladesh, alongside other ministers and diplomats.

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PATIENT STORY

"We live under tarpaulin sheets because we have no land, no country".

Rohingya Ceramicist Bishi Bala Rudro and Kali Kumar Rudrio next to their artwork.

Kali learned pottery from his father, and Bishi Bala from her in-laws after marriage — continuing a craft that spans generations. From pots to animals, jugs to toys, they shape clay with memory and meaning.

"We live under tarpaulin sheets because we have no land, no country," they say.

"That's what makes us stateless. But by working together — with people from different places — we create something joyful. That's what we like about this project."

Rohingya Ceramicist Bishi Bala Rudro and Kali Kumar Rudrio next to their artwork as part of the Taro Leaf advocacy campaign. Photo: © Victor Caringal/MSF 2025

163,000
Outpatient consultations

7,140
Antenatal consultations

460 people treated for sexual violence

480 people started on treatment for TB

Collective data of all MSF sections operating in Myanmar for 2024. Data for 2025 will be available in early 2026.

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Thank you for standing in solidarity with patients in Myanmar and around the world. We are so grateful for your support, which makes it possible for MSF to deliver immediate and longer-term medical humanitarian care to people in crisis.

For more information or to discuss your interests in the work of MSF, please contact
Chris Waugh, Philanthropy Manager, MSF
Email: chris.waugh@sydney.msf.org
Phone: +61413 670 297

Shofi Mohammad (4 years old) is getting prepared for an operation in the MSF Kutupalong hospital. He has multiple abscesses in axilla and back. The MSF team will do an incision and a drainage. MSF Nurse Zannatul Arafat explains what she is about to do. He is accompanied by his father, Anas Mohammad (50 years old). His mother and his brother are waiting outside.
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Australia Office:
PO Box 847 Broadway NSW 2007
P: 1300 136 061
E: info@sydney.msf.org
ABN: 74 068 758 654

New Zealand Office:
PO Box 6241, Wellesley Street, Auckland 1141
P: 0508 633 324
E: contact.us@nz.msf.org
NZ Charity No. 53189

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