

Sagaing earthquake in Myanmar

External situation report

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WHO Health Emergencies Programme

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Highlights

- A month after the catastrophic earthquakes, earthquake-affected communities in Myanmar continue to face severe living conditions, including lack of adequate shelters, overcrowded displacement sites, damaged water supply systems and the absence of sanitation services and extreme heat.
- Central Myanmar continues to experience frequent aftershocks almost daily, with more than 150 aftershocks having been recorded, leading to fear and uncertainty among affected families. The upcoming monsoon season may further challenge those staying in outdoor settings.
- As of 22 April 2025, 3 800 deaths have been reported, 5 100 people injured and 116 people remain missing.
- After the earthquake, the estimated number of people in urgent need of humanitarian health services was updated to 2.4 million, including 453 157 most vulnerable people targeted for these services.
- There is an urgent need for medicine to manage chronic illnesses, such as diabetes and hypertension.
- The needs for mental health and psychosocial support are significant. Particular attention is needed for children and vulnerable groups.
- Acute watery diarrhoea and skin infection cases have been reported in relief camps of Mandalay and Sagaing. Overall risks of disease outbreak continue to be high, including waterborne, vector-borne, vaccine preventable and skin diseases.
- WHO supported emergency vaccination response. Thirty rapid response teams supported the establishment of mobile vaccination clinics in displacement sites and other high-risk areas.
- A total of 500 'mother and baby packs' and 400 clean delivery kits were distributed to two health partners in Mandalay and Sagaing.
- Thirty-six health cluster partners have delivered essential health services in 22 earthquake-affected townships. Humanitarian partners including health partners conducted 1 575 rapid needs assessments.
- WHO has facilitated the emergency medical teams, with a total of 22 teams having been deployed through the WHO network as well as bilateral arrangements, to Mandalay, Nay Pyi Taw and Sagaing.
- Various risk communication and community engagement materials were disseminated, including social media, to provide critical information to affected communities, on topics such as mental health, food and water safety, snake bite prevention and first aid, rabies prevention, breastfeeding and childcare.

Situation summary

Overall situation^{1 2 3}

- A month has passed since the devastating earthquake occurred in Central Myanmar. Earthquake-affected communities continue to face severe living conditions, including lack of adequate shelters, overcrowded displacement sites, damaged water supply systems and the absence of sanitation services and extreme heat.
- As of 22 April 2025, according to the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management, 3 800 deaths have been reported, 5 100 people injured and 116 people remain missing.
- Central Myanmar continues to experience frequent aftershocks almost daily, with more than 150 aftershocks having been recorded, increasing fear and uncertainty among affected families.
- Rainfall, thunderstorms and strong winds further deteriorate the living conditions of displaced families living in tents and temporary shelters. The upcoming monsoon season may further challenge those staying in outdoor settings.
- Emergency shelter, cash assistance, safe and clean water, sanitation support, food and healthcare are immediate needs for the affected populations, while more sustained support for livelihoods, education, and essential infrastructure repair is crucial for early recovery.
- In some earthquake-affected townships, particularly in Sagaing where conflict had already made people vulnerable, the cost of basic living has risen due to challenges in trade and delivery of goods.
- There is high demand for medicine to manage chronic illnesses, particularly diabetes and hypertension. Most of the medical consultations provided by health partners are for non-communicable diseases, such as diabetes, hypertension and skin diseases.



A family living in a temporary shelter in an earthquake-affected area © WHO Myanmar

¹ <https://www.unocha.org/publications/report/myanmar/myanmar-earthquake-response-situation-report-no-3-18-april-2025>

² <https://ahacentre.org/situation-update/situation-update-no-10-m7-7-mandalay-earthquake-23-april-2025/>

³ Myanmar health cluster

- The needs for mental health and psychosocial support are significant. Particular attention is needed for children and vulnerable groups. Ongoing aftershocks have prolonged psychological distress, compounding the anxiety already caused by existing socioeconomic hardships. A UNICEF survey revealed that nearly half of respondents aged 20-30 years faced mental health challenges, with 30% identifying mental health support as their top need, followed by housing (29%) and food (7%).⁴
- Overall risks of disease outbreaks continue to be high, including water-borne, vector-borne, vaccine preventable and skin diseases. Heat-related illnesses were also frequently reported in earthquake-affected areas.
- International and local organizations, including civil society groups, have made efforts to deliver humanitarian health assistance in a coordinated manner. At the same time, varying levels of partner presence have been observed, with some locations benefiting from a higher concentration of partners, while others lack sufficient support.
- Health partners face ongoing challenges in delivering essential health services to populations in hard-to-access areas.

Updated number of people in need of and people targeted for humanitarian health services after the earthquake³

- After the earthquake, the estimated number of people in urgent need of humanitarian health services was updated to 2.4 million, including 453 157 most vulnerable people, who are specifically targeted for these services. The estimated cost to deliver such humanitarian health services is US\$ 23 million.
- The number of people targeted for humanitarian health services before and after the earthquake in the worst-affected 58 townships in Myanmar (estimated by the Myanmar health cluster) are shown in Figure 1.

WHO response

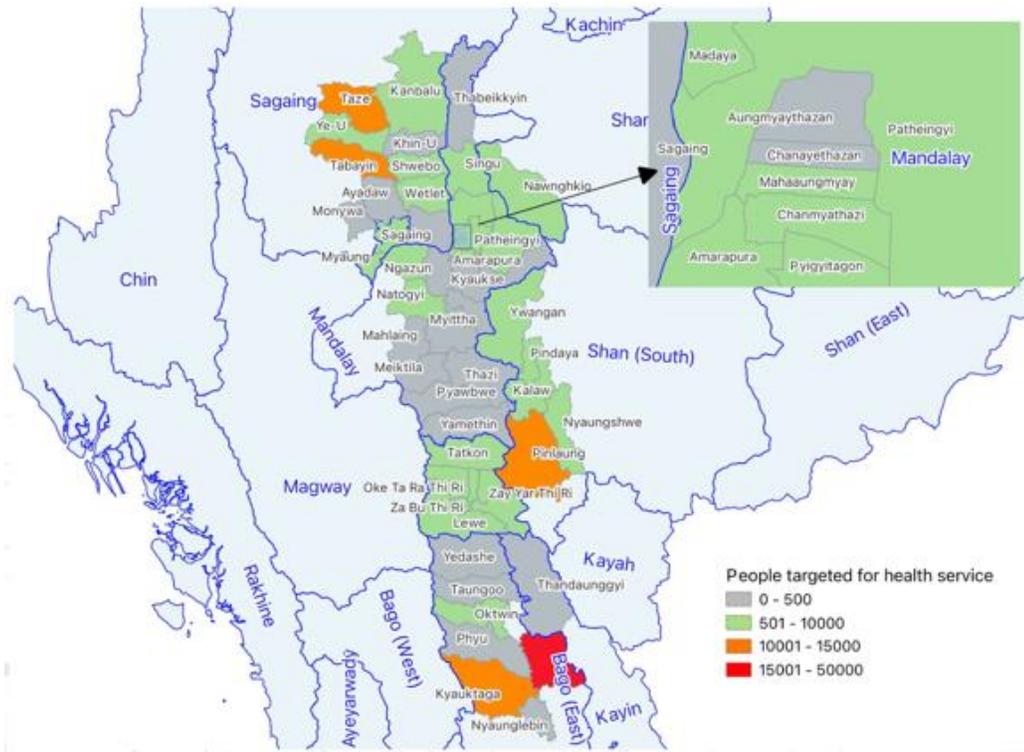
Health information and epidemiology

- On 10 April 2025, WHO provided virtual training sessions on monitoring for disease outbreaks to enable timely detection, alerts and responses in the earthquake-affected areas. Over 160 participants took part in the training. A simple guide for basic actions for priority diseases were also shared.
- On 3 April 2025, WHO published the [initial public health situation analysis](#) related to the earthquake. It analyzed the magnitude of public health risks and determinants of health, impacting the affected population.
- WHO has actively contributed to the rapid needs assessment and provided both technical and administrative support for the multicluster/sector initial rapid assessment (MIRA) in the earthquake-affected areas.
- WHO has communicated situation updates and WHO response through the external situation reports. A total of seven editions (including this edition) have been published.

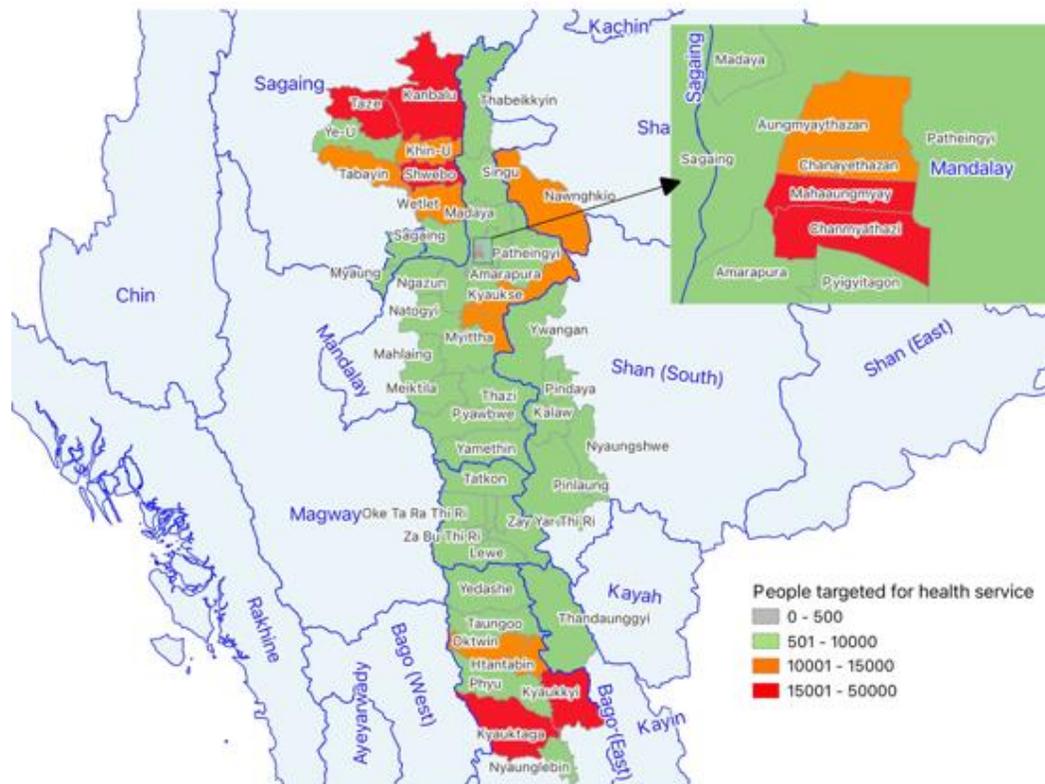
⁴ https://themimu.info/sites/themimu.info/files/documents/Flash_Update_10_Earthquake_in_Myanmar_UNICEF_25Apr2025.pdf

Figure 1. The number of people targeted for humanitarian health services before (A) and after (B) the earthquake in the worst-affected 58 townships in Myanmar ³

A. Before the earthquake



B. After the earthquake



Technical expertise and health operations

Health service delivery

- Operational support was provided to facilitate the deployment of 90 rapid response teams to Mandalay, Nay Pyi Taw and Sagaing to assist immediate disaster relief and recovery efforts.
- WHO provided and delivered disease outbreak kits for acute watery diarrhoea and acute respiratory illness, trauma kits, and other basic medicines, to reach 50 000 beneficiaries through health cluster partners.
- Lifesaving and essential health services were delivered by actively engaging local health partners.

Immunization

- WHO supported rapidly mobilizing an emergency vaccination response. Thirty rapid response teams were deployed, facilitating the establishment of mobile vaccination clinics in displacement sites and high-risk areas.
- As of 27 April 2025, a total of 50 041 tetanus and diphtheria (Td) vaccines were administered across 53 centers in Mandalay, Nay Pyi Taw, Sagaing and Shan South. The recipients consisted of 27 272 females and 22 769 males, and most recipients were adults aged 18–44 years (18,518) and 45–59 years (12,714).
- Planning is underway for the measles-rubella (MR) campaign for individuals aged nine months to 15 years, following an assessment of target areas and populations, with a particular focus on camps for internally displaced people.
- Given an increase in dog bite cases, human rabies vaccines and immunoglobulin has been made available.
- WHO facilitated an agreement with manufacturers to donate 370 000 critical vaccine doses of MR, Td, hepatitis B and typhoid, and 150 000 doses of MR and Td vaccines arrived on 28 April 2025.
- In collaboration with UNICEF, a survey on the cold chain was conducted in 18 townships. Broader assessments covering the cold chain system, health facility functionality, and community perspectives have been planned to inform continuation of vaccination services.

Reproductive, maternal, newborn, child and adolescent health (RMNCAH)

- A total of 500 ‘mother and baby packs’ and 400 clean delivery kits were distributed to two implementing partners in Mandalay and Sagaing. Essential supplies, including oxytocin, contraceptives and additional ‘mother and baby packs’ were procured to replenish the emergency stockpile, to address ongoing health needs in the affected areas.
- Information, education and communication (IEC) materials related to RMNCAH were distributed to implementing partners, including pamphlets, posters and job aids on key topics such as maternal health, family planning, menstrual hygiene, newborn care, and self-care for sexual and reproductive health and rights.

Laboratory

- Rapid diagnostic tests (RDTs) for cholera, dengue and malaria were provided to mobile clinics operated by implementing partners in Mandalay and Sagaing.
- Maintenance and restoration of the cold chain infrastructure at the Department of Medical Research were supported to safeguard ongoing genomic surveillance disrupted by the earthquake, to enable continuous pathogen monitoring efforts.

Water, sanitation and hygiene (WASH) and infection prevention and control (IPC)

- In coordination with the International Committee of the Red Cross (ICRC), 30 high-capacity water filters were provided to Sun Community Health, a health partner, to ensure the availability of safe water at health care facilities in Sagaing, Mandalay, and Nay Pyi Taw.

Risk Communication and Community Engagement (RCCE)

- Various RCCE materials were disseminated through several communication channels, including social media, to provide critical information to affected communities, on topics such as mental health, general safety in the earthquake-affected areas, food and water safety, prevention of fire and burns, deceased body management, snakebite prevention and initial first aid, rabies prevention and breastfeeding and childcare.

Mental health and psychosocial support (MHPSS)

- The MHPSS priority action plan has been developed and is being implemented.
- A weekly webinar on basic skills for MHPSS and self-help techniques were held every Friday, targeting healthcare workers and partner organizations.
- IEC materials on MHPSS and psychological first aid (PFA) have been translated into Burmese language, and disseminated.

Communicable diseases control

- A rapid assessment was conducted to assess the earthquake impact and availability of tuberculosis (TB) services in the public sector, including regional and township TB centres. The assessment found the Mandalay region was primarily affected, with eight township TB centres damaged.
- TB cases were traced and are receiving continued care to ensure treatment remains uninterrupted for affected patients.
- TB services were supported to provide uninterrupted services, at temporary facilities set up in Mandalay and Sagaing to ensure care for affected communities during the crisis.
- A rapid assessment of the earthquake impact on HIV services were supported, addressing areas such as infrastructure damage, service continuity, supply chain management, and hepatitis C co-infection treatment.
- Temporary measures have been arranged to ensure HIV service continuity in both public and partners' facilities that sustained minor to moderate damage in Sagaing, Mandalay, and Nay Pyi Taw.
- For dengue, rapid test kits, along with critical preventive commodities such as 500 commercial tent nets and 6.2 tons of larvicide (Temephos), have been procured and distributed to support prevention and control efforts.
- For malaria, risk mapping and resource quantification have been carried out to inform adequate planning and response efforts.

Partner coordination and engagement

Health cluster

- Thirty-six health cluster partners have delivered essential health services across 22 earthquake-affected townships. Those partners provided various health services, such as emergency and trauma care, primary

health care, reproductive health, as well as maternal and child health. Among these, 10 partners consistently shared information to enhance coordination.

- Humanitarian partners including health partners have conducted 1 575 rapid needs assessments and there is an ongoing data verification process for data collected through the MIRA.
- Virtual training sessions were provided on a variety of topics, including RCCE, MHPSS, and outbreak detection and management.

Emergency medical teams (EMT)

- Through the WHO network and bilateral engagement, more than 45 international teams have expressed their readiness for deployment.
- Of these, 22 teams were deployed to Mandalay, Nay Pyi Taw and Sagaing, from countries such as Bangladesh, Bhutan, the People's Republic of China, Germany, India, Indonesia, Japan, Laos, Malaysia, Nepal, Philippines, Russia, Singapore, Sri Lanka, Thailand and the United States of America.
- In line with the evolving needs, less than 10 EMTs were on the ground as of 25 April 2025, as some of them have been concluding their work and leaving. An EMT coordination cell (EMTCC) has been set up by the authorities with a designated focal point to coordinate the teams on the ground.
- Deployed EMTs have also received support from the United Nations Disaster Assessment and Coordination (UNDAC), WHO, and other organizations. They have also collaborated with local healthcare institutions and national teams to strengthen the emergency response efforts.

Operations support and logistics (OSL)

- As of 28 April 2025, WHO has provided a cumulative total of nearly 175 tons of essential health and medical supplies to Myanmar, combining those delivered from the stockpile in Yangon, and those from Dubai Global Logistics Centre in Dubai. Sixty tons were provided from the emergency stockpiles in Yangon to Mandalay, Nay Pyi Taw and Sagaing, some of which were delivered within the first 24 hours after the earthquake.
- Supplies delivered include trauma and surgery supplies, blood transfusion sets, body bags, essential medicines, essential medical consumables, and tents. WHO also provided some emergency supplies (e.g., water filters) for the earthquake-affected health facilities.

Prevention of from sexual exploitation, abuse and harassment (PSEAH)

- WHO actively collaborated with the National Protection from Sexual Exploitation and Abuse (PSEA) Network to implement the PSEA response plan as the inter-agency response.
- PSEAH communication materials have been distributed to the health cluster partners and earthquake responders on the ground, and training of trainers on PSEA was organized in collaboration with the national PSEA network.

For more information

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