

## Implications of the US funding freeze and cuts on humanitarian response and health needs

### OVERVIEW

On 20 January 2025, US President Donald Trump issued an executive order calling for a 90-day suspension of US-funded foreign aid, including humanitarian operations (WH 20/01/2025). On 24 January, the administration began issuing stop-work orders and suspending new aid projects (CNN 05/02/2025). On 10 March, after six weeks of conflicting information and decisions around the scope, scale, and duration of the suspension, the US Secretary of State announced that 83% of USAID programming, 5,200 programmes in total, had been terminated (Devex 10/03/2025).

The US is Myanmar's primary humanitarian donor, providing around 25–40% of all humanitarian funding to the country between 2019–2024 (OCHA accessed 10/03/2025 a; OCHA accessed 10/03/2025 b; OCHA accessed 10/03/2025 c; OCHA accessed 10/03/2025 d; OCHA accessed 10/03/2025 e). In 2024 specifically, the US contributed USD 128.6 million, or 30% of total funding, to Myanmar's Humanitarian Needs and Response Plan (HNRP) and non-plan humanitarian funding (OCHA accessed 21/02/2025 a). The US also provided an additional USD 111 million in non-humanitarian foreign assistance, including for governance, health, agriculture, and education (ForeignAssistance accessed 10/03/2025).

By 15 March, the US funding freeze and cuts had led to the suspension and termination of humanitarian programmes across all sectors in most of Myanmar's states and regions. This included the termination of programmes that had previously received waivers for lifesaving assistance (Joint analysis session 25/02/2025; Joint analysis session 10/03/2025; KII 14/03/2025 a; KII 05/03/2025; KII 17/03/2025 c). The health sector is among those severely affected, with cuts to malaria, tuberculosis (TB), and HIV treatment and prevention, maternal, child, and sexual and reproductive healthcare (SRH), and other vital health programming (KII 14/03/2025 a; KII 11/03/2025; KII 05/03/2025; KII 10/03/2025; KII 26/02/2025; KII 17/03/2025 a; Joint analysis session 25/02/2025; Joint analysis session 10/03/2025).

The termination of this assistance will have significant implications in Myanmar, where nearly 20 million people (37%) out of a total 54 million are in need humanitarian assistance in 2025. This includes 12.9 million people in need of humanitarian health assistance (OCHA 13/12/2024; WHO accessed 10/03/2025). In March 2025, conflict between the Myanmar Armed Forces and armed resistance groups continued to escalate, affecting 13 of Myanmar's 15 states and

regions (ACLED 12/12/2024; OCHA 13/12/2024; The Irrawaddy 21/01/2025). Climate hazards pose a recurrent threat to communities, with monsoon-related flooding and Typhoon Yagi affecting nearly one million people across Myanmar in 2024 (OCHA 13/12/2024). By March 2025, conflict and climate hazards had driven the internal displacement of 3.25 million people, representing an increase of one million since December 2023 (UNCHR 04/03/2025).

### ABOUT THIS REPORT

#### Aim

This report analyses the actual (by March 2025) and potential implications of the US funding freeze and cuts on the overall humanitarian response in Myanmar, with a particular focus on national and local organisations. It includes a spotlight on the health sector, which is facing significant cuts amid rising health needs.

#### Scope

This report focuses only on US funding cuts, although other donors are also making changes to the funding landscape.

#### Methodology

This analysis is based on a secondary data review, key informant interviews, and joint analysis sessions with 15 INGOs, six national and local organisations, and two coordination networks. These organisations primarily work on the humanitarian response, along with development, governance, and human rights. Some of the organisations received US funding directly, while others received US funding through UN or INGO implementing structures. Other organisations are affected indirectly, either because the funding freeze and cuts have affected their headquarters or other country offices, leading to a reprioritisation of resources, or because cuts to other organisations in Myanmar have increased demands for services, which they may have to fill.

## Limitations

By 18 March, while some organisations had received clear termination notices, others had received inadequate and inconsistent communication about the effect on their programmes. This includes several organisations that, within a few days, received waivers for lifesaving assistance followed by termination letters. In some cases, organisations subsequently received letters indicating that the termination had been rescinded. Most organisations have been unable to contact the United States Agency for International Development (USAID) to confirm the final status of their funding, or have received conflicting communication from the US Mission in Myanmar and USAID headquarters. (Joint analysis session 25/02/2025; KII 05/03/2025; KII 14/03/2025 a; Joint analysis session 10/03/2025).

Given this uncertainty, this analysis does not provide comprehensive information on the number of organisations affected, amount of funding suspended or terminated, and number of community members losing access to assistance. Rather, this report provides qualitative insights from the organisations and network consulted, which are indicative, but not representative, of the challenges facing the humanitarian response. The lack of comprehensive and clear information available also prevents a geographic breakdown of impacts at the state, region, or township level.

To ensure a humanitarian focus, this analysis primarily highlights the US assistance provided to Myanmar's HNRP and separate health funding provided through the US President's Malaria Initiative and President's Emergency Plan for AIDS Relief. Given the interconnectedness of humanitarian, human rights, development, and peacebuilding programming at the local level in Myanmar, this report examines the impact of funding cuts across these areas where relevant to those consulted. Funding, especially OCHA's Financial Tracking Service data, is used as a proxy indicator for initial impact, although funding does not necessarily translate into a reduction in humanitarian needs.

## IMPLICATIONS FOR THE HUMANITARIAN RESPONSE

By March 2025, even after the US decision to terminate 83% of USAID programmes globally, the continuing lack of clarity in US communication, along with the scale of internal assessment, restructuring, and reprioritisation required in affected organisations, prevents a comprehensive assessment of implications for the humanitarian response. That said, the organisations consulted for this analysis reported significant suspensions and terminations, indicative of the potential scale of impact nationwide.

- One local and national NGO network mentioned that **over 50 of their partner organisations in southeastern Myanmar had completely suspended activities** by the beginning of March (KII 04/03/2025).
- Another local and national NGO network reported that, collectively, its members **had lost over USD 16.5 million in funding** by mid-March, comprising over 15% of their combined funding (USD 93 million). Some members lost up to 50% of their total funding, which was used to assist 3.1 million people (KII 11/03/2025).
- Another national NGO network has **lost nearly 80% of their funding** by the beginning of March (KII 06/03/2025).

By the time the funding freeze was announced, most organisations and non-US donors had already conducted planning and prioritised their resources for 2025, significantly limiting flexibility in response to the US cuts (Joint analysis session 25/02/2025; Joint analysis session 10/03/2025). Several consulted organisations, particularly INGOs, are drawing on reserves to continue operating US-funded programmes at reduced capacity for a maximum of two–three months (Joint analysis session 25/02/2025; Joint analysis session 10/03/2025; KII 14/03/2025 a). After consulting with non-US donors, several national NGOs have been able to reallocate funding and staff between different projects, allowing them to maintain some US-funded staff (KII 26/02/2025; KII 04/03/2025). By 15 March, none of the organisations consulted had been able to obtain additional funding from non-US donors in response to the cuts (Joint analysis session 25/02/2025; Joint analysis session 10/03/2025; KII 04/03/2025; KII 05/03/2025).

**Organisations that do not directly receive US funds are also experiencing significant operational disruptions** as a result of the global reprioritisation of funds in response to the US cuts and impacts to partner organisations. Several INGOs reported that, while their Myanmar country offices did not implement US-funded projects, they are affected by funding cuts at the headquarters level, to core funding, and to other country offices, leading to an internal reorganisation and reprioritisation of funds. Depending on strategic priorities, other donors are also redirecting funding away from Myanmar to other crises affected by the funding gap. Some INGOs are affected by disruption to local and national implementing partners that are partly US funded and unable to continue operating at capacity or at all (Joint analysis session 25/02/2025; Joint analysis session 10/03/2025; KII 06/03/2025). Organisations will also have to readjust programming and resources to fill gaps left by peer organisations (KII 17/03/2025 a; KII 14/03/2025 b).

**The suspension and termination of funding to humanitarian information and coordination impacts all organisations in Myanmar.** In 2024, the US provided nearly 50% of funding (USD 3.1 million out of USD 6.7 million total) to coordination and support services in Myanmar (OCHA accessed 19/03/2025). This support is vital to the continuity of the response given severe security, bureaucratic, logistical, and other access constraints (OCHA 13/12/2024). The funding freeze and cuts have also affected humanitarian information, analysis, and assessment organisations, suspending and terminating market monitoring, displacement monitoring, and other critical sources of information on humanitarian needs (KII 14/03/2025). The US funded several independent media organisations in Myanmar, which have unique access to information on weather, security, markets, and other key developments in conflict-affected and remote areas (JAM 10/03/2025; KII 04/03/2025; KII 06/03/2025).

### National and local organisations

**The US funding freeze and cuts pose an existential threat to local and national organisations,** which carry out the bulk of the humanitarian response in Myanmar. Most have lower reserves than INGOs, forcing them to terminate staff and activities more quickly. Some may have more difficulty obtaining additional funding from other donors, as many are low or zero profile for security reasons, limiting their advocacy capacity (Joint analysis session 25/02/2025; KII 06/03/2025).

**Terminated staff in national and local organisations, many of whom hail from affected communities, face immediate livelihood needs and safety risks,** particularly related to military conscription. Many staff members at the organisations consulted are their families' sole breadwinners and live as IDPs or in conflict-affected communities, with minimal access to alternative livelihoods (KII 26/02/2025; KII 10/03/2025; KII 05/03/2025; KII 14/03/2025 a). Many are also young people at risk of military conscription, particularly those living in areas controlled by Myanmar's State Administrative Council (SAC). While there is no formal exemption for humanitarian staff, working for a UN organisation, INGO, or national or local organisation provides some staff with informal leverage and the income necessary to pay the bribes required to avoid conscription (Joint analysis session 25/02/2025; Joint analysis session 10/03/2025; KII 26/02/2025; KII 05/03/2025; UN News 21/02/2024).

**In the longer term, cuts to staff and volunteers – vital to the reach of Myanmar's humanitarian response – will disable networks built over decades in remote and highly insecure areas.** Thousands of community staff members and volunteers have unique knowledge of and relationships with affected communities, and decades of experience operating in Myanmar's complex, active conflict. The termination of these staff and volunteers, some of whom may leave Myanmar to seek livelihoods and security elsewhere, will be creating lasting gaps in humanitarian response capacity and access to affected communities (KII 04/03/2025; KII 06/03/2025).

**US cuts will also affect humanitarian funding for indirect costs, including staff capacity building, and non-humanitarian funding for governance and civil society,** undermining the long-term capacity and resilience of local and national organisations (Joint analysis session 25/02/2025). For example, one national NGO programme supporting governance for nearly 40 local civil society organisations has been terminated. These types of programmes, which include support for communications, coordination, and employee security, are essential to building organisational resilience in challenging, conflict-affected settings (KII 04/03/2025; KII 06/03/2025; KII 11/03/2025).

**The termination and suspension of programming will also undermine the legitimacy and credibility of the humanitarian response in communities, affecting frontline responders in particular.** Several organisations consulted for this analysis reported shock and anger in affected communities. While some affected community members understand that the cuts are driven by donors, not humanitarian organisations, others reported confusion about why developments in the US were affecting their health systems and other basic services (KII 26/02/2025; KII 11/03/2025).

**Some community-based organisations, staff, and volunteers have already face increased questions and requests for assistance from communities** who have lost access to programming (KII 17/03/2025 d; KII 28/02/2025). At the same time, there is a lack of funding for outreach and community engagement events, leaving many communities without sufficient information on the impact of the freeze and cuts (KII 17/03/2025 a). Community-based staff, some of whom already contribute personal funds to support programming in their communities, may sacrifice additional resources to continue with a bare minimum of programming (KII 06/03/2025). There is a risk that affected communities will become hostile to frontline responders, although this was not reported by the organisations consulted.

## SPOTLIGHT ON IMPLICATIONS FOR HEALTHCARE AND HEALTH NEEDS

In 2024, the US contributed over USD 10 million to the humanitarian health response, covering nearly 30% of the USD 36.9 million allocated by all donors (OCHA accessed 11/03/2025). This supported health activities in Bago, Chin, Kachin, Kayah, Kayin, Magway, Mon, Rakhine, Sagaing, and Shan (USAID 19/12/2024). In 2024, the US President's Malaria Initiative also provided USD 9 million (proposed budget) to support malaria treatment and prevention, while the US provided USD 5.2 million to support HIV/AIDS treatment, including through the President's Emergency Plan for AIDS Relief (CDC et al. 24/04/2024; APCOM accessed 12/03/2025; ForeignAssistance accessed 12/03/2025).

US funding for pooled and multi-donor funds, including the Global Fund for AIDS, Tuberculosis and Malaria, Gavi the Vaccine Alliance, and the Access to Health Fund, may also be affected. The US is the largest donor to the Global Fund, providing USD 6 billion to its 2023–2025 fundraising cycle (The Global Fund accessed 12/03/2025). The Global Fund had allocated nearly USD 173 million to HIV (USD 97.5 million) and TB (USD 75.5 million) in Myanmar for 2024–2026 (The Global Fund 11/2024; KII 14/03/2025 a; KII 17/03/2025 c).

### Background: the healthcare system and access in Myanmar

**Conflict, political and economic crisis, and associated resource and capacity gaps severely limit access to all healthcare services in Myanmar.** Following the country's February 2021 military coup, an estimated 50% of health workers joined the civil disobedience movement against the SAC. By the end of 2024, at least 865 had been arrested and 135 killed, often during attacks on health facilities, which have seen over 350 instances of damage or destruction. Large numbers of health professionals have also left Myanmar since the coup (WHO 19/12/2024; Insecurity Insight 14/03/2025). Conflict-related supply chain disruptions and bureaucratic restrictions limit medication availability and increase drug prices. By the end of 2023, the price of essential medicines had doubled on average compared with pre-coup prices (WB 01/2024; WHO 19/12/2024).

In SAC-controlled areas, there are public, private, and non-profit healthcare providers. Public health spending has decreased significantly since the coup, from 4.6% in the 2018/2019 budget to 2.5% in the 2023/2024 budget. This may explain people's increasing preference for private services, primarily general practitioners and specialty clinics, which are concentrated in SAC-controlled urban centres such as Yangon and Mandalay (WB 01/2024). In general, household out-of-pocket healthcare expenditure is persistently high, accounting for around 60–80% of all health expenditure even before the coup (WB 01/2024).

In armed resistance-controlled areas, access to healthcare is highly limited. Some ethnic health organisations provide free or low-cost healthcare services, sometimes in collaboration with civil society organisations. USAID was an important donor for healthcare provided by civil society organisations in armed resistance-controlled areas (KII 17/03/2025 c). Despite these services, conflict, SAC restrictions on the transport of medication and supplies, and increasing numbers of IDPs fleeing SAC-controlled areas strain healthcare capacity in these areas (KII 10/03/2025; KII 14/03/2025 a; KHRG 28/12/2024). Distance also poses a significant barrier to access, particularly for patients living in armed resistance-controlled areas who seek care at hospitals in SAC-controlled townships. This requires travel for hours or days, sometimes through SAC checkpoints, where people may be subject to extortion, theft of belongings (including medications), and arbitrary arrest and detention (KII 10/03/2025; KII 14/03/2025 a; KHRG 28/12/2024).

### What we know: impact of the funding freeze and cuts on health assistance

#### TB, HIV, and malaria

**Decreased access to health assistance will have a significant impact on TB, HIV, and malaria, including drug-resistant TB and malaria.** Examples of the impacts to TB, HIV, and malaria programming by mid-March 2025 include the following.

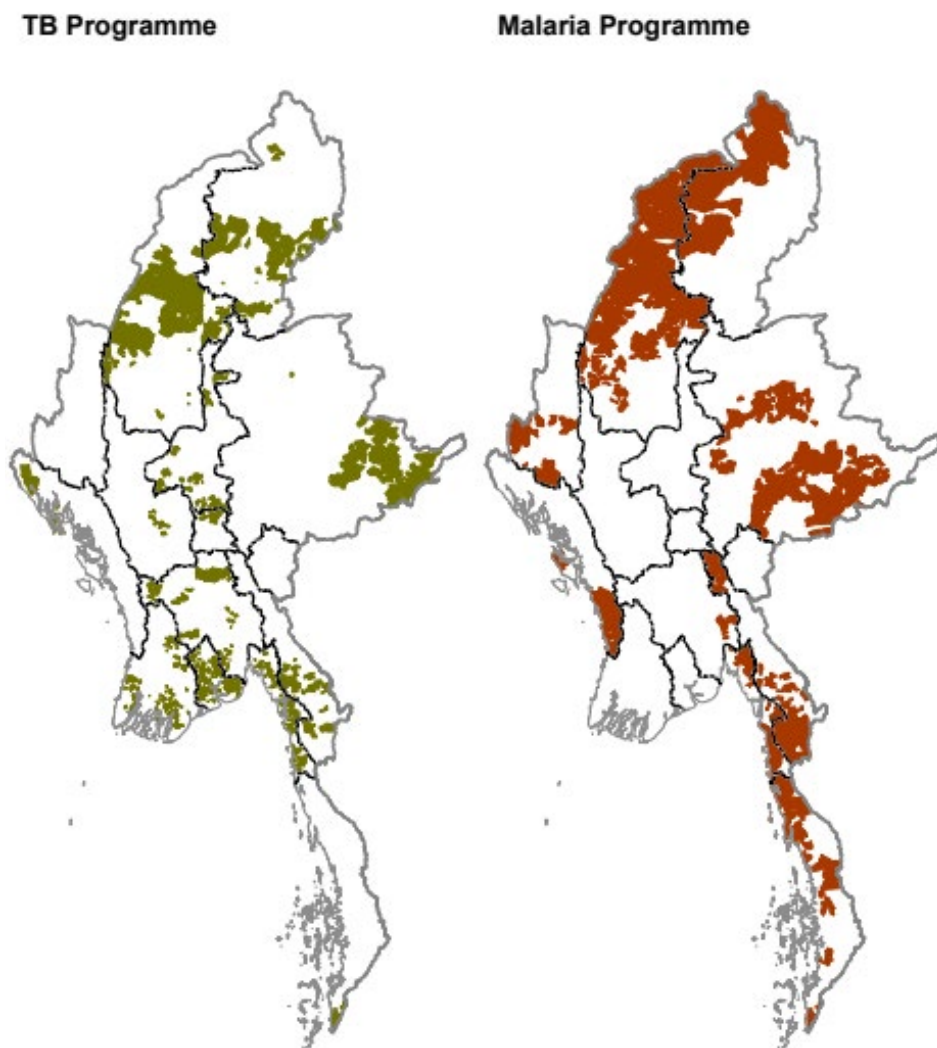
- **The termination of a project administered by a dozen organisations that provides HIV and TB prevention, diagnosis, and treatment services** in several states and regions, screening around 100,000 people annually for TB or HIV and providing antiretroviral treatment for thousands of people living with HIV (KII 17/03/2025 b; KII 14/03/2025 a).
- **The termination of USD 7.5 million in funding for TB and HIV-related services** provided by a national organisation across multiple states and regions (KII 10/03/2025).
- The effective closure, by the end of April, of the only organisation providing malaria prevention and treatment in Rakhine state (KII 05/03/2025).

By 2023, an estimated 280,000 people were living with HIV in Myanmar, around 217,000 of whom were receiving antiretroviral therapy and 20,000 of whom also had TB (UNAIDS accessed 12/03/2025; WHO 27/02/2023). Several population groups in Myanmar are at particularly high risk of HIV exposure, including seasonal workers, men who have sex with men, people who inject drugs, and people engaged in sex work (KII 14/03/2025 a; KII 17/03/2025 c).

TB has also increased significantly since the coup, particularly in remote areas, with an estimated 302,000 cases in 2023. Drug resistant TB is a growing concern, affecting an estimated 0.6% of people in Yangon alone (KII 14/03/2025 a; UNAIDS accessed 12/03/2025; WHO 27/02/2023; WB 01/2024).



Figure 1. Health sector 5W: tuberculosis and malaria programmes, 31 August 2024



Source: MIMU (28/10/2024)

70% of Myanmar's population (38 million people) are at risk of malaria, endemic to 291 of the country's 330 townships (WHO 19/12/2024). Conflict-related disruptions to vector-control projects and healthcare access have already contributed to the resurgence of malaria in Myanmar, with cases increasing by almost 300% between 2020–2023, particularly throughout the southeast and in Kachin, Rakhine, and northern Sagaing states (Health Cluster 10/12/2024; CDC et al. 24/04/2024; WB 01/2024). This includes drug-resistant malaria, particularly in eastern Myanmar, which poses a global health risk (KII 17/03/2025 c; Think Global Health 18/05/2023).

### Other communicable diseases

**The freeze and cuts to both health and WASH programming will increase transmission of waterborne and vector-borne diseases.** Myanmar has already been experiencing an acute watery diarrhoea/cholera outbreak in nine states and regions since July 2024, including Ayeyarwady, Bago, Kayin, Magway, Mandalay, Mon, Rakhine, Tanintharyi, and Yangon (WHO 26/02/2025; Health Cluster 28/02/2025). Cases of acute watery diarrhoea/cholera and other waterborne and vector-borne diseases are expected to increase during the upcoming May–October monsoon season (P. Vivax Information Hub accessed 12/03/2025; Britannica accessed 12/03/2025; OCHA 13/12/2024).

Several INGOs consulted for this analysis conduct WASH programming, but the impact of the US funding freeze on their specific programmes remained unclear by March 2025 (Joint analysis session 25/02/2025; Joint analysis session 10/03/2025). In 2024, the US contributed over USD 9 million to the humanitarian WASH response, amounting to over 30% of the USD 30.8 million received from all donors, and supported WASH programming in Bago, Chin, Kachin, Kayah, Kayin, Magway, Mandalay, Mon, Rakhine, Sagaing, and Shan (OCHA accessed 11/03/2025; USAID 19/12/2024).

The US funding freeze and cuts may also fuel vaccine-preventable disease transmission, particularly in non-SAC-controlled areas, where SAC immunisation programmes and vaccine-preventable disease surveillance are not carried out. By February 2025, it was estimated that between 1.2–1.5 million children under five in Myanmar had never received vaccinations for measles, diphtheria, and other vaccine-preventable diseases. This increases the risk of outbreaks and associated morbidity and childhood mortality (Health Cluster 28/02/2025; OCHA 13/12/2024; WHO 19/12/2024).

## Sexual and reproductive healthcare

**By the end of March 2025, the funding freeze and cuts had affected essential SRH services, education, and advocacy** conducted by INGOs, local and national organisations, and UN organisations across Myanmar. For example, one national organisation consulted for this analysis lost funding for programming that provided maternal healthcare awareness and referrals to health services for child delivery. The affected community had been unable to access this support from government sources (KII 26/02/2025). In general, there is limited access to maternal care and family planning in Myanmar, particularly in conflict-affected areas, leading to high reliance on private and non-profit healthcare (WHO 19/12/2024). Further loss of services risks increasing the maternal mortality rate in Myanmar, which was 179 deaths per 100,000 live births in 2020, notably higher than the Southeast Asia average of 140 (UNFPA accessed 13/03/2025; KII 17/03/2025 a). Women, girls, and LGBTQ+ people are at particularly high risk of increased SRH needs following the cuts (KII 17/03/2025 a).

## Other chronic and non-communicable diseases and disabilities

**The US funding freeze and cuts will limit healthcare and rehabilitation for people with conflict-related injuries and disabilities.** Several organisations consulted for this analysis reported that the US funding freeze and cuts had led to the suspension or termination of programmes providing rehabilitation services and other assistance to survivors of landmine and explosive remnant of war (ERW) explosions (Joint analysis session 25/02/2025; KII 10/03/2025). By September 2024, landmine and explosive ordnance incidents had been reported in all of Myanmar's regions and states, with 889 casualties documented between January–September, 28% of whom were children. Shan state reported the highest number of casualties in 2024 (25%), followed by Sagaing (17%) and Rakhine (12%) (OCHA 27/12/2024).

**The conflict's casualty rate and associated healthcare needs, including from ERW explosions, are likely to increase as a result of decreased protection assistance.** By the beginning of March 2025, multiple mine action awareness programmes had been suspended or terminated as a result of US cuts (Joint analysis session 25/02/2025; KII 10/03/2025). The US was also the primary funder for bomb shelters across conflict-affected areas of Myanmar, providing protection from frequent aerial attacks, shelling, and associated casualties (Joint analysis session 10/03/2025; KII 10/03/2025).

**Access to assistance for non-communicable diseases (NCDs), including heart disease, diabetes, and cancer, is also affected by the US funding freeze and cuts.** One consulted organisation will have to suspend regular medication and home visit services for people with NCDs, leaving them isolated and without care (KII 14/03/2025 b). NCDs are a leading health concern in Myanmar, accounting for approximately 68% of annual deaths. NCDs, including diabetes and hypertension, have been increasing since the 2021 coup, and access to treatment remains limited in rural areas in particular (CPI 10/2021; GACD 11/11/2020).

## Malnutrition

**The US funding freeze and cuts will aggravate malnutrition and associated childhood illness in Myanmar.** In 2024, the US contributed USD 39.8 million to humanitarian food security programming and 6.1 million to humanitarian nutrition programming, amounting to around 45% of the USD 87.4 million and USD 13.8 million provided by all donors to food security and nutrition respectively (OCHA accessed 11/03/2025).

**By March 2025, food, livelihood, and nutrition programming, including programmes on child nutrition in remote areas, had been suspended and terminated** (KII 06/03/2025; KII 26/02/2025; KII 28/02/2025). From April, the WFP will have to terminate lifesaving food assistance for over one million people, leaving assistance to only 35,000 children under five, pregnant and lactating women, older people, and other groups with high needs (WFP 14/03/2025). This will likely increase malnutrition, which is already high in Myanmar. By the end of 2024, nearly 94,000 children with severe acute malnutrition and 446,000 with moderate acute malnutrition were at risk of death if they did not receive urgent treatment (UNICEF 21/02/2025). The funding freeze and cuts will decrease screening for and treatment of malnutrition; for example, one organisation consulted for this analysis received a termination notice for a programme providing malnutrition screening for over 20,000 people in southeastern and northwestern Myanmar (KII 17/03/2025 d). Malnutrition weakens the immunity of children under five, likely fuelling disease transmission in this age group (Nature 06/12/2023).

## Other impacts on access to and delivery of health services

**The US funding cuts have affected mobile clinics and patient transport services** essential to reaching people in remote areas. For example, one INGO had lost funding for mobile diagnostics in remote villages in northern Myanmar, covering a population of around 65,000 people. This organisation also lost funding for patient transport services in remote parts of the southeast that ensure patients complete treatment for chronic disease (KII 14/03/2025 a). A local organisation that provided the only available healthcare to IDPs in remote locations in Kayah state will be forced to reduce its clinics immediately and close them within six months, leaving patients with serious illnesses without any options for care (KII 10/03/2025). Another organisation running mobile clinics providing basic healthcare and emergency referrals to over 100,000 people across the southeast, central, and northern Myanmar will be required to terminate these services (KII 17/03/2025 d).

**The US funding cuts have also significantly affected multipurpose cash assistance,** which is a vital modality of assistance in Myanmar and is sometimes used to pay for essential health services. One local organisation that ceased its cash assistance programmes reported that a former recipient is now unable to pay for a necessary operation (Joint analysis session 25/02/2025; Joint analysis session 10/03/2025; KII 14/03/2025 b).

**The impact on cross-border assistance may also limit healthcare options for patients** in armed resistance-controlled areas. For example, when care in Myanmar is insufficient, IDPs along the Thai-Myanmar border are sometimes referred to healthcare services in Thailand, which have also been affected by the funding freeze and cuts (KII 14/03/2025 b; KHRG 28/12/2024).

## OUTLOOK

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**The number of organisations and programmes affected by US funding cuts in Myanmar is likely to continue increasing in coming months**, as US-funded organisations pass cuts on to their implementing partners and UN agencies and INGOs continue reprioritising and reallocating resources at the global level (Joint analysis session 25/02/2025; KII 05/03/2025; KII 14/03/2025 a; Joint analysis session 10/03/2025). In the longer-term, there may be further impacts to multi-donor funds such as the Global Fund, which has recently initiated fundraising for its 2027–2029 replenishment (The Global Fund 18/02/2025; KII 14/03/2025 a; KII 17/03/2025 c).

**Escalating conflict and climate hazards will compound the loss of humanitarian assistance**, fuelling a rise in humanitarian needs. Conflict is expected to intensify throughout 2025, spreading to new areas of central Myanmar and causing increased civilian casualties (ACLED 12/12/2024). The May–October monsoon season will likely bring new climate hazards, including typhoons, heavy rainfall, and flooding, contributing to disease outbreaks, destruction of shelter and livelihoods, and other humanitarian needs (OCHA 13/12/2024; Britannica accessed 12/03/2025).

**Regional spillover can be expected**, as rising needs and decreasing assistance drive further cross-border displacement into Thailand, Bangladesh, India, and other neighbouring and regional destination countries. Potential disease outbreaks in border areas deprived of health assistance, such as the Thai–Myanmar border, which is a hotspot for drug-resistant malaria, may also spread to neighbouring countries (KII 17/03/2025 c; Think Global Health 18/05/2023).